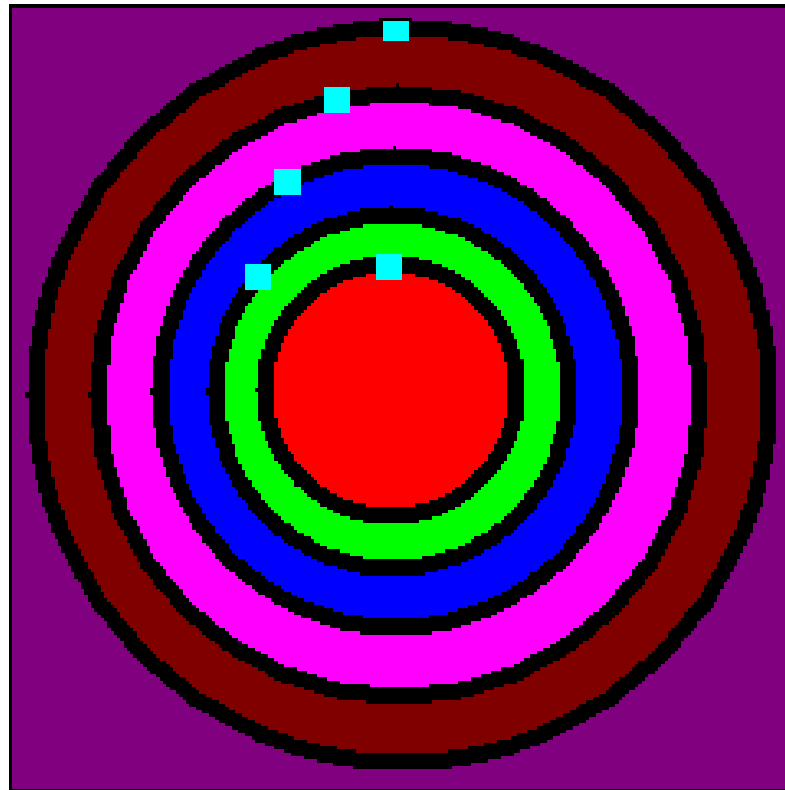









# Confidentiality, security, and privacy(SCP): Work Group Feedback

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PEPFAR (SA) HMIS Workshop  
Gordons Bay, Cape Town, South Africa  
14-16 May 2008

# Ring of Confidentiality



-  Patient
-  Counsellor
-  Clinical Staff
-  Home Based Care Giver
-  Funders
-  Unauthorised Users
-  Point of info Interchange

# Current status/state of affairs

- Most information is paper-based
- Home-Based Caregivers collect data on notebooks
  - what happens to those note books if they get lost?
  - Where are they stored when they are full?
- Culture of non-confidentiality for financial gain
- Breach of fundamental Ethics in reporting to funders
- Spouse/Partner disclosure: public health and human rights issue
- Patients feel insecure
  - Seeking healthcare elsewhere
  - Patient Dishonesty
- HIV/Aids given highest confidential preference
  - Not treated as a chronic medical condition
  - Reason: Stigma
  - Legally not allowed to disclose patient status
- Exposure of Names to Many People
  - Lists for appointments, etc
  - Separate ARV Pharmacies
- Coding for reduction in exposure of Data

# Area needs and objectives for further work

| Need                         | Objective for further work                 |
|------------------------------|--|
| 1. Checklist                 | Self Assessment/Gap Identification         |
| 2. SOP's/Tools               | Create standard across the board           |
| 3. Practical Guidelines      | Implementation of SOP's                    |
| 4. Training/Retraining       | Create awareness                           |
| 5. Situational Analysis      | Determine baseline/ Not a generic approach |
| 6. Recognition of SCP level  | Staggered approach to SCP excellence       |
| 7. Review SCP policy on site | Legal binding documents                    |

# Opportunities and available resources

- National Health ACT
- COHSASA standards
- UNAIDS
  - Interim Guidelines 4 May 2007
  - Evaluation of Guidelines of SCP Pilot ver. 22/06/2007
- Evaluation of existing SCP policies at health institutions

# Next steps: 6-12 months

- Raise Awareness
- Identify stakeholders : SAG and Others
  - Get buy-in
  - Show importance of SCP
- Situational Analysis
  - Self assessment tools
  - Develop work plan
- Advocate for resources
- Review existing guidelines
- Identify interventions to improve weaknesses
- Training
- Prompts for “Light bulb” effect
- Involvement of Clinician Society

# Next steps: 5 years

- Review material for accreditation for training, quality assessment and compliance.
- Instilling SCP culture at ALL levels.
- Assign strategic information team (Win/Heidi) with the responsibility for information security
- Identify and task a team
  - Collect, consolidate and adapt relevant SCP information from existing tools