A bi-regional WPRO/SEARO workshop on improving strategic information (SI) for HIV and Hepatitis Elimination, focusing on key populations was convened 26-28 March 2019. The meeting engaged nearly 80 delegations from 18 countries from SEARO and WPRO and was organized by WHO SEARO with WPRO, UNAIDS and the Global Fund. This meeting also built on recommendations developed as part of the Key Population Think Tank meeting held in Feb 2018 by SEARO which identified key population programming and related SI as the core to the effectiveness of the region’s response to HIV.

**WORKSHOP OBJECTIVES:**

- To enhance the knowledge about and hands-on experience using the updated WHO Guidelines on Person-Centered HIV Patient Monitoring and Case Surveillance;
- To orient participants on 2018 IBBS Guidelines, and new Key Populations M&E component of the updated (2019) Consolidated SI guidelines (under development);
- To orient participants on the WHO Monitoring and Evaluation for Viral Hepatitis B and C: Recommended indicators and framework (including 10 core indicators);
- To share country experiences and promote further integration of global guidance into national programmes’ efforts to strengthen their SI system.

**WORKSHOP DOMAINS:**

The workshop addressed five main domains of strategic information, addressing Hepatitis where relevant, in addition to HIV:

- Case based surveillance and patient monitoring
- Cascade analysis
- Key population survey-based surveillance
- Key population size estimates
- Using data to improve programming; including triangulating data to estimate Pre exposure prophylaxis (PrEP) needs among key populations.

For each session, technical resource persons provided overviews of available guidance and tools for strengthening SI systems. Country representatives were invited to present their experience with implementing SI systems and using results for programming. Participants also engaged in groupwork to discuss challenges, share good practices, and begin to apply available tools.
CROSS-CUTTING THEMES

- **Strong interest in strengthening Hepatitis SI systems** – Several countries in the regions shared their progress in implementing hepatitis surveillance, case-based monitoring, and cascade analysis. Many countries expressed eagerness to make use of the tools provided in the Hepatitis surveillance guidelines to ease the process of introducing new SI activities in country (e.g. patient card, sample DHIS2 app). There was general recognition that depending on where Hepatitis programming sits in the public health system, Hepatitis SI activities may need to be compatible with integrated communicable disease surveillance and reporting systems, rather than be designed as a stand-alone system such as HIV. Participants also discussed the importance of monitoring access to Hepatitis treatment for some key populations while recognizing the need to work with a broader population for prevention coverage and addressing their country’s treatment needs.

- **The design of SI system must be responsive to country needs** – The emphasis placed on using SI for strengthening programmes rather than for reporting means that methodologies, operational definitions, and data collection and analysis tools should be customized to meet national and sub-national contexts. This includes building SI systems which are flexible enough to adjust to changes in the epidemic, resource envelope, programme strategy, available technology, and socio-economic-political context. Standardization plays a role in improving quality and allows assessment against established benchmarks. But standardization must be balanced with collecting data useful for local programme managers.

- **Data collection should be Integrated across diseases and funding sources** – Participants identified different opportunities for integration of SI systems to improve cost efficiency, ease the burden of data collection or management, and to provide a more comprehensive view of epidemic impact on priority populations.
Examples of integration discussed include: integrating HIV data systems into national HMIS systems; including Hepatitis prevalence measures into key population or general population surveys; integrated analysis HIV, Hepatitis, and STI surveillance data for key populations.

• **Strengthening use of SI by recognizing the complementarity of data sources** – Many methods used to collect SI for key populations have limitations. This is partly due to the complexity of key population movement and the social factors which influence health seeking behavior. However, rather than perceiving data as being imperfect and unusable; identifying the complementarity of different data sources can extend the utility of the data collected and provide more reliable answers to key programmatic questions. Key examples explored during the workshop were how to construct KP testing-treatment cascades using a combination of routine facility data and survey data; and how to apply adjustments to direct size estimate data from surveys and other sources to develop more robust estimates of PrEP need. Countries were encouraged to use a parallel approach of making strategic plans to collect new data as well as optimize the use of existing sources of data through more intensive analysis and triangulation.

**NEXT STEPS**

Participants identified a number of next steps for regional and global level support to countries to strengthen their SI systems, especially for key populations

• Continue to offer and promote practical tools for countries to adapt SI good practices easily, quickly, and at lower cost. An example of these kinds of tools include the Hepatitis patient card and SOPs included as annexes in the Hepatitis SI guidelines and population size estimation and extrapolation tools available through http://epiapps.com

• Develop and disseminate “lighter” methodologies for recommended SI components to improve feasibility, frequency, timeliness of use. Examples of these include HSS+ protocols, limited sets of recommended core indicators, applying a tiered approach to collecting individual level and aggregate level data for Hepatitis case-based surveillance.

• Provide case studies demonstrating how data need to be transformed in order to be used for different purposes. For example, cascade analysis can be done using population-based denominators for epidemiologic tracking as well as done using facility-based denominators for programme monitoring.

• As part of next steps, each country identified 4 key summary points in form of a post card back to their own country from meeting--One success story they are happy to share, one thing they learned from this meeting, one thing they will do differently back home and one area in which they would like help from WHO.