HIV Quality Improvement Initiatives in Mozambique

HEALTHQUAL INTERNATIONAL: ACLN 2012
Kampala, Uganda

Dr. Mussa Calu, MD
Joseph Lara, MPH
Dr. Isabel Pereira, MD MPH
KEY HIV/AIDS INDICATORS

1. HIV Prevalence (15-64)
   - 11.5%
2. Estimated number of PLWHA:
   - 1.4 Million
   - 206,000 Children (0-14)
   - 883,000 Women
   - 568,000 Men
3. Urban prevalence significantly higher than rural prevalence
   - Urban: 15.9%
   - Rural: 9.2%
Rapid expansion of HIV/AIDS care and treatment services since 2003. Currently >270,000 eligible patients receiving ART at >260 MOH ART service delivery outlets.
Key Challenges to HIV/AIDS in Mozambique

- **High Risk Behavior**
  - Multiple concurrent partnerships
  - Low rates of condom use
  - High mobility and migration among population
  - High rates of transactional sex

- **Human Resource Shortage**
  - 859 Medical Doctors (1 per 26,000 habitants)
  - 5,397 Nurses (1 per 4,000 habitants)
  - 2,461 Physicians Assistants (1 per 9,000 habitants)

- **Inadequate Infrastructure**
  - Shortage of laboratory equipment (CD4, biochemistry, PCR)
  - Continued reconstruction of HF network destroyed in Civil War

- **Quality of HIV/AIDS Services**
  - Missed opportunities to offer integrated package of services
  - High attrition among pre-ART and ART population
Key Challenges to HIV/AIDS in Mozambique

- Loss to Follow-Up in pre-ART/ART Programs
  - 74% retention rate among ART initiates at 12 months
  - Higher rates of LTFU found among pediatric and male ART population
  - Although no MOH system or study has examined pre-ART LTFU, attrition among this population suspected to be very high
History of HIVQUAL QI Strategy in Mozambique

- In order to assure the delivery of quality HIV/AIDS services and improve patient outcomes, the Mozambican MoH launched HIVQUAL QI strategy in October, 2006

- As conceived, HIVQUAL would:
  - Routinely define and collect QI indicators;
  - Analyze indicator performance and conduct root cause analysis at all levels of service delivery and program management
  - Operationalize QI plans designed and implemented primarily at the health facility level (with support from district, provincial and national level QI teams)
  - Compile data at the national level and use indicator results to define MoH priorities and to design new norms and interventions

- From 2007 to 2011, 3 HIVQUAL rounds conducted within a rapidly growing HIV/AIDS care and treatment program
HEALTHQUAL INTERNATIONAL: ACLN 2012

Expansion of HIVQUAL QI Strategy in Mozambique

Round 1 (2007) 32 HF
Round 2 (2008) 48 HF
Round 3 (2009) 108 HF
HealthQUAL International: ACLN 2012

Approach to HIVQUAL implementation in Mozambique

- **Organization of Data Collection and Analysis**
  - Data collected at health facility by local staff (including clinicians and data clerks)
  - Data cleaning, analyses and report generation also conducted at HF level
  - Compilation of HF results conducted at the provincial level MoH offices
  - Compilation of HF and Provincial results conducted at central level MoH offices
  - Final reports validated and disseminated by the national STI-HIV/AIDS program

- **Organization of Quality Improvement Activities**
  - After data collection is completed, local staff identify priority indicators for improvement and conduct root cause analysis
  - Based on identified root causes, local staff generates and carries-out strategies and activities for quality improvement
  - Provincial meeting conducted among participating HIVQUAL HF´s to discuss common challenges, best practices, and share experiences regarding Quality Improvement
Approach to HIVQUAL implementation in Mozambique

- Central-Level Role in QI Implementation
  - MoH STI-HIV/AIDS program responsible for data compilation and analysis and for identifying priority indicators for Improvement
  - MoH presentation of HIVQUAL results and future priorities disseminated in national-level forums (conferences, national-level meetings)
  - Development of new strategies designed to address priority indicators and improve quality of services delivered
2010/2011 Reorganization of QI Structure within MoH

- Creation of a new “Humanization” Department within the National Directorate of Medical Assistance
- Former “ART Committee” management model eliminated in favor of a broader leadership model based on “Quality Management Committees”
- Quality Management Committees established at 4 Levels
  - National Quality Management Committee
  - Provincial Quality Management Committee
  - District Quality Management Committee
  - Health Facility Quality Management Committee
- MoH rebrands HIVQUAL as “CLINIQUAL” reflecting the desire to extend the QI strategy to other health programs such as pMTCT and Chronic Diseases
CLINIQUAL Results in Mozambique

- Primary Indicators Collected in Round 3
  - Clinical Consultation Follow-up
  - CD4 follow-up
  - Provision of ARV Therapy to Eligible Patients
  - Adherence Evaluation and Counseling
  - Provision of Cotrimoxazol Preventive Therapy
  - TB Screening
  - Education for Prevention of HIV Transmission
  - Post Exposure Prophylaxis
CLINIQUAL Results in Mozambique

- Primary Indicators Collected in Round 3
  - Clinical Consultation Follow-up
  - CD4 follow-up
  - Provision of ARV Therapy to Eligible Patients
  - Adherence Evaluation and Counseling
  - Provision of Cotrimoxazol Preventive Therapy
  - TB Screening
  - Education for Prevention of HIV Transmission
  - Post Exposure Prophylaxis
Use of Data at Central Level for Quality Improvement

- Example 1: Augmenting the CD4 Referral Network

Since the inception of HIV related QI in Mozambique in 2006, CD4 follow-up has always been one of the most preoccupying and under-performing indicators. However, as the greatest constraint has been lack of access to CD4 laboratory equipment, there have been difficulties in creating QI plans successful in addressing this issue. With results presented in Round 2 and 3, the Mozambique MoH began an aggressive plan to augment the CD4 laboratory referral network through the piloting and adoption of point of care CD4 technology (PIMA). Currently, Mozambique is in the process of distributing >100 PIMA machines with an additional order to be placed 2013.
Use of Data at Central Level for Quality Improvement

- Example 2: Ensuring provision of CPT to eligible patients

Based on 2009 CLINIQUAL findings that only 66% of eligible adults in HIV Care and Treatment received CPT (Cotrimoxizol preventative treatment), a work group was formed in order to create a job aid instrument that clearly diagrams the CPT eligibility decision making steps. This tool has been rolled-out to all consultation rooms in 261 ART sites national-wide. Provincial and National level CLINIQUAL meetings after Round 3 also provided qualitative information suggesting that low CPT provision rates were due to lack of documentation in patient charts. This finding led to new M&E tools (currently being rolled out) that facilitate documentation of CPT provision.
Use of Data at Central Level for Quality Improvement

Example 3: Creating a Culture of QI in all MoH Programs

Based on improvement witnessed during the Quality Improvement cycle from 2007 – 2011, the Mozambican MoH extended CLINIQUAL beyond HIV Care and Treatment services applying the same methodologies and processes to the national pMTCT program. Further demonstrating the Mozambican commitment to CLINIQUAL-based QI strategies, in 2011, the Mozambican MoH created a new department of Quality Improvement and Humanization of Services within the National Medical Assistance Directorate. The creation of this new department effectively extended QI activities beyond HIV/AIDS, moving for the first time into other service areas such as infection control, MCH and laboratory services.
The Future of QI in Mozambique

- Round 4 CLINIQUAL activities currently in final stage of being completed
  - 120 HF participating
  - Both Adult and Child performance indicator reporting and QI interventions scheduled
  - Extension of CLINIQUAL methodology to pMTCT program

- Harmonization of partner/government QI approaches
  - MoH, USG and PEPFAR partners currently in the process of finalizing newly operationalized QI strategy that will create one unified approach
  - Strategy will link clinical mentoring program and routine supervision activities with QI implementation
Challenges of QI in Mozambique

- High levels of staff turn-over
- Scaling QI within a growing HIV/AIDS care and treatment/pMTCT network
- Translating performance measurements into specific QI activities and approaches
- Creation of QI culture among Mozambican Ministry of Health staff
- Harmonization of QI approaches and performance measurement definitions among stakeholders
OBRIGADO!
KANIMAMBO!
THANK YOU!
Current CLINIQUAL Activities

- Round 4 CLINIQUAL activities currently in final stage of being completed
  - XXX HF participating
  - Both Adult and Child performance indicator reporting and QI interventions scheduled
  - Extension of CLINIQUAL methodology to pMTCT program