

FY25 MER Guidance FAQ

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Contents

Prevention	1
Recency Testing	3
Health Systems	4
Sustainability	4
Hypertension	5
Other Questions	6

Prevention

PP_PREV

1. Q: Why has PP_PREV been retired?

A: As PEPFAR evolves and moves towards sustainability, GHSD weighed the data reporting burden and global utility of all MER indicators. PP_PREV was recommended for retirement based on these criteria by the interagency COP25 Data Executive Working Group. Retiring PP_PREV is not a value judgement on the important prevention work for priority populations that PEPFAR continues to implement and support. Country teams are encouraged to continue to monitor key prevention activities in a way that makes sense for the specific activities in their local context, while working towards sustainability in the national HIV prevention response, and in monitoring that response.

2. Q: If we have a specified priority population that aren't necessarily KP, for example migrant populations in Colombia and Peru, PP_PREV has been used for prevention activities. Going forward should KP_PREV be used instead of PP_PREV?

A: No, only prevention services for Key Populations should be reported under KP_PREV. Agencies and OUs can develop a custom indicator for reporting on priority populations if needed for program monitoring in specific contexts.

3. Q: How are we going to track priority populations if PP_PREV is retired?

A: Priority populations such as pregnant and breastfeeding women continue to be reported under appropriate PBFW disaggregates within the clinical indicators. Agencies and OUs have the ability to develop a custom indicator for reporting on priority populations if needed for program monitoring in specific contexts.

4. Q: FY25 targets for PP_PREV have already been set. Could you please confirm that performance for this indicator will no longer be assessed at GHSD's level (if results will not be reported into DATIM)?

A: FY25 results for PP_PREV will not be collected in DATIM to be assessed against FY25 targets.

KP_MAT

5. Q: KP_MAT is a very useful indicator for people who inject drugs. There have been many studies that show increased adherence to ART and PrEP who are OAT. Would it be possible to continue to collect this data on a country level?

A: Country teams are encouraged to continue to collect data that is needed for program monitoring at country level. This is no longer being reported through DATIM for central reporting requirements. Surveys among people who inject drugs that assess the coverage and uptake of methadone and other opioid agonists among people who inject drugs would provide more useful information.

6. Q: For countries with PWID concentrated epidemics, how will PEPFAR track progress in MAT program coverage without KP_MAT? Does the lack of an indicator mean it's no longer a program priority?

A: PEPFAR continues to utilize other data sources to track progress for PWID MAT programs. Examples include UNAIDS estimates and biobehavioral surveys, as well as sustainable local data systems. Retiring the indicator simply means it will no longer be reported through DATIM. MAT programs remain an important evidence-based, WHO-recommended and PEPFAR-implemented intervention for PWID.

Recency Testing

HTS_RECENT

7. Q: Why has HTS_RECENT been retired? What is the implication for the program?

A: As PEPFAR evolves and moves towards sustainability, GHSD weighed the data reporting burden and global utility of all MER indicators. HTS_RECENT was recommended for retirement based on these criteria by the interagency COP25 Data Executive Working Group (XWG). Recency surveillance will continue to be implemented and coordinated through the Surveillance TWG. The Data XWG felt that this was a more appropriate place for recency surveillance data to be analyzed instead of MER. PEPFAR MER indicators is best positioned to monitor site level aggregate program outcomes. MER is not the appropriate way to track and utilize recency surveillance data and this change reflects that adjustment.

8. Q: Does the retirement of indicators indicate PEPFAR priorities? Where should recency testing be in priorities for PEPFAR and/or national programs?

A: Retiring HTS_RECENT is not a value judgement on the recency surveillance program that PEPFAR continues to implement and support. PEPFAR will continue to plan for, support, and monitor country program-based and population-based HIV surveillance capacity and implementation via host-government surveillance systems, with emphasis on the translation and use of these data to inform epidemiological trends, assess program progress, and address program gaps.

9. Q: Will reporting for HTS_RECENT be optional since it's being retired, and will we still need to set recency targets?

A: HTS_RECENT will no longer be available to be reported against in DATIM for central reporting in FY25. HTS_RECENT targets are also being retired. Country teams are free to have country targets for their country portfolio, which may go beyond what is required to be reported to GHSD HQ.

10. Q: What happens to the visuals in Panorama?

A: HTS_RECENT visuals will be transitioned out of Panorama over time. Historical data will continue to be available in the MER Structured Datasets (MSDs).

11. Q: The HTS_RECENT targets and indicators help to quantify recency commodities. What's the guidance going forward?

A: Countries are encouraged to consult with the Commodities TWG and Surveillance TWG on the best way to quantify recency commodities. Agency SMEs are also available as a resource for any agency-specific tools that exist for recency.

12. Q: FY25 targets for HTS_RECENT have already been set. Could you please confirm that performance for this indicator will no longer be assessed at GHSD's level (if results will not be reported into DATIM)?

A: HTS_RECENT will no longer be available to be reported against in DATIM for central reporting in FY25.

Health Systems

SC_ARVDISP

13. Q: What is meant by optional reporting of SC_ARVDISP?

A: SC_ARVDISP will no longer be required to be reported centrally through DATIM. It will be optional to be decided by Agencies and country teams.

14. Q: If SC_ARVDISP is optional for reporting, will it pass the validation process on the validation app if it's still included?

A: Yes, validation will pass with or without SC_ARVDISP as it is now an optional indicator.

15. Q: Will HRH still be reported at the end of FY25 and moving forward? What goes into the HRH processor?

A: HRH_PRE and HRH_STAFF_NAT will be reported at the end of FY24 and then will be retired in FY25. HRH Inventory reporting is separate and will be maintained. PEPFAR [HRH Inventory Guidance can be found here](#).

Sustainability

16. Q: As we move towards sustainability, will there be more flexibility on what needs to be reported?

A: We aim to allow more flexibility in the future around MER reporting requirements for PEPFAR. These are ongoing conversations for our next MER Refresh. We need to plan in advance for these to ensure we maintain quality and consistency. As greater flexibilities are rolled out, we will clearly communicate those.

17. Q: As we move towards greater alignment with country ownership and local systems, are there established talking points that mandate the use of local systems and perhaps any adjustments to timelines to better utilize local systems?

A: The forthcoming COP25 Guidance and Technical Guidance will include points around strengthening national data ecosystems. There will also be a PEPFAR data roadmap that will supplement the guidance and will help articulate some key talking points and milestones.

Hypertension

18. Q: Update on Hypertension Initiative and impact on reporting of TX_HIV_HTN:

A: The proposed PEPFAR HIV-Hypertension Integration Initiative is not moving forward at this time. PEPFAR funds will not be available to support activities proposed in the five potential pilot countries for the initiative in the near future. Therefore, the TX_HIV_HTN MER indicator will be retired in FY25; programs should not report into DATIM for this indicator in FY24Q4.

PEPFAR continues to work with all partners to provide person-centered care for people living with HIV, improve health outcomes for PLHIV, and ensure the sustainability of HIV care and treatment programs. PEPFAR encourages its partners to continue to seek and advocate for the financial and technical support needed to deliver person-centered, essential health services – including for hypertension – from other sources.

19. Q: Are there other HIV/NCD integration MER indicators other than HIV_HTN to be considered for reporting upon?

A: No, at this time, there are no other MER indicators to be considered for reporting of HIV/NCD integration and management.

Other Questions

20. Q: When will FY25 MER guidance be shared?

A: The guidance was released September 30. It can be found here: [MER Indicator Reference Guides – DATIM](#). If anyone did not receive the MER 2.8 guidance, they may also email GHSD_SI@state.gov.

21. Q: What happens to indicator targets for FY25? Should they be reported in Q1?

A: FY25 results for retired indicators will not be collected in DATIM to be assessed against FY25 targets. This is most relevant for HTS_RECENT and PP_PREV.

22. Q: How will these changes impact, if at all, the quarterly data upload process for FY25?

A: The data import process will not be impacted. The retired indicators that are no longer part of MER collection, will be flagged as invalid if the import file includes it, and those data will not be included.

23. Q: Are these data elements being removed from DATIM completely? Or will they be available for optional reporting if an OU still has some use for them? Could any of these be added as custom indicators for an OU, perhaps with a slight definition change if needed?

A: Yes, the data elements associated with these retired MER indicators will be removed from DATIM in FY25. Historical data will still be available to be viewed. These indicators can be adapted as custom indicators by OUs and/or Agencies as needed for program monitoring and adjusted for specific contexts. GHSD will not be providing guidance for custom indicator reporting.

24. Q: Are we expected to do a target shift OPU (within program area) if we are targeting and not reporting?

A: No, we do anticipate targets shift OPUs to adjust targets for retired indicators.

25. Q: The retired indicators are retired for “central reporting.” Does this mean that they can/could still be collected at an implementation level and maybe even shared at an OU level?

A: Yes, these retired indicators can be adapted as custom indicators by OUs and/or Agencies as needed for program monitoring at implementation or OU level, and adjusted for specific contexts. GHSD does not provide guidance for custom indicator reporting.

26. Q: Is there thought on alternative means of highlighting work for agencies who rely heavily on one of the retired indicators?

A: We recommend that Agencies explore the use of custom indicators as needed to monitor their program implementation. GHSD does not provide guidance for custom indicator reporting. GHSD has received proposals to share supplemental data points captured external to MER during POART (and in other spaces) to ensure that a comprehensive story can be told. We are supportive of these and hope that a variety of data are shared to comprehensively monitor, discuss, and prioritize work within the program. Routine and non routine data should be discussed that bring value to country/program discussions.

27. Q: Are there any more indicators that will be retired in the near future?

A: As of now, there are no additional indicators to be retired for MER 2.8. The next MER Refresh process in 2025 will address future changes to MER reporting requirements. This will also be a representative interagency process. We encourage you to collate your recommendations for future changes and work closely with your SI counterparts in country and at HQ.

28. Q: For retired indicators, will GHSD continue to provide support in terms of commodities to implement those programs for OU/agency reporting?

A: Countries are encouraged to consult with the Commodities TWG on the best way to quantify for affected commodities.

29. Q: Supply chain, recency, and KP are all important parts of the program. Without standardized metrics, how should we respond to GHSD questions related to stockouts, findings of recency, or progress towards the 10-10-10 goal for KPs?

A: MER is not the only source of data at our disposal within PEPFAR. We often utilize other sources of data such as UNAIDS estimates, the Stigma Index 2.0, quarterly supply chain reports, and surveillance data. Additionally, biobehavioral, CLM and other surveys among key populations are methods better suited to measure progress towards the 10-10-10 goals. The standardized metrics can/should still exist in country. What is changing is the requirement to report some elements centrally to GHSD.

30. Q: Are there going to be changes in the genie/MER dataset?

A: There will be no changes to the Genie/MER structured datasets (MSD). Retired indicators will still be included for historic data prior to FY25, but there would be no results pulled in for FY25 and onward.

31. Q: During PAM, the KP working group talked about the importance of 10-10-10, given its importance to closing the gaps for KPs. What is GHSD's thinking about how they plan to measure progress if it is not included in MER 2.8 given the link to where the global program wants to go. Is GHSD relying on UNAIDS stigma index only?

A: The UNAIDS stigma index 2.0 is one source of information on the 10-10-10 goals. Other potential sources include biobehavioral surveys (BBS), BBS-lite, other rapid surveys and CLM. The [HIV Policy Lab](#) and [UNAIDS KP Atlas](#) also compile data on the 10-10-10 indicators, and are used by GHSD and by country teams to assess progress towards the 10-10-10 goals.

32. Q: Are there any changes in definitions of any indicators?

A: No, there were no definition changes in MER 2.8.

33. Q: For the indicators that were retained, are there any changes in the disaggregation levels (esp. age bands) or frequency of reporting?

A: No there were no changes in disaggregation or frequency of reporting for the MER indicators in MER 2.8.

34. Q: Will the special initiative narratives also be considered optional? Will the narratives still be available in Panorama?

A: Special Initiative narratives for DREAMS will be required in FY25. All other narratives will be optional. Narratives will remain in Panorama for FY25.

35. Q: Are there any new indicators?

A: No new indicators in FY25 reporting for MER 2.8 Guidance.

36. Q: It seems there is no indicator for mental health yet. Should we expect this in the near future?

A: As of now, there is no indicator for mental health.

37. Q: For host country data, will we keep using the PEPFAR-MOH data alignment tool? So nothing will be put into DATIM?

A: There is no impact to the PEPFAR-MOH data alignment tool as there are no overlapping indicators that are being retired.