

Tanzania HIV QI initiatives

Presenter: Program manager NACP

Venue: Double Tree by Hilton

Date: 20th of January 2020

Content

1. Introduction

- a. Health policy
- b. Health sector strategic plan
- c. Quality improvement framework

2. Quality improvement in HIV context

- a. HIV Health sector strategic plan
- b. Evidence of achievement
- c. Challenges

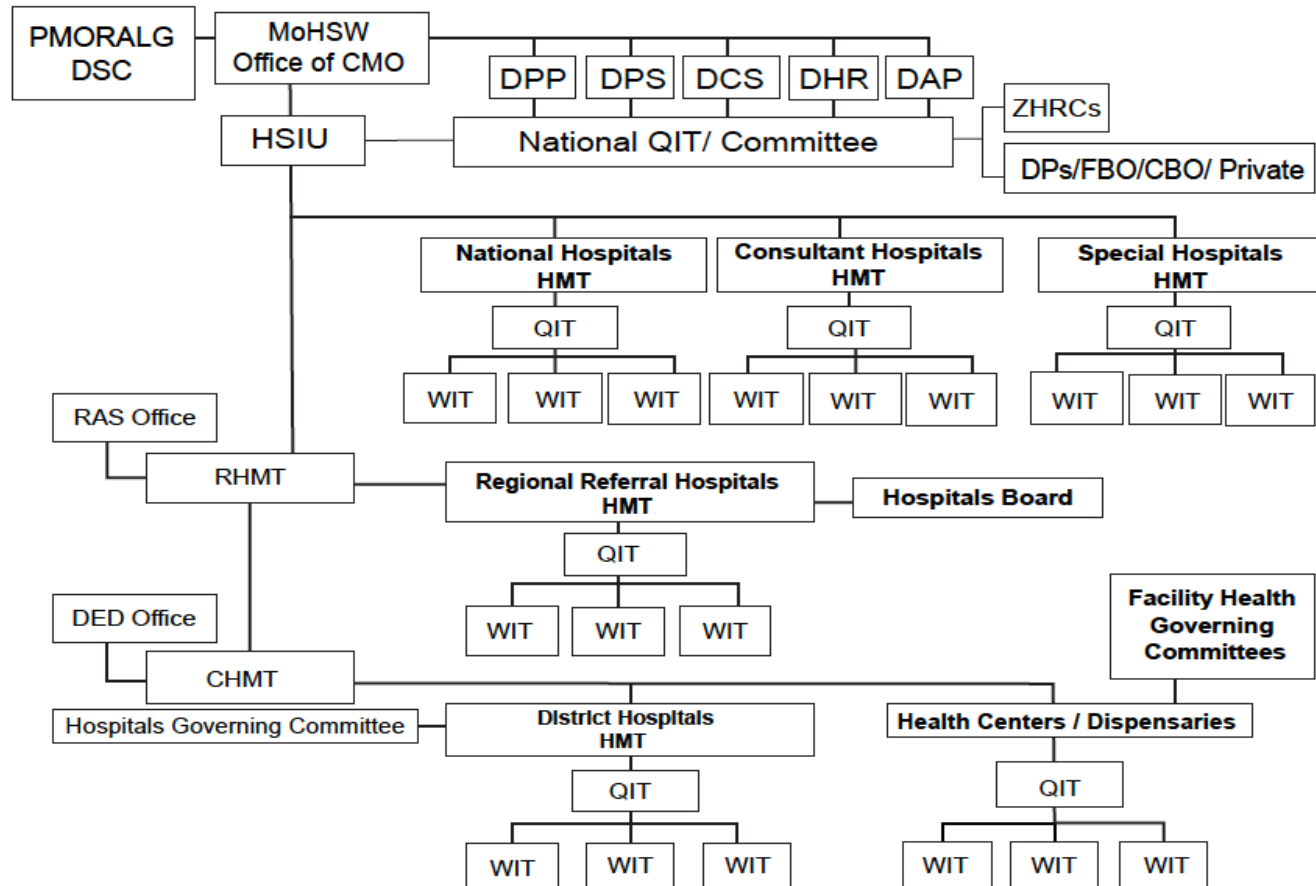
Health Policy

- Mission;
 - Facilitate the provision of basic health services that are of good quality, equitable, accessible, affordable, sustainable and gender sensitive
- Objective;
 - to reach all households with essential health services attaining the needs of the population, adhering to objective quality standards and applying evidence-informed interventions through resilient systems for health.

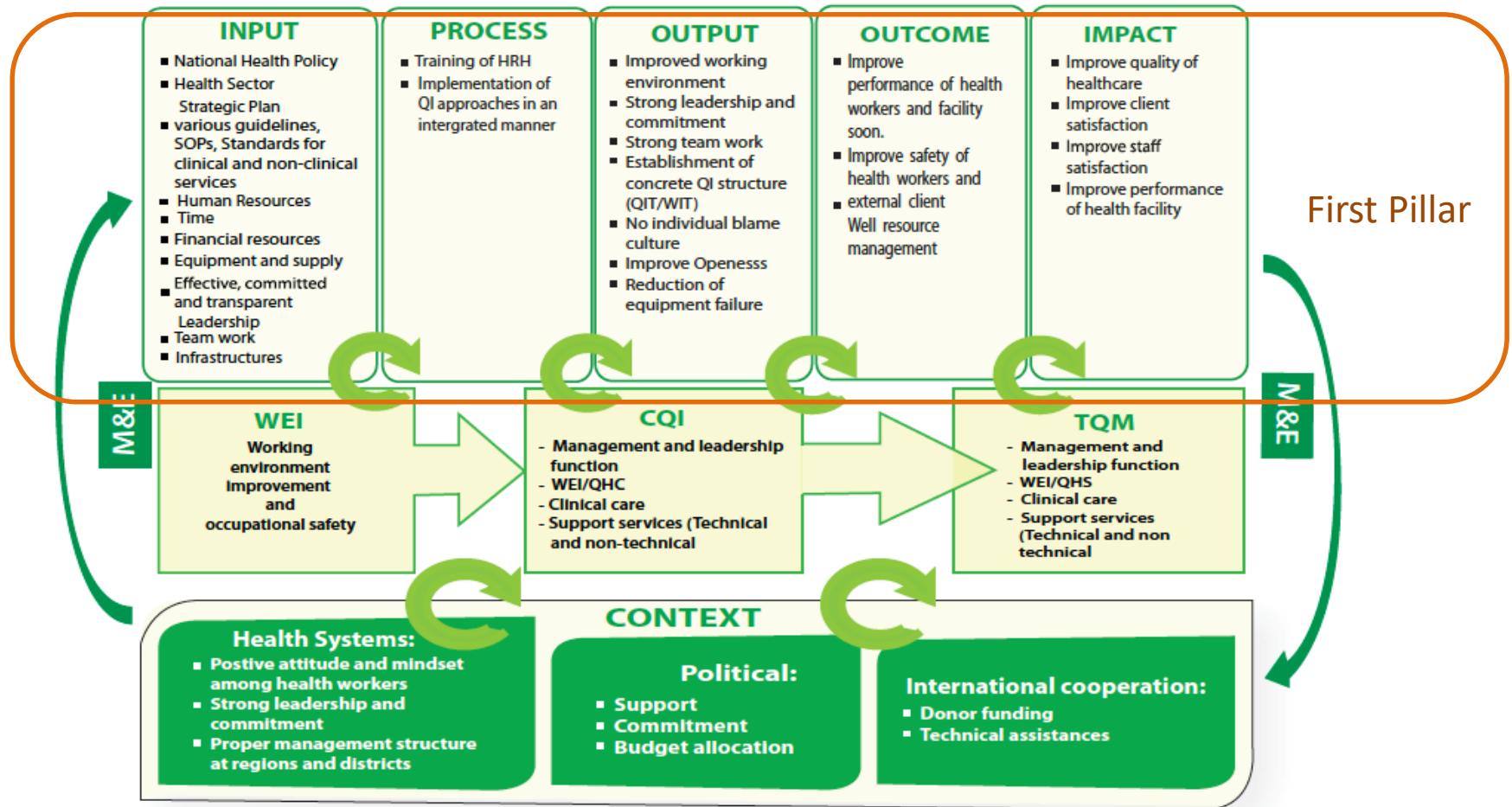
Strategic Plan; Reaching HH with Quality HC

- Mission;
 - “the provision of basic health and social welfare services that are of good quality, equitable, accessible, affordable, sustainable and gender sensitive”.
- Objectives;
 - to reach all households with essential health and social welfare services, meeting as much as possible expectations of the population and objective quality standards, applying evidence-based, efficient channels of service delivery.

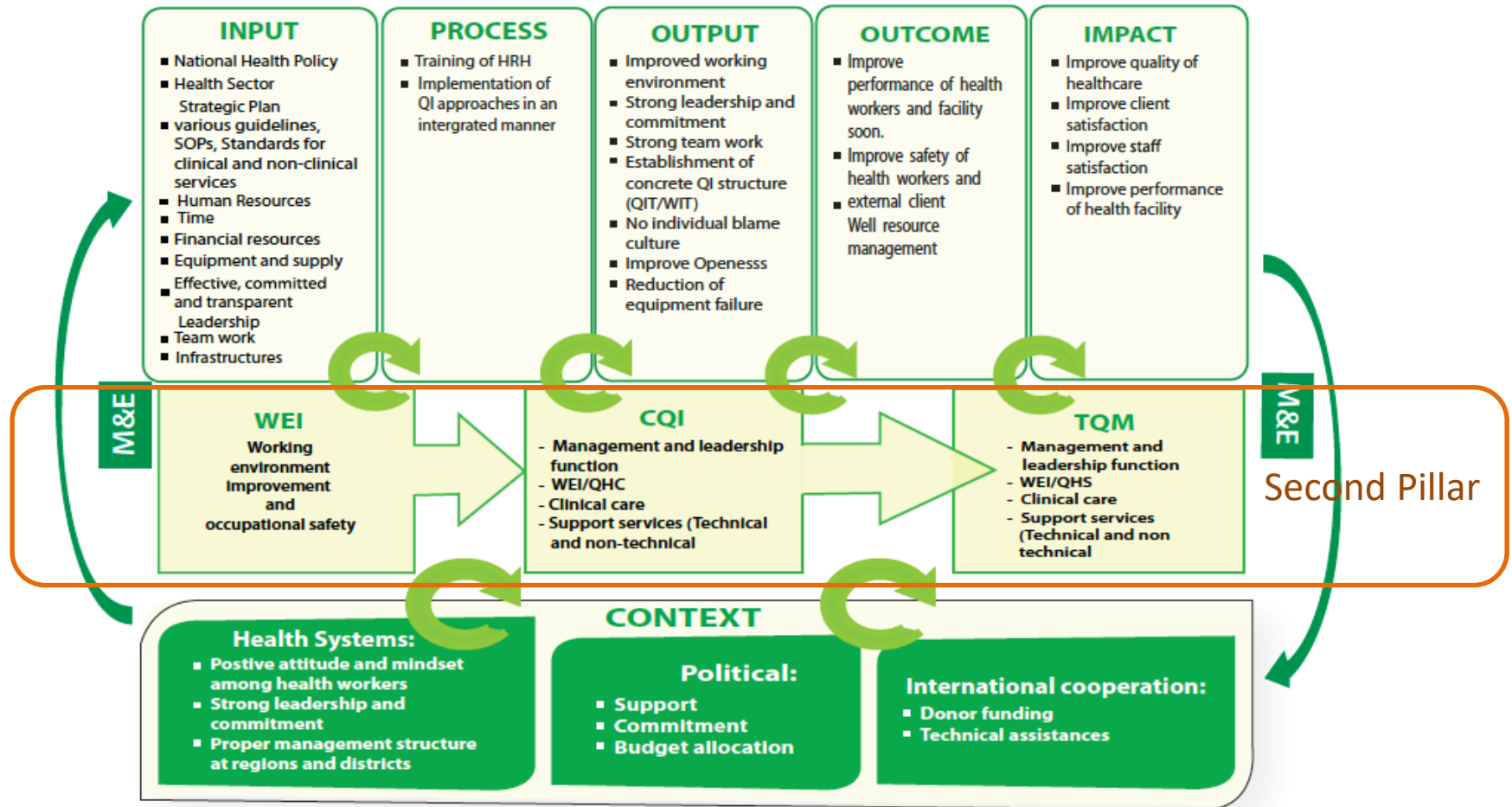
QI Framework; Organization structure



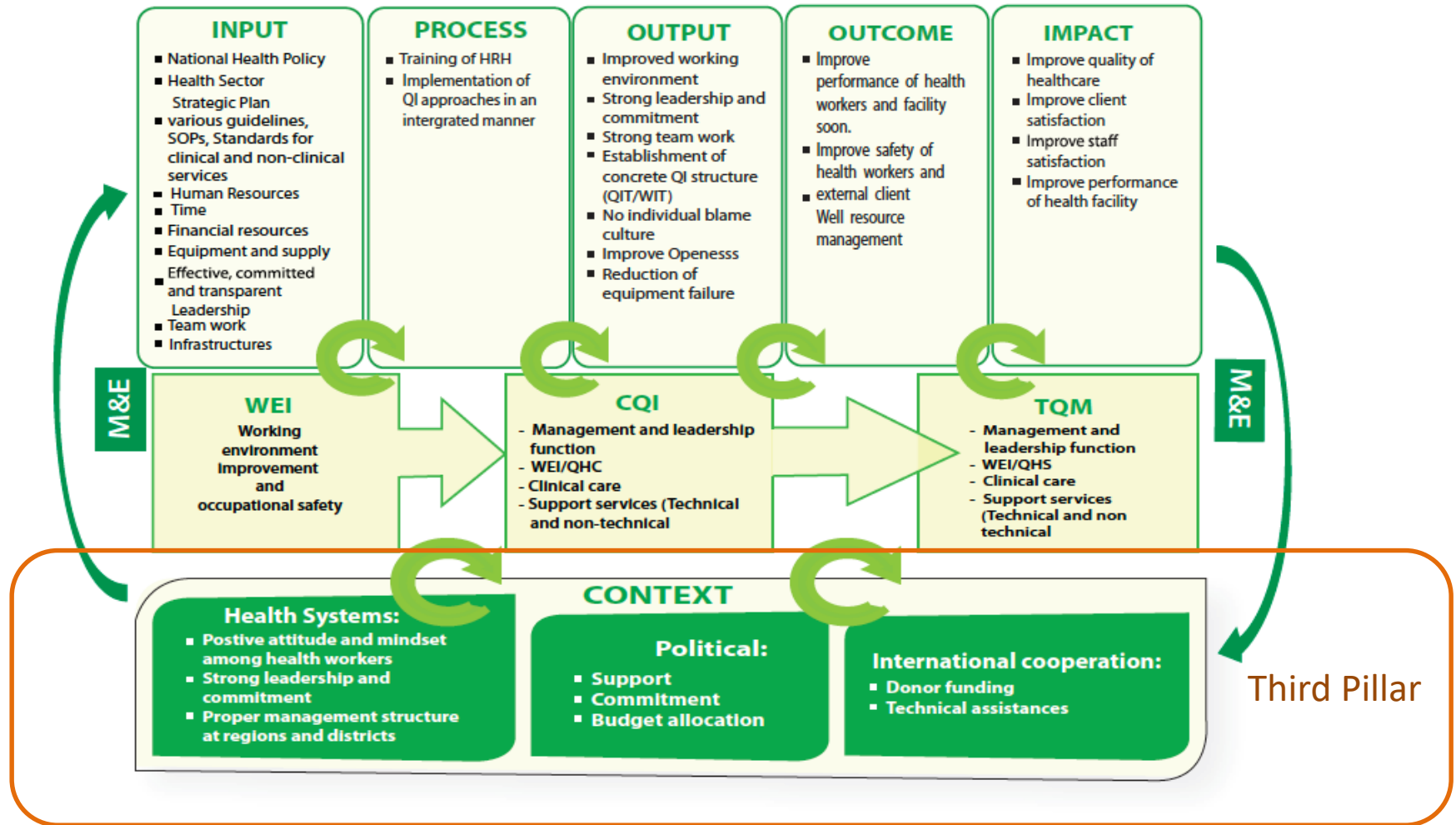
QI Framework; Model



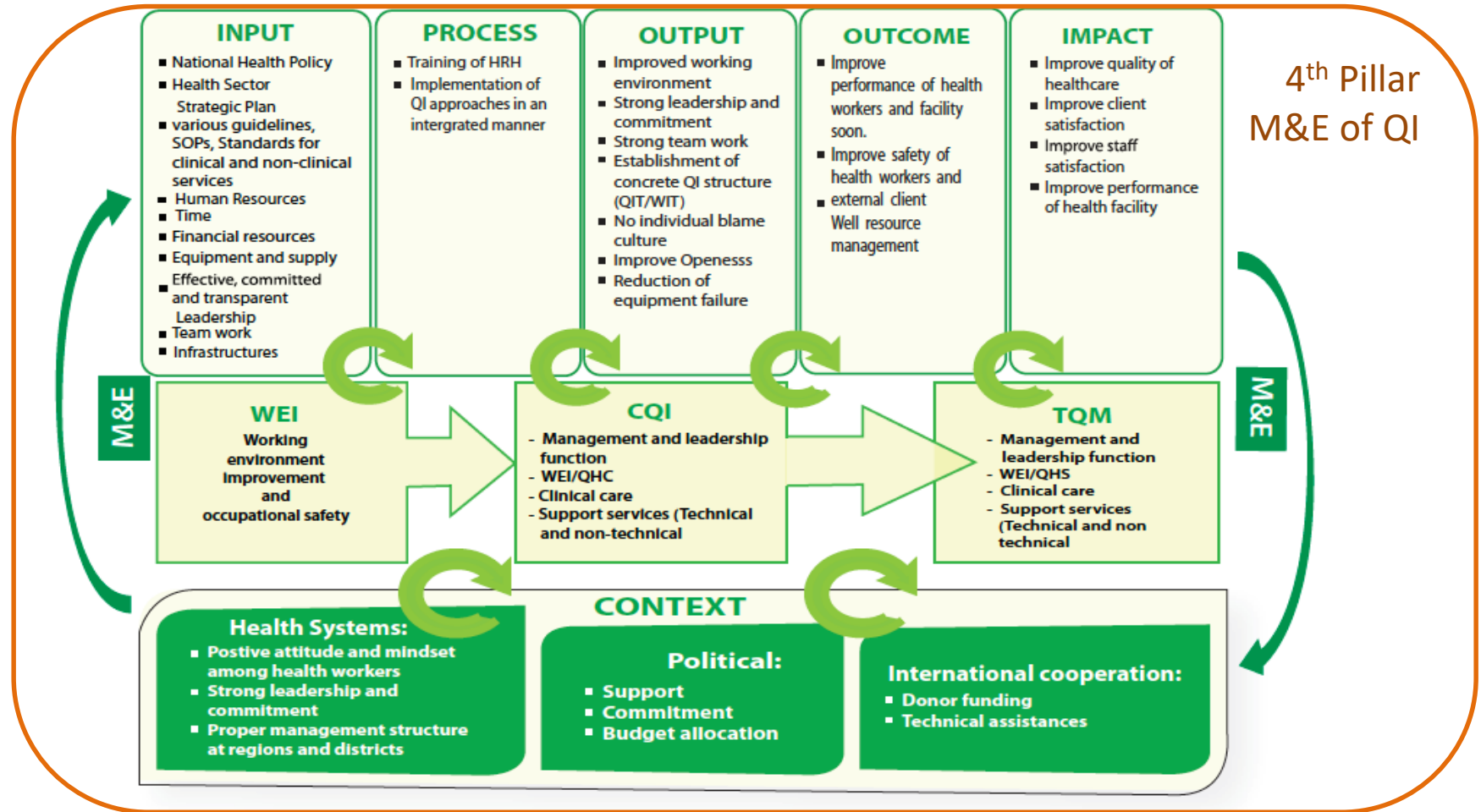
QI Framework; Model



QI Framework; Model



QI Framework; Model



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HHSPIV

- SO 4.4.1 Strategic Outcome
 - RHMTs, CHMTs and health facilities have active quality improvement teams that oversee the implementation, documentation and reporting of quantitative data on the quality of HIV and AIDS services.
- Priority strategies
 - Maintain patient-centred quality improvement as an integral part of HIV and AIDS service provision and general health care
 - Coordinate efforts of implementing partners to optimize the use of resources, standardize quality, meet specific regional and council priorities and harness the benefits of technical support from all partners

HHSPIV

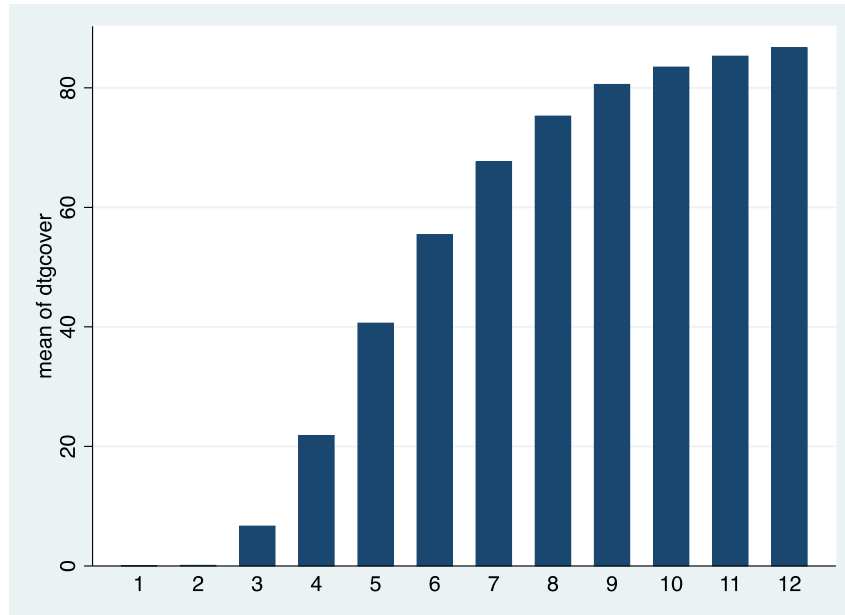
- Priority strategies
 - Designate QI focal persons with well-defined roles across all levels of care to improve the quality of services
 - Coordinate and harmonise implementation of QI related activities including BRN star rating, supportive supervision, mentoring and coaching cycles
 - Strengthen the QI reporting system to improve data quality by
 - Introducing data clerks in ALL hospitals and health centres to improve reporting and data quality
 - Utilizing the e-data capture system at the point of data collection
 - Integrating all data collection and reporting tools into HMIS/DHIS-2
 - Continue using QI indicators in routine data collection systems and ensuring access to HMIS data during supportive supervision

Evidence of Achievement: Star Rating

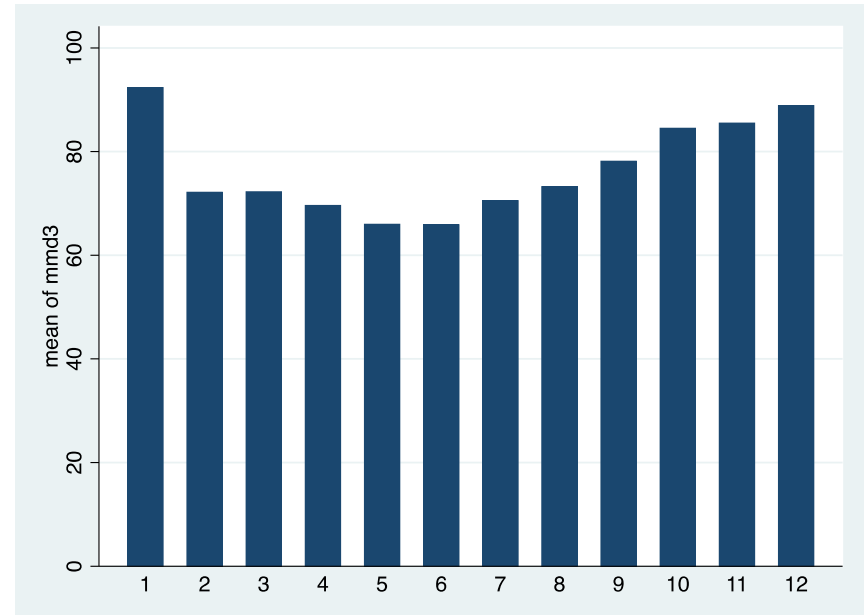
- Nationwide assessment of 6993 facilities
 - 2% of facilities met the minimum standard of quality of three stars or more
 - 34% of health facilities received zero stars

Evidence of Achievement: Patient Centered Care

Regimen Optimization



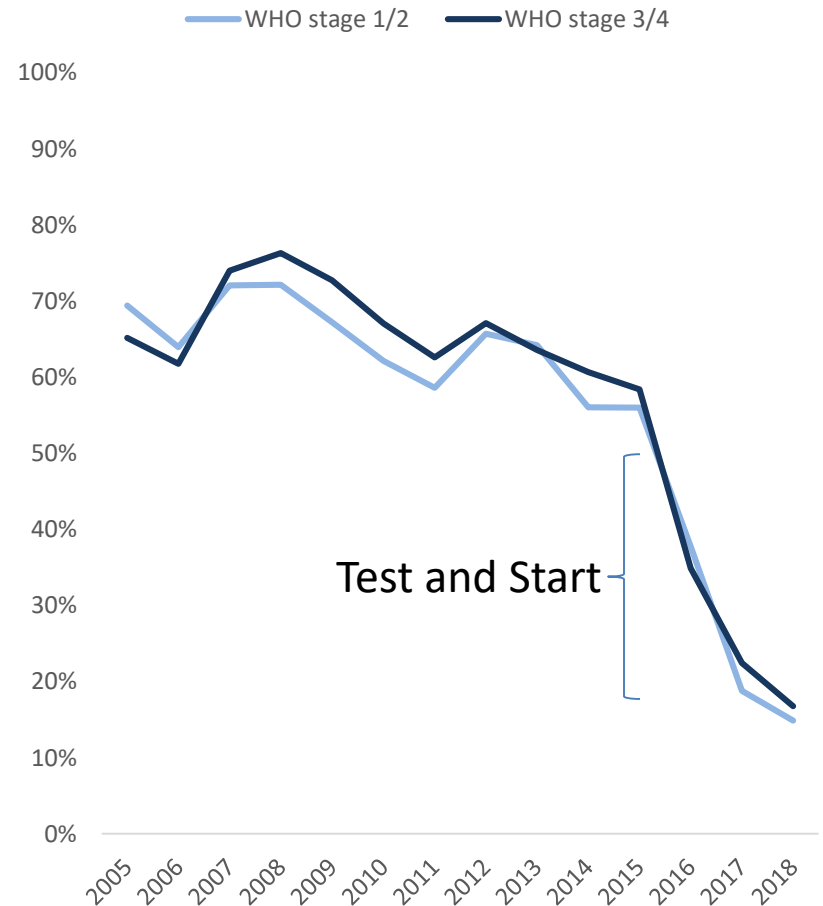
Multi months prescription



Challenges

1. HIV testing

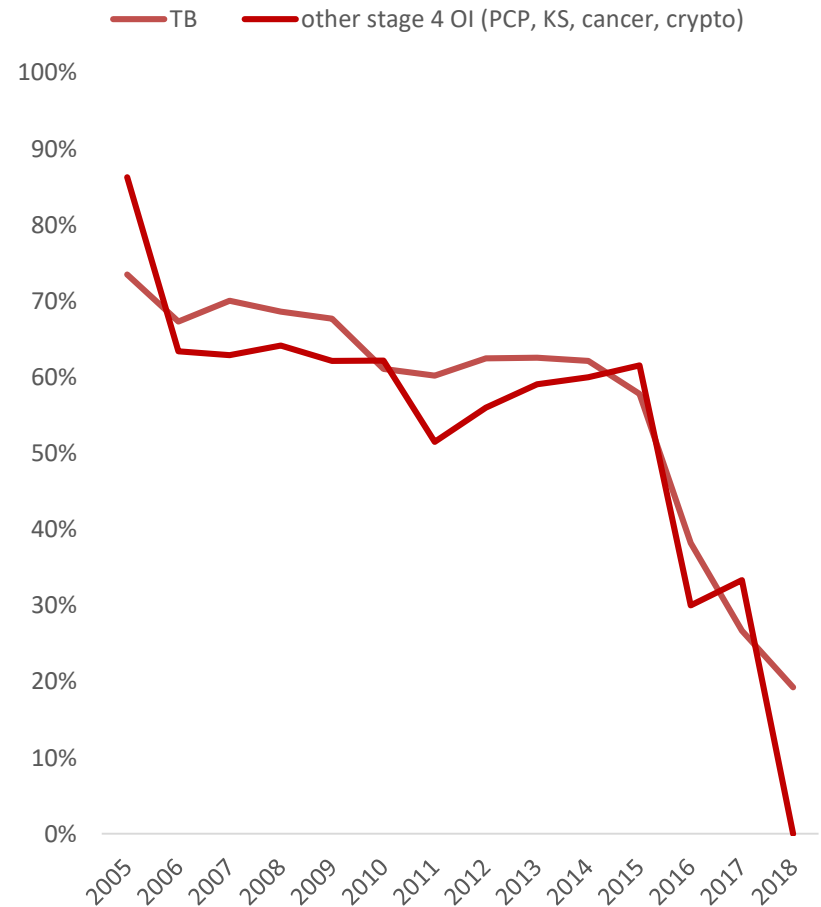
- a. Late access to testing or reluctance to test → late diagnosis with advanced disease 20%
- b. Framing of message for early testing...



Source; EGPAF - analysis of data from EGPAF supported regions

Challenges

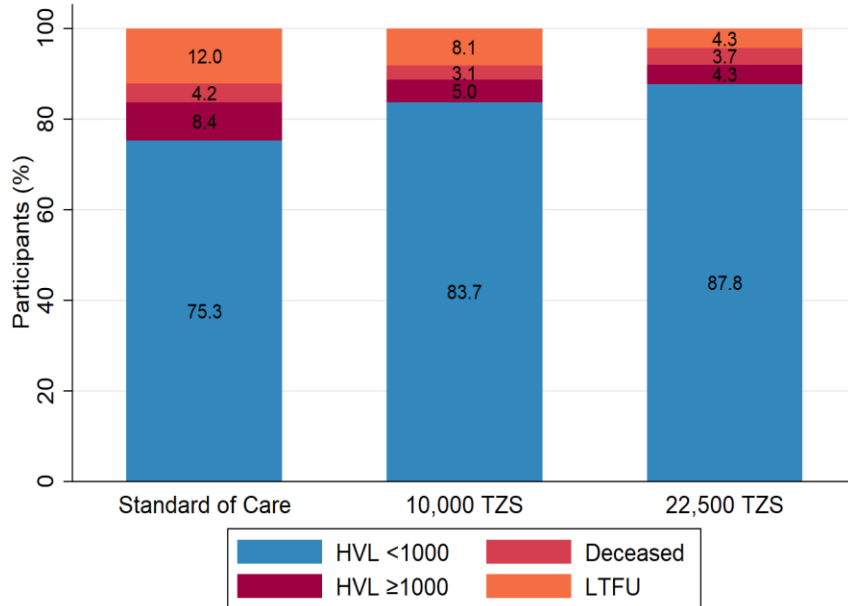
- Poor immunological Monitoring
 - Less than 20% received CD4 testing



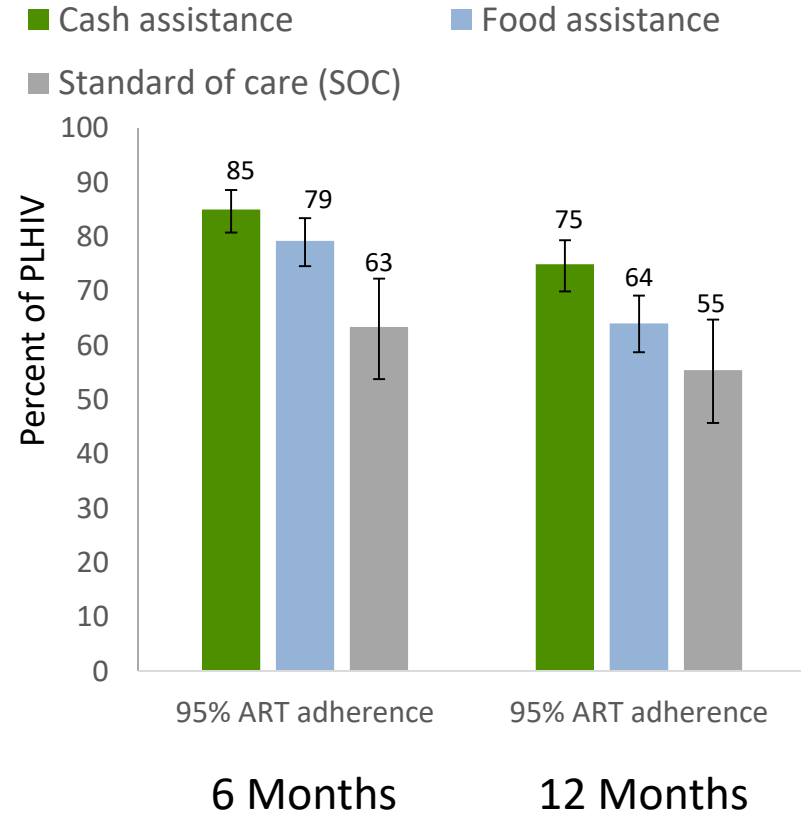
Challenges

- Retention; 63 % retained at 6 months
 - Patients drop out of care
 - Poverty and food insecurity

Viral suppression category at 6 months on ART

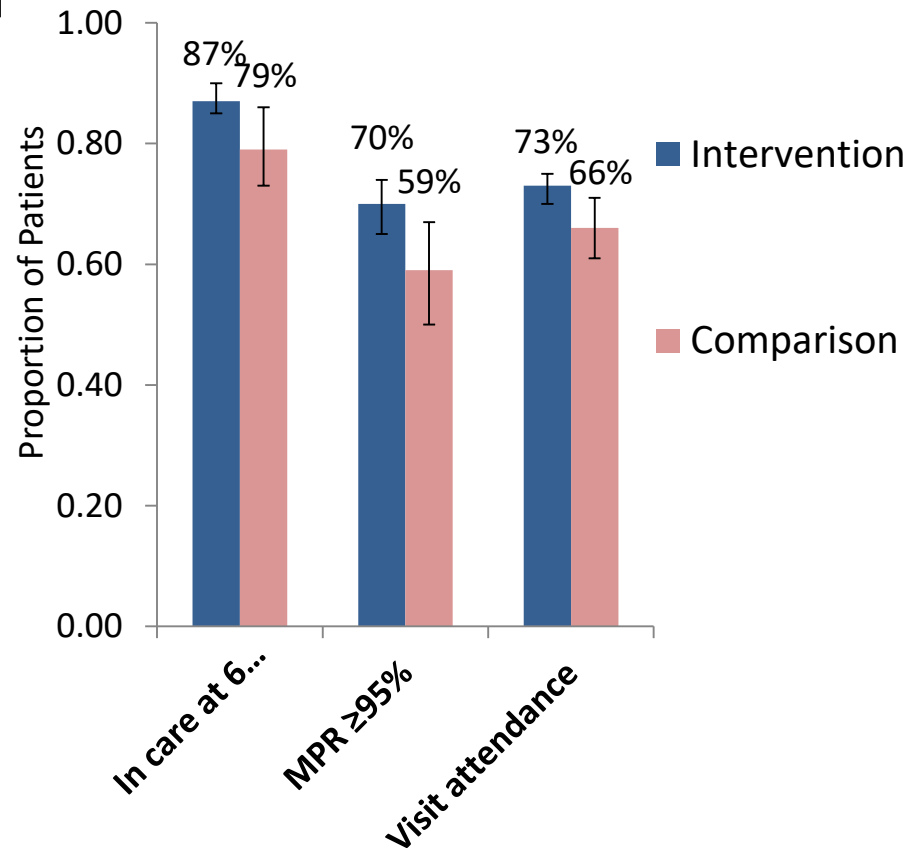


McCoy, Njau, Kapologwe et al



Challenges

- Retention; 80% retained at 6 months
 - Patient fail to return to care
 - Stigma
 - Poor provider empathy
 - Punitive treatment for care defaulters



Provocative questions

- Quality improvement in provider lens or recipient lens?
Is a patient at the center?
 - Are services proscribed or demanded?
- Testing;
 - Fear of diagnosis related stigma or uncertain of quality care after diagnosis?
- ART retention;
 - Drop out of care or reluctant to return to care
- Viral suppression
 - Undetectable and thus untransmissible or undetectable and therefore positive healthy trajectory after suppression