
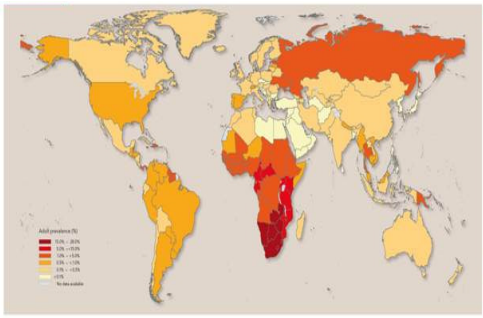

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 FROM THE AMERICAN PEOPLE



Initiatives to improve the quality of health care in HIV and AIDS programs in South Africa

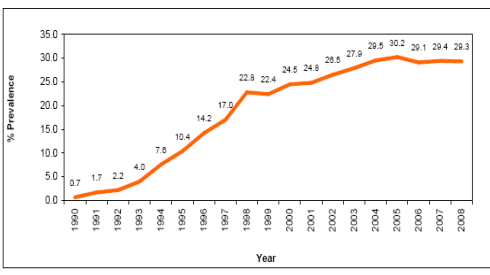
Dr D Jacobs-Jokhan
 ISQua 2009

A Global view of HIV infection
 33 million people (30 – 36 million people) living with HIV, 2007



UNAIDS report, 2008 USAID HEALTH CARE IMPROVEMENT PROJECT

HIV Prevalence epidemic curve among antenatal women, South Africa, 1990 – 2008



| Year | % Prevalence |
|------|--------------|
| 1990 | 0.7 |
| 1991 | 1.7 |
| 1992 | 2.2 |
| 1993 | 4.0 |
| 1994 | 7.8 |
| 1995 | 10.4 |
| 1996 | 14.2 |
| 1997 | 17.0 |
| 1998 | 22.8 |
| 1999 | 22.4 |
| 2000 | 24.5 |
| 2001 | 24.6 |
| 2002 | 25.5 |
| 2003 | 27.9 |
| 2004 | 29.5 |
| 2005 | 30.2 |
| 2006 | 29.1 |
| 2007 | 29.4 |
| 2008 | 29.3 |

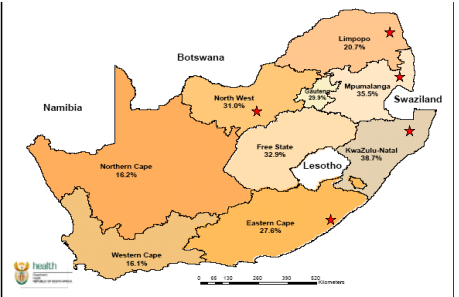
Source: DOH 2008: National Antenatal Sentinel HIV and Syphilis Prevalence survey, South Africa
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The Health Care Improvement Project (HCI)

- This is one of 3 projects within University Research Co.,LLC (URC) working with the South African NDOH to strengthen and improve the implementation of and collaboration between HIV and AIDS programs and TB services.
- HCI provides technical assistance to over 171 health care facilities in five provinces to improve quality of care in HIV and AIDS programs.
- HCI also provides support to 4 home-based care organizations in 2 provinces (Mpumalanga & Kwa Zulu Natal). This initiative is unique to HCI and has helped to strengthen relationships and referral networks between health care facilities and community based organizations.

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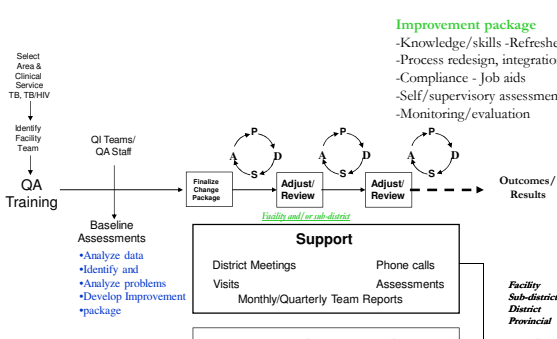
HIV Prevalence distribution among antenatal women by province, South Africa, 2008



| Province | % Prevalence |
|---------------|--------------|
| Limpopo | 29.7% |
| Mpumalanga | 35.5% |
| KwaZulu-Natal | 28.7% |
| Eastern Cape | 27.6% |
| Northern Cape | 16.2% |
| Western Cape | 16.1% |
| Free State | 32.9% |
| North West | 31.0% |

Source: DOH 2008: National Antenatal Sentinel HIV and Syphilis Prevalence survey, South Africa
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QA Improvement Model



Support
 District Meetings, Visits, Monthly/Quarterly Team Reports, Phone calls, Assessments

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What does HCI do?

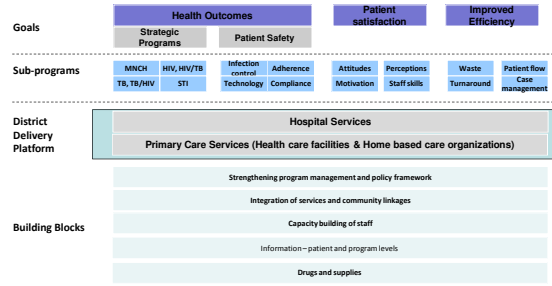
HCI staff provide:

- Technical assistance
- Quality improvement (QI) training
- Clinical mentoring
- Facilitate the development of functional referral networks
- Promote the continuum of care for PLWHA – this led to the identification of the need for HBC involvement in health care
- Initiate and facilitate dialogue between different stakeholders
- Build management and data analysis capacity of facility staff
- Ensure involvement of district and provincial management
- Collect and analyze data on a monthly basis (with facility staff)
- Disseminate lessons learnt and successes through quarterly evaluations

Provided onsite at the health care facility

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HCI Model for Systems Strengthening in South Africa



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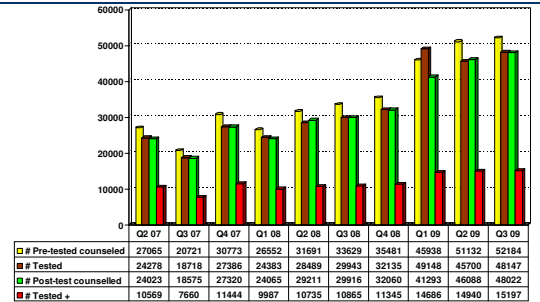
Results

Data analysis from 171 facilities between 2005 – 2009 demonstrate:

- 45% increase in uptake in counseling and testing leading to greater numbers of HIV-infected patients accessing care and treatment services.
- increases in ART coverage for pregnant women to 99%
- increases in provision of ART to HIV-exposed babies from 5% - 100%
- overall improvements in compliance with PMTCT national guidelines.
- Improvements in proportion of patients on ART linked to treatment supporters

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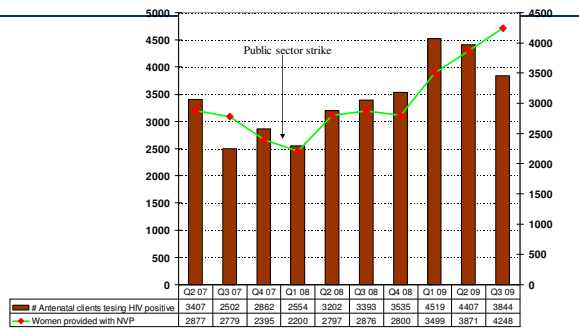
VCT: Number of clients tested for HIV, and number tested HIV positive



Data from 171 HCI - supported facilities

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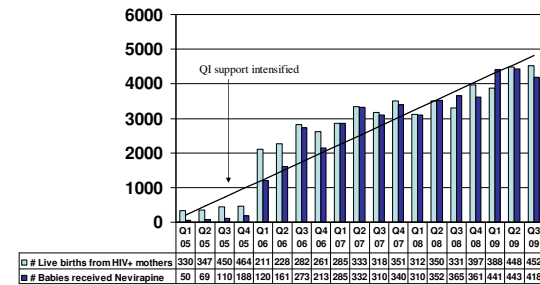
PMTCT: Number of antenatal clients testing HIV positive Vs number provided with Nevirapine



Data from 171 HCI - supported facilities

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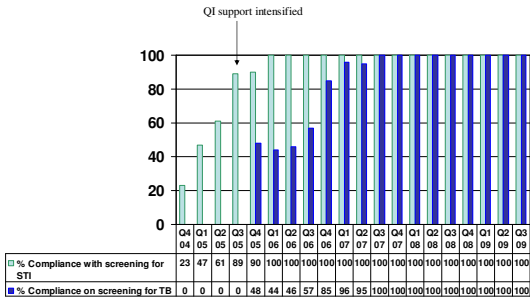
PMTCT: Number of HIV exposed babies receiving NVP



Data from 171 HCI - supported facilities

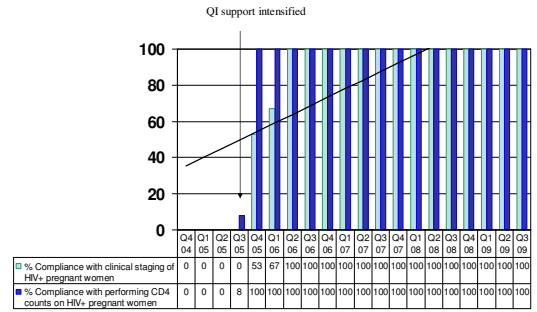
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PMTCT: Compliance with screening for Sexually Transmitted infections and TB



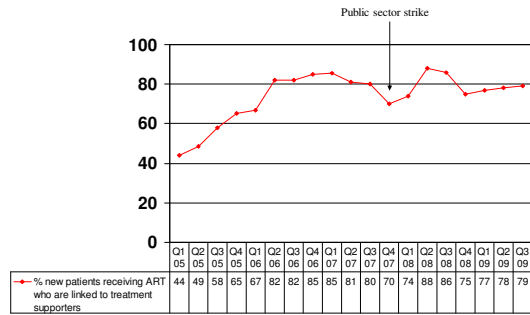
Data from 171 HCI - supported facilities USAID HEALTH CARE IMPROVEMENT PROJECT

PMTCT: Compliance with performing clinical staging and CD4 cell counts



Data from 171 HCI - supported facilities USAID HEALTH CARE IMPROVEMENT PROJECT

ART: Proportion of new patients on ART linked to treatment supporters



Data from 171 HCI - supported facilities USAID HEALTH CARE IMPROVEMENT PROJECT

Conclusion

- Implementation of a continuous quality improvement strategy has contributed to significant and sustained quality improvement within HIV and AIDS programs at HCI-supported facilities in South Africa.
- The formation of health facility level QA teams coupled with monthly monitoring and evaluation of programmatic data plays an important role in integrating and sustaining improvement initiatives.
- Participation of health care staff in data analysis strengthens "ownership" of the program, which leads to improved motivation and better performance. Identification of quality gaps and health system weaknesses plays an important role in improving integration and problem solving efforts.
- Ongoing one-on-one mentorship with facility staff has been shown to be critical for capacity building and transfer of knowledge and skills.
- The successful implementation of this program in South Africa, despite various resource constraints, provides valuable lessons for other countries within the Southern African region.

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Acknowledgements

- URC HCI staff – National & provincial
- Department of Health – National, Provincial, district & facility staff
- USAID / PEPFAR



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