Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

August 24, 2021

DEPARTMENT MEMORANDUM

No. 2021 - ___0381___

FOR: **ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES, DIRECTORS OF BUREAUS/SERVICES AND CENTERS FOR HEALTH DEVELOPMENT; MINISTRY OF HEALTH - BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO, CHIEF OF MEDICAL CENTERS, HOSPITALS, SANITARIA, TREATMENT AND REHABILITATION CENTERS AND DOH-DESIGNATED HIV TREATMENT HUBS AND PRIMARY CARE FACILITIES, EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS, PRIVATE AND PUBLIC FACILITIES; AND ALL OTHER CONCERNED**

SUBJECT: **Interim Guidelines on the use of One HIV, AIDS, STI Information System (OHASIS) as the reporting platform of HIV, AIDS, Viral Hepatitis and Other Sexually Transmitted Infections (STI) in the Philippines**

I. RATIONALE

The Philippines has the fastest-growing HIV epidemic in the Asia - Pacific region as annual new infections increased by 237% between 2010 and 2020. Thus, it is critical to have an accurate and nationally representative information system to monitor the HIV strategic response. Pursuant to Republic Act No. 11166 or the "Philippine HIV and AIDS Policy Act of 2018" and Republic Act No.11332 or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act", the Epidemiology Bureau of the Department of Health (DOH EB), is mandated to collect, analyze, and disseminate strategic information that guides health decisions for best possible health outcomes. Further, the health information system is one of the strategic instruments to attain Universal Health Care (UHC) that shall provide evidence for policy and program development, and support for immediate and efficient provisions of HIV, AIDS, Viral Hepatitis, and other STI commodities in the country.

To fulfill this mandate, the National HIV, AIDS & STI Surveillance and Strategic Information Unit (NHSSS) of the Epidemiology Bureau utilizes surveillance systems in maintaining comprehensive monitoring and evaluation of the magnitude and progression of HIV, AIDS, Viral Hepatitis, and other STIs in the Philippines. The DOH EB has continuously developed the national HIV, AIDS, Viral Hepatitis, and other STI surveillance systems through the

integration of relatively smaller and more complex systems. To improve and harmonize the reporting platforms of HIV and STI in the Philippines, the NHSSS Unit spearheaded the improvement of the existing Enhanced HIV, AIDS and ART Registry of the Philippines (eHARP) and Social Hygiene Clinic Reporting System (SHCReps) towards the One HIV, AIDS, & STI Information System (OHASIS). This software is an Electronic Medical Record (EMR) system that will capture information from prevention, care, treatment until viral suppression, and mortality. OHASIS will serve as the reporting platform for a unified HIV, AIDS, STI and Viral Hepatitis surveillance in the country. The objective of OHASIS is to establish an efficient data management system for health facilities providing HIV, AIDS, Viral Hepatitis, and other STI services at both public and private sectors.

II. OBJECTIVES

This Department Memorandum is issued to provide interim guidelines on the utilization of OHASIS as the reporting and recording platform for HIV, AIDS, Viral Hepatitis and other STIs in the Philippines.

III. SCOPE

This Department Memorandum shall apply to Department of Health (DOH) – Disease Prevention and Control Bureau (DPCB) through the National AIDS, and STI Prevention and Control Program (NASPCP), Centers for Health Development (CHDs), Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM), DOH Medical Centers, Regional Hospitals, and all private and public facilities managing People Living with HIV (PLHIV) and providing HIV, Viral Hepatitis, and other STI services.

IV. DEFINITION OF TERMS

A. **Antiretroviral Therapy (ART)** - refers to a lifelong treatment using a combination of three or more ARV drugs to achieve viral suppression.

B. **Certified rHIVda Confirmatory Laboratory (CrCL)** - a DOH-licensed clinical laboratory compliant with rapid HIV diagnostic algorithm (rHIVda) laboratory standards and technical requirements set by the National HIV, AIDS and STI Prevention and Control Program (NASPCP) and National Reference Laboratory— San Lazaro Hospital/ STI, AIDS Central Cooperative Laboratory (NRL—SLH/SACCL).

C. **Community based organization (CBO)** - a group of people organized for a particular purpose; may or may not have a formal organizational structure but has a clearly identified leader.

D. **End-Referral Facilities (ERF)** - health facilities responsible for providing the following health services: (a) Management of patients with complicated chronic Hepatitis; (b) Provision of Hepatitis B screening services to all "walk-in" patients.

E. **HIV, AIDS and ART Registry of the Philippines (HARP) Forms** – is the official document used to record information of clients who availed HIV screening, testing, and treatment services. It consists of the following but not limited to: (a) Form A, (b) Form BC, (c) Form A-MC, (d) Form PMTCT-N, and (e) Form D.

F. **HIV, AIDS Core Team (HACT)** - a multidisciplinary group of healthcare workers involved in coordination, implementation, assessment, training, and research on matters related to the diagnosis and management of HIV, AIDS patients and the prevention and control of HIV transmission in the hospital.

G. **Health facilities** - pertain to HIV Treatment Hubs, Primary HIV Care Facilities, Social Hygiene Clinics/Reproductive Health Wellness Centers, and Rural Health Units, City/Municipality Health Centers providing services for HIV, STI, and Viral Hepatitis.

H. **Laboratory and Blood Bank Surveillance (LaBBS)** - captures reportable infection including HIV, Syphilis, Hepatitis B, Hepatitis C, and Gonorrhea from all public and private reporting facilities.

I. **One HIV, AIDS, and STI Information System (OHASIS)** - an EMR-based system that captures information from prevention, care, treatment until viral suppression, and mortality. This software will serve as the unified reporting platform of the following surveillance systems, but not limited to: (a) HIV, AIDS, and ART Registry of the Philippines (HARP), (b) Laboratory and Blood Bank Surveillance (LaBBS), (c) STI Etiologic Surveillance System (SESS), (d) PrEP Surveillance and (e) Viral Hepatitis Surveillance.

J. **Pre-exposure prophylaxis (PrEP)** - is the use of antiretroviral (ARV) drugs by individuals to prevent contracting HIV.

K. **Rapid HIV Diagnostic Algorithm (rHIVda)** - uses a combination of 2 or 3 rapid test formats done in parallel or sequence on a sample that had a reactive result in the initial test.

L. **Screening, Assessment, and Treatment Facilities (SATF)** - health facilities capable of performing the following Hepatitis B-related health services: (a) Hepatitis B screening through the use of a Hepatitis B Surface Antigen (HBsAg) Rapid Diagnostic Testing (RDT); (b) initiation of treatment for Hepatitis B patients; (c) monitoring of patients as stated in the Hepatitis B treatment guidelines and; (d) accepting "walk-in" patients to be screened for Hepatitis B, provided that the said patient was not screened prior to visiting the Assessment Facility.

M. **Sexually Transmitted Infections (STI)** - refer to infections that are spread through the transfer of organisms from one person to another as a result of sexual contact.

N. **STI Etiologic Surveillance System (SESS)** - captures data on different key populations who regularly seek STI testing and management services from social hygiene clinics (SHC), reproductive health and wellness centers (RHWC), and rural health units (RHU). This surveillance captures data on the following but not limited to: (a) Syphilis; (b) Hepatitis B; (c) Hepatitis C; (d) Gonorrhea; (e) Non-gonococcal

Infections; (f) HIV; (g) Bacterial Vaginosis; (h) Trichomoniasis; (i) Genital Herpes and; (j) Genital Warts.

V. GENERAL GUIDELINES

A. One HIV, AIDS & STI Information System (OHASIS) shall serve as the official reporting platform to gather the national data on HIV, AIDS, Viral Hepatitis, and other STIs in the Philippines.

B. The Department of Health - Epidemiology Bureau shall develop a nation-wide implementation plan for OHASIS.

C. All concerned staff handling and reporting HIV, AIDS, Viral Hepatitis, and other STI information shall be oriented and trained prior to the software utilization.

D. A team composed of personnel from the DOH EB shall conduct monitoring of OHASIS implementation and the overall performance of OHASIS.

E. The Department of Health - Epidemiology Bureau shall review, define, and grant access to OHASIS to external users. External users shall be responsible in coordinating with DOH EB for access credentials of its authorized personnel.

VI. SPECIFIC GUIDELINES

A. OHASIS Implementation
   1. DOH EB shall formulate policies and guidelines on the use of OHASIS as the recording and reporting platform for HIV, AIDS, Viral Hepatitis, and other STI in the country.
   2. DOH EB shall conduct a consultative meeting with partners, CHDs, DPCB, Health facilities, other relevant partner implementers, and DOH EB consultants prior to OHASIS implementation.
   3. DOH EB shall conduct an assessment to all health facilities providing HIV, AIDS, Viral Hepatitis, and other STI services to evaluate the readiness to utilize OHASIS. The assessment includes identifying enabling and hindering factors such as availability of hardware, internet connection, and manpower (Annex A).
   4. A nation-wide implementation plan shall be developed by the DOH EB. The plan shall include activities that will capacitate CHDs and Health facilities to effectively utilize OHASIS.
   5. Prior to provision of access, DOH EB and health facilities shall sign a Data Sharing Agreement (DSA) and Non-Disclosure and Confidentiality Agreement (NDCA). Parties shall comply with the Data Privacy Act (DPA), its Implementing Rules and Regulations (IRR), and all applicable issuances of the National Privacy Commission (NPC), which include implementing adequate safeguards for data privacy and security.

6. The implementation of OHASIS shall take place within one (1) month after a facility personnel has attended the training.

B. OHASIS Installation

The DOH EB shall manage and maintain the OHASIS server. Technical support shall also be provided for software maintenance, implementation, deployment, and operations, such as but not limited to software enhancements, system troubleshooting, debugging, database backup and recovery, network and database administration, and others.

The Knowledge Management and Information Technology Service (KMITS) shall be consulted regarding technologies and standard security protocols for all software developments including OHASIS. A security certificate shall be provided by KMITS to ensure data security and encryption.

1. OHASIS is available online and can be installed from an up-to-date web browser.
   a. Access link to OHASIS shall be provided given that the end-user has attended necessary training as required by the DOH EB.

2. Installation
   To install OHASIS within the facility, the following shall be considered:
   a. A working desktop/laptop/mobile phone dedicated for HIV, AIDS, Viral Hepatitis, and other STI surveillance reporting.
   b. A stable internet connection for maximum OHASIS utilization
   c. A dedicated staff for data encoding and data management

3. Health facilities with existing EMR can be integrated into OHASIS provided that:
   a. There is a consensual agreement between the health facility and DOH EB. A Data Sharing Agreement (DSA) shall be signed by both parties involved.
   b. A team from DOH EB shall assess the existing EMR within the facility. The assessment shall include identification of indicators that can be captured through their EMR.
   c. An integration plan shall be developed by DOH EB and the health facility.

C. OHASIS Utilization
   1. Training and Orientation
      a. The DOH EB shall conduct training and orientation on the proper utilization of OHASIS.

b. Attendance to orientation and training conducted by DOH EB of at least one (1) personnel from HACT or SATF/ERF per health facility shall be required prior to the use of OHASIS to ensure proper utilization of the system. Trained personnel shall cascade the knowledge in using the system to other authorized individuals within their respective health facility.

c. Regional Epidemiology and Surveillance Unit (RESU) Officers shall be required to attend the OHASIS orientation and training and are expected to cascade the knowledge in using the system. RESU shall also disseminate all related materials, including this interim guideline, to all private and public facilities providing HIV, AIDS, Viral Hepatitis, and other STI services in their respective regions.

d. A certificate of participation shall be provided to those who attended and completed the training for OHASIS.

2. Account Management

a. The following shall be granted access and shall use OHASIS as the official reporting platform for HIV, AIDS, Viral Hepatitis, and other STI surveillances but not limited to:

    i. All CrCLs

    ii. All diagnostic facilities testing for HIV, hepatitis B, hepatitis C, syphilis, gonorrhea, non-gonococcal infection (NGI), bacterial vaginosis, trichomoniasis, genital warts, and genital herpes

    iii. All HIV treatment hubs and HIV primary care facilities

    iv. All blood service facilities that conduct blood unit screening services for HIV, hepatitis B, hepatitis C, and syphilis

    v. All CBOs providing HIV-related services

    vi. All sites providing PrEP services

    vii. All facilities providing Hepatitis B and C screening, assessment, and treatment

    viii. Regional Epidemiology Surveillance Unit (RESU)

    ix. National AIDS, STI Prevention and Control Program (NASPCP)

b. DOH EB coordinator shall provide access credentials per facility. Each facility will be given one facility administrator credential.

c. The facility administrator shall provide accounts to other authorized staff within their facility given that these personnel signed a confidentiality agreement (CA). For resigned personnel, the facility administrator shall be responsible for disabling their accounts in OHASIS.

d. The facility administrator shall also determine the access limitations per staff.

e. Other facility personnel providing services but are not accessing OHASIS shall be encoded by the facility administrator.

3. Reporting Flow

```
┌──────────┐      ┌──────────┐      ┌──────────┐
│ Facility │ ───▶ │  OHASIS  │ ───▶ │  DOH EB  │
└──────────┘      └──────────┘      └──────────┘
```
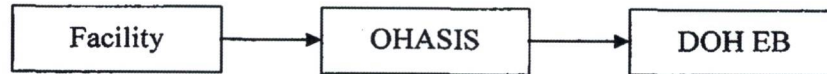
This diagram shows the reporting flow of facilities utilizing OHASIS. Clients availing HIV, AIDS, Viral Hepatitis, and other STI services shall be recorded and reported by the facility through OHASIS. The encoded data will be reflected in the OHASIS database real time and shall be processed by DOH EB.

4. Encoding

All public and private facilities shall utilize OHASIS as the official recording and reporting platform for HIV, AIDS, Viral Hepatitis, and other STIs. The following shall be recorded in OHASIS:

a. All clients who availed HIV, AIDS, Viral Hepatitis, and other STI services from screening, prevention, testing, and treatment.

b. All HIV, AIDS, Viral Hepatitis, and other STI commodities within the facility.

5. Report Submission

Facilities shall ensure timely submission of reports and shall adhere to the reporting standards.

rHIVda and CrCL	HARP forms and confirmatory results shall be encoded until every 5th of the succeeding month. Copies of signed confirmatory results and master lists shall be submitted to DOH EB every 5th of the succeeding month.
Treatment Hubs and Primary Care Facilities	HARP and PrEP forms shall be encoded until every 5th of the succeeding month.
CBO	CBOs shall encode HARP and PrEP forms until every 5th of the succeeding month.
SATF and ERF	Monthly hepatitis B and C reports shall be encoded until the second Friday of the succeeding month.
Laboratory and Blood Bank Facilities	Monthly LaBBS report shall be encoded until the 5th of the succeeding month.

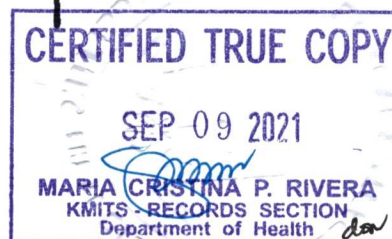|	
SHC, RHWC, and RHU	Monthly SESS report shall be encoded until the 5th of the succeeding month.

D. Monitoring and Evaluation

The DOH EB shall spearhead the monitoring and evaluation of operations and performance of OHASIS. Monitoring activities shall assess the compliance of reporting facilities and performance of OHASIS, and these shall be conducted with the CHDs.

VII. EFFECTIVITY

This Department Memorandum shall take effect immediately.

By Authority of the Secretary of Health:

MARIA ROSARIO S. VERGEIRE, MD, MPH, CESO II
OIC - Undersecretary of Health
Public Health Services Team

Annex A. OHASIS Assessment Tool

OHASIS Assessment Tool

General instructions on the use of the tool:
1. Briefly discuss the overview of OHASIS, its main objective and process of the assessment.
2. Note that this tool is a guide for the DOH - Epidemiology Bureau and Center for Health Development staff in order to elicit necessary information with regards to the facility process.
3. Identify facility staff involved in the ARV enrollment and/or refill process of the facility

Name of Facility:	
Date and time of interview:	
Interviewees:	
DOH-EB/ CHD Interviewer:	

A. Infrastructure Readiness

Which of the following are available in your facility? Check if available:	☐ Internet connectivity (HACT clinic or hospital wifi) ☐ Hardware (ie. laptop, tablet, computer) ☐ HACT clinic/ area designated for HIV counselling/ ARV refill ☐ Manpower: designated encoder aside from HACT nurse

B.1 ART Initiation Process

1. Where should the patient go first for consultation?	
2. Where does the ART counselling take place?	
3. Who conducts ART counselling?	

B.3 ART Initiation Process - FOR PREGNANTS ONLY

1. Who does the ART Counselling? • Does your facility offer partner testing?	☐ Physician situated within the HACT clinic ☐ Physician's own clinic outside HACT clinic but within the facility ☐ Treatment Nurse / Case Managers ☐ Yes, we offer testing and counseling to partners
2. Does your facility cater to the delivery of WLHIV?	☐ Yes but we do not accept referrals because: ☐ Yes and we accept referrals from other facilities (no encounters yet) ☐ No, we refer our pregnant clients to
3. Process of referring pregnant clients to the facility of delivery?	☐
4. Are ARV prophylaxis for infants born from WLHIV offered in the treatment facility?	☐ Yes, ARV prophy is offered ☐ No, we do not have ARV prophy *(Kindly elaborate referral and refill process)*
7. Are pediatric ARVs offered in your facility?	☐ Yes, ARV for pedia are available ☐ No, we do not have ARVs for pedia *(Kindly elaborate referral and refill process)*

D. Trans Out clients

1. Do you inform the receiving facility that your client wants to be transferred?	Y/N? *Please elaborate*
2. How do you verify successful trans out?	

E. ART Dispensing (including PEP and PrEP)

1. Who dispenses ARV to clients? a. In light with COVID-19, do you send	

	out ARVs via courier? Who pays for the shipping fee?	
2.	Where?	☐ Within treatment hub by HACT Pharmacist / Tx Nurse / Case Manager ☐ Main Pharmacy (outside treatment hub) ○ *If the answer is main pharmacy, ask what form/paper does the client need to bring for refill?*
3.	For eHARP users, who encodes pills dispensed in eHARP?	
4.	Does your facility offer PrEP?	
F. Commodities		
1.	Aside from commodities given by DOH, does your facility procure ARVs? Cartridges for CD4 and VL? Screening test kits? *Note: Indicate specific ARV procured by facility (ex. Emtricitabine for non-occupational PEP?)*	*Y/N? Please indicate specific ARVs procured. Site other procured commodities other than ARVs*
2.	Who keeps track of the inventory? In what form: paper-based, Excel, HIS?	
G. Reporting/ Recording of HARP forms/inventory		
1.	Who usually accomplishes HARP Forms? (ex. BC/PEP/PMTCT-N)	
2.	If consultation is done at the physician's clinic outside tx hub or ARV dispensing is done at the main pharmacy, how are forms accomplished / transferred / submitted to HACT for reporting?	
3.	Do you have an electronic medical record system wherein you are required to re-encode client visits? (Other than eHARP) • If yes, is it possible to export needed data and import to OHASIS or vice versa?	
4.	Point person?	

Additional questions:
- Where to install OHASIS? Indicate how many desktops/laptops/tablets/ipad

Where to install?	Who will use?	How many?

- What features can you recommend for OHASIS Treatment Module?