

Data for Decision-Making: Optimizing HIV Program M&E in the New World of 2026

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Works in Progress: Transforming the HIV Response in a Time of Change, April 20-22, 2026 | Nairobi, Kenya

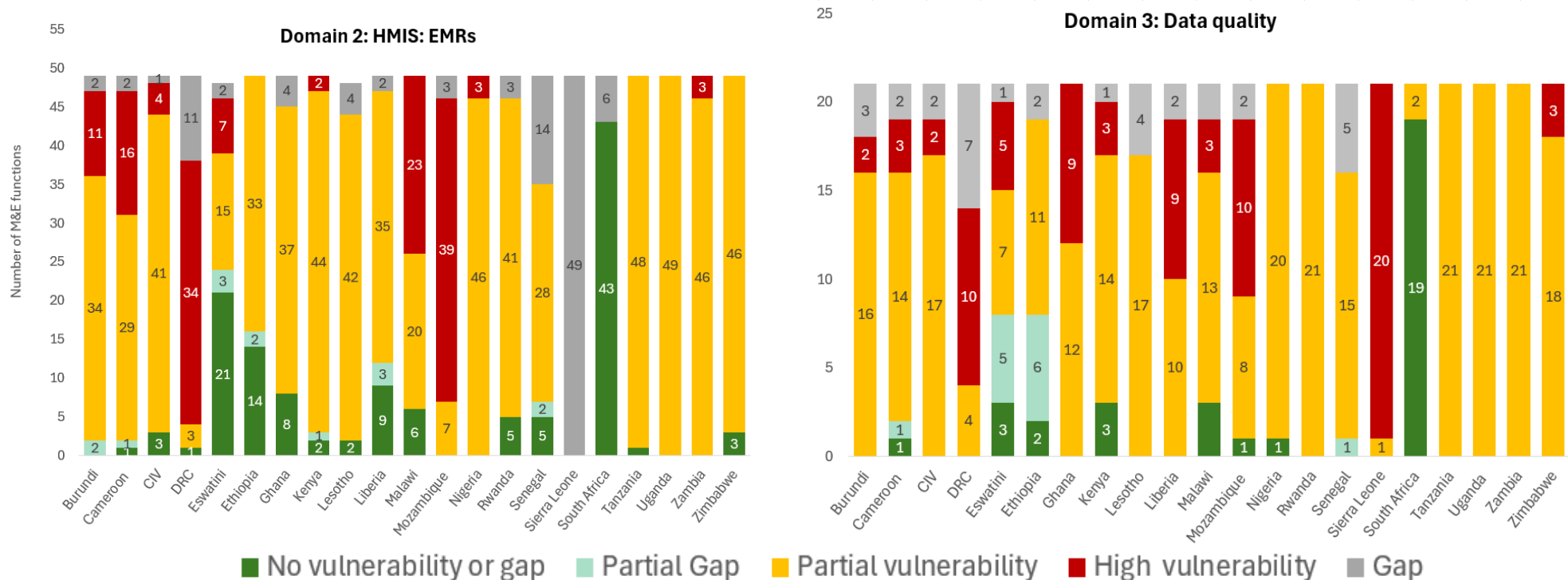
Outline

- **Background**
- **Five key opportunities and challenges**
- **Call to action**

Background

Background

- Many M&E systems for HIV are robust and effective, but labor-intensive
- Reliance on external funding and technical assistance makes these systems vulnerable to shocks in donor funding
- M&E systems also need to respond to changing program needs and program design, related to funding reductions and uncertainties



Background (2)

- The bilateral MOUs of 2026 *may* reshape the USG M&E emphasis
 - *Possibly* fewer required indicators and disaggregations
 - Interest in EMRs/digital health
 - Continued resources/budgets for M&E *to some degree (details TBD)*
 - Changes in implementing partner support for M&E
- Global Fund GC8 support and reporting requirements also uncertain
- Changes have catalyzed important discussions about national M&E priorities

How does M&E respond to HIV services integration?

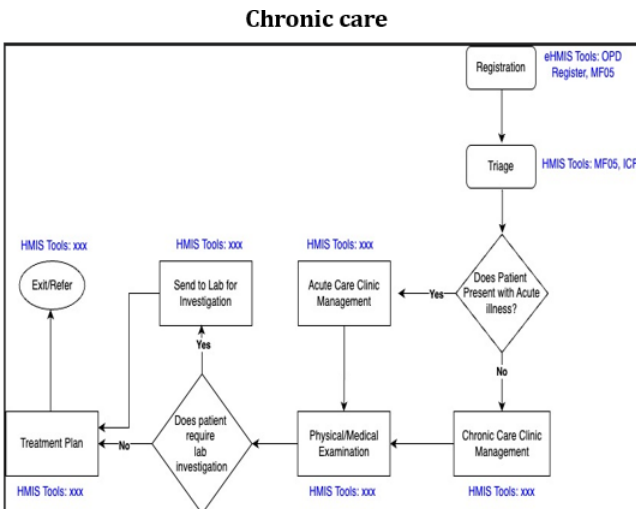
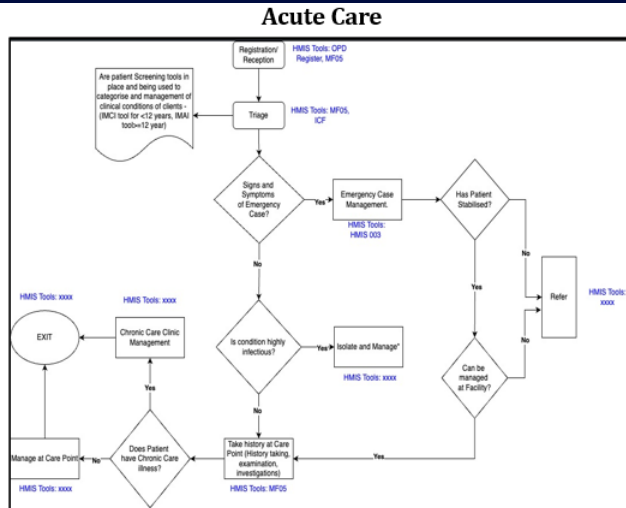


Image from Moses Luwunzu presentation, 2025 CQUIN meeting

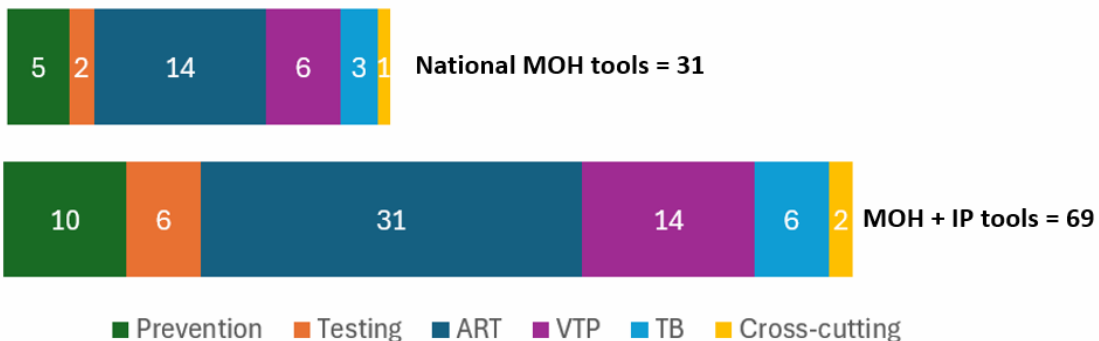
- What are the models of integration planned and underway?
- What services will be available, and where?
- Who will be providing the services?
- How will these be documented?
- How will they be reported?
- Are there needs to monitor the process of integration itself?

Challenges and opportunities

Challenge and opportunity #1: Understand your capacity and prioritize

Documentation burden:

Number of unique paper tools per HIV service area



Prevention: PrEP, PEP, VMMC

Reporting burden:

Source: June 2025 CQUIN meeting

MOH monthly report, one CQUIN country

6 indicators in this section

Indicator	Category	Age Group														Total					
		<2 months	3-12 months	13-24 months	25-59 months	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	50-54 years		55-59 years	60-64 years	65+ years		
D21. Number of PLHIV in care on ART who had a sample collected for Viral Load testing this month. (HIV DR/VL Register)	New																				
	Repeats																				
D22. Number of PLHIV in care on ART who received Viral Load test results this month. (HIV DR/VL Register)	>1,000 copies/ml																				
	Undetectable/not detected																				
D23. Number of PLHIV in care on ART who started Enhanced Adherence Counselling this month (HIV DR/VL Register)	>1,000 copies/ml																				
	≤1000 copies/ml																				
D24. Number of PLHIV in care on ART who completed EAC this month (OI/ART Patient Care Booklet)																					
D25. Number of PLHIV in care on ART who had second VL Test done this month (HIV DR/VL Register)																					
D26. Number of PLHIV in care on ART who had second Viral Load test results. (HIV DR/VL Register)	>1,000 copies/ml																				
	First Line																				
	Second Line																				
	Third																				

28 data elements if reporting by sex

476 data elements if reporting by sex and age groups

(This monthly report contains 35 pages of such tables)
(More than 15,000 data elements?)

Paper-based data aggregation and entry into DHIS2:
High reporting burden, elevated by the degree of indicator disaggregations

Source: June 2025 CQUIN meeting 19

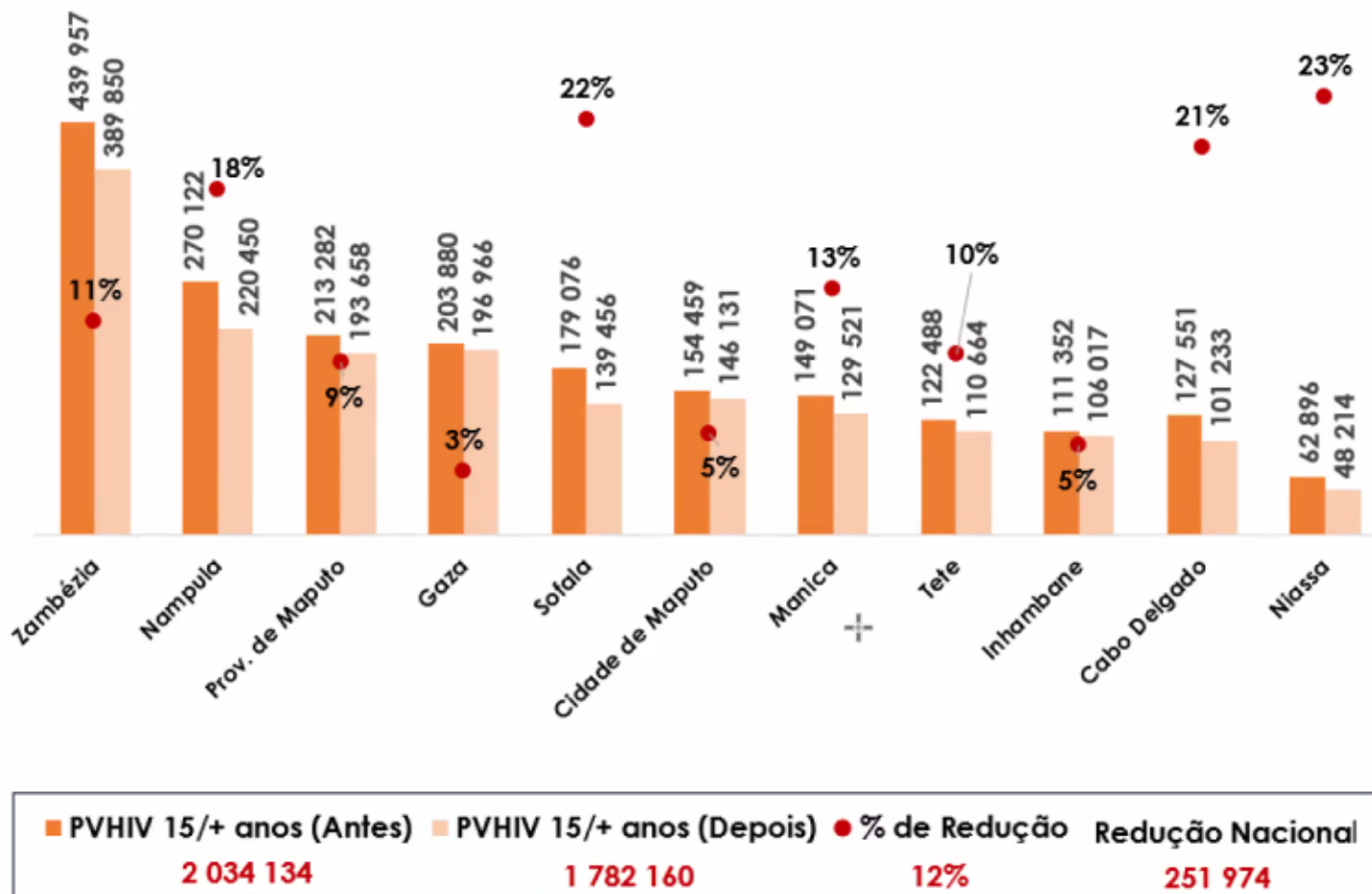
What to measure, and what to report:

Indicators, by sex and age group and pregnant/breastfeeding status (where applicable):

VTP	No. pregnant women attending first ANC visit during the month No. pregnant women attending first ANC visit tested for HIV during the month No. pregnant women attending first ANC visit tested HIV positive during the month No. pregnant women attending first ANC visit during the month already known to be HIV-positive No. HIV-exposed infants receiving a first virological HIV test <2 months of age Final HIV status of infants at 18 months or cessation of BF
HTS	No. people tested for HIV and received the result during the month No. people tested HIV positive and received the result during the month
ART	No. people who initiated ART during the month No. people currently on ART (Active on ART) by the end of the month *disaggregated by MMD (3, 3-6, 6+mo) No. people on ART who experienced interruption in treatment this month No. people on ART who died this month
VL	No. VL results received during the month No. VL results <1000 copies/ml received during the month
TB	No. people newly enrolled on ART who were diagnosed with active TB No. people newly enrolled on ART who screened negative and initiated TPT
Prevention	No. people initiating PrEP during the month No. people receiving PrEP during the month No. people received post-exposure prophylaxis this month

Challenge and opportunity #2: Improve data quality

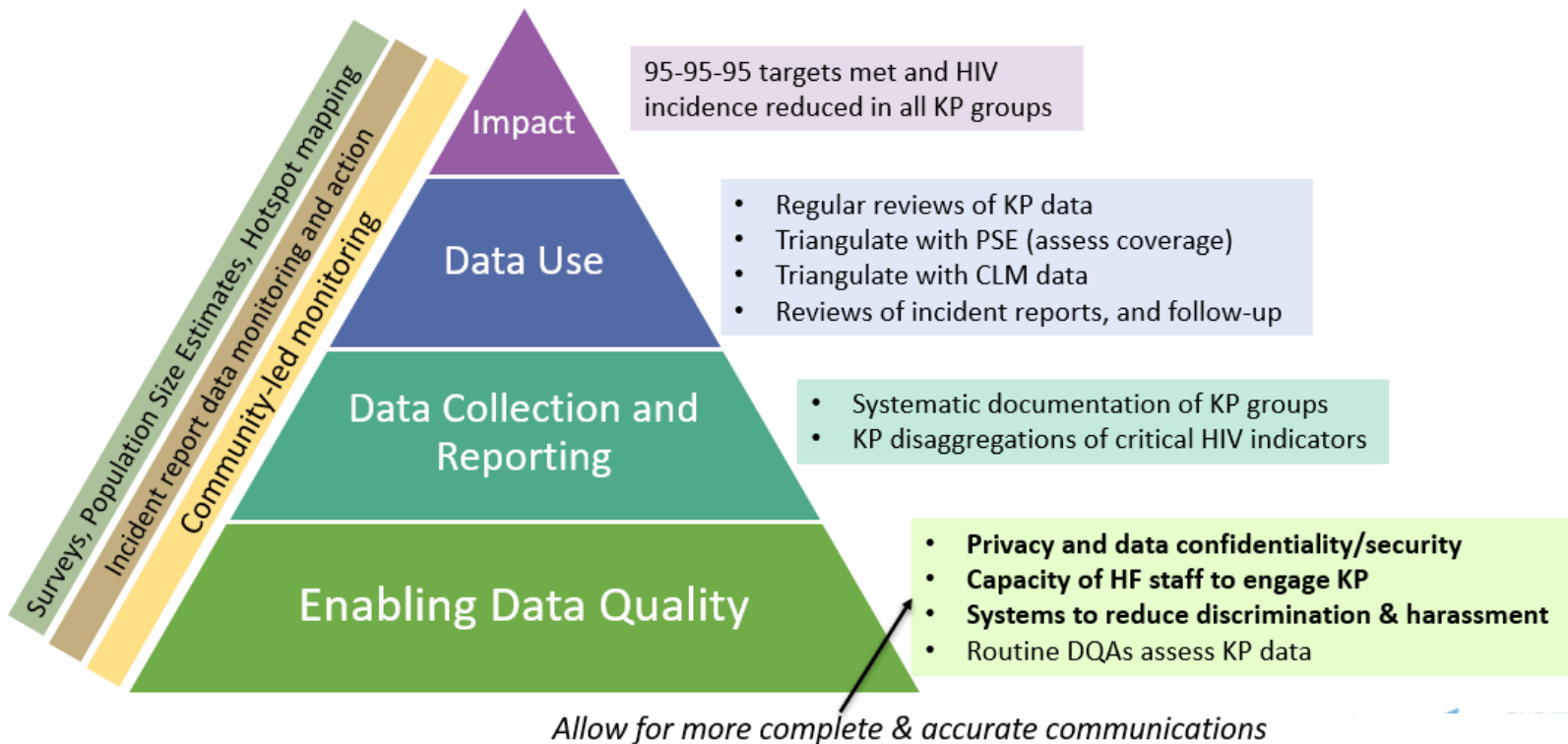
Gráfico 5 – Impacto da Limpeza de Dados de Serviços TARV (Adultos)



- Despite investments in M&E, large gaps in data quality remain
- A national DQA in Mozambique in Nov. 2024 found an **overcount of 251,974 adults on ART**
- Would like this activity to be routine and implemented by provinces for sustained improvements

Challenge and opportunity #3: Implement effective key populations M&E

An enabling framework for M&E of services for key populations

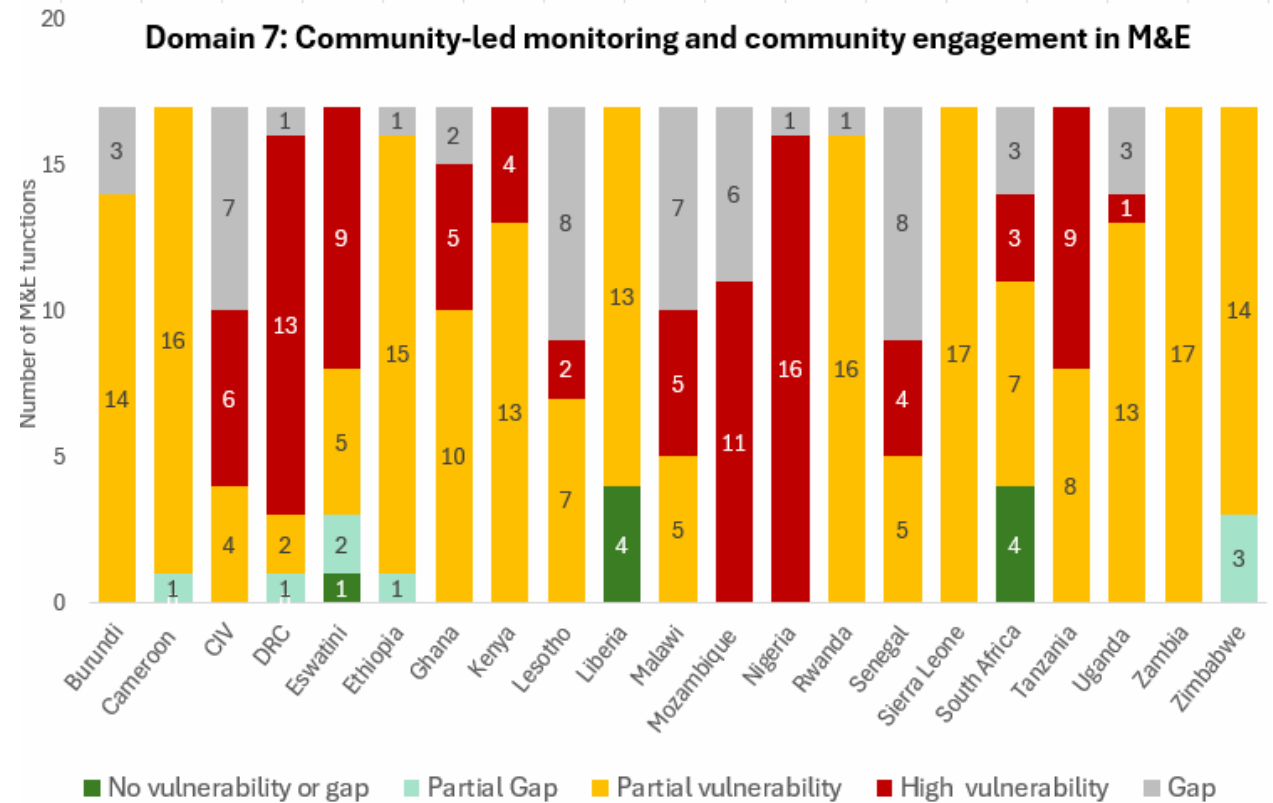


Mozambique experience:

- The package of services for KP has been established in national guidelines
- However, KP M&E has largely been donor/IP-supported
- Gaps in enabling factors, eg, privacy, confidentiality
- Large gaps in documentation
- Needs to be built from the ground up

Challenge and opportunity #4: Institutionalize community engagement in M&E

- Communities have been critical in shaping the HIV response
- Funding crisis for communities
 - No USG funds for CLM in Mozambique
- Governments must seek other sources for support
 - Limited opportunities to include in Global Fund
 - Social contracting



Challenge and opportunity #5: Are integrated EMRs the solution?

THE CONVERSATION

Academic rigor, journalistic flair

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HIV in Malawi: digital filing system saved lives and boosted care – research

Published: March 10, 2020 9:31am EDT



Staff at Karonga District Hospital dental department. Baobab Health Trust LinkedIn

Rwanda's Big Digital Health Bet: How e-Ubuzima Is Replacing Paper Records In Hospitals Nationwide

May 27, 2025 · 3 min read



Editorial Desk
(Care City Media Editorial Desk)



Chat here 🗨️ Uganda's health facilities operated with paper files stacked in corners, handwritten registers, and overloaded storage rooms. Medical records were often misplaced or incomplete, and decision-making was slowed down by unreliable data. Health workers filled out forms by hand, sometimes several times for

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Many countries will not be able to scale-up point of care, integrated EMR systems in the next 3-5 years

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Call to Action

Call to action

- Historical HIV M&E systems are not sustainable
- EMR systems have great promise, but most countries will not be able to implement them fully over the next few years
- Most countries need to seize this moment to build resilient, integrated, and sustainable hybrid (paper + electronic) HIV M&E systems
- CQUIN M&E community of practice can support countries to exchange best practices



Thank you

