Improving the quality of care of HIV/AIDS, Tb, Malaria in Integrated Antenatal and Postnatal Care

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The Global Fund
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Content

• The importance of quality in health care delivery

• The Global Fund and program quality

• Demonstration of quality improvement of integrated antenatal and postnatal care in countries.
Utilization $\times$ Quality = Right health care
From coverage to effective coverage
Quality in Health Care – a Framework

Different perspectives
- Women and families
- Health care providers
- Managers

Different elements
- Safety
- Effectiveness
- Equity
- Efficiency
- Timeliness
- Patient centeredness

Health system
- Structure
- Process
- Outcome
Moving from Implementation to Impact

Country-centric approach including sub-national levels based on program quality, outcomes and impact

- Enhance data use for action and improvement
- Strengthen mutual accountability
- Focus on measurable outcomes that drive impact
- The Highest risk to our investments achieving impact is program quality
- Leverage efficiencies to maximize value for money
The Global Fund Program Quality and Efficiency Initiative

**Piloting approaches to improve program quality and efficiency at the site level**

- **Malaria**
  Improving case management practices

- **TB**
  Improving case detection, linkage to care and treatment success

- **CRG**
  Community-based monitoring models linking facility to community

- **HIV**
  Disseminating differentiated care toolkit

- **RMNCH/HSS**
  Integrated ANC/PNC platform for prevention, testing, and treatment

- **Economics**
  Cost-efficiency analysis of best practices and interventions

**Lessons learned for country to adopt and adapt**

**Feedback into Program & Data Quality Strategy**
The focus population

~90% chance (1 visit) of visiting health facility antenatal

~58% (Mothers) 28% (babies) chance of visiting health facility 1.5 months post-natal

Access to ~136 million annually of the global population
Integration across ANC and PNC

PMTCT
- HIV in mothers and their children
- Screening and treatment of STI’s
- Early initiation of ARV for newborns and mothers
- Breast feeding advice and counselling
- Retention in treatment

Tb screening and treatment

Distribution of LLIN’s
- IPTp
- IPTi
- Case management

Quality Improvement using Standards based Audit
Achieving optimum potential

ATM key interventions

Synergistic interventions ANC/PNC

Successful service integration

Effective coverage of both ATM and RMNCH interventions

Higher service utilization

QI

Set standards

Measure

Implement

Feedback

Re-evaluate
A ‘quality improvement process’ can be used to systematically improve the quality and efficiency of care given

- Improvement in Health Outcomes
- Improvement in Quality of Healthcare Delivered
- Improvement in Efficiency of Healthcare Delivered

1. **Set Standards**
   - What should our goal be?

2. **Measure Current Practice**
   - What are we doing and how close are we to our goal?

3. **Evaluate New Practice**
   - How well did we do?

4. **Implement Changes**
   - If we’re not at our goal, what should we do differently?

5. **Feedback & Identify Changes**
   - {Execute new practice

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Standards-based audit can be defined as a QI process that seeks to improve patient care and outcomes by the systematic review of care against explicit standards, with identification and implementation of changes needed to achieve the desired standard of care.

WHO, Beyond the Numbers (2004)
Why do audit?

“Audit is at the heart of clinical governance…all NHS organisations are required to have a programme of quality improvement activity that includes clinicians participating in audit” (NICE, 2006)

- Audit helps improve care quality by informing practitioners about their practice (i.e. accountability)

- Increasingly a requirement of professional groups/accreditation (ie. updating knowledge, CPD)
Challenges with SBA

Poor quality or unavailable data

• Poor project management

• Change doesn’t happen just because you have data

• Changing practice needs careful management

• Close the audit cycle

• No senior support or facility commitment

www.epatients.net
Quality of Care and the Health System

• **Structure**: What needs to be in place
  • Infrastructure, equipment, consumables, organization, management systems, policy

• **Process**: What needs to be done
  • Service delivery

• **Outcome**: What is the result
  • Measurement of effect or outcome of care – mortality, morbidity, satisfaction, coverage, attendance levels
1. In malaria-endemic area, all mothers receive intermittent preventive treatment (IPT) with sulfadoxine-pyrimethamine (SP) during ANC

<table>
<thead>
<tr>
<th>STRUCTURE</th>
<th>PROCESS</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>● Sulfadoxine-pyrimethamine</td>
<td>● Stock regularly checked by person in-charge</td>
<td>● The incidence of malaria in pregnancy is reduced</td>
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<tr>
<td>● Drinking water</td>
<td>● Healthcare provider administer SP in second and third trimester according to national policy (i.e. 3 doses given at leave one month apart)</td>
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<tr>
<td>● IEC material for women and families on malaria prevention and treatment</td>
<td>● Women are directly observed taking 3 tablets of SP in clinic</td>
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<tr>
<td></td>
<td>● Record each dose of SP on antenatal record and/or home based record</td>
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Measuring indicators:

1. % women observed taking IPT before leaving the clinic area
1. In malaria-endemic area, all pregnant women receive a long lasting insecticide treated bed net and are encouraged to sleep under it

<table>
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<tr>
<th>STRUCTURE</th>
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<th>OUTCOME</th>
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<tbody>
<tr>
<td>• Long lasting insecticide treated bed net (LLITN)</td>
<td>• Stock regularly checked by person in-charge</td>
<td>• Number of women who report sleeping under and LLITN every night increased</td>
</tr>
<tr>
<td>• IEC material for women and families on malaria prevention</td>
<td>• Staff distribute LLITNs to pregnant women according to national policy</td>
<td>• Incidence of malaria in pregnancy reduced</td>
</tr>
<tr>
<td></td>
<td>• Advise women on how to use the bed net</td>
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<tr>
<td></td>
<td>• Record receipt of LLITN on antenatal record and/or home based record</td>
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Measuring indicators:

1. % women who received LLITN
2. % women who know how to use a LLITN
3. Number of days per month with “stock-out” of LLITN
1. Pregnant women with malaria are assessed and treated with first line treatment according to national protocols

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<tr>
<th>STRUCTURE</th>
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<tr>
<td>• Anti-malarials</td>
<td>• Staff trained in diagnosis and treatment of malaria in pregnancy</td>
<td>• Improved detection and case-management of malaria in pregnancy</td>
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<tr>
<td>• Equipment:</td>
<td>• Stock regularly checked by person in-charge</td>
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</tr>
<tr>
<td>o Thermometer</td>
<td>• The healthcare provider checks the paperwork of any women complaining of malaria symptoms. For women who have a fever (temp &gt;38°C a rapid diagnostic test for malaria is conducted</td>
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<tr>
<td>o Rapid test for malaria</td>
<td>• Staff treat women with confirmed malaria according to national guidelines</td>
<td></td>
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<tr>
<td>o Sterile finger prick instrument</td>
<td>• Record malaria treatment on record and/or home based record</td>
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<tr>
<td>o Swabs</td>
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<tr>
<td>• Guidelines on treatment of malaria in pregnancy available</td>
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Measuring indicators:

1. % women with fever who have a malaria test
2. % women with malaria who receive the correct treatment
# Systems Approach

## Service Delivery
- Differentiated models of service delivery

## HRH
- Task shifting
- In-service training
- Mentoring and formative supervision

## HIS
- Strengthening the use of quality data for decision making and for improvement of quality of care

## PSM
- Preventing stock-outs of essential medicines and commodities

## Policy
- Enable the implementation of national policies and strategies at facility/district levels.

## Leadership
- Quality Improvement champions, quality teams
Multi-country collaboration

**Design**
- ANC and PNC training manuals
- Standards for ANC and PNC
- M and E framework and tools
- Morbidity measures
- Implementation research

**Measure**
- Availability of ANC and PNC
- Quality of care
- Maternal and Neonatal Morbidity
- Capacity of health care provider

**Implement**
- Improve healthcare provider competence
- Strengthen enabling environment for ANC and PNC
- Audit to improve Quality
- MiH with data

**Multi-country collaboration**

- **LSTM**
- **The Global Fund**
- **Le Fonds mondial**
- **El Fondo Mundial**
- **Глобальный фонд**
- **全球基金**
Identify differentiated approaches of quality improvement of integrated services

Baseline assessment/analysis
Quality of Integrated ANC,PNC

Set standards of integrated ANC,PNC

Training for integrated ANC,PNC and QI

Select Standards

Measure current practice

Re-evaluate practice

Implement QI process

Implement changes

Feedback and Identify changes

Evaluation
• Outputs
• Outcomes
• Impact
• Efficiency
Data use for decision making

2014 WHO Integrated Tool for assessment of QoC of MNCH

Consider appropriate data collection methods
- Structured observations of ANC/PNC consultations (6 or more consecutive)
- Exit interviews with women

Using a ‘dashboard’ to display facility data & prioritise aspects of care that require immediate action

Inform action planning & monitoring

Align with national strategy for QI
### Timelines / Milestones

<table>
<thead>
<tr>
<th>1. Program Management and Coordination</th>
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<tbody>
<tr>
<td>a. Program Inception missions (incl. completed and already scheduled missions only)</td>
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<tr>
<td>b. Quarterly management meetings</td>
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<tr>
<td>c. LSTM, GFATM coordination meetings</td>
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<tr>
<th>2. Increasing coverage of Integrated ANC and PNC</th>
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<tr>
<td>a) Development Training Manuals (participant and facilitator),</td>
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<td>b) Complete TOT,</td>
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<tr>
<td>c) Training of HCW in facilities,</td>
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<td>d) Facility improvement and ANC/PNC equipment check</td>
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<tr>
<th>3. Improving the Quality of Integrated ANC and PNC</th>
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<tr>
<td>a) Lit. review of available standards of ANC/PNC</td>
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<tr>
<td>b) Mapping of guidelines for ANC/PNC Global/country specific,</td>
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<tr>
<td>c) Multi-country Consensus building workshop to agree standards of care</td>
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<td>d) Development of QI manual workshop package</td>
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<td>e) National QI workshops</td>
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<tr>
<td>f) TOT in QI methodology</td>
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<tr>
<td>g) HCW and QI teams at district level supported to improve QoC using Standards based audit (SBA)</td>
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<tr>
<th>4. Improving Maternal and Newborn Health esp. HIV/ TB/ Malaria outcomes</th>
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<tr>
<td>a) Development of Maternal morbidity tool</td>
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<td>b) Development of Neonatal Morbidity tool</td>
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<td>c) Adapt/translate tools for each country</td>
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<tr>
<td>d) Training of HCW's in maternal morbidity assessment</td>
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<td>e) Cross sectional maternal morbidity assessment (n= 2000)</td>
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<td>f) Longitudinal cohort study of 1000 women.</td>
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<tr>
<td>g) Pilot Neonatal morbidity tool in 2 countries (n=1000)</td>
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<tr>
<td>h) Cross sectional assessment of Neonatal morbidity (n=1000)</td>
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<th>5. Monitoring and Evaluation</th>
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<tbody>
<tr>
<td>a) Annual M&amp;E review</td>
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<tr>
<td>b) Baseline assessment of QoC in integrated ANC in 6 countries</td>
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<tr>
<td>c) Improving the use of data at health facilities</td>
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<tr>
<td>d) Quarterly M&amp;E for 1yr. in participating facilities</td>
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<th>6. Dissemination and Communication</th>
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<td>a) Bi-annual In-country stakeholder meetings</td>
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<tr>
<td>b) Annual advisory board meeting (Global)</td>
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<td>c) Dissemination and public engagement</td>
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<td>d) Dissemination at conferences (regional or international)- bi-annual</td>
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<tr>
<td>e) Publication of peer reviewed papers</td>
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<tr>
<td>f) Intl. technical conferences-annual</td>
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Current status and next steps

• Core tools for assessment, increasing coverage of integrated ANC/PNC, standards and QI methodology have been developed and adapted

• Project activities have begun in Togo and in early stages in Ghana

• Next wave of countries are Niger, Tanzania, Afghanistan and Pakistan

• Framework for cost effective/efficiency analysis
THANK YOU!