



MAKING DATA COUNT IN THE HIV RESPONSE: THAILAND'S AIDS ZERO PORTAL

Case Study

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Photo by Bangkok Metropolitan Administration, AIDS Division

Use of timely, high-quality, and complete HIV-related data is fundamental to understanding the drivers of the epidemic, identifying program failure, increasing prevention and outreach efforts, and ensuring access to those who need care and treatment. Sharing information among various stakeholders is also vital to ensuring a coordinated HIV response. Yet, using data and sharing information are common challenges faced across countries. In reality, data sources are often unlinked, incomplete, and difficult to understand, leaving countries unable to harness the abundance of available data.

Thailand's AIDS Zero Portal (AZP) offers an exciting example of how one country has addressed these challenges and is "using the data it has" to ask better questions about its HIV epidemic. Using an online, open-access platform, AZP places data on key,

agreed-on HIV indicators in everyone's hands—from national- and subnational-level decisionmakers to civil society leaders and organizers across the country. Though recently launched in June 2014, Thailand is already witnessing how timely access to data can help the country more effectively address its national and subnational HIV epidemic.

Through this case study, the Health Policy Project (HPP) seeks to share Thailand's experience implementing AZP and its initial impact at the national and provincial levels. The AZP offers a potential model for other countries looking to institutionalize and leverage information systems as part of their routine monitoring and evaluation, strategic planning, and resource allocation efforts.

HIV Data in Thailand

Thailand has long been praised as a leader in the global HIV response and has gained particular praise for its strong health management information systems (HMIS). However, while the country emphasizes high-quality data collection, the National AIDS Management Center (NAMc) has noted insufficient data use and sharing. As Dr. Petchsri Sinirirund, former director of NAMc stated, “We collect a lot of information, but we are not using it effectively.” Until recently, data were collected in different formats and at varying frequencies (e.g., routine care and treatment data versus HIV surveillance) and stored in more than 15 complex, vertical HMIS. This made it difficult and time-consuming to analyze data from multiple sources.

Additionally, a decade-long decentralization of healthcare oversight exacerbated these challenges. Beginning in 2000, Thailand began transferring the majority of responsibility to local governments. Under decentralization, local governments are now tasked with most of the resource allocation for HIV programming, leaving the central government to provide oversight. Each province must analyze its own data and mobilize resources, making data accessibility and use all the more important. It became clear to NAMc that the country required a technology solution to improving data access and information sharing.

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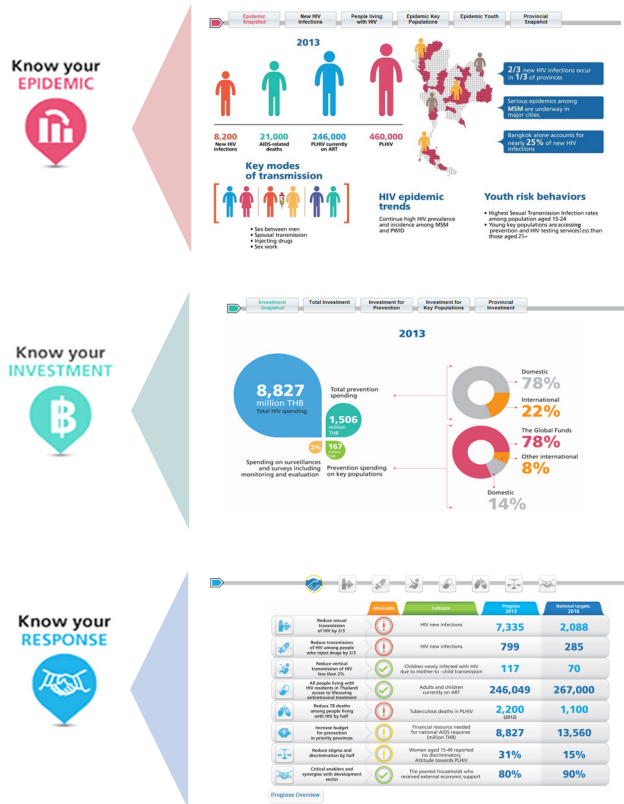
—Ms. Pannee Chaiphosri
Bangkok Metropolitan Administration (BMA) AIDS Division

In 2013, NAMc partnered with the United Nations Joint Team, the Thailand Ministry of Public Health-U.S. Centers for Disease Control and Prevention Collaboration, and Dure Technologies to begin exploring how to address these challenges. One approach has been to adopt Dure Technologies’ iHealthPortal, a platform that draws on data from existing HMIS to offer stakeholders at all levels the ability to view countrywide data down to the facility level, using easy-to-read visual formats such as maps and graphs. For example, if a program manager wants to know the number of HIV-positive pregnant mothers in a particular province, s/he can now simply click on a map to find graphs and other visual displays of key prevention of mother-to-child transmission (PMTCT) indicators to inform service delivery. Likewise, given the number of data sources that AZP draws on, a program manager might also explore other questions of interest related to care and treatment, epidemiology, and even investment.

Putting Data in the Hands of the Office of the Governor, Nakhon Ratchasima Province

With more than 2.6 million people across 32 districts, Nakhon Ratchasima is the single largest province in Thailand. A province of this size can pose a challenge for monitoring and evaluation. And yet, in less than two months since the AZP roll-out, stakeholders have already noted how the portal helps facilitate better discussions. Ms. Bunchoay Nasoongnern, Chief of AIDS Sector within the province, explained that before AZP, the office would spend a great deal of time extracting data from technical reports so that district-level data could be compared for the Governor. With AZP, the Governor’s office can access information directly and easily and even compare facilities within districts to identify where performance improvement is needed, making more efficient use of staff time and other resources.

AIDS ZERO PORTAL Thailand's Next Generation Data Use Tool



“Provides up to date HIV epidemic data to enable target population and geographic prioritization; reflects current HIV situation, modes of transmission, major risk behaviors, and the HIV epidemic trends at provincial and local levels.”

“Offers information on the past & current AIDS spending by program areas, key populations and funding source; informs effective and efficient budget allocation and generates increased accountability and ownership of the HIV/AIDS response at national, provincial, and local levels.”

“Gives an overview of progress of the responses at national and sub-national levels in achieving the national and global targets; highlights areas for program improvement across the 10 global targets (2011 United Nations General Assembly Political Declaration on HIV/AIDS).”

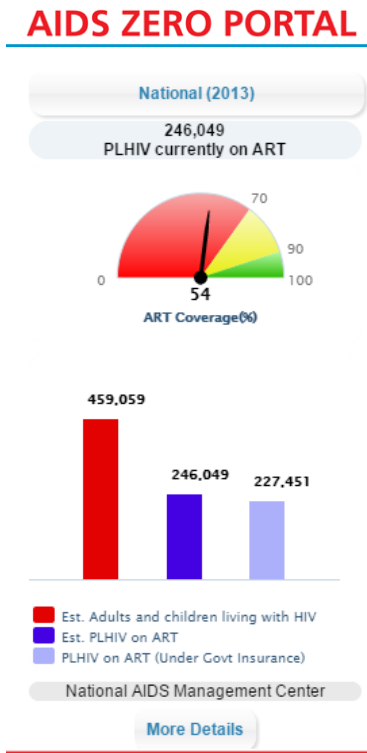
Source: Thailand National AIDS Committee. “AIDS Zero Portal: Thailand’s Next Generation Data Use Tool.” www.aidszeroportal.org.

AZP: Creating a Culture of Data Use

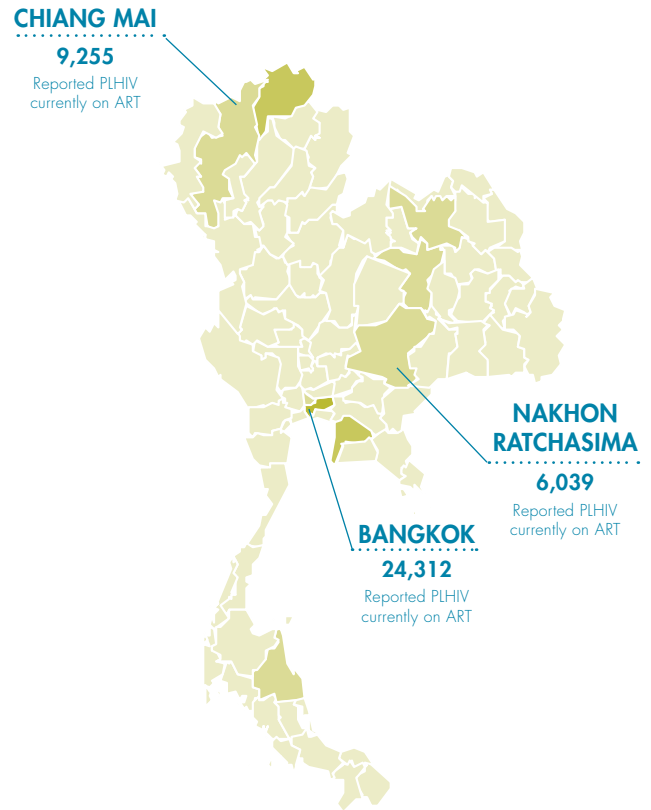
Though still in its infancy, users of AZP have noted profound impacts on both the way decisions are made and the overall data culture. Ms. Thananda Naiwatanakul, an expert in PMTCT data in Thailand and one of the developers of AZP, sees the portal as a means of fostering interest and investment in data quality. “We hope that this will facilitate better quality data reporting, because they will see the value,” she says, speaking of AZP users. “People who report the data should be able to use the data as well.”

This has been the experience of the Bangkok Metropolitan Administration (BMA) AIDS Division. Ms. Pannee Chaiphosri and Ms. Kanokrat Lerdtriphop of the AIDS, TB, and STI Control Division in BMA explained how AZP allowed them to examine whether the figures they were seeing were accurate. When the

data reported in AZP reflected unexpectedly low or high numbers for certain key populations, the team was able to investigate—at the point of data collection—whether these were true accounts or whether they reflected data quality issues. The BMA team worked in close collaboration with facility-level staff to examine whether the reported numbers were true positives or manual data entry errors. Using the data they had was essential, as it allowed them to question accuracy and completeness, resulting in quality improvement measures for data reporting. As Ms. Chaiphosri explained, AZP does not replace the need for analysis. Rather, “... it is another tool in your toolbox that allows you to ask the right questions, target the right programs, and reach the right people at the right time.”



Source: www.aidszeroportal.com



The AIDS Zero Portal allows users to visualize geographic trends in HIV indicators from the national level to the local level. This map depicts the number of adults and children currently receiving antiretroviral therapy, per province. Examples of how AZP has been utilized within Bangkok and the select provinces of Chiang Mai and Nakhon Ratchasima are highlighted throughout this case study.

Chiang Mai’s Provincial Health Office (PHO) has experienced program improvements in just six months since AZP roll-out. The PHO played a significant role in the design of the portal and engaged in an early pilot. They have been using AZP since December 2013.

Ms. Chonlisa Chariyalertsuk, the AIDS Division Chief for Chiang Mai’s Health Office, explains how AZP has helped analyze data quality and identify programmatic gaps at the provincial level. The PHO meets with the Provincial AIDS Committee (PAC) every two months to discuss how to improve operations, identify programmatic gaps, and prioritize their response. “AZP is used at the start of our meetings so that we can set the stage for discussion based on a shared understanding of the epidemic,” she said in an interview with HPP staff. On one occasion, she and her colleagues noticed the number of key affected populations receiving HIV testing and counseling was unexpectedly low. The team

questioned whether the low numbers reflected under-reporting or whether facilities were not reaching the right people. These discussions led to improvements in their counseling and testing program, which, in turn, led to identifying those in need of treatment and care. As she explained, “AZP can help pinpoint where the problems are... (it) helps to set the stage and initiate the planning process.”

Using Available Data

While each country may face unique barriers to collecting and mining HIV-related data, the need to share and use data to inform HIV-related policy is common to all countries. Thailand’s AZP provides an example of how one country sought to improve data use for HIV programming. The country’s early insights and successes may be useful for other countries looking to undertake a similar effort.



Photo by National AIDS Management Center (NAMC)

“We hope that this will facilitate better quality data reporting, because [AZP users] will see the value. People who report the data should be able to use the data as well.”

—Ms. Thananda Naiwatanakul
AZP Developer and PMTCT Expert

Importantly, Dr. Taweepap Siraprasasiri of NAMC explained that Thailand’s primary objective in creating AZP was “to make the best use of existing data.” He emphasized that countries should start now and “use the information (they) have.” Data quality is always going to be an issue, he stated, and should not be a reason to delay moving forward.

The United Nations Programme on HIV/AIDS (UNAIDS) Country Director in Thailand, Ms. Tatiana Shoumilina, agrees. She stresses that other countries “are closer than they think” to being ready to support a data consolidation effort such as AZP, even if the country’s data quality is poor. As demonstrated above, a system such as AZP can spotlight weak links in the data collection process and encourage more thorough data reporting.

While AZP has been an important tool for public health officials, it has also changed civil society’s understanding of the HIV epidemic at the national and subnational levels. As Mr. Apiwat Kwangkeaw, Chairperson of the Thai Network of People Living with HIV, describes, “Civil society [now] has access to ... the same data that policy makers have” as a result of AZP. In addition to facilitating a shared understanding of the same data sources, data in AZP are presented in such a way that civil society can ask better questions. “If you see a number that you disagree with, you can drill down further and ask better, more targeted questions to find out the reasons why.”

With the advent of AZP, the UNAIDS mantra, “Know your Epidemic, Know your Response” has taken on new meaning in Thailand. The portal has placed data in the hands of data users at all levels, helping to grow a strong data use culture.

Getting to Zero in Chiang Mai

The elimination of mother-to-child transmission of HIV is an explicit goal in Thailand’s National Strategic Plan, and the country has made great strides in this area since implementing its national program in 2000. Using AZP, the country has been able to take these efforts one step further, allowing them to identify specific instances of program failure and implement outreach and service delivery improvement plans.

During a routine meeting to discuss progress against key indicators, the PHO and PAC noticed an increase in the number of HIV-positive children and pregnant women. Using AZP, they were able to look at facility-level data and identify the source: the majority of positive pregnant mothers were being reported from one provincial health hospital. The PHO and PAC met with the facility-based treatment team to investigate the cause and address the resource gap. As Dr. Surasing Visaruthra, Deputy Chief for Chiang Mai’s Health Office, described, “AZP is a game changer.”

Acknowledgments

The success of AZP's design and implementation reflects the multisectoral collaboration of numerous key stakeholders:

- Bureau of Epidemiology, MOPH
- National Health Security Office (NHSO)
- Department of Health, MOPH
- Bureau of AIDS and STI (BATS), MOPH
- Bureau of Tuberculosis, MOPH
- National Statistical Office (NSO)
- Thai working group on estimation and projection
- National AIDS Management Center (NAMC), MOPH
- Armed Forces Research Institute of Medical Sciences
- International Health Policy Program (IHPP), MOPH
- Bureau of Health Administration, Office Permanent Secretary, MOPH
- Ministry of Education
- Department of Correction, Ministry of Justice
- Ministry of Labor
- Ministry of Defense
- Ministry of Social Development and Human Security
- Thailand Business Coalition on AIDS (TBCA)
- Raks Thai Foundation
- Program Appropriate Technology in Health (PATH)
- Population Services International (PSI)
- Thai People Living with HIV network (TPN+)

Notes

1. World Health Organization (WHO). 2012. "Thailand Launches Its 2012–2016 National AIDS Strategy." Press Release. Geneva: WHO. Available at: <http://whothailand.healthrepository.org/handle/123456789/1518>.
2. For more information on Dure Technologies and the iHealthPortal, see <http://duretechnologies.com/index.php>.

Through its GeoHealth Mapping activity, HPP is working with 10 countries eligible for Global Fund support to strengthen their use of geospatial analysis in HIV policy making and strategic, financial, and program planning; Thailand's adoption of the AZP offers these and other countries a promising approach for achieving this goal.

For more information about HPP's work to help country programs systematize their linkages of HIV and service data to geospatial mapping and analysis, contact Anita Datar at adatar@futuresgroup.com.

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