Best Practices in Strategic Information

Book of Abstracts

Technical Assistance support and submitted by

The Voluntary Health Services (VHS),

Supported by **Centers for Disease Control and Prevention (CDC),**

(VHS-CDC Project),

Rajiv Gandhi Salai, T.T.T.I. Post, Taramani, Chennai – 600 113,

Tamil Nadu, INDIA.

Submitted to

National STD/AIDS Control Programme (NSACP)

Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka

No.29, De Saram Place, Colombo 10, Sri Lanka.

MINISTRY OF HEALTH SRI LANKA

NATIONAL STD/AIDS CONTROL PROGRAMME

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This publication was supported by the Grant or Cooperative Agreement Number 6 NU2GGH001087-05-02, funded by the Centers for Disease Control and Prevention, (CDC) US and PEPFAR. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, US PEPFAR or the Department of Health and Human Services.

Foreword

HIV/AIDS response globally has been a fountainhead of innovations and best practices that were evolved to customise the program and match the needs of the epidemic. Last three decades of HIV programming has seen several systems and initiatives that evolved to be called global best practices. A few efforts have been made to systematically document such best practices in HIV/AIDS response so that the lessons learnt from them can benefit the other programs or other areas or countries. These best practices span the entire spectrum of the HIV/AIDS program primarily focussing on prevention and treatment strategies, service delivery, community participation, multi-stakeholder response, financial systems and supply chain. However, there are very limited instances of documenting best practices in Strategic Information Management related to HIV/AIDS.

National STD/AIDS Control Programme of Sri Lanka has evolved robust Strategic Information Management systems over the decades, upon the foundations of the much stronger STD control program in the country. STD surveillance system, HIV case reporting system, HIV cohort tracking system and data dissemination practices are some shining examples of best practices in Strategic Information for HIV/AIDS that NSACP has developed over years. An exercise has been carried out to systematically review such initiatives from the lens of documenting best practices and this publication is an outcome of such an effort. I sincerely hope that this publication will not only highlight the achievements and lessons learnt from the past experiences, but also show us the way forward in further strengthening them.

In preparation of these best practices, we thank Dr Ariyaratne Manathunge, Consultant-Venereologist and Coordinator-SIMU, NSACP for his leadership and coordinating the technical assistance to NSACP as nodal officer for SIMU-NSACP. His strategic guidance in developing and bringing out the best practices document (book on best practices, best practices series and book of abstracts on best practices) covering both existing and emerging is highly appreciable. As a part of this, VHS-CDC Project in partnership with NSACP is bringing out "*Book of Abstracts*" covering abstract on each of the best practice on Strategic Information which can be readily used for submission at national and international forums for dissemination. We also appreciate the contributions made by SIMU team, all the NSACP senior officials, key stakeholders and peripheral STD clinic team members in developing these best practices.

We appreciate the technical support being extended by VHS-CDC Project with the support of Centers for Disease Control and Prevention (CDC-INDIA) in planning and conducting this study in a participatory manner for introducing evidence based comprehensive capacity building plan for the Strategic Information Management team.

We would like to thank The Voluntary Health Services (Cooperative Agreement Implementing Partner of CDC) for their contribution in bringing out this publication on 'Best Practices in Strategic Information' with the review and suggestions from NSACP.

We acknowledge and thank the VHS-CDC Project team for their immense support in ensuring partnerships and continue to provide strategic technical support to NSACP on Strategic Information and serving as instrumental in bringing out this document. We appreciate and acknowledge the technical support extended by VHS-CDC Project and their team in identifying, collecting, documenting and bringing out these best practices. These best practices will be of very much useful for dissemination at national and international level.

We thank United States President's Emergency Plan for AIDS Relief (PEPFAR), Centers for Disease Control and Prevention (CDC/DGHT-India) and their team for their support in this model inter-country initiatives and contribution in evolving a comprehensive TA plan and coordination mechanism. We greatly appreciate and acknowledge PEPFAR and CDC/DGHT-India for their financial and technical support and providing strategic technical assistance. Also thank for the support extended in bringing out this document.

Dr Rasanjalee Hettiarachchi,
Director,
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Sri Lanka.

Acknowledgements

Voluntary Health Services – Centers for Disease Control & Prevention (VHS-CDC) Project is pleased to bring out this special document on 'Best Practices in Strategic Information under National STD/AIDS Control Programme, Sri Lanka'. This is a unique endeavour made in close collaboration with and guidance of Strategic Information Management unit of NSACP to systematically document the best practices in Strategic Information of HIV/AIDS in Sri Lanka. This exercise aimed to look at the existing and emerging SI initiatives from the lens of a best practice assessment and bring out the operational details, historical perspective, lessons learnt, potential for further development and recommendations for action. The methodology adopted and implemented with rigour ensured that it followed the globally recommended approaches while customising it to the context of Sri Lanka's program.

We wish to highly appreciate and acknowledge the leadership, support and guidance being extended by the Director, NSACP, Sri Lanka in the entire process of technical collaboration and bringing out this report.

We sincerely acknowledge and appreciate the critical leadership and guidance provided by Dr Ariyaratne Manathunge, Consultant-Venereologist and Coordinator-SIMU, NSACP, Sri Lanka in planning, execution, providing strategic guidance, sharing experiences and coordination of the entire process of development and finalisation of the document on best practices.

We also acknowledge the contributions of the entire SIM unit of NSACP. Further, we appreciate and thank contributions made by the key stakeholders: senior officials-NSACP, SIMU team, EIMS development team, website development team, consultants-Venereologist from various STD clinics, SI team members working at peripheral STD clinics and all those who has contributed for this documenting the best practices.

We would like to appreciate the strategic guidance and coordination extended by Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project in planning and completion of the entire document and providing needful technical support in bringing out this document by adopting a participatory process. We acknowledge the contributions of Dr Yujwal Raj, Technical Advisor-SI, VHS-CDC Project for his technical expertise in developing the best practices and contributing in development of this document in a more meaningful manner. We also thank Ms T Sudha, Senior Programme Associate, VHS-CDC Project for her support in ensuring communication, coordination and designing this document.

VHS-CDC Project has undertaken efforts to bring out publications in the form of: book on best practices, best practices series and book of abstracts for dissemination by NSACP at national and international level. As a part of this technical cooperation initiatives, VHS-CDC Project in partnership with NSACP has also developed "*Book of Abstracts*" along with abstract on each best practice for presentation and dissemination at regional, national and international level.

VHS-CDC Project and VHS place on record our sincere thanks and gratitude to Dr Timothy Holtz, Country Director, CDC/DGHT-India for his dynamic leadership and strategic guidance being extended in providing Technical Assistance to NSACP, Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka and Mr Lokesh Upadhyaya, Associate Director for Management and Operations and Ms Srilatha Sivalenka, Public Health Specialist, CDC/DGHT-India and CDC team for their ongoing technical guidance and support in this technical assistance initiative.

We trust that, these documents will be of more useful to the readers for understanding the best practices for adoption and replication.

Once again, we acknowledge the support extended by SIMU unit-NSACP, NSACP and CDC in providing technical assistance to NSACP on SI related initiatives.

Dr Joseph D Williams,
Director Projects,
The Voluntary Health Services (VHS),
Chennai/INDIA.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
EIMS	Electronic Information Management System
EMR	Electronic Medical Record
Epi-Unit	Epidemiology Unit
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
KP	Key Population
LFU	Loss to Follow Up
LIMS	Laboratory Information Management System
MSM	Males who have sex with males
NGO	Non-Government Organisation
NRL	National Reference Laboratory
NSACP	National STD/AIDS Control Programme
NSP	National Strategic Plan
PHI	Public Health Inspector
PLHIV	People Living with HIV
PMS	Pharmacy Management System
PMTCT	Prevention of Mother to Child Transmission
SI	Strategic Information
SIMU	Strategic Information Management Unit
SM	Social Media
SMO	Social Media Outreach
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VHS	Voluntary Health Services
WHO	World Health Organisation

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1. Existing Best Practices in Strategic Information

1.1. STI Surveillance and Program Monitoring under NSACP - An Indigenously evolved best practice in Strategic Information

1.2. HIV Case Tracking and Management System under NSACP - Gearing up for End of AIDS

1.3. Data Archiving and Dissemination Practices under NSACP - A Model for the South East Asia

1.4. Cohort tracking of PLHIV on ART in Sri Lanka

1.1. STI Surveillance and Program Monitoring under NSACP - An Indigenously evolved best practice in Strategic Information

Background: One of the key strengths of National STD/AIDS Control Programme is the country-wide network of STD clinics with uniform, standardised protocols of STI surveillance & data management, that forms the backbone of HIV/AIDS control in the country. The system has enabled the program to monitor trends of various STDs over time and strengthen STD program management.

Objectives: To document demographic & risk profiles and clinical case management of all STD cases and report the same to NSACP.

Implementation Highlights: One of the key highlights is the uniformly implemented risk assessment of STI Patients using standardised formats across all the STD clinics in the country. This provides a large database to assess the demographic, STI & risk behaviour patterns of clinic attendees, and is a rich source of information for program planning. Unique strength of STI program in Sri Lanka is the availability of data on etiological diagnosis of STI. Comprehensive, Standardised Quarterly returns submitted by all the STD clinics provide a good insight into various aspects of program management. High level, uniform reporting for a long time led to availability of historical data for any program modelling. STI surveillance & management is closely integrated with HIV care & Management.

Conclusion & Lessons Learnt: STI data systems form the backbone of STI & HIV control in Sri Lanka. The system led to generation of evidence on STD prevalence trends, treatment rates, risk profiles, referral linkages and STD program management. Upgrading to electronic version with data quality monitoring will make it more effective.

1.2. HIV Case Tracking and Management System under NSACP - Gearing up for End of AIDS

Background: One of the key strengths of National STD/AIDS Control Programme is the strong HIV case tracking mechanism where every HIV screening site is linked to the National Reference Laboratory & Epi unit of NSACP. The systematic documentation and exchange of paper-based reports between these various centres ensures tracking of almost every HIV positive case and linking them with HIV care and treatment.

Objectives: To ensure that every HIV positive case detected in the country is linked to program, for effective patient care as well as better epidemic control.

Implementation Highlights: ANC clinics, TB clinics, hospitals & NGOs working with key population refer persons to STD clinics for HIV screening. All the HIV screening sites (STD Clinics/ Blood Banks/ NGOs/ Private Labs) fill case reporting form (Form 1214) for all HIV+ cases and send them to NRL for confirmation. Centralised confirmatory testing at NRL for all HIV+ cases is the unique strength of NSACP. All confirmed positive cases at NRL are shared with Epidemiology Unit at NSACP for case tracking & linking with HIV care. Duplication of cases is avoided by scrutinising multiple variables & triangulation of data from the screening sites. Epi Unit contacts the HIV+ person and links him/her with relevant HIV clinic. HIV clinics maintain robust clinical records for both out-patient & in-patient cases.

Conclusion & Lessons Learnt: Switching from paper-based tracking to electronic system ensures plugging of all possible linkage losses, strengthens the case tracking system and evolves it into a complete HIV case-based surveillance that is critical for End of AIDS in Sri Lanka.

1.3. Data Archiving and Dissemination Practices under NSACP - A Model for the South East Asia

Background: One of the key strengths of National STD/AIDS Control Programme is the strong data archiving, sharing and dissemination practices through a creative, organised & regularly updated website, comprehensive annual report & regular program publications.

Objectives: To systematically analyse, disseminate updated programmatic data to a wider audience at regular intervals and to archive all the past information in an easy-to-access manner.

Implementation Highlights: Strategic Information Management unit of NSACP is responsible for the dissemination of program data through website and annual reports. The program data is disseminated through a dynamic, well-designed, constantly updated website that is one of the best in the region, and a highly analytical comprehensive annual report, besides publications from time to time. NSACP captures & shares the longest historical data/information related to STD/HIV/AIDS in the region on its website making it the most resourceful online repository. Data is regularly shared with NSACP program managers for timely programmatic decision making, as well as with GFATM, WHO, UNAIDS for international reporting.

Conclusion & Lessons Learnt: NSACP's transparency and open data policy is worth emulating by many other countries. The reach and impact of these practices can be further strengthened through comprehensive dashboard and strong social media outreach plan.

1.4. Cohort tracking of PLHIV on ART in Sri Lanka

Background: Taking advantage of the low level epidemic and a relatively smaller number of PLHIV in the country, NSACP has taken measures to ensure that every PLHIV is linked to treatment and care, and followed up closely on ART. Documentation and reporting systems have been set up to ensure longitudinal cohort tracking of PLHIV on ART.

Objectives: To monitor the treatment adherence and progress of PLHIV receiving ART and estimate the survival among PLHIV on ART.

Implementation Highlights: Extensive, well-documented case files for all PLHIV is the primary source of information for cohort tracking and cascade analysis of PLHIV data. Individual level reporting in electronic form ensures computerisation of key variables required for cohort tracking. Active tracking & follow-up of LFU by PHI/Nurse ensures that treatment adherence of PLHIV is high. High level, uniform reporting from all HIV clinics ensures that the data is complete and updated. Systematic analysis & periodic dissemination of the longitudinal data ensures the utility of the data in the program.

Conclusion & Lessons Learnt: Ensuring individual level reporting of progress of PLHIV on ART from all HIV clinics right from the early stages of ART program is a best practice under NSACP. This system can further be strengthened through shifting to an electronic data management system.

2. Emerging Best Practices under Strategic Information

2.1. Electronic Information Management System (EIMS) – An effective case & program management tool for HIV/AIDS

2.2. Comprehensive Dashboard for Effective Programmatic Decision Making

2.3. Social Media Outreach for NSACP

2.1. Electronic Information Management System (EIMS) – An effective case & program management tool for HIV/AIDS

Introduction: NSACP has traditionally adopted a paper-based system of documentation and reporting from all its STD/HIV clinics. However, with the increasing caseloads at STD/HIV clinics and in view of the available technological solutions, there is a greater need for real time monitoring of program service delivery and individual tracking of HIV cases. In view of the above, SIM unit of NSACP has launched a program to develop an Electronic Information Management System (EIMS) as a replacement for the paper-based individual level recording and reporting system extant in NSACP currently. The development of EIMS was initiated during December 2017.

Features: The proposed web based EIMS would be consisting of a comprehensive Electronic Medical Record (EMR) System for HIV care and monitoring, ART and other Pharmacy Management System (PMS), a Laboratory Information Management System (LIMS) and STD Clinic Management System. EIMS is a comprehensive data management solution that will take care of most of the data management needs of NSACP. EIMS will ensure individual level reporting of all cases from STD & HIV clinics, tagged with unique IDs. The system ensures smooth data flow between various modules. The system is linked to a barcode mechanism with barcode readers made available to all the clinics. DHIS 2 platform is being used for the analytic component of EIMS, that will enable customised report generation for various program managers at different levels.

Conclusion: EIMS will truly be a best practice in SI in future since it addresses all the critical functions required of an advanced HIV/AIDS data management system, that is justly needed for the end game strategy of end of AIDS. Linking all program components into one system, data collection at individual level and integration with advanced analytics are the unique features that make EIMS an emerging best practice.

2.2. Comprehensive Dashboard for Effective Programmatic Decision Making

Introduction: Dashboard is a data presentation & visualisation tool to assist program managers in their routine programmatic decision making and contributes to improving both efficiency and effectiveness of the program management. Development of a comprehensive dashboard for NSACP is identified as an emerging best practice in Strategic Information under NSACP.

Objectives: To evolve a comprehensive dashboard for NSACP that can support effective programmatic decision making and link it with the existing data systems.

Methods: Secondary review of the program requirements and identifying dashboard indicators, identifying the data sources and exploring the potential data visualisation options for the dashboard.

Results: Existing core indicators under NSACP and their data sources, current SI system and data flow mechanisms, published documents and reports have been reviewed to identify the core dashboard indicators. It is ensured that they are in line with the latest National Strategic Plan 2018-22 as well as international reporting requirements. Data sources, disaggregation and periodicity of reporting along with definitions of core indicators have been proposed. Data visualisation options and effective means of communicating them to program managers on a real time basis have been recommended. The program areas include STI management, Key Population prevention, PMTCT, HIV diagnosis, care & treatment and laboratory management. Indicators include those related to need, inputs, processes, outputs, outcomes and impacts of NSACP.

Conclusion: The dashboard presents a comprehensive view of the programme, highlights critical indicators important for monitoring progress & gaps and underlines the aspects that need attention and immediate action, thereby contributing to effective program management. The potential use of data that it will promote in the programme and the support it will provide to the program managers will make it emerge as a best practice under SI.

2.3. Social Media Outreach for NSACP

Introduction: Social media is an umbrella term that describes websites and apps that connect people and involve user generated content. Social Media gives us the ability to connect with almost anyone, anywhere at any time. Social Media is an easy and effective way to increase the reach and the impact of our initiatives. Social Media makes more people aware of our services, programs, achievements, best practices, innovations etc.

Role in NSACP: The current NSACP website has been identified as a functional best practice with a lot of aspects that are highly user friendly and serve the purpose of wider dissemination of information. However, a need was felt to further enhance its reach, impact and utility for a larger segment of population by integrating it with social media channels. Face Book, Twitter, LinkedIn, Instagram, Pinterest, YouTube, Whatsapp and others have been identified as key social media channels that can be explored for integration.

Activity Plan: A social media outreach plan is envisaged considering the possible opportunities to reach out to the audiences at International and National level for continued effective dissemination and update. Developing a social media outreach (SMO) plan includes - Creating social media outreach objectives, Conducting a social media audit, Creating & improving social media accounts, Creating a content outreach plan and a social media content calendar and evaluating and adjusting social media outreach plan. SIM unit of NSACP, with the technical support from VHS-CDC Project, Chennai aims to integrate the existing website with strategically important social media channels and evolve it into a best practice in the area of strategic information.