

**Private Sector M&E
Steering Committee:**

Mark Heywood
SANAC:
Deputy Chairperson



Brad Mears
SABCOHA:
CEO



Francois Venter
Eric Hefer
Southern African HIV-
Clinicians Society:
President
Director



Paul Booth
AIDS Law Project



Lee Sarkin
Alex Roux
Actuarial Society of South Africa:
Members of the AIDS committee



Joy Beckett
De Beers Consolidated Mines:
HIV/AIDS Manager



Kindly sponsored by:
**UK Department for
International Development**



Management consultant:
John Wilson
Myles Ritchie



**RECORD OF THE INAUGURAL SOUTH AFRICAN PRIVATE SECTOR HIV
AND AIDS MONITORING AND EVALUATION SEMINAR**

**12 MARCH 2009
JOHANNESBURG**

**On behalf of the
Private Sector HIV and AIDS M&E Steering Committee**

TABLE OF CONTENTS

	PAGE
1. EXECUTIVE SUMMARY	1
2. STRUCTURE OF THE REPORT.....	4
3. CONFERENCE OVERVIEW: Mr Brad Mears – CEO: SABCOHA	4
4. WELCOME ADDRESS: Ms Barbara Hogan – Minister of Health: National Department of Health	4
5. POLICY CONTEXT FOR M&E: Mr Mark Heywood – Deputy Chair: SANAC	5
6. DEVELOPING THE PRIVATE SECTOR NSP M&E FRAMEWORK: Mr Lee Sarkin – Member: Private Sector HIV and AIDS M&E steering committee and Member: Actuarial Society of South Africa AIDS Committee	5
7. PRELIMINARY PRIVATE SECTOR M&E EXPERIENCE IN THE NORTHERN CAPE: Ms Liesel Köstlich – Provincial Facilitator: SABCOHA	7
8. ALTERNATIVE DATA COLLECTION MECHANISMS: THE ELECTRONIC PATIENT HEALTH RECORD: Mr Stephen Olivier – Independent: Specialist in Electronic Patient Health Record Systems	8
9. IDENTIFYING PRACTICAL CHALLENGES IN IMPLEMENTATION: discussion and debate....	9
10. FOUNDING OF THE PRIVATE SECTOR M&E UNIT	10
11. CLOSURE.....	11
Appendix 1: Event programme	12

1. EXECUTIVE SUMMARY

This report serves as a documented record by the Private Sector HIV and AIDS Monitoring and Evaluation steering committee of the proceedings and outcomes of the Inaugural South African Private Sector HIV and AIDS M&E Seminar, 12th March 2009, Southern Sun OR Tambo International Hotel.

Seminar aims:

The seminar supported Pillar III of the HIV and AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP), in particular the implementation of the NSP-M&E framework in the non-state sector of South Africa with an initial focus on access to and effectiveness of HIV and AIDS treatment and care (Priority Area II indicators). The primary objective of the seminar was to reach an agreement in principle with providers of treatment and care to share the data required to support the NSP-M&E framework and UNGASS indicators on an ongoing basis.

The seminar engaged leaders from HIV disease management providers, drug manufacturers, GP networks, medical schemes, donors, employers, development agencies, research institutions and NGO programmes.

Why the urgency?

With the 2009 mid-term review of the NSP approaching and regular UNGASS reporting taking place, it is vital that indicators of progress towards meeting targets of HIV and AIDS commitments can be measured. The non-state sector of South Africa has yet to implement the NSP-M&E framework on a sector scale as required by the NSP. In particular, much room exists for improved measurement and reporting of the extent of access to ART by those who require it as was evident from the 2008 UNGASS report. The measurement of such access and the effectiveness of ART are key indicators contained in the NSP M&E framework and the UNGASS indicators.

Summary of proceedings and outcomes:

70 leaders attended from inter alia HIV disease management providers (DMPs), drug manufacturers, GP networks, medical schemes, donor funders, employers, development agencies, research institutions, NGO programmes and the Department of Health.

The seminar was hosted by the Private Sector M&E steering committee, and included key addresses from the Minister of Health, the Deputy Chair of the South African National AIDS Council (SANAC) and the Private Sector M&E Unit steering committee. Minister of Health, Barbara Hogan, commended the steering committee for its leadership.

The NSP M&E framework and a possible implementation process in the Private Sector were presented to delegates who then addressed questions concerning practical implementation challenges to the steering committee. Delegates were positive and supportive of the process.

The following agreements were reached:

1. Implementation of the NSP-M&E framework in the non-state sector is expected to be phased:
 - Data specification;
 - Data collection;
 - Data analysis; and
 - Reporting.
2. The scope, approach and an initial set of indicators were determined.

DMPs, medical schemes and large employer funded programmes will be requested to provide aggregated data by industrial sector and province to support certain Priority Area II NSP indicators:

- i. Percentage of women, men and children with advanced HIV infection who are receiving antiretroviral combination therapy relative to projected new stage IV. (Specifically the number of patients receiving ART is to be provided.)
 - ii. Proportion of patients at start of ART with CD4<50.
 - iii. Percentage of adults and children on ART who are still alive and in care 12 months after initiation of antiretroviral therapy.
 - iv. Viral load completion 12 months.
 - v. Viral load suppression 12 months.
3. A sector specific M&E unit is required by the NSP to be established by the Private Sector. The existing Private Sector M&E steering committee, voluntarily established in 2007/2008 was formally endorsed by delegates. The Private Sector M&E steering committee's primary aim is to coordinate implementation of the M&E framework of NSP in the Private Sector of South Africa as well as to improve the extent of UNGASS reporting in future. The committee will be lead and strategically coordinated by the existing steering committee. Expert technical support will be provided to this steering committee by a multi-disciplinary M&E technical advisory subcommittee of experts. See appendix 2 for the list of individuals that have pledged some form of support to date. Parties interested in supporting the technical subcommittee should contact Lee Sarkin (lsarkin@mweb.co.za) of the Private Sector M&E steering committee.
4. The steering committee was tasked to develop an operational M&E plan for the Private Sector that included a proposed budget and funding model. To date, DFID has kindly provided funding that was independently managed by HLSP for the steering committee. Such a funding model will be considered again. Delegates agreed that government and donors should be approached for funding as a starting point given that 4-7% of the NSP budget is earmarked for M&E. The operational M&E plan should identify similar processes to collect data for other NSP priority area indicators such as Prevention (Priority Area I).

5. It was agreed that feedback should be reported to Private Sector role players on a sectoral basis. Institutional data will be treated confidentiality. The technical subcommittee was tasked to develop a protocol setting out how confidentiality would be maintained. The technical committee was mandated to develop a longer-term strategy that addressed practical challenges relating to data specification, data collection, data analysis and reporting.
6. Integration with other sectors through SANAC was imperative. Labour would be invited to consider how it intended participating in this process.

Speeches and presentations will be made available via the SABCOHA website <http://www.sabcoha.org>.

The steering committee is most grateful to the Minister of Health, SANAC and DFID for supporting this process.

Yours Sincerely,

Private Sector M&E Steering Committee

2. STRUCTURE OF THE REPORT

This report is structured in the order of the seminar programme (see appendix 1). A narrative summary of each speaker's input or presentation is provided. Sections 9 and 10 capture the essence of the discussion, debate, agreements and way forward.

3. CONFERENCE OVERVIEW: Mr Brad Mears – CEO: SABCOHA

Brad Mears opened the seminar and welcomed all present, in particular the Minister of Health, Ms Barbara Hogan. Delegates were expected to engage in discussions with a mandate to agree on outcomes on behalf of their constituency, company or organisation. Brad emphasised the importance of multi-sectoral cooperation in data collection and public private partnerships in service delivery. An agreement on key indicators for reporting within the non-state sector in the short-term, consistent with the NSP M&E Framework, should be adopted in-principle during the course of the discussions. The approach and high-level process for collecting data, data security and reporting must be determined. The private sector M&E steering committee and a technical advisory subcommittee voluntarily established before this seminar required endorsement. The way forward necessitated substantial planning, commitment and resources. The Private Sector would appeal to the State and donors for financial and other forms of support.

4. WELCOME ADDRESS: Ms Barbara Hogan – Minister of Health: National Department of Health

The Minister of Health welcomed closer cooperation between the government and business in respect of HIV and AIDS M&E. The Minister stated that reliable, accurate and properly analysed data was critical for sound programme decision making. The spirit within which the NSP was adopted in 2007 reflected the multi-sectoral nature of its development process and was justifiably called a national plan. The goals contained in the NSP may not be achieved without public private partnerships at service delivery level. Greater integration across sectors was imperative in implementation, and M&E. A single dataset at country level was required. This may necessitate healthcare providers making adjustments to their internal M&E records and systems. In addition to concise indicators, discipline and transparency were essential. The Millennium Development Goals (MDG) and UNGASS required collective reporting. Attention should be focused on outcomes not only volumes. The Minister commended the steering committee for its leadership, expressed support for the seminar and looked forward to greater cooperation and collaboration across sectors, particularly between business and the government, through SANAC.

The Minister reported on a current and related challenge requiring increased cooperation across sectors. This challenge was not limited to HIV and AIDS and required a holistic approach to healthcare. Retrenched workers were being moved from the private to the public sector health system without proper medical records. A substantial number of these workers were from the Southern Africa Development Community (SADC) region, causing major difficulties for continued healthcare in resident countries. This was particularly problematic for patients on antiretroviral therapy. The Minister called on the private sector to ensure that retrenched employees were properly transitioned to public sector programmes. In response to this call, the

South African Business Coalition on HIV and AIDS (SABCOHA) undertook to appeal to its members and companies in general to establish and implement proper procedures that provide for continuous care and uninterrupted treatment for all health conditions.

5. POLICY CONTEXT FOR M&E: Mr Mark Heywood – Deputy Chair: SANAC

Mark Heywood supported the Minister's call to regard health as a regional issue rather than from a South African perspective. Mark provided an understanding of the policy and institutional context for M&E which included the NSP, MDG, UNGASS Declaration of Commitment and SANAC. Mark supported the establishment of a formal agreement in terms of which individual role players could commit to sharing data and transparency, the common purpose being to implement the NSP. SANAC was responsible for receiving and disseminating sectoral data and overseeing continual M&E. Two years into the implementation of the NSP, the SANAC M&E coordinating unit had not been established. Notwithstanding, Mark referred to the SANAC research sector and technical task team on M&E, encouraging the private sector to tap into these existing resources. In relation to treatment access, anomalies in provincial public sector data compromised trust in reported figures. Private sector treatment access data was currently unknown despite earlier estimates. In relation to treatment effectiveness, inaccurate public sector data on current as opposed to cumulative patient volumes, and patients defaulting for various reasons compromised effective planning. Private Sector data on treatment effectiveness was anecdotal.

Mark concluded by highlighting several M&E challenges including funding for developing and implementing an M&E system, coordination and collaboration between the public and private sectors, skills building, avoiding duplication and evaluating and acting on information.

6. DEVELOPING THE PRIVATE SECTOR NSP M&E FRAMEWORK: Mr Lee Sarkin – Member: Private Sector HIV and AIDS M&E steering committee and Member: Actuarial Society of South Africa AIDS Committee

Lee Sarkin's presentation aimed to:

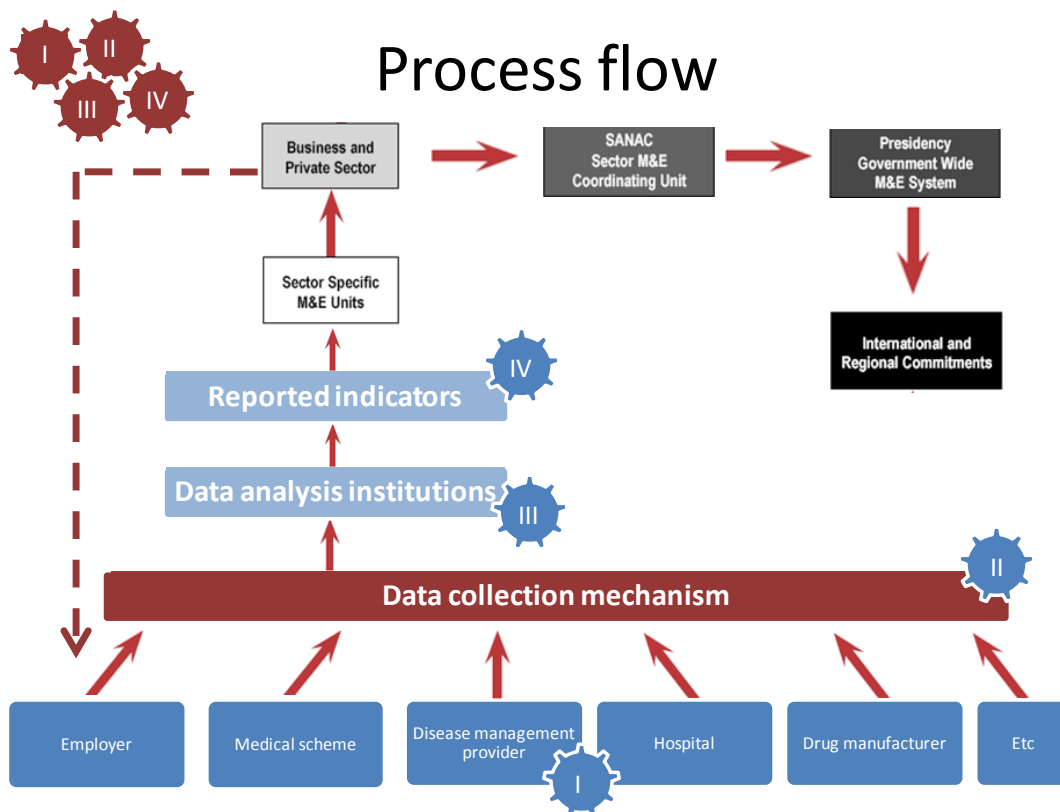
- Provide an overview of the NSP and the national NSP M&E framework;
- Explain how the seminar was supporting the NSP;
- Discuss the role of the private sector in the NSP M&E framework;
- Assist the private sector to develop a shared understanding of implementation challenges; and
- Illustrate the urgency.

Lee provided an overview of the structure of the NSP and the national M&E framework. The NSP contained 2 primary aims broken-down into 4 priority areas, 19 goals, 65 objectives and over 200 interventions targeted over a 5-year period.

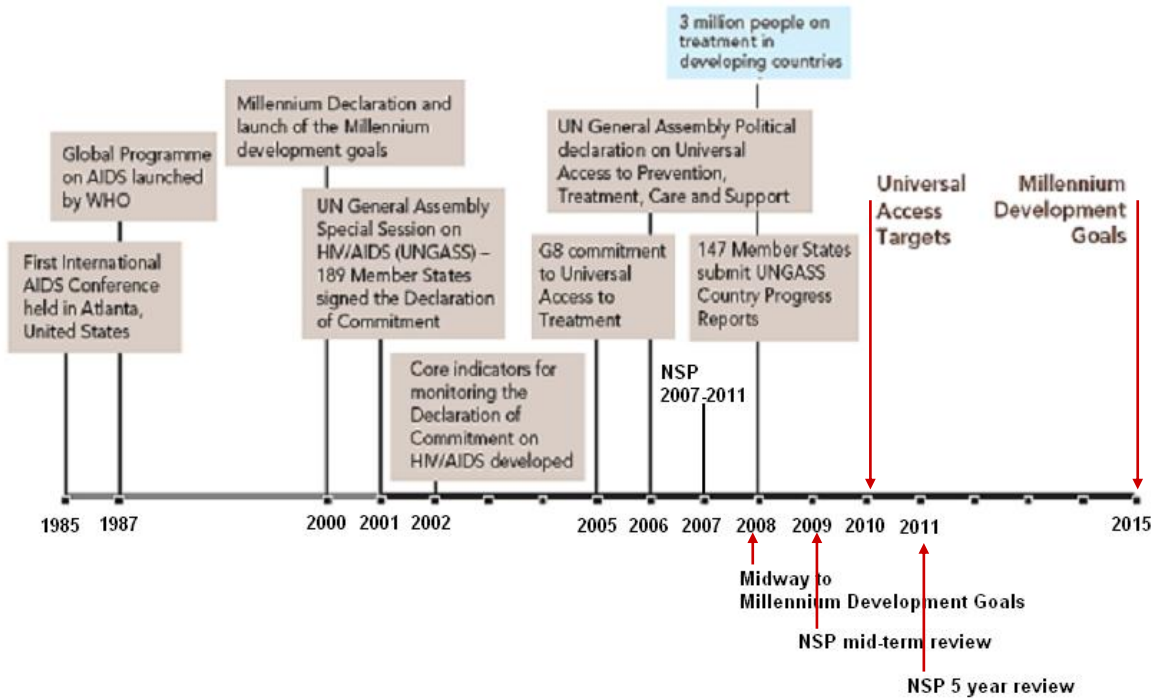
This inaugural seminar represented a contribution towards achieving NSP Goal 9: develop and implement an M&E framework for appropriate indicators.

In developing the above, the steering committee recommended starting off by focusing on Priority Area II: treatment, care and support, specifically goal 6: enable people living with HIV and AIDS to lead healthy and productive lives. A distinction was drawn between monitoring; routine daily tracking and record keeping, and evaluation; episodic assessment. Lee identified principles for M&E and collaboration to promote information sharing. The NSP comprised of two interlinked sets of indicators; namely, core and comprehensive. Core and comprehensive indicators for Priority Area II and specifically goal 6 were presented.

A key challenge facing the private sector was reporting on access to and retention once initiated on ART for the non-state sector for the next UNGASS report due in 2010. This was one of the areas of improvement in the 2008 report. This necessitated urgent collaboration and a well designed and managed process. M&E process phases included data specification, data collection, data analysis and reporting. The formal establishment of an already existing private sector M&E technical advisory subcommittee was recommended. Participants were called on to pledge support for the process. Disease management service providers were identified as a critical data access point. Data handling and analysis required technical expertise and any selection processes for expert skills were required to be conducted transparently and with integrity. Data confidentiality at institutional level was imperative. A possible process flow is shown below along with a timeline illustrating the urgency (see presentation for further details).



What is the urgency?



In closing Lee highlighted that the previous NSP 2000-2005 received criticism owing to the lack of a sound M&E framework and that the current NSP 2007-2011 contained such a framework. Successful implementation by 2011, the 5 year review of the NSP, will require ongoing collaboration that is transparent, sincere in its intentions and of integrity. To this end the Private Sector steering committee aims to fulfill its mandate.

7. PRELIMINARY PRIVATE SECTOR M&E EXPERIENCE IN THE NORTHERN CAPE: Ms Liesel Köstlich – Provincial Facilitator: SABCOHA

In 2008 SABCOHA adopted a strategy to establish provincial branches throughout South Africa. Following receipt of funding from BHP Billiton Manganese this strategy was initiated in the Northern Cape Province. Liesel Köstlich presented an overview of this project which involved extensive stakeholder consultation, information gathering and active leadership. A provincial private sector Board of Governors with representation from every municipal district would be established at an inaugural event taking place in Kimberley on 26 March 2009. The provincial Board of Governors would be tasked to adopt a provincial private sector strategy on HIV and AIDS.

Private Sector readiness for sharing HIV and AIDS data was tested through a survey conducted amongst 12 Northern Cape companies in October 2008 and at a consultative conference held in Upington in November 2008. In summary, the private sector expressed willingness and even committed to sharing data. However, it was recognised that company monitoring systems were inadequate and as a result significant gaps in data were anticipated. To test this commitment and take advantage of the momentum generated during the course of the project, SABCOHA intended establishing baseline data whereby independently managed company

operations located in the Northern Cape would be requested to complete and submit a data monitoring template during the month of April 2009. Findings and lessons learnt from this process would be integrated into the development of a more comprehensive dataset informed by the adopted provincial private sector strategy. SABCOHA planned to follow similar processes in other Provinces with the ultimate aim of having 9 functional provincial branches and consolidated private sector strategies that supported the goals and objectives contained in the NSP. Measuring progress in implementation would form an integral part of branch activities. Alignment to national and multi-sectoral datasets was imperative. In conclusion, Liesel advised that company level reporting empowered and reinforced implementation. Given the urgency of collecting country level private sector treatment data, this was not an appropriate short-term approach. However, the benefits of company level reporting warranted consideration thereof over the long-term.

In response to a question from Henry Damisoni of UNAIDS, Liesel advised that SABCOHA had consulted the Northern Cape Provincial Department of Health since the start of the project. The Premier, MEC for Health and Director Communicable Disease had addressed the private sector conference held in November 2008. Closer collaboration between the private sector and provincial government would be welcomed. Through SABCOHA, the private sectors participation on provincial and district multi-sectoral AIDS councils would be strengthened, facilitating stronger partnerships in service delivery.

8. ALTERNATIVE DATA COLLECTION MECHANISMS: THE ELECTRONIC PATIENT HEALTH RECORD: Mr Stephen Olivier – Independent: Specialist in Electronic Patient Health Record Systems

Stephen Olivier presented a range of technology platforms available for gathering accurate and real-time data and information at the point of care or service delivery. Through integrated platforms this information could be gathered into coherent electronic health record driven information.

Stephen proposed greater integration between the currently separate systems of private health insurers, donors and funding organisations and national governmental healthcare initiatives through a technology driven solution.

Various software and hardware options were available. Hardware options included computers, banking type terminals, portable electronic devices, personal digital assistants/cell phones each relying on different forms of connectivity; dial-up, radio network communication, smartcard and/or biometric readers. Handheld terminals using biometric fingerprint for verification ensured patient confidentiality and were not dependent on smartcards although integration with the latest smartcard technology was possible. Biometric verification provided accurate client identification and authorisation for both payments and access to clinical and financial information. Cost effective new technologies could be used in resource constrained settings and easily set up to submit data from multiple points of service to a single M&E unit bridging the gap between private and public healthcare systems. Stephen referred to the Child and Family Welfare Shops in Kenya as an example of a primary healthcare management information system.

9. IDENTIFYING PRACTICAL CHALLENGES IN IMPLEMENTATION: discussion and debate

The following steering committee members served as panellists tasked to respond to recommendations and comments tabled during the discussion:

Mr Brad Mears – CEO: SABCOHA.

Dr Eric Hefer – Medical Director: Calibre Clinical Consultants.

Dr Francois Venter – President: Southern African Clinicians Society.

Mr Lee Sarkin – Member: Actuarial Society of South Africa AIDS Committee.

Ms Joy Beckett – HIV/AIDS Operations Manager: De Beers Consolidated Mines.

The discussion and outcomes or agreements reached are summarised and structured into themes below.

Theme 1: Scope and Approach

Non-state sector data monitoring and reporting should be phased starting with existing and available treatment data. The intention was to cover the entire non-state sector. However, it was recognised that in the short-term the quickest and simplest way of accessing data was from Medical Schemes, Disease Management Providers (DMPs) and Corporations implementing in-house workplace treatment programmes. This population was considered to represent the majority of the non-state sector and settled on as a viable starting point. Seminar participants representing the above interests agreed in-principle to share data required. It was noted that the public service falls outside of the scope of non-state sector. A similar process for prevention data would be required over time. An operational M&E plan for the private sector that included a proposed budget and funding strategy was required.

Theme 2: Indicators

Five NSP goal 6 indicators were selected for non-state sector reporting in the short-term as follows:

- i. Percentage of women, men and children with advanced HIV infection who are receiving antiretroviral combination therapy relative to projected new stage IV¹.
- ii. Proportion of patients at start of ART with CD4 <50.
- iii. Percentage of adults and children on ART who are still alive and in care 12 months after initiation of antiretroviral therapy.
- iv. Viral load completion 12 months.
- v. Viral load suppression 12 months.

In response to a question of clarity, the viral load completion rate was said to mean the number of patients for whom blood specimens had been taken, viral load tests conducted and results reported at the determined time.

¹ The numerator, namely the number of patients currently accessing ART is most likely to be the output recorded.

The number of HIV tests conducted per year was excluded from the selected list of indicators. It was not considered meaningful because it included repeat tests.

Theme 3: Data fields

Age, gender, provincial and industrial sector breakdowns for indicators would be valuable. In the medium- to long-term geographic breakdown to local municipality level should be targeted. Data field categories should be clearly stipulated. Simple and unambiguous data collection tools should be developed. Draw on experiences from donor funders. Ensure built-in data quality checks. The M&E technical advisory subcommittee was to explore this further.

Theme 4: Confidentiality

Confidentiality would be managed in several ways. De-identified data would be collected meaning that the data could not be traced back to individual patients. Aggregated data could be reported but may require institutional capacity and expertise to accurately analyse available data. Institutional and company level data would be treated confidentially. A protocol containing strict conditions for managing data security and confidentially would be developed.

Theme 5: Data submission

Participation was voluntary. Institutions and role players should be incentivised to share data. Consider granting defined access and usage to the data pool as an incentive.

Theme 6: Reporting

Apart from reporting data to SANAC, structured feedback should be reported to the private sector.

10. FOUNDING OF THE PRIVATE SECTOR M&E UNIT

The private sector M&E steering committee and M&E technical advisory subcommittee voluntarily established in 2007/2008 prior to this seminar was formally endorsed. The steering committee comprised of the following: Mark Heywood – SANAC, Brad Mears – SABCOHA, Dr Francois Venter and Dr Eric Hefer – Southern African Clinicians Society, Paul Booth – AIDS Law Project, Lee Sarkin and Alex Roux – Actuarial Society of South Africa AIDS committee, John Wilson and Myles Ritchie – HLSP and Joy Beckett – De Beers.

The steering committee and technical advisory subcommittee were tasked to build on the decisions and recommendations presented at this seminar. Delegates agreed that government and donors should be approached for funding as a starting point.

Organised labour would be invited to participate in this process. Passionate role players with the necessary skills were invited to volunteer their skills and expertise. It was agreed that open and ongoing communication with government, specifically the Department of Health, should be planned.

11. CLOSURE

On behalf of the steering committee, Brad Mears thanked participants for the candid and active participation as well as the sponsor DFID, the Department of Health and SANAC. The steering committee and technical advisory subcommittee would be under pressure to deliver on phase one during 2009. An update on progress made would be circulated to participants and interested parties in due course.

Appendix 1: Event programme

Inaugural Private Sector HIV and AIDS Monitoring and Evaluation Seminar 12 th March 2009, Southern Sun OR Tambo International, Johannesburg	
Event programme	
08:00 - 08:50	Delegate registration Tea and coffee
08:50 - 09:00	Welcome address Mr Brad Mears - CEO: SABCOHA
09:00 - 09:30	Key note address Ms Barbara Hogan: Minister of Health
09:30 - 10:00	NSP and other HIV and AIDS commitments - context for M&E Mr Mark Heywood - Deputy Chair: SANAC
10:00 - 10:30	Morning refreshment break
10:30 - 12:30	Developing the Private Sector NSP-M&E Framework Mr Lee Sarkin - Member: Actuarial Society of South Africa AIDS committee <i>Step by step practical overview of the M&E framework:</i> <ul style="list-style-type: none"> - Guiding principles - Minimum set of indicators (relating to priority area II) - Preliminary data specification - Implementation process flow (including institutional arrangements and implementing agencies)
	Preliminary Private Sector M&E experience in the Northern Cape Ms Liesel Köstlich - Facilitator: SABCOHA Northern Cape Coalition
	Alternative data collection mechanisms: the electronic patient health record Mr Stephen Olivier - Independent: Specialist in Electronic Patient Health Record Systems
12:30 - 13:30	Lunch
13:30 - 15:30	Identifying practical challenges in implementation Facilitator: Mr Tefo Raditapole Panellists: Mr Brad Mears - CEO: SABCOHA Mr Mark Heywood - Deputy Chair: SANAC Dr Eric Hefer - Medical Director: Calibre Clinical Consultants Dr Francois Venter - President: Southern African HIV Clinicians Society Mr Lee Sarkin - Member: Actuarial Society of South Africa AIDS committee Ms Joy Beckett - HIV/AIDS Operations Manager: De Beers Consolidated Mines
15:30 - 15:45	Afternoon break
15:45 - 16:45	Founding of the Private Sector M&E Unit Mr Tefo Raditapole: Event facilitator
16:45 - 17:00	Closure Mr Brad Mears - CEO: SABCOHA

Supported by the M&E steering committee:



Management consultant:



Sponsored by:



Appendix 2: Membership listing

Private Sector M&E Unit steering committee:

Mark Heywood	SANAC
Brad Mears	SABCOHA
Lee Sarkin	Actuarial Society of South Africa
Alex Roux	Actuarial Society of South Africa
Dr Francois Venter	Southern African HIV Clinicians Society
Dr Eric Hefer	Southern African HIV Clinicians Society
Paul Booth	AIDS Law Project
Joy Beckett	De Beers

M&E Technical Advisory Subcommittee members:

Name	Organisation
Barbara Franken	Righttocare
Director: Prof Carl Lombard	MRC
Dr Mickey Chopra	MRC
Dr Andrew Boulle	UCT
Meg Osler	UCT
Leigh Johnson & colleagues	CARE - UCT
Linzi Smith	Education, Training And Counselling (ETC)
Gavin George	HEARD
Lee Sarkin	Actuarial Society of South Africa
Alex Roux	Actuarial Society of South Africa
Warren Parker	CADRE
Brian Brink	Anglo
Christa van den Bergh	John Snow Incorporated
Manie de Klerk	Qualsa
Dr James Steele	AngloGold Ashanti Health
Dr Thomas Rehle, Geoff Setswe & colleagues	HSRC
Francois Venter	HIV Clinician's Society
Eric Hefer	HIV Clinician's Society
Heidi O'Bra	CDC
Michael Hislop	Aid for AIDS
Celicia Serenata	CDC SA
Win Brown	USAID - M&E
Dr James Steele	Anglo Gold Ashanti
Dr Craig Innes	Aurum
Judith Bester	AGANANG HIV RESOURCE CENTRE