Private Sector Indicator Reference Sheets

Contents

The following data collection frequency applies to all indicators:

Due date to CMS	**Reporting period**
21 February 2023	1 January to 31 December 2022

1. **Total number of active beneficiaries at the end of the reporting period**

Indicator
Total number of active beneficiaries at the end of the reporting period
What it measures
Total number of beneficiaries who are active on contracted medical scheme at the end of the reporting period.
Rationale
Accurate reporting of the number of active beneficiaries at end of the reporting period is important in the validation of the HIV indicator data reported by medical schemes. For example, the number of active beneficiaries must be greater than the number of beneficiaries who are registered in the scheme's Disease Management Programme (DMP), and the DMP registered beneficiaries must be greater than the number of beneficiaries living with HIV and on Antiretroviral Therapy (ART). The number of beneficiaries identified for each of the indicators must be a subset of beneficiaries active at the end of the reporting period.
Numerator
Total number of active beneficiaries at the end of the reporting period
Denominator
N/A
Calculation
N/A
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
Beneficiary scheme joined date less than end of the reporting period and scheme left date after end of reporting period or null.
Interpretation
This indicator provides an overview of the total number of beneficiaries under medical scheme management / private sector management at the end of the reporting period.
Possible data limitations and threats
Beneficiaries who have resigned during reporting period and didn't join another scheme will not be reported on or accounted for. If they are not excluded it might lead to double counting if two schemes report on the beneficiary.
Other relevant information
Used for validation by the IT Department from the CMS. This indicator counts individual beneficiaries.

2. Estimated HIV prevalence among beneficiaries at the end of the reporting period.

Indicator
Estimated HIV prevalence among beneficiaries at the end of the reporting period.
What it measures
This indicator provides an estimate of the number of HIV positive beneficiaries at the end of the reporting period. It is the sum of two indicators: 1. beneficiaries confirmed to be HIV positive and registered on the DMP as at the end of the reporting period. 2. beneficiaries that are possibly HIV positive as they have had their HIV viral load tested in the period of review
Rationale
Trying to quantify the approximate percentage of beneficiaries that are likely to be HIV positive to estimate scheme prevalence.
Numerator
Beneficiaries active on the scheme at the end of the reporting period who are registered on the DMP and beneficiaries active on the scheme at the end of the reporting period who are not registered on the DMP, but who have claimed for a VL test in the period of review.
Denominator
Number of beneficiaries at the end of reporting period
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial postal codes
Data sources
Method of measurement
Interpretation
Possible data limitations and threats
Beneficiaries who have claimed for a viral load test may not be positive. This will over-inflate the number of beneficiaries identified as HIV positive. There are also beneficiaries who are HIV positive, but asymptomatic, who will thus not have registered on the DMP or had viral load claims in the period of assessment. This will result in an under-estimate of HIV positive beneficiaries. It is assumed that the numbers of beneficiaries who are claiming for ART who are not on the DMP are small as ART authorisation is expected to require registration with the DMP. However, if this does not apply then this will result in an under-estimation of prevalence. ART claiming may not necessarily equate to an HIV positive status as is the case with individuals who are receiving PrEP.

3. **Number of active HIV positive beneficiaries enrolled on the HIV Disease Management Programme (DMP) at the end of the reporting period.**

Indicator
Number of active beneficiaries registered on the DMP as HIV+ at the end of the reporting period. Patients on PEP, PrEP and HIV negative babies enrolled for receiving PMTCT should be excluded.
What it measures
It represents all people who are registered on the programme because they are HIV+ even if they haven't claimed for any service during the reporting period but are not known to have resigned from the DMP before the end of the reporting year.
Rationale
To estimate the minimum number of HIV infected lives on the scheme as at the end of the reporting period, as evidenced by enrolment on the DMP.
Numerator
Number of beneficiaries registered on the DMP as at the end of the reporting period. Patients on PEP, PrEP and HIV negative babies enrolled for receiving PMTCT should be excluded.
Denominator
N/A
Calculation
N/A
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
Interpretation
Possible data limitations and threats
This indicator does not count HIV infected beneficiaries who have not enrolled on the HIV DMP. The registration depends on the scheme's ability to get HIV infected beneficiaries registered for the PMB and may vary. Including active treatment, using specific medications, and monitoring pathology test, such as Viral Loads and CD4 counts may give a better indication of overall prevalence within the scheme.
Other relevant information
There is need to be able to express confirmed HIV+ (DMP registered) as a percentage of lives. Some DMP also enrol HIV- beneficiaries, e.g. for post exposure prophylaxis. The latter should be excluded from this indicator.

4. Number of beneficiaries on the HIV DMP receiving ART at the end of the reporting period.

Indicator (Outcome)
Number of HIV positive beneficiaries enrolled on the DMP receiving ART in the period under review and active at the end of the reporting period. Beneficiaries receiving ART as part of PEP or PrEP or HIV negative baby (PMTCT) must be excluded.
What it measures
Progress towards providing antiretroviral therapy to all beneficiaries living with HIV
Rationale
Antiretroviral therapy has been shown to reduce HIV-related morbidity and mortality among people living with HIV and to halt onward transmission of the virus. Studies also show that early initiation, regardless of a person's CD4 cell count, can enhance treatment benefits and save lives. WHO currently recommends treatment for all. The percentage of people on antiretroviral therapy among all people living with HIV provides a benchmark for monitoring global targets over time and comparing progress across countries. It is one of the 10 global indicators in the 2015 WHO consolidated strategic information guidelines for HIV in the health sector and helps monitor the second 90 of the UNAIDS 90–90–90 target: that 90% of the people who know their HIV-positive status will be on antiretroviral therapy by 2020.
Numerator
Beneficiaries enrolled on the DMP and active at the end of the reporting period that claimed for antiretroviral therapy during the reporting period.
Denominator
HIV positive beneficiaries enrolled on the HIV DMP and active as at the end of the reporting period. PEP, PrEP or HIV negative baby (PMTCT) must be excluded.
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
Interpretation
Possible data limitations and threats
This indicator does not provide an indication of the adherence to ART as it does not provide information relevant to the number of ART claims versus the number of active months. It provides an indication of ART coverage rather than adherence.
Other relevant information
Registered and receiving ARTs is a good indicator of compliance for those acknowledging their status and registering on the DMP. While this may exclude those not on the DMP it does provide useful information on the compliance with ARTs for those on the DMP. Consider adding compliance to ART Measure in the future.

5. **Number of beneficiaries on the HIV DMP with ART possession ratio of at least 75% at the end of the reporting period.**

Indicator
Number of HIV positive beneficiaries enrolled on the DMP receiving ART for at least 75% of the period for which they were on the DMP and active at the end of the reporting period. Beneficiaries receiving ART as part of PEP or PrEP or HIV negative baby (PMTCT) must be excluded.
What it measures
Medication adherence for ART
Rationale
Antiretroviral therapy has been shown to reduce HIV-related morbidity and mortality among people living with HIV and to halt onward transmission of the virus. Studies also show that early initiation, regardless of a person's CD4 cell count, can enhance treatment benefits and save lives. WHO currently recommends treatment for all. The percentage of people adhering to ongoing antiretroviral therapy among all people living with HIV provides a benchmark for monitoring global targets over time and comparing progress across countries.
Numerator
Beneficiaries enrolled on the DMP and active at the end of the reporting period that claimed for antiretroviral therapy for at least 75% of the months enrolled on DMP. The number of ART claims should be counted and divided by the number of months that the beneficiary was enrolled on the DMP in the period. If this ratio is 75% or higher then the beneficiary should be counted.
Denominator
Beneficiaries enrolled on the DMP and active at the end of the reporting period that claimed for antiretroviral
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
For example, if a beneficiary was registered for all 12 months on the DMP and claimed for 8 ART prescriptions then their ratio is 75% and they should be counted. Similarly, if a beneficiary was only enrolled for the last 4 months but had 3 claims for ART then their ratio would also be 75% and they should be counted.
Interpretation
Provides a measure of minimum medication possession
Possible data limitations and threats
Beneficiaries who choose to change from claiming for the ART in a private facility to receiving them from a state facility will have an artificially low possession ratio. Medications that can be taken less frequently such as newer ART injections will need to be catered for in future.
Other relevant information

6. **Number of lives active and on the DMP at the end of the period who had a viral load test.**

Indicator
Total number of HIV positive beneficiaries enrolled on the DMP and active at the end of the reporting period for whom a viral load test result was submitted during the year prior to the end of the reporting period.
What it measures
The number of beneficiaries for whom a recent viral load result was submitted.
Rationale
To assist in understanding the suppressed lives (indicator 6) in context of the numbers who have had a viral load test.
Numerator
Number of HIV positive beneficiaries enrolled on the DMP and active at the end of the reporting period with viral loads submitted in the 12 months prior to the end of the reporting period.
Denominator
N/A
Calculation
N/A
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
Interpretation
Possible data limitations and threats
Other relevant information
Needs to be put in context of the number of beneficiaries that have a viral load test and where the administrator has the pathology result data <=1,000 copies/mL is the WHO standard for viral load suppression. Medial Aid Schemes do not always get all the viral load test results. There may be a difference between the number of claims for viral load and the other results for these claims.

7. **Number of lives active and on the DMP at the end of the period with viral load results submitted in the past 12 months.**

Indicator
Total number of HIV positive beneficiaries enrolled on the DMP and active at the end of the reporting period for whom a viral load test result was submitted during the year prior to the end of the reporting period.
What it measures
The number of lives that have had a viral load test where the administrator has received the results. This can be used with the indicator of number who have VL suppression to provide an idea of the percentage of patients with a VL suppressed of those who have had a VL done and where the administrator has received the result.
Rationale
Not all viral load test results are received by the administrator. This could result in a low percentage with viral load suppression compared to those who claim as the results are unknown. This metric can be used as the denominator to determine a more accurate measure of viral load suppression as well as the level of results received compared to tests done.
Numerator
Number of people living with HIV in the reporting period with suppressed viral loads (1000 copies/mL) submitted in the past 12 months.
Denominator
Number of people living with HIV in the reporting period with viral load tests done and submitted to the administrator in the past 12 months.
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Method of measurement
For the numerator: Actual number of people that have viral load tests done and received by the administrator. Viral load testing should be routine rather than episodic: for example, when treatment failure is suspected.
For the denominator:
Interpretation
Strengths and weaknesses
Other relevant information

8. **Number of lives active and on the DMP at the end of the period with suppressed viral loads (1000 copies/mL) submitted in the past 12 months.**

Indicator
Total number of HIV positive beneficiaries enrolled on the DMP and active at the end of the reporting period for whom a suppressed viral load test result was submitted during the year prior to the end of the reporting period. Report the latest submitted viral load test result if more than one test was done in the 12 months preceding the end of reporting period.
What it measures
Individual-level viral load is the recommended measure of antiretroviral therapy efficacy and indicates treatment adherence and the risk of transmitting HIV. A viral load threshold of 1000 copies/mL defines treatment success according to the 2016 WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. People with viral test results below threshold should be considered as having a suppressed viral load. This can be used with the indicator of number who have claimed for a VL to provide an idea of the minimum percentage of patients with a VL suppressed of those who have had a VL done.
Rationale
Viral suppression among people living with HIV is one of the 10 global indicators in the 2015 WHO consolidated strategic information guidelines for HIV in the health sector. This indicator also helps to monitor the third 90 of the UNAIDS 90-90-90 target: that 90% of the people receiving antiretroviral therapy will have suppressed viral loads by 2020.
Numerator
Number of people living with HIV in the reporting period with suppressed viral loads (1000 copies/mL) submitted in the past 12 months.
Denominator
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Method of measurement
For the numerator: Actual number of people that have suppressed viral loads at the end of the reporting period. Viral load testing should be routine rather than episodic: for example, when treatment failure is suspected. If viral load is tested repeatedly for a person, only the last result should be used.
For the denominator:

Interpretation
Strengths and weaknesses
When viral load suppression testing data are collected from all people receiving ART, this measurement provides important information on adherence, treatment efficacy and transmission risk at the individual and programme level. However, several challenges may arise from using available data to monitor viral load. First, viral load monitoring capacity is being scaled up but remains limited in low-income settings. As a result, the summary data from the viral load indicator as measured through antiretroviral therapy registries or clinical programme data may not be representative of the viral load of the broader treatment population. This applies especially when viral-load testing is not routine for everyone receiving antiretroviral therapy but performed selectively to determine when to initiate treatment or for people with questionable treatment outcomes. The data reported from the viral load testing of people suspected of treatment failure will underestimate viral load suppression. Second, the accuracy of the value of an individual's viral load may depend on the specimen available (whole blood versus dried blood spots). Determining whether a person has achieved undetectable viral load also varies depending on the sensitivity of the assays used. For this reason, suppression at a value of <1000 copies/mL rather than undetectable viral load should be used. Not all beneficiaries that have a VL test done will have results submitted to the DMP. This does not mean that the result was not suppressed. Hence the suppression numbers here will be a minimum number as there are likely to be people who had VL tests done that were suppressed that did not submit the result to the DMP.
Other relevant information
Needs to be put in context of the number of beneficiaries that have a viral load test and where the administrator has the pathology result data <=1,000 copies/mL is the WHO standard for viral load suppression, i.e., 5 above. Medial Aid Schemes do not always get all the viral load test results. There maybe a difference between the number of claims for viral load and the other results for these claims.

9. Number of beneficiaries tested for HIV.

Indicator
Number of beneficiaries active at the end of the reporting year who were tested for HIV in the period under review. Beneficiaries who were active on the DMP at the end of the reporting period, as well as those who have claimed for a VL in the period of review, should be excluded.
What it measures
The number of beneficiaries that tested for HIV that never enrolled on the DMP or had further VL tests performed. These beneficiaries are likely to be HIV- or in denial of their status. This indicator can be used, along with indicators 2 and 3, to calculate the proportion of people living with HIV who know their HIV status in the period of review. This indicator will not indicate the efficacy of HIV testing interventions as those who enrolled on the DMP and had VL tests are excluded.
Rationale
People living with HIV who know their HIV status will be able to access the HIV care and treatment services required to live healthy, productive lives and to reduce the potential of transmitting HIV to other people. The most effective way to ensure that people living with HIV are aware of their HIV status is to offer HIV testing services. This measure is one of the 10 global indicators in the 2015 WHO consolidated strategic information guidelines for HIV in the health sector and helps to monitor the first 90 of the UNAIDS 90–90–90 target: that 90% of the people living with HIV know their HIV status by 2020.
Numerator
Number of distinct beneficiaries that were active *at the end* of reporting period who were tested for HIV *during* the period under review. Exclude patients who are enrolled on the HIV DMP at the end of the reporting period, as well as those who had a VL in the period of review as these groups know their status.
Denominator
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal codes
Data sources
Method of measurement
4614 = HIV Ab - Rapid Test 0017 = HIV and AIDS testing and post-testing counselling 3932 = Antibodies to human immunodeficiency virus (HIV): ELISA 3969 = Western blot 3974 = Qualitative PCR
Interpretation
Possible data limitations and threats

Some beneficiaries may get tested for HIV where the test is not claimed from the medical scheme, e.g., workplace HCT funded by the employer or private HIV tests. This will result in an under-estimate of beneficiaries that know their status. Beneficiaries who tested HIV positive in previous periods but have not registered on the DMP or had a VL in the period of review, will not be included in the group of known HIV status group. Individuals who tested negative in previous periods are not necessarily still negative in the current period of review.
Other relevant information
Some individuals have pre-test counselling but don't get tested for HIV. The procedures should only be for valid HIV tests. Be aware that this may be driven by incentivized screening testing and not true underlying concern for HIV status.
0177 tariff code apparently includes a rapid test

10. Number of medical male circumcisions (MMC) performed during the reporting period

Indicator
Total number of male beneficiaries active at the end of the reporting period who have undergone medical male circumcision during the period under review.
What it measures
The decision to circumcise is subject to a beneficiary's religious and cultural background, as well as being used as a preventative measure for HIV infection. It is difficult to determine the reason for MMC, but the age at which the MMC is performed may provide some insight. This may provide some information with regards to the progress with scaling up male circumcision services for HIV prevention. Given the benefits of circumcision in reducing HIV infections (see Rationale), this indicator also indicates scheme risk where higher numbers of circumcised members is likely to reduce the burden of HIV to the scheme.
Rationale
Compelling evidence indicates that male circumcision reduces the risk of men heterosexually acquiring HIV infection by about 60%. Three randomized controlled trials have shown that male circumcision provided by well-trained health professionals in properly equipped settings is safe and can reduce the risk of acquiring HIV. WHO/UNAIDS recommendations emphasize that male circumcision should be considered an efficacious intervention for HIV prevention in countries and regions with heterosexual epidemics, high HIV prevalence and low male circumcision prevalence.
Numerator
Number of male beneficiaries active on the scheme as at the end of the reporting period who were circumcised during the period of review.
Denominator
Not applicable
Calculation
Not applicable
Disaggregation
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
Circumcision: Clamp procedure 2133 Circumcision: Surgical excision other than by clamp or dorsal slit, any age 2137 Circumcision: Dorsal slit of prepuce (independent procedure) 2139
Interpretation
Strengths and weaknesses
The total number of men and boys circumcised indicates either change in the supply of services or change in demand. Circumcisions for cultural and religious purposes will be included in this figure,
Other relevant information

11. Number of live births to HIV+ women (PMTCT 1) registered in the DMP in the reporting period.

Indicator
Number of women active on the DMP at the end of the reporting period who had live births during the period under review.
What it measures
As above.
Rationale
The indicator gives a sense of PMTCT coverage
Numerator
Number of women registered on the HIV DMP as at the end of the reporting period who had a live birth during the period under review.
Denominator
Calculation
Disaggregation
○ Only females
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
Live birth is defined as any private hospital admission with a tariff code or ICD 10 codes listed in [ASR Data Specification Appendix A v6.1.xlsx] worksheet “A24 – Maternity” table “Maternity principal ICD-10 codes” (CMS Healthcare Utilisation specification documents, Version 6.1, 2018), AND mother confirmed to be HIV positive. Counts of live births must be recorded against the age of the mother (i.e. Gender = "Female")
Interpretation
Possible data limitations and threats
Some mothers have twins. Live birth if one of the twins survives.
This indicator must be used with caution with PMTCT1 as PMTCT1 includes women that may only deliver a baby in the following reporting period while PMTCT2 includes women that have delivered but may not have a recorded pregnancy event in the period of review.
Other relevant information

12. PMTCT 2: Number of pregnant women living with HIV who delivered during the reporting period and received antiretroviral medicines to reduce the risk of mother-to-child transmission (MTCT) of HIV.

Indicator
Number of pregnant women living with HIV who delivered during the past 12 months and received antiretroviral medicines to reduce the risk of mother-to-child transmission of HIV
What it measures
Progress in preventing mother-to-child transmission of HIV during pregnancy and delivery by providing antiretroviral medicine. This indicator monitors the coverage of provision of antiretroviral medicines to pregnant women living with HIV to reduce the risk of transmitting HIV to infants during pregnancy and delivery.
Rationale
Providing antiretroviral medicines (as lifelong therapy or as prophylaxis) for the mother during pregnancy and delivery can significantly reduce the risk of mother-to-child transmission. This entails antiretroviral medicine prophylaxis for the infant and antiretroviral medicines for the mother or child if breastfeeding and using safe delivery practices and safer infant feeding. The data will be used to track progress towards global and national goals of eliminating mother-to-child transmission.
Numerator
Number of pregnant women living with HIV who delivered during the past 12 months and received antiretroviral medicines to reduce the risk of mother-to-child transmission of HIV
Denominator
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
For the denominator:
Interpretation
Strengths and weaknesses
Other relevant information

13. Number of infants born who claimed for a virological test for HIV at 10 weeks from birth (PMTCT 3)

Indicator
Number of infants who claimed for a virological test for HIV at 10 weeks from birth who were active at the end of the reporting period.
What it measures
Progress in the extent to which infants born to women living with HIV are tested within the first 6 months of life to determine their HIV status and eligibility for antiretroviral therapy disaggregated by test results.
Rationale
Infants acquiring HIV during pregnancy, delivery or early postpartum often die before they are recognized as having HIV infection. WHO recommends that national programmes establish the capacity to provide early virological testing of infants for HIV at 10 weeks or as soon as possible thereafter to guide clinical decision-making at the earliest possible stage. HIV disease progresses rapidly among children; they need to start treatment as early as possible because, without early treatment, almost 50% of children would be dead by the second year.
Numerator
Number of distinct infants born within 6 to 12 months prior to the end of the reporting period who received an HIV test during the reporting period. Infants tested should only be counted once.
Denominator
Calculation
Disaggregation
○ Sex
○ Age: Less than 1 year; 1-4 years; 5-9 years; 10-14 years; 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-44 years; 45-49 years; 50-54years; 55-59 years; 60-64 years; 65-69 years; 70-74 years; 75-79 years; 80-84 years; 85+ years
○ Provincial Postal Codes
Data sources
Administration and billing system
Method of measurement
HIV PCR: Tariff code 3974
Interpretation
Possible data limitations and threats
It can be difficult to match infants to HIV+ mothers. This indicator is simplified so that this is not required. The requirement for the infant to be active at the end of the reporting period may result in under-reporting if the mother remains active on the medical scheme, but the child is not. Other limitations are discussed below in that not all infants are registered on the same scheme as the mother.
Other relevant information