CARPHA Data and Information Sharing Agreement: A Proposal

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ARTICLE 5 Functions

In order to achieve its objectives set out in Article 4, CARPHA shall perform the following functions:

(a) provision of an evidence base for public health decision-making and policy in the Caribbean, including the definition, collection, maintenance and analysis of minimum data sets, health situation analysis, critical analysis of the impact of social and other determinants of health and response to public health interventions;

(b) conduct of relevant research on public-health priorities in the Caribbean;

(c) provision of support and coordination of the development of regional standards and networks related to laboratory practice;

(d) coordination of effective responses to public health crises in the Caribbean;

(e) provision of leadership in defining effective public health interventions in the Caribbean and development and adaptation of relevant models for various circumstances;

(f) provision of accurate, reliable, timely and relevant public health information to various Caribbean and international audiences;
Current Data and Information Flow at CARPHA

Country-reported data

CARPHA reports

External Stakeholders

CARPHA Member States

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The Problem

• The flow of public health data and information from CMS to CARPHA and from CARPHA to stakeholders is mostly functional
• However:
  – The existing systems are undocumented.
  – There are no recorded agreements that govern CARPHA sharing of country-reported data to stakeholders.
The Proposed Solution

- Develop and implement a **CARPHA public health information sharing agreement** between CARPHA and CMS

Overarching Goal: Balancing agreement and transparency with data use and dissemination
Content of the CARPHA Information Sharing Agreement

1. Documents regional surveillance systems
2. Outlines best practices in terms of data storage and security for CARPHA regional databases
3. Details guidelines for sharing of country-reported data by CARPHA
Framework of the CARPHA Information Sharing Agreement

Memorandum of Understanding (MOU)

Technical Annex

Technical Annex

Technical Annex

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Framework of the CARPHA Information Sharing Agreement

• The agreement will allow for periodic review and assessment, guided by the evolution of public health data requirements and input from stakeholders.
Example – Syndromic Surveillance

MOU

Technical Annex:
Syndromic Data reporting by CMS to CARPHA

Technical Annex:
Reporting of syndromic data by CARPHA to stakeholders

Reporting form, periodicity of reporting, reporting deadlines, process for feedback from CARPHA

Data storage/security at CARPHA

Level of detail (regional/sub-regional/ national; weekly/monthly/annual)

Quoted data source for data released (CARPHA/country)
Activities to date

1. CARPHA working group established. Includes technical experts from:
   - Surveillance, Disease Prevention and Control Division
     • Health Information and Data Analysis
     • Communicable Diseases and Emergency Response
   - Research Training and Policy Development Division
     • Monitoring & Evaluation
     • Policy Development

2. Global scan to identify similar agreements
   - Public Health Agency of Canada’s MLISA
Activities to date

3. Invited stakeholder involvement:
   – Representatives from CMS:
     • National Epidemiologists - 2
     • Chief Medical Officers - 1
     • Laboratory Directors - 1
   – Legal Counsel:
     • CARICOM Legal Counsel
     • Country Legal Counsel
   – Regional stakeholders
     • PAHO
     • Public Health Agency of Canada
Activities to date

4. Contacted CMS regarding availability of National public health related data sharing policies or guidelines
Proposed Timelines

September 2014
• Secure stakeholder buy-in and participation

January 2015
• MOU drafted
• One (1) Technical Annex drafted

February 2015
• Documents shared with Stakeholders for review and feedback

2015 COHSOD
• MOU presented for signature

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Anticipated Challenges

• Each member state is unique
• Time constraints
• Legal requirements
• Implications for case-based surveillance systems
• Implications for areas outside of Ministries of Health:
  – environmental indicators
  – statistics reporting by Central Statistical Offices etc.
Discussion

• Is a **CARPHA public health information sharing agreement** needed?
• Interested in actively being involved in the process?
  – Need additional input from IT, NCDs, Lab.
• Are the timelines proposed reasonable?
• Is the format proposed acceptable?