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HIV Case-Based Surveillance The Regional Perspective

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Backdrop of Recent Changes in CBS

- PAHO, HIV Caribbean Office (PHCO) is in transition.
 - Support for treatment and care, Elimination of Mother to Child Transmission will remain with PAHO
 - Surveillance functions are being devolved to a greater extent to CARPHA
 - Current aggregate data reporting continues with changes to frequency of reporting, as indicated arising out National Epidemiologists Working group
 - Development of Case-Based Surveillance capacity in CMS is underway with varying progress among different countries



WHAT'S THE LONG TERM VISION?



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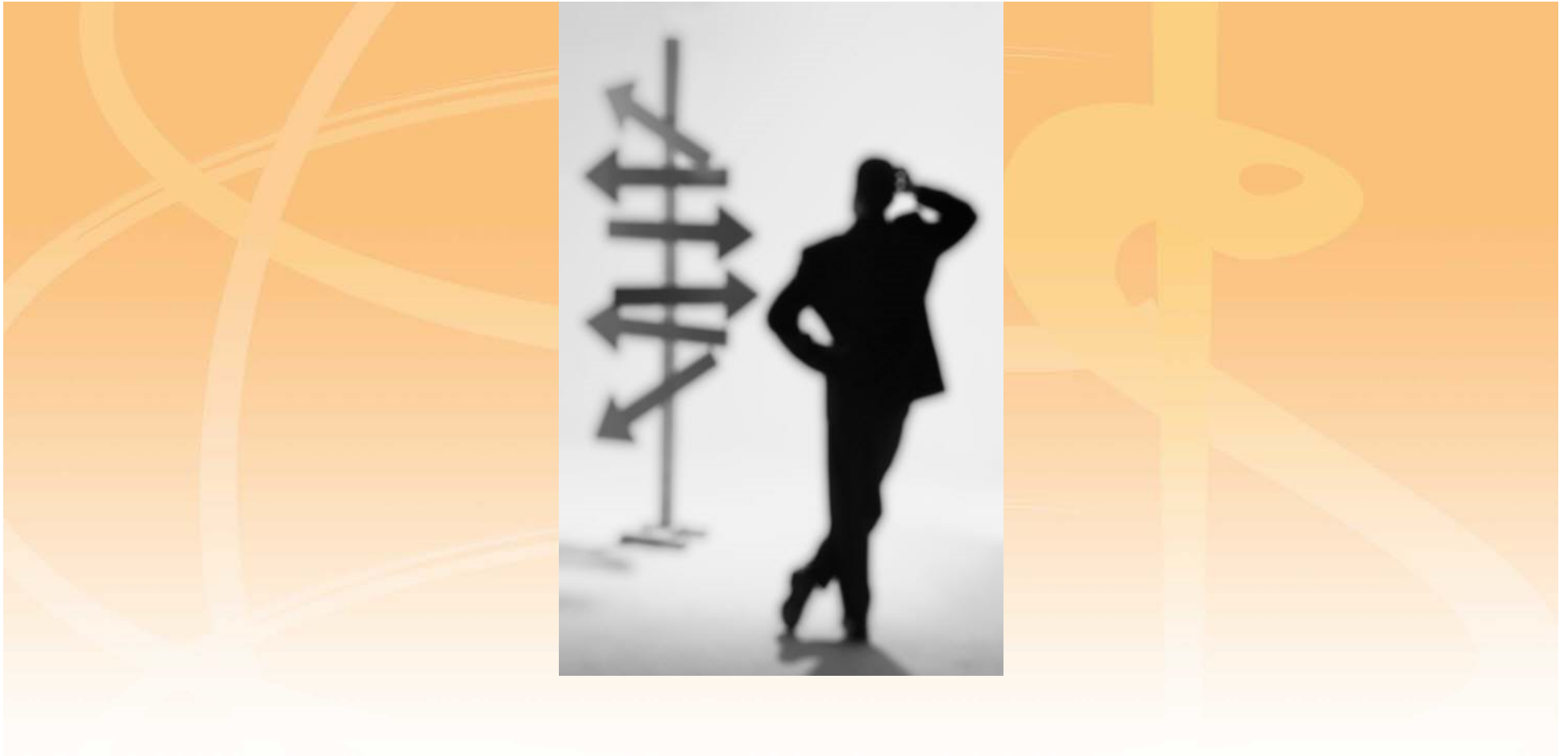
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Overall Vision for Case-Based Surveillance

Health systems equipped to provide real time information to improve health and inform decision making in health for the Caribbean.

- Requires integrated health information systems, conducting case-based surveillance (not just for HIV, but for STI & TB, and eventually, for all diseases)



WHAT'S CARPHA'S ROLE?



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CARPHA's Role in HIV-CBS

- Leadership in driving discussions with CMS and development partners
- Technical assistance in strengthening surveillance processes in-country
- Setting standards and help build in country capacity for collecting and storing data
- Setting standards for reporting from countries.
 - Multidisciplinary team needed (including health economists, to design data collection for wider use i.e. health and economic planning)



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CARPHA's Role in HIV – CBS cont'd

- Collection of aggregate data from countries for reporting on regional status
 - Not currently hosting CBS data repository
 - But avenues for future development of this capacity are being discussed

Progress with Case-Based Surveillance in CARPHA Member States

- Six members of the OECS have made strides in terms of agreement to Core indicators, SOPs for data collection, processing, reporting and transmission, basic electronic medical records systems (HIV Patient Monitoring System) in some countries
 - Antigua & Barbuda
 - Dominica
 - Grenada
 - St. Kitts & Nevis
 - St. Lucia
 - St. Vincent and the Grenadines
- Implementation workshop held with these CMS earlier this

month

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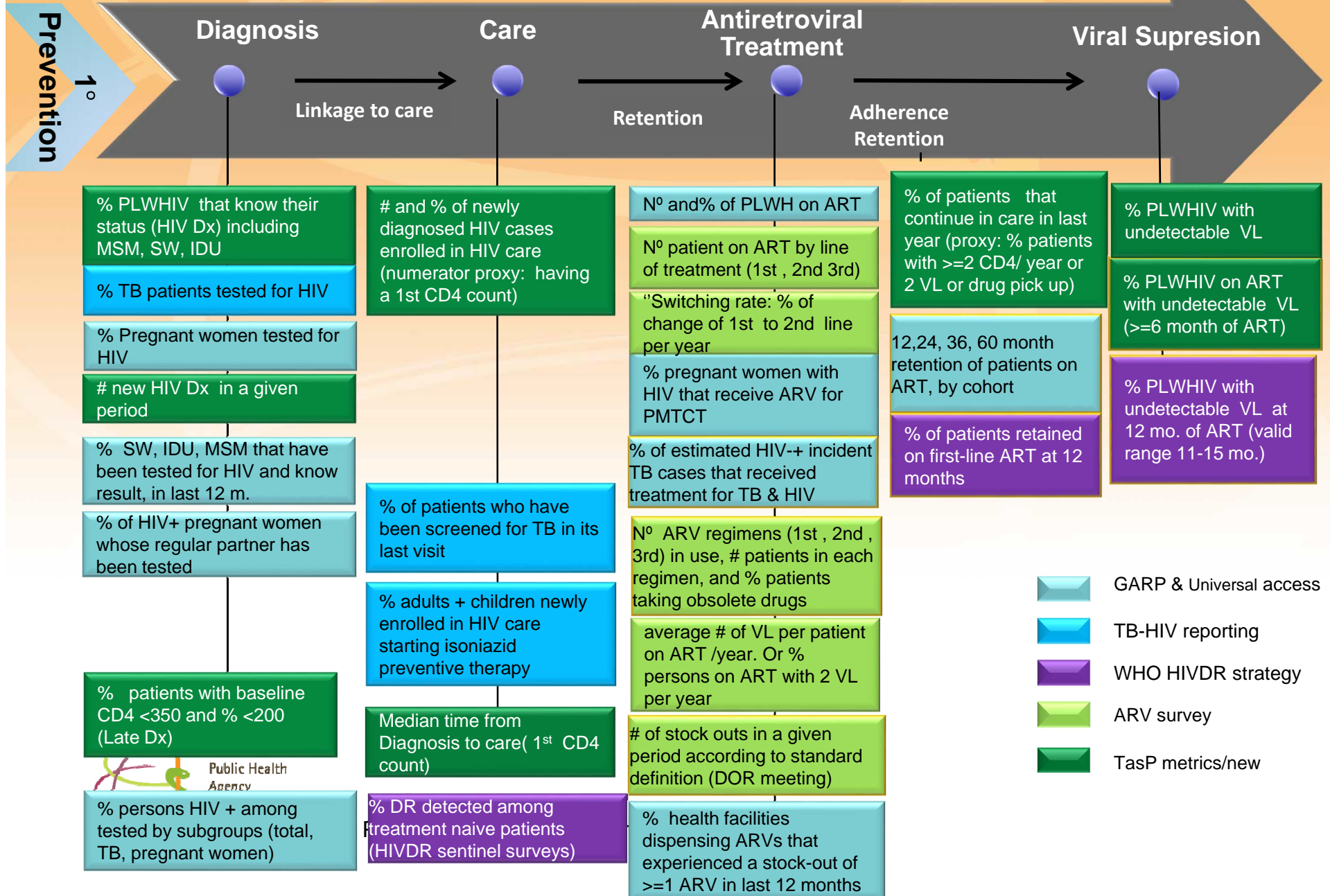
A quick peek

CORE INDICATORS FOR HIV CBS



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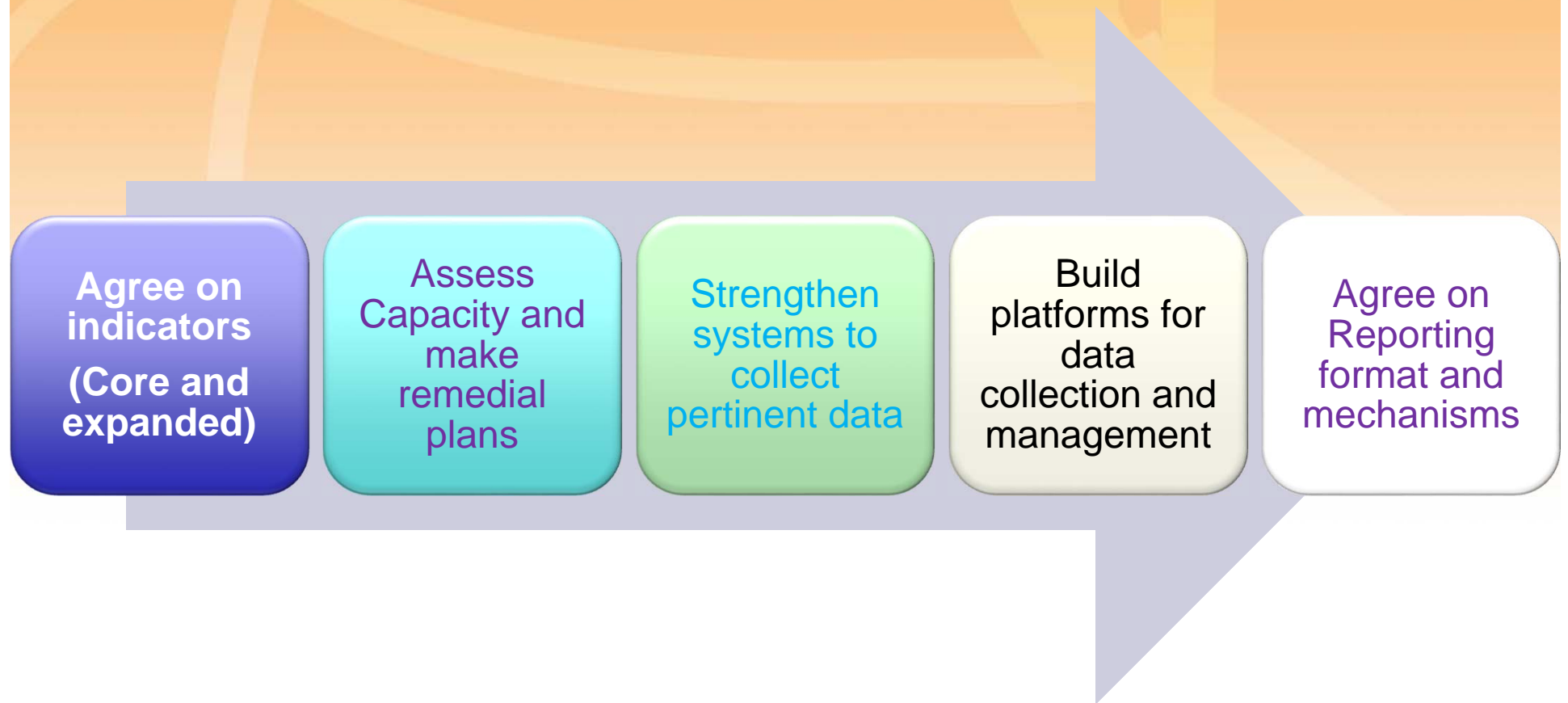
CONSENSUS BASED INDICATORS IN THE CONTINUUM OF HIV CARE



Proposed expansion to wider CMS family

- Collaborative, iterative process.
- Core indicators are a given for standardisation
- Additional indicators for country use may be considered
- Process for extracting data pertinent to indicators from existing health information system need to be discussed at country level
- Consensus on reporting format and data sharing agreements needed

General process for CBS system development



Building on what we have learned

- Lessons learned and pitfalls from OECS experience, where applicable, will be incorporated into HIV CBS discussions held with CMS
- Experience from PAHO in implementation in countries where CBS already exists will be drawn upon

Expansion to include STI and TB then other diseases

- Long term vision pre-supposes a shift in the way data is collected and processed at all levels
 - Granular data on each patient encounter would be needed to fuel the system
- STI and TB data is targeted for early inclusion in Case-based surveillance
 - Mechanisms for extraction to be refined in collaboration with CMS
- Further expansion in incorporate other infectious diseases and NCDs is envisioned

Summary

- HIV CBS planned for launch in CMS
- OECS countries ahead of the curve
 - Paper based launch imminent
 - Electronic system in the pipeline
- System to be pilot tested in OECS based on their readiness
- Discussions to be picked up with wider CMS on mechanisms for moving quickly toward HIV CBS benefiting from lessons learned in pilot
- Expansion beyond HIV to STI/TB and beyond

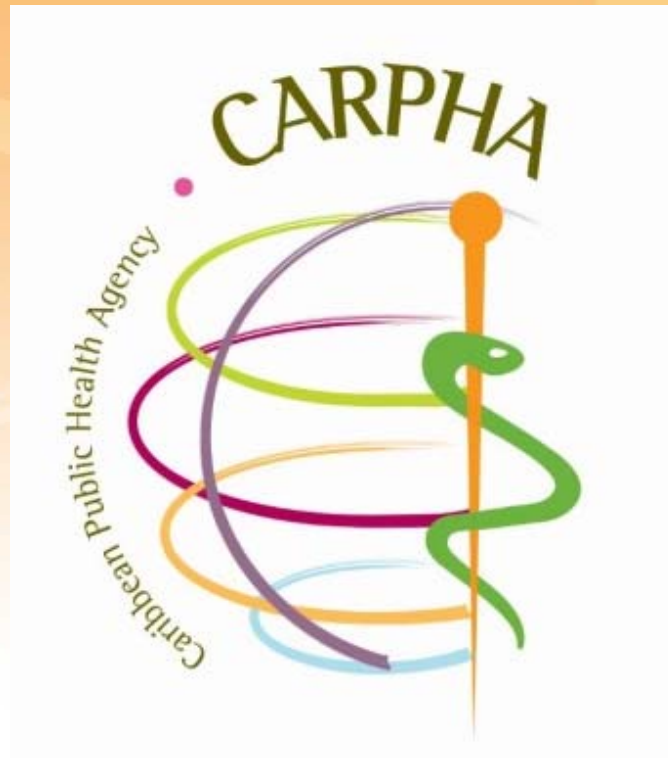


is planned

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THANK YOU



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