



**Health Systems
Research Unit**



University of the Western Cape

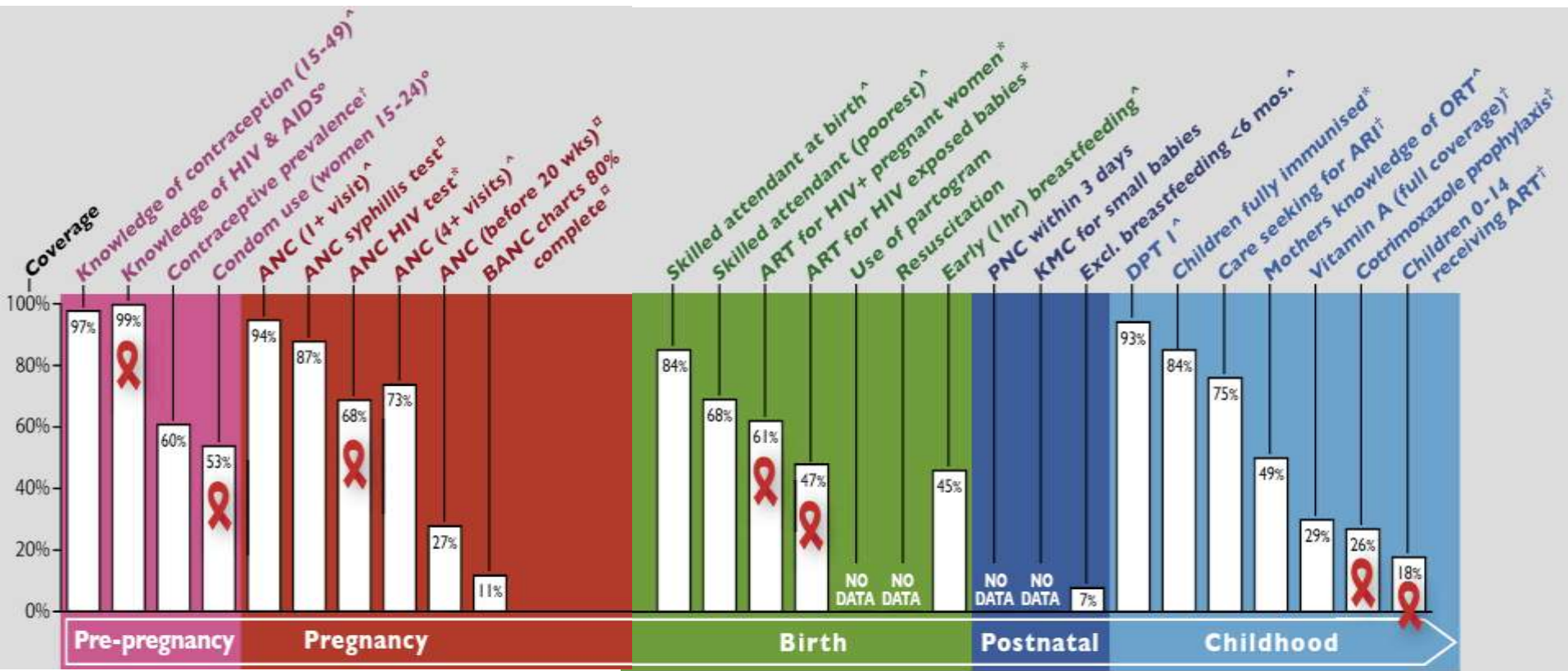
Quality of care and health systems

Dr Mickey Chopra

**Director, Health Systems Research
Unit & School of Public Health, UWC,
South Africa**

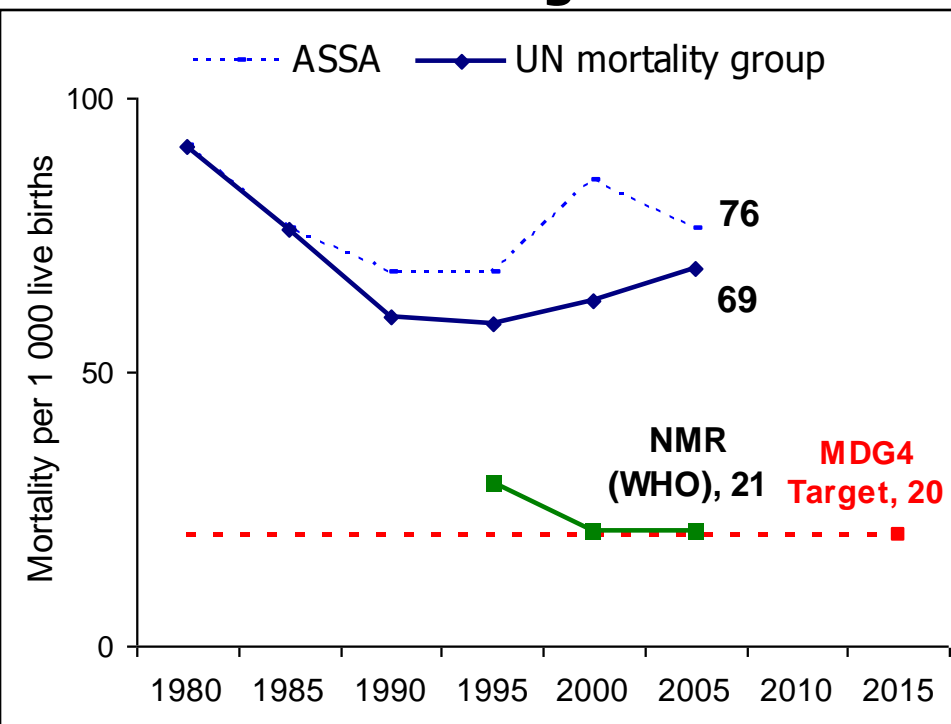
In countries where the majority of child mortality occurs the challenge is to close the gap between inputs and impacts

High coverage of services

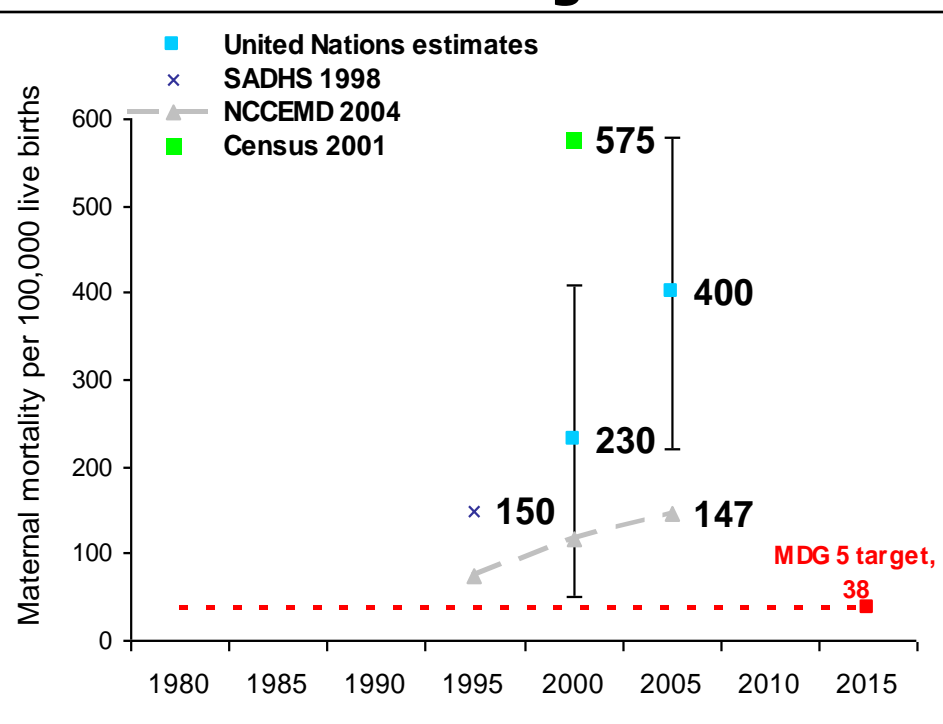


But worsening outcomes

MDG 4 Progress



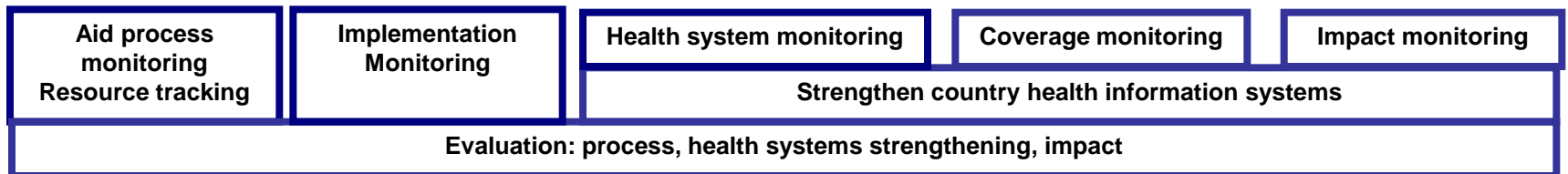
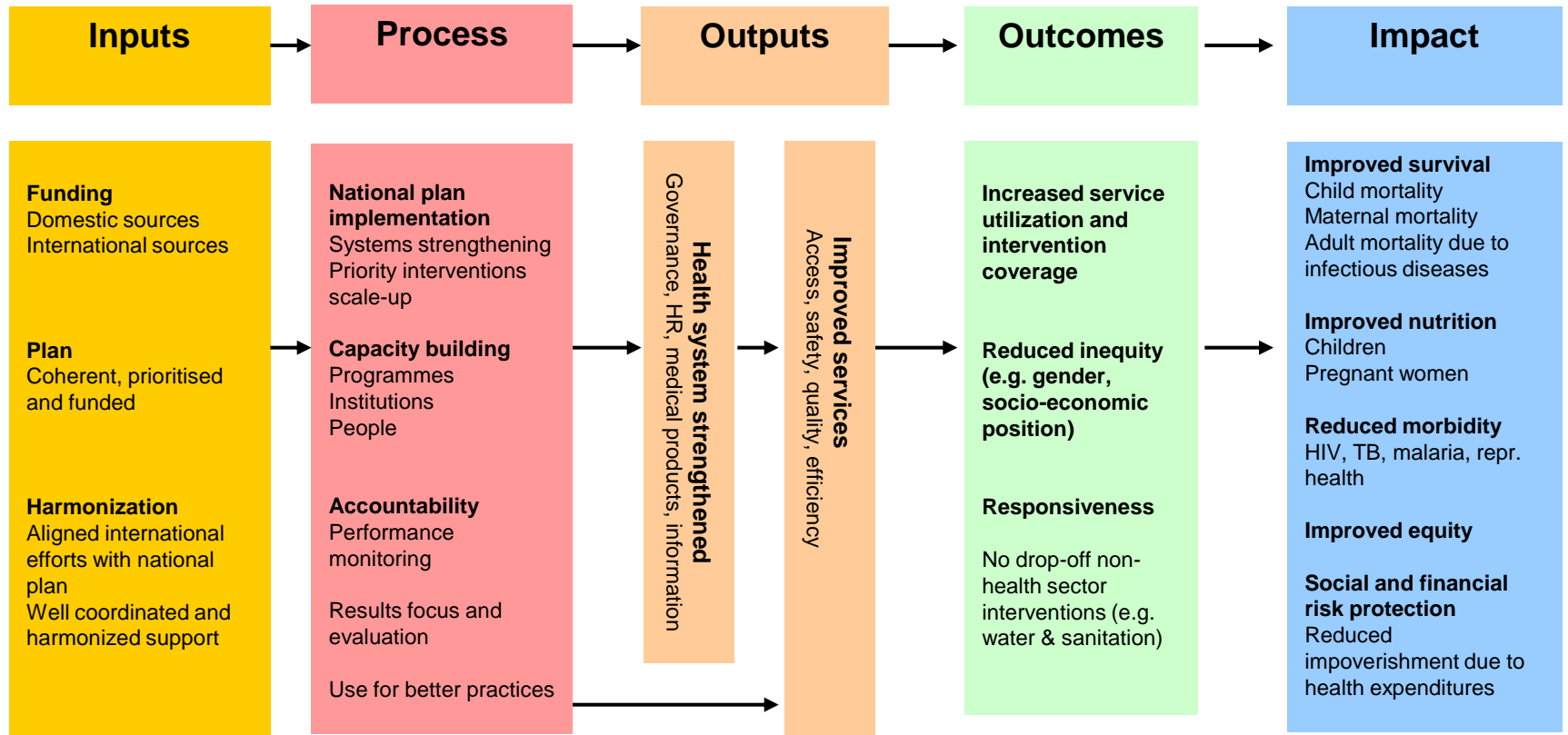
MDG 5 Progress



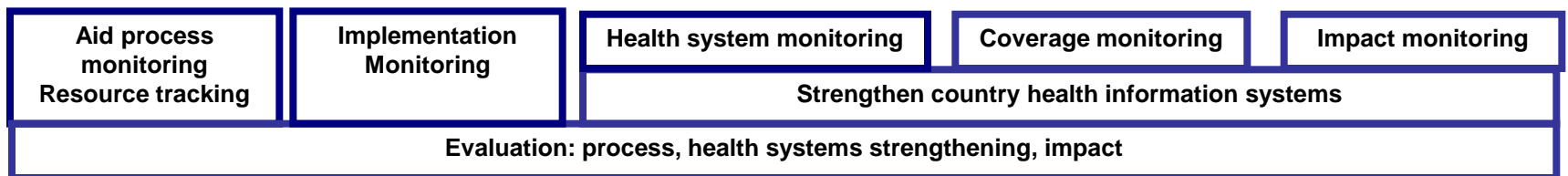
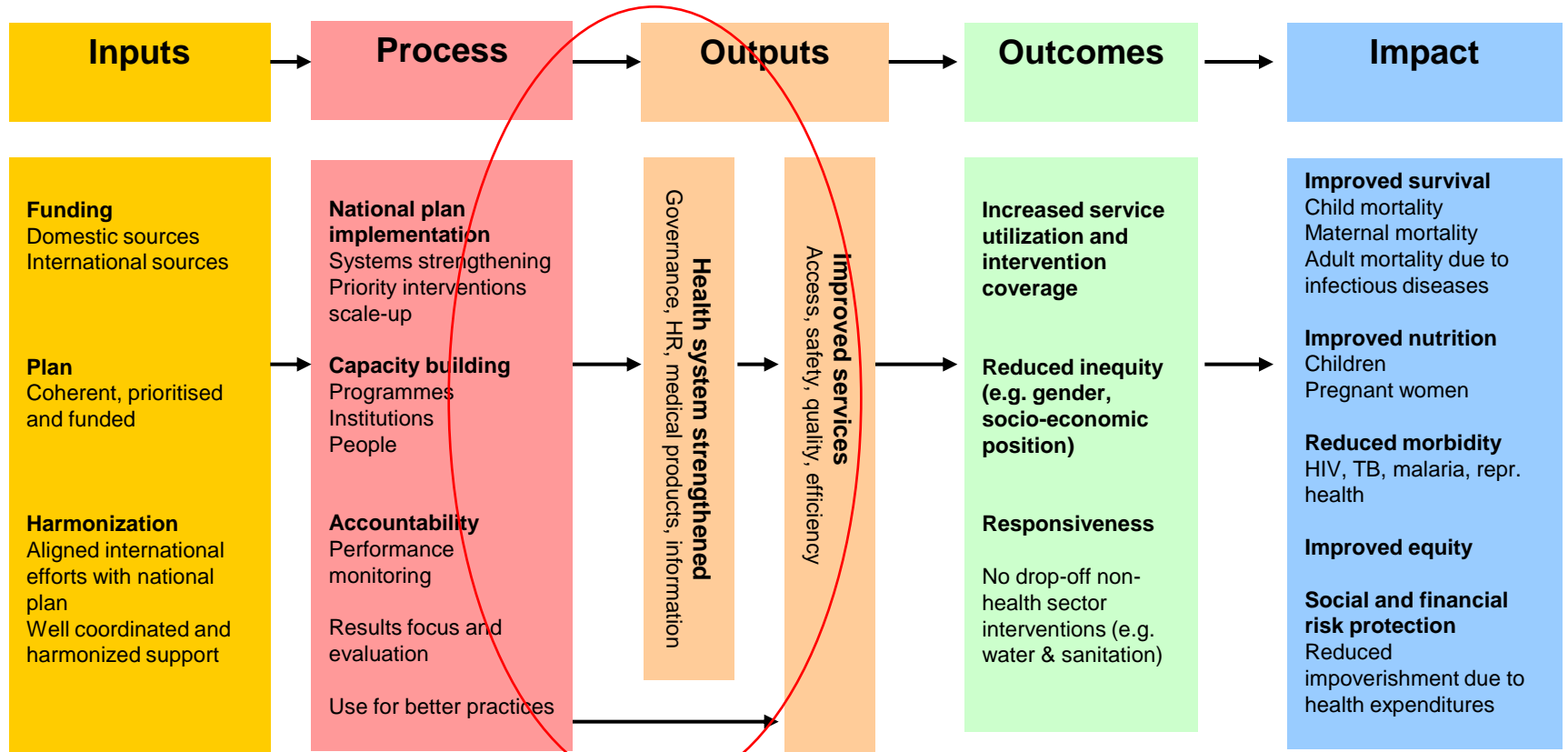
Understanding and addressing the paradox

- Lucas (2001) has termed the “missing middle”: performance information on the intervening steps in the results chain, involving government activities, outputs and services provided, and their outcomes; and in-depth evaluative evidence linking government actions to actual results in the field.

Framework for monitoring performance and evaluation of the scale-up for better health



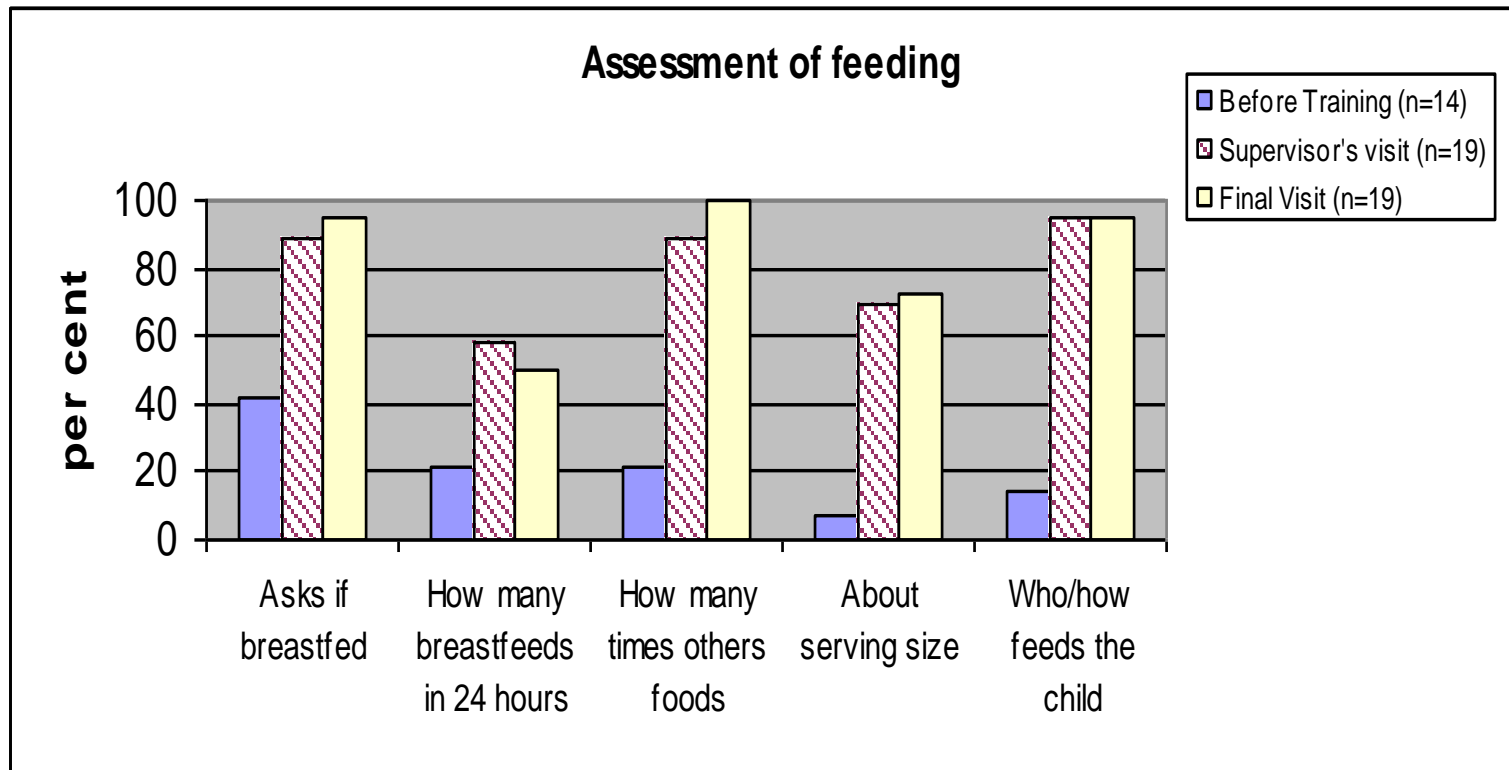
Framework for monitoring performance and evaluation of the scale-up for better health



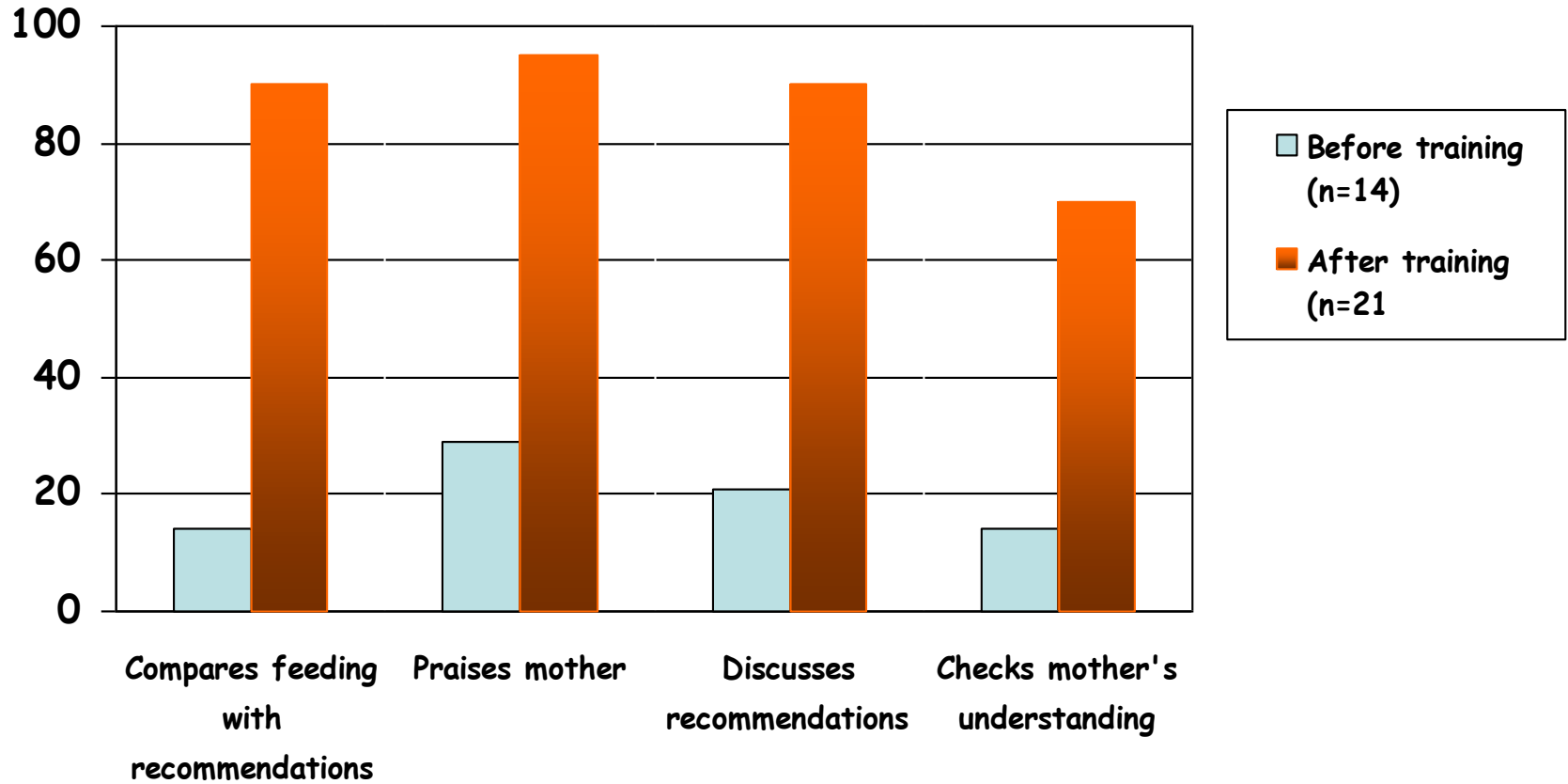
We have experience of improving
QOC for child health at scale:

IMCI in South Africa

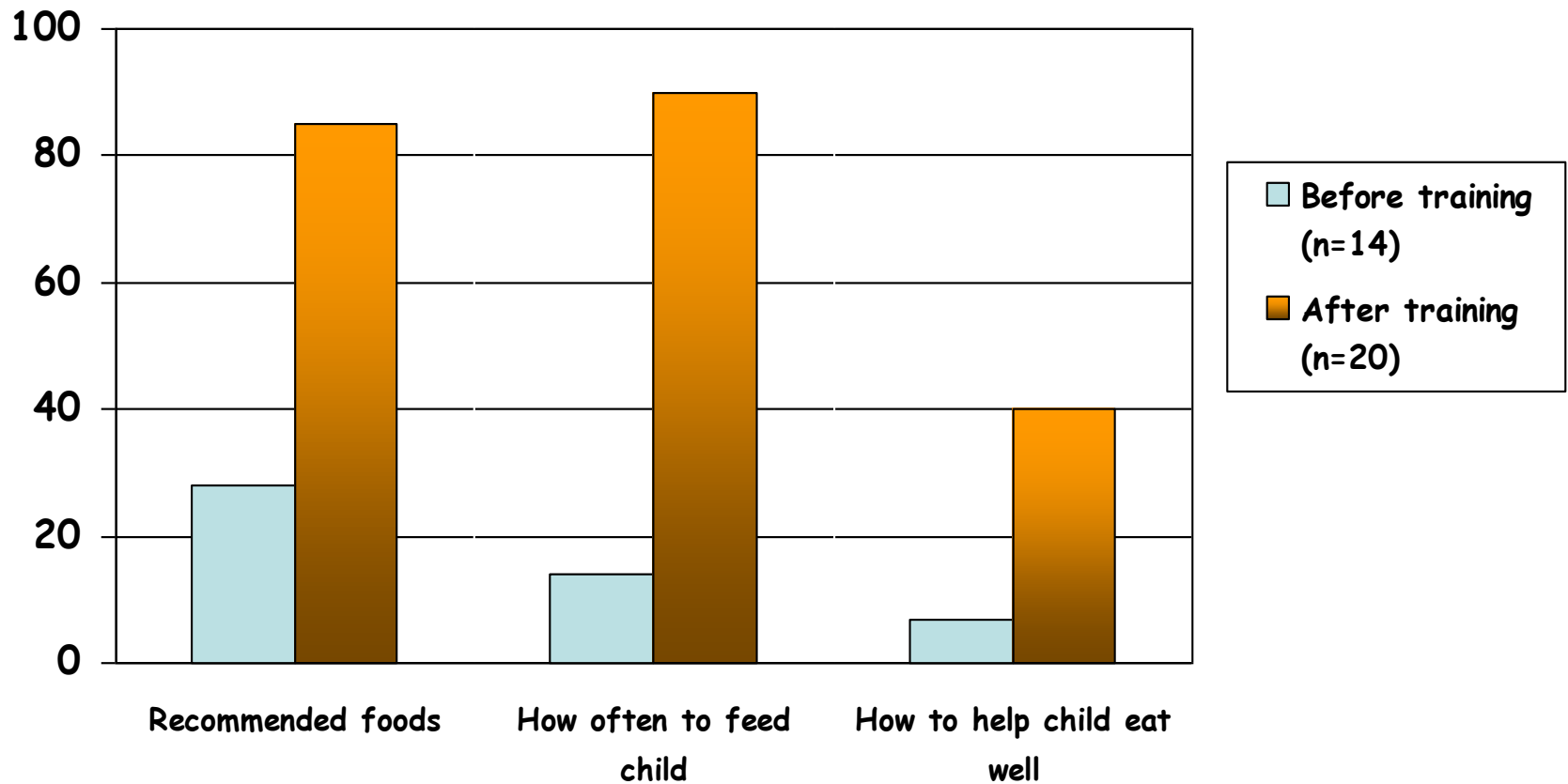
Improved Assessment



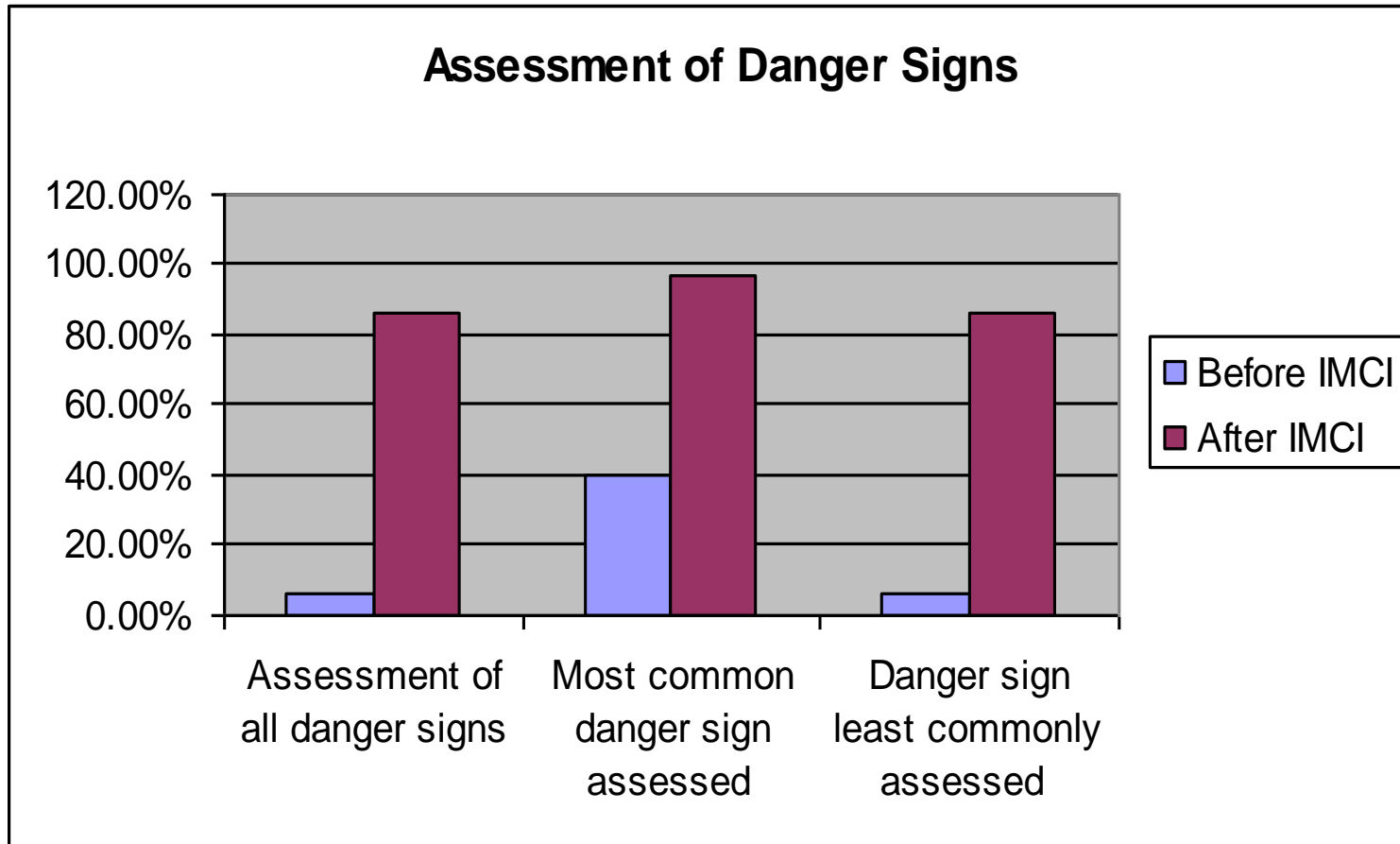
Improved Counselling



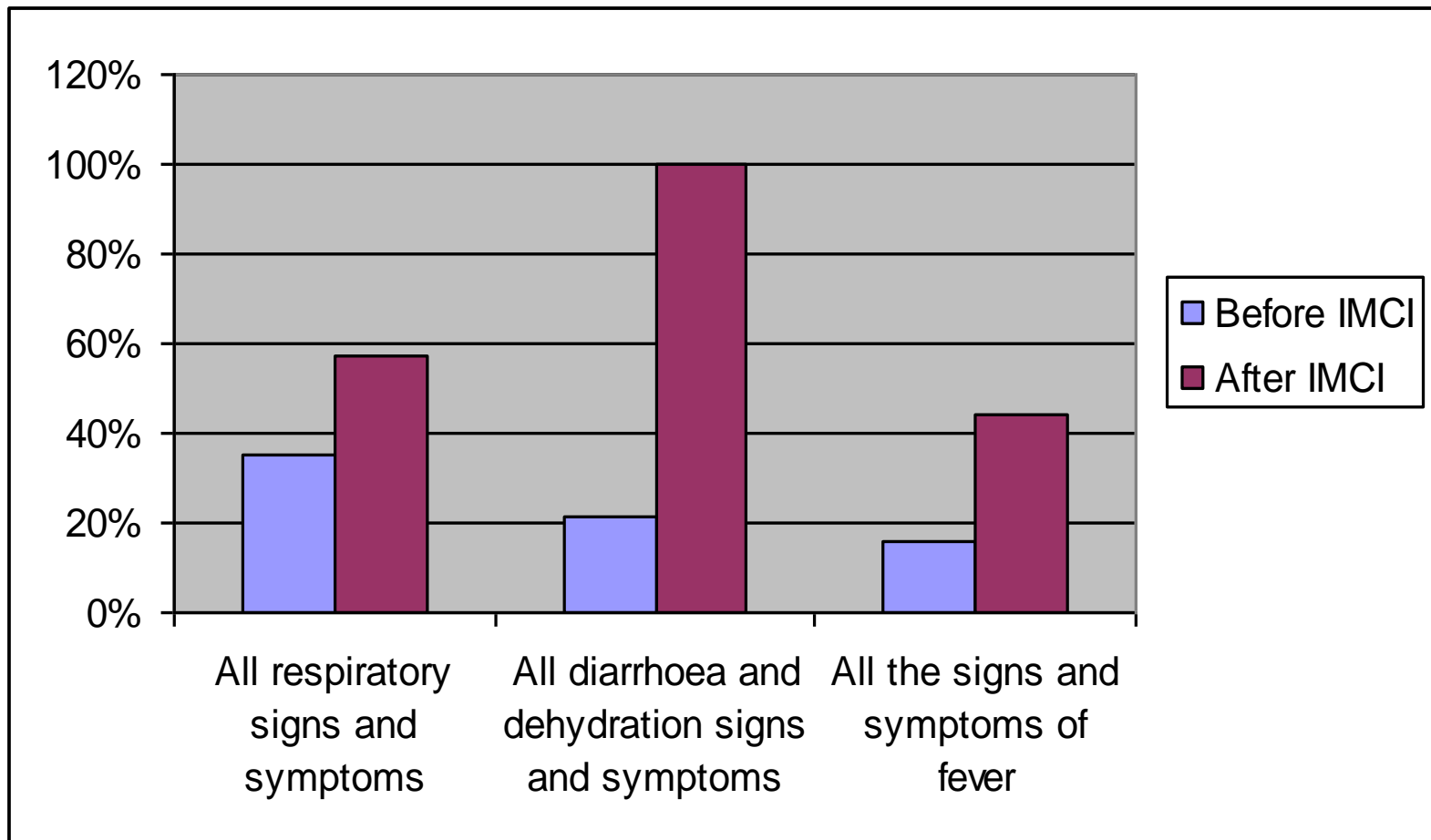
Improved caretaker's recall of recommendations



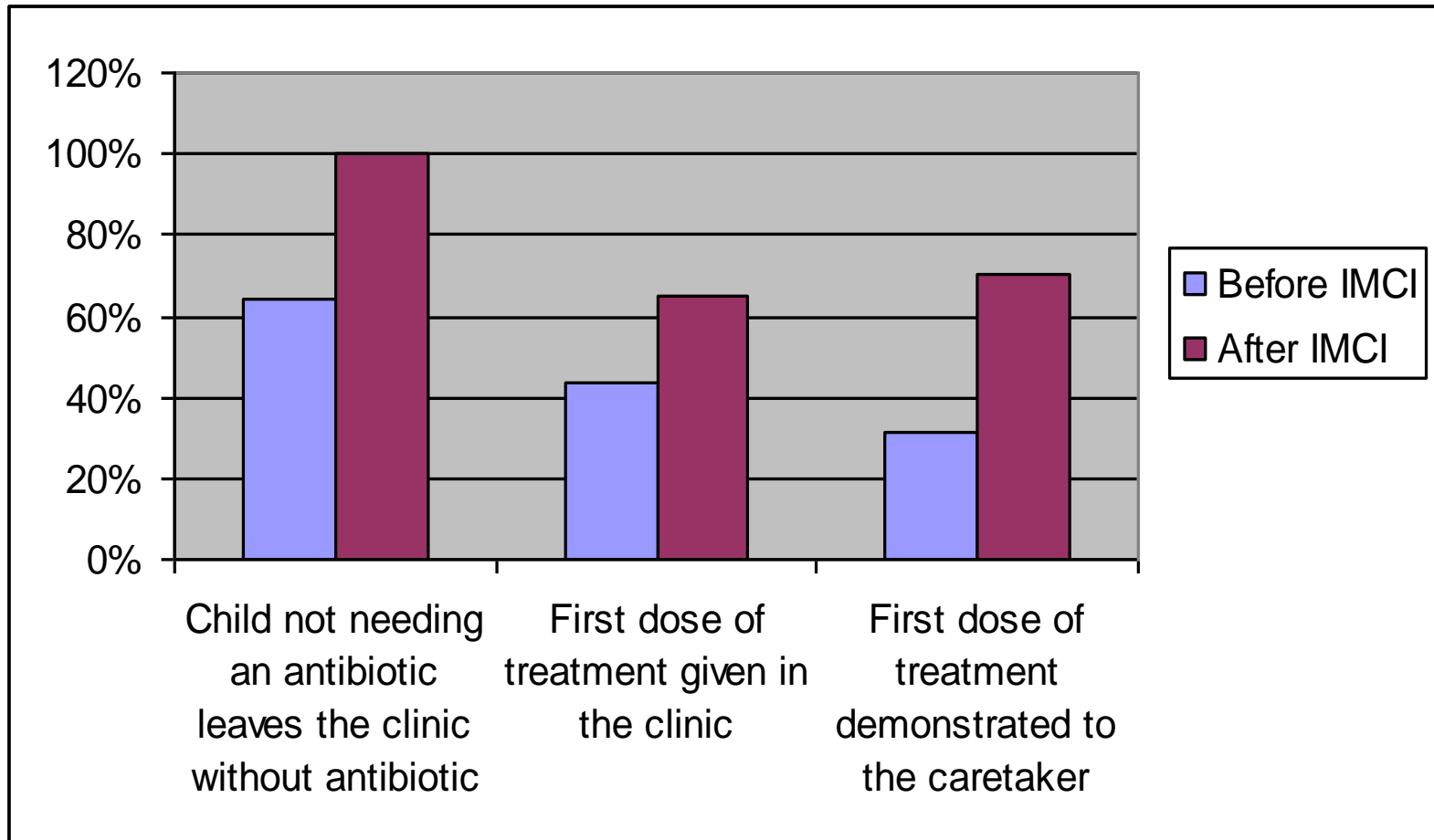
Improved assessment of danger signs



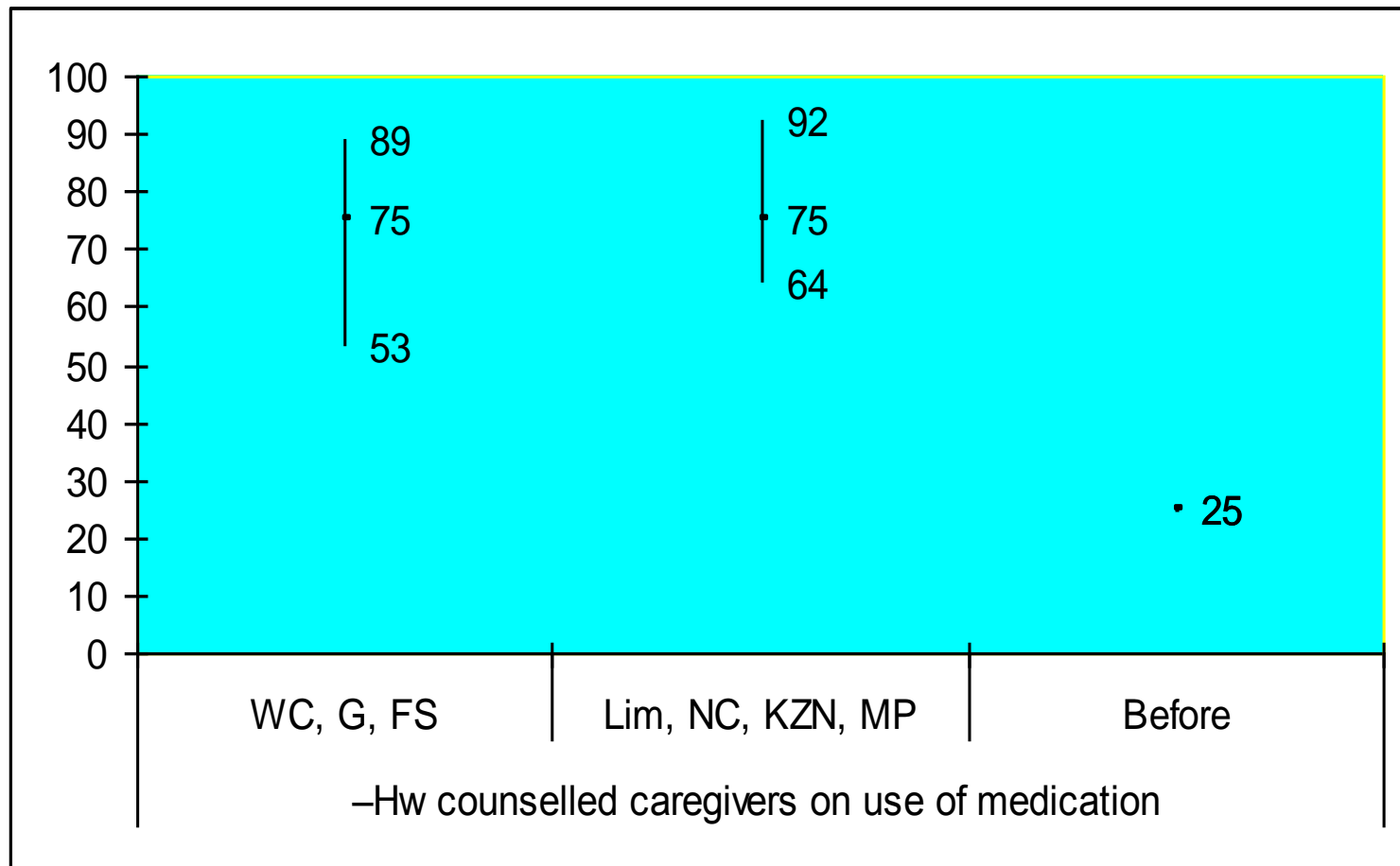
Improved assessment of signs and symptoms



Improved drug prescribing and instructions

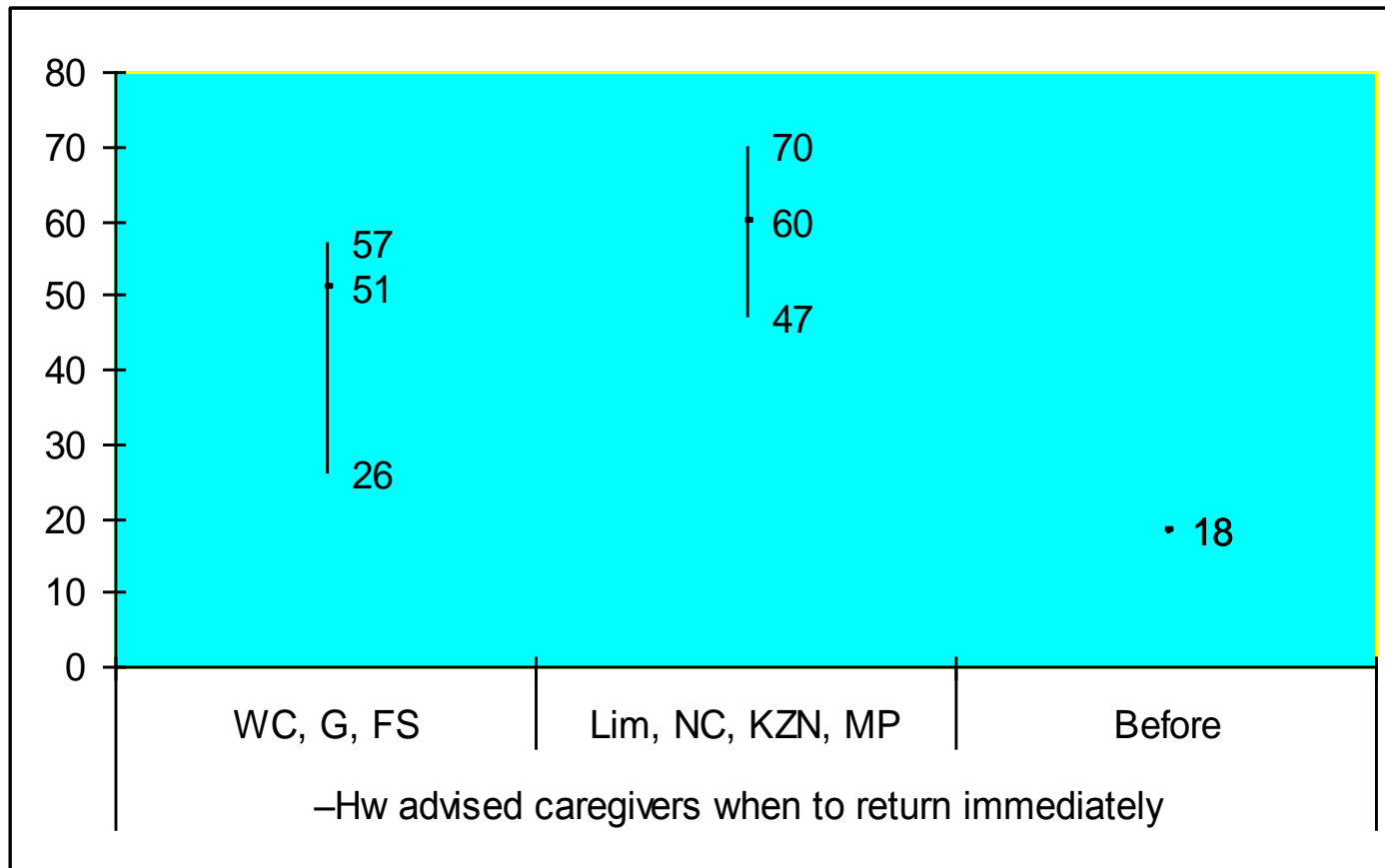


Improved drug instructions across the country



Taken from National Health Facility Surveys
2000 & 2001

Improved counseling across the country

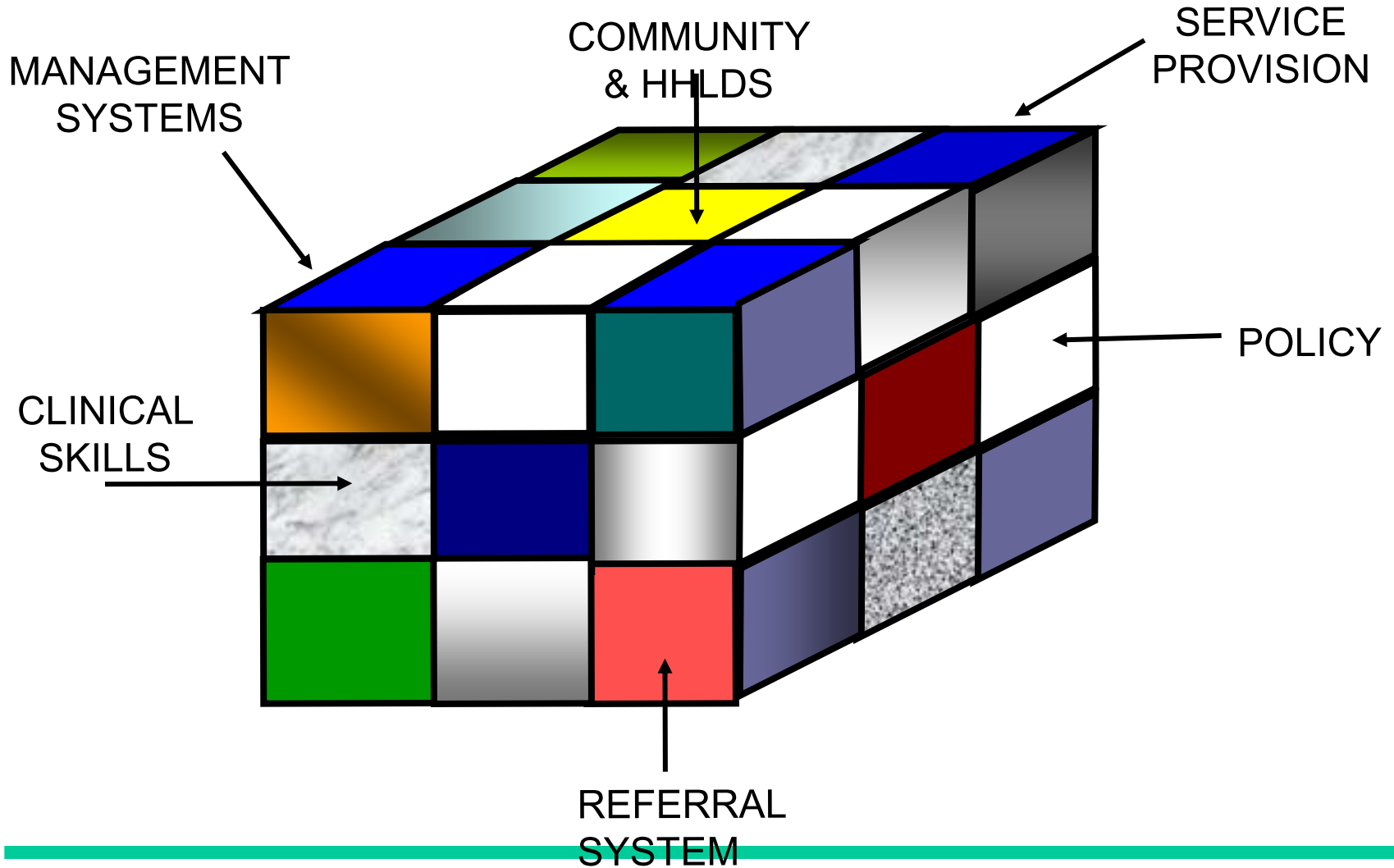


Taken from National Health Facility Surveys
2000 & 2001

However....

- Recent evidence suggests that these improvements have not been sustained
- Especially in parts of the country where the wider health system is not functioning
- Question arises what is it about the wider health system that needs to be considered in QOC interventions?

IMCI part of a “Rubik’s Cube” of childhood management



3 ways in which routine data can be used for assessing systematic influences on QOC

1. Estimate whether or not there are any program effects or any effects related to an additional time of exposure to a program.
2. Look at the effect of management changes on service delivery.
3. Examine how the effect of interventions varies in the context of providers of different quality.

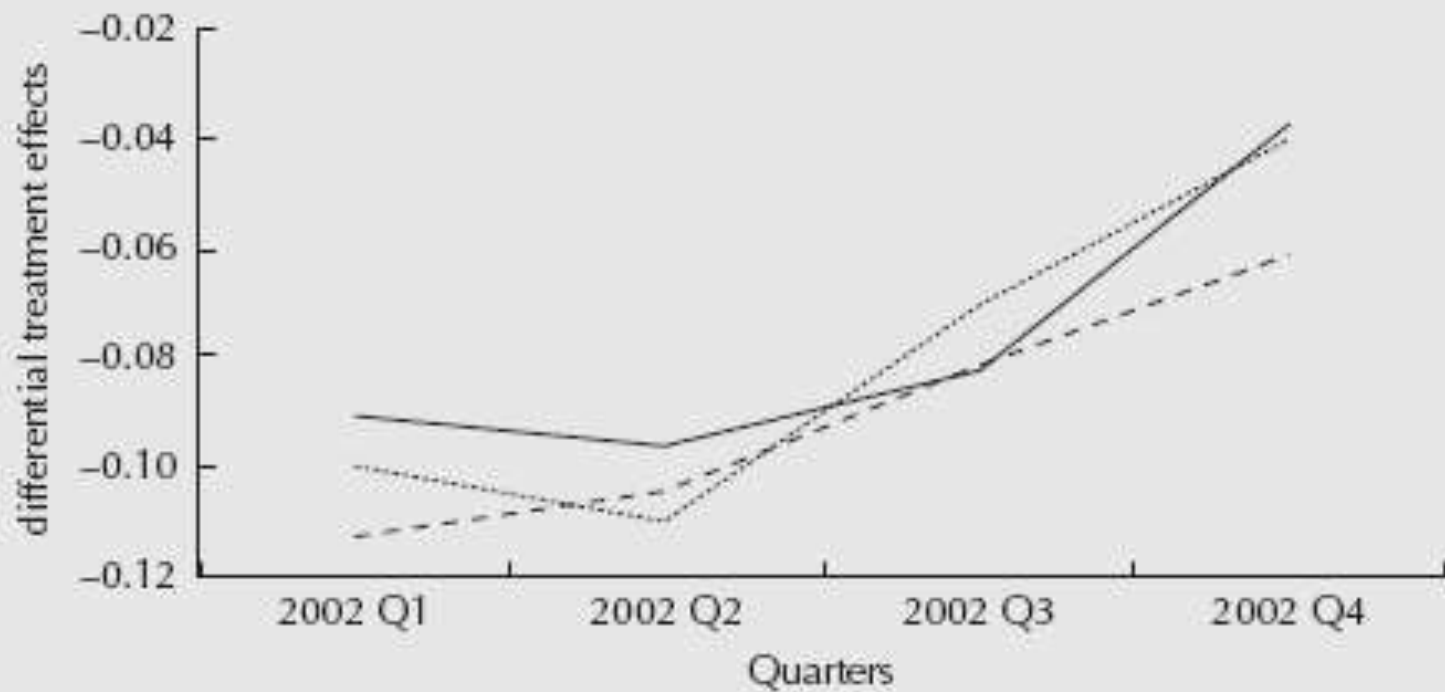
Estimate whether or not there are
any program effects or any
effects related to an additional
time of exposure to a program

- Gradual introduction of a community based nutrition programme in Madagascar
- Used routine programme data from community based growth monitoring
- Used this to estimate the *marginal* or *differential* effects of increased programme duration on nutritional outcomes

Lack of control group

- Timing of program entry is not likely to be random.
- Need to exploit knowledge about the programme phase-in process to model the selection of comparison communities.
- In particular programme introduced to easier to reach areas first therefore need to take into account measures of remoteness etc.

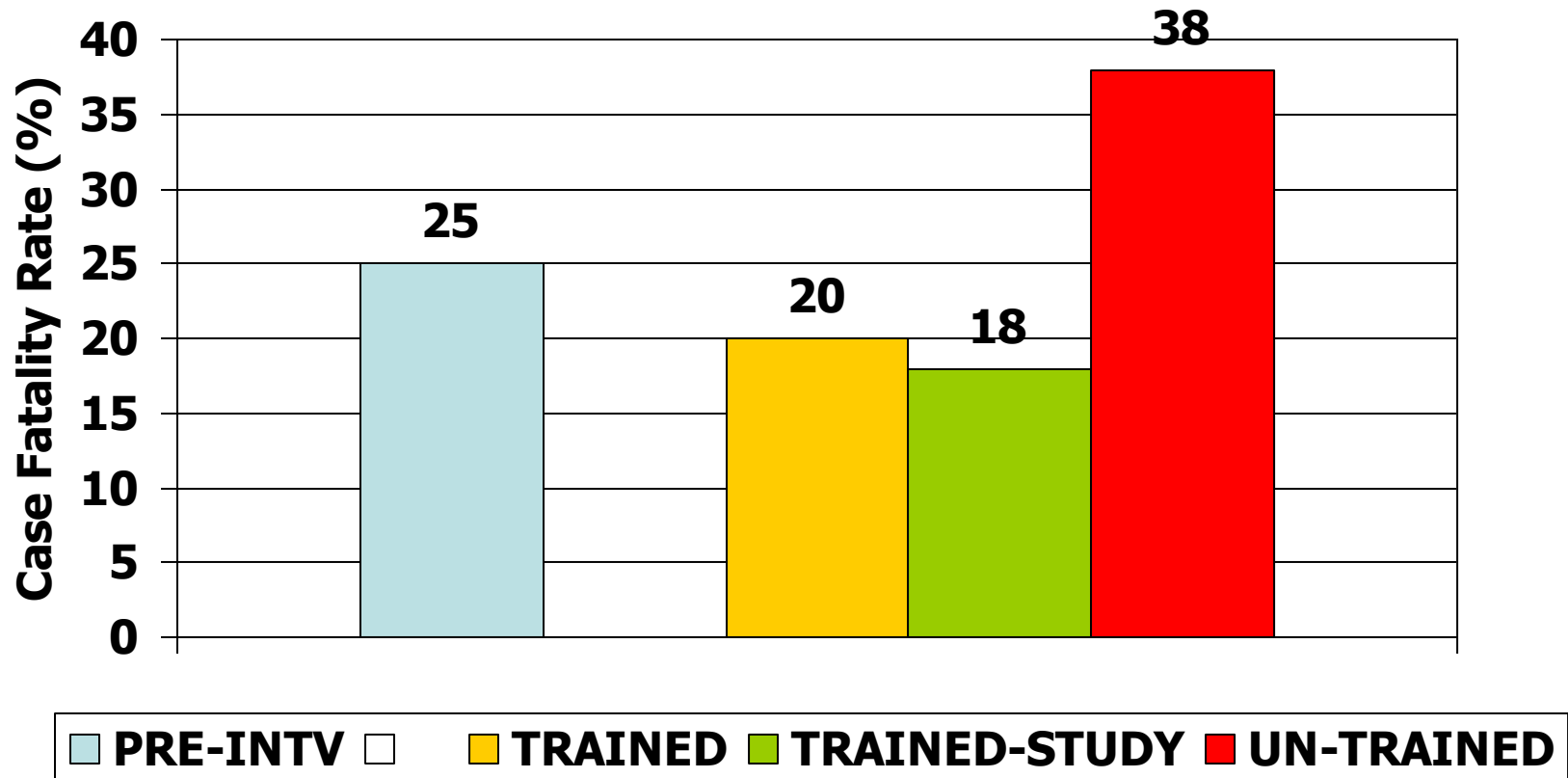
b. Two extra years



--- 0-6 months 7-12 months — 13-36 months

Look at the effect of system changes on service delivery

Effect of introduction of community service

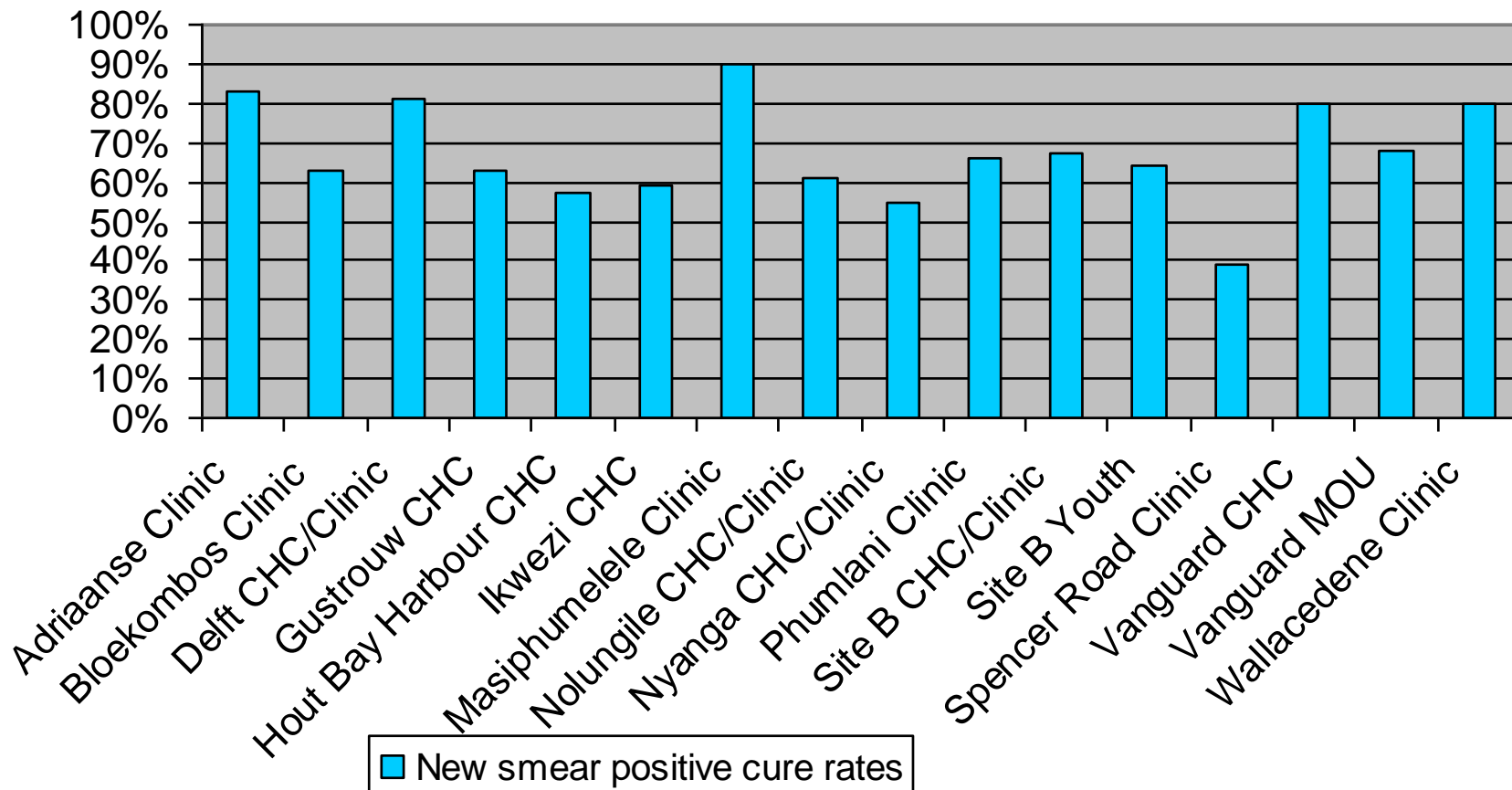


Examine how the effect of
interventions varies in
heterogeneous contexts

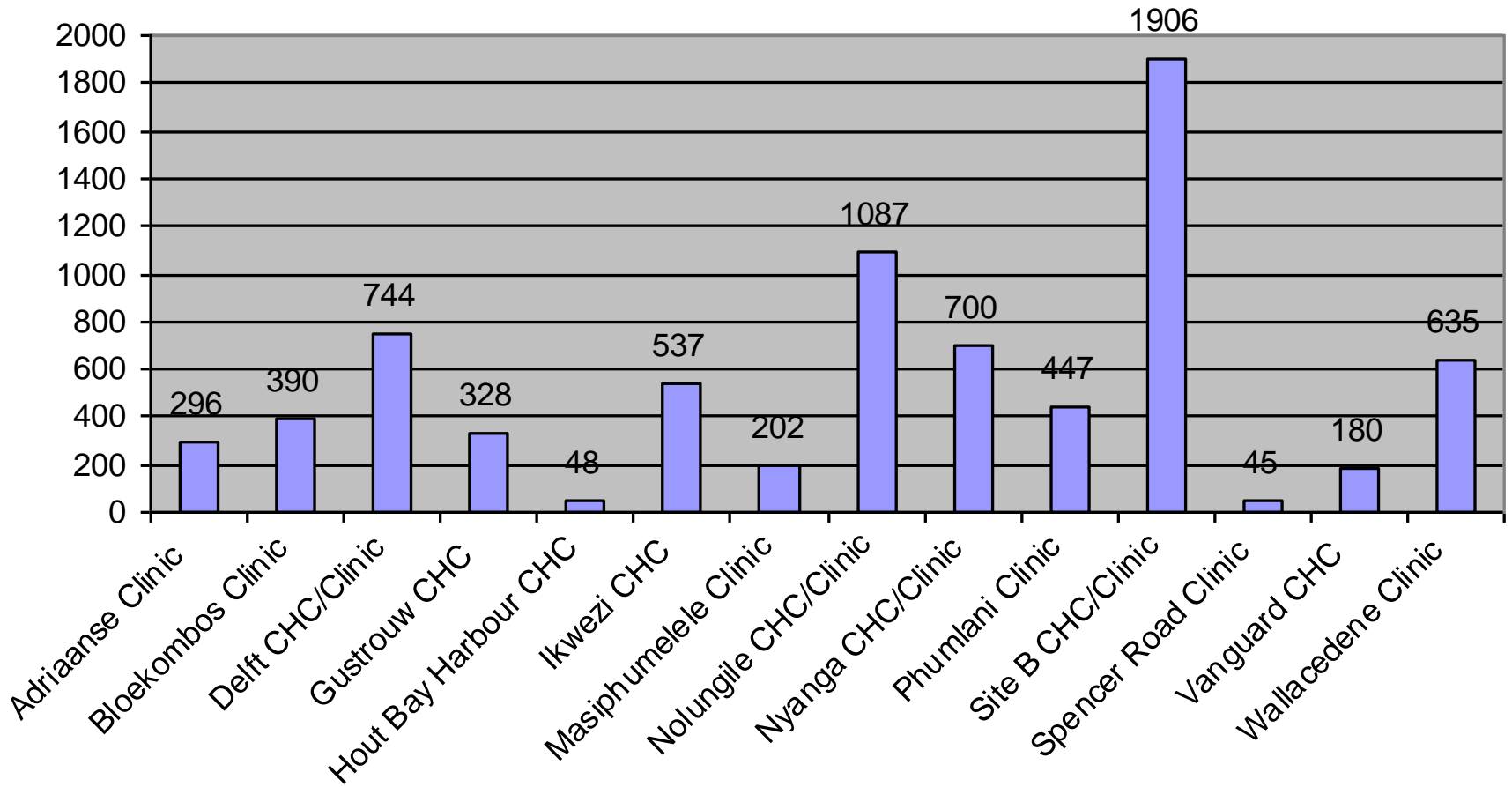
Use routine data to:

- Examine the difference in effectiveness of the introduction of an intervention
- Can look across a number of different elements: health unit; individual health worker; users; temporal etc.

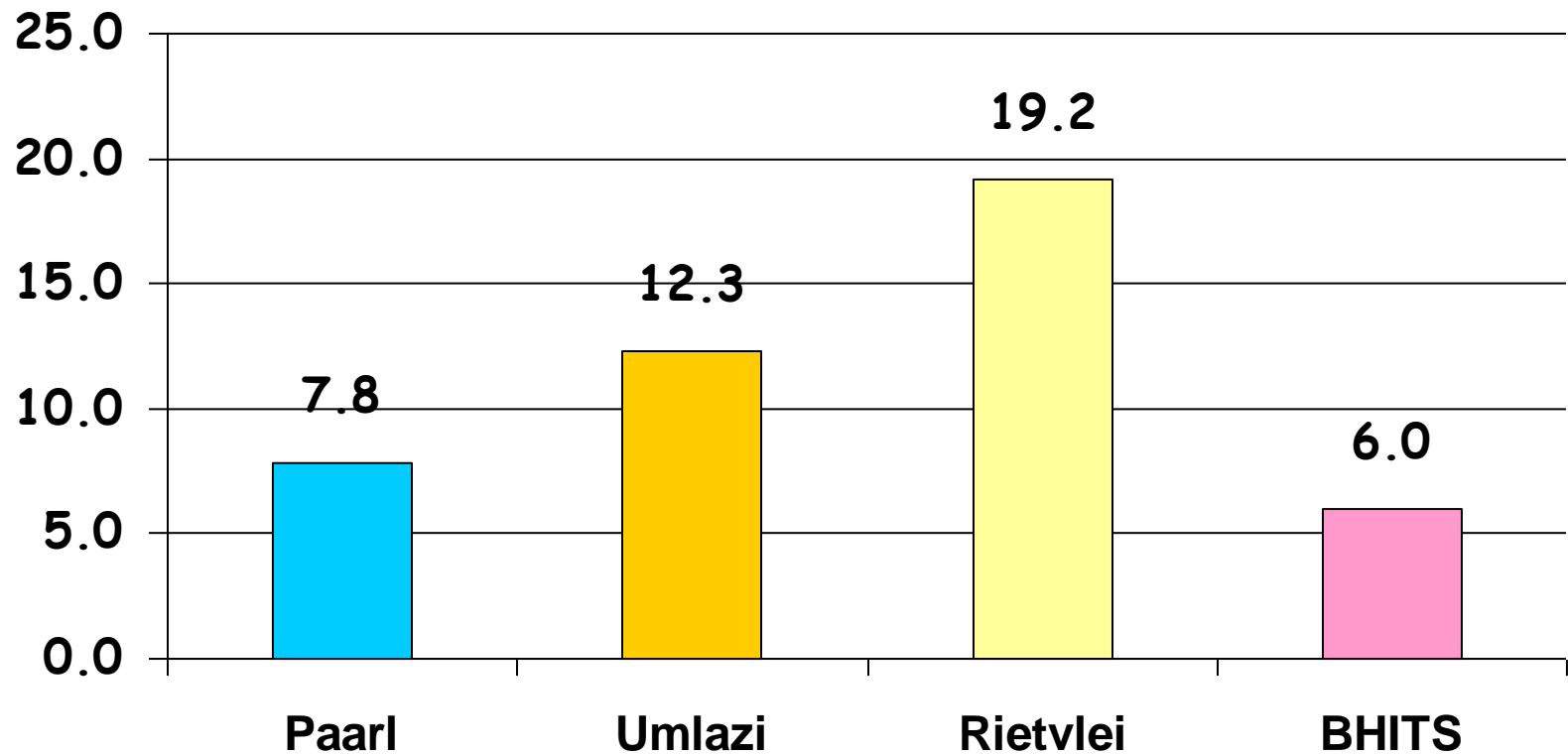
New smear positive cure rates



Total TB caseload



Heterogeneity in post-natal transmission of HIV



Consequences of inappropriate choices

Appropriateness of feeding choice according to presence or absence of piped water, fuel and HIV disclosure (n=600)	Adjusted Hazard Ratio for 36 week HIV transmission/ death	95% CI
Appropriate choice to formula feed (referent group) (n=94)	1	
Appropriate choice to breastfeed (n=216)	2.74	(1.48-5.05)
Inappropriate choice to formula feed (n=195)	3.45	(1.89-6.32)
Inappropriate choice to breastfeed (n=95)	2.72	(1.38-5.35)

Quality of Health Services – Making the Difference

Four excellent presentations on quality improvement with examples of work at facility, community and throughout the health systems.

- We need to continue to encourage a culture of QOC at the health care level and find ways of examining wider systems effects

- Performance appraisal necessary to address the “missing middle” (the paradox between coverage and outcomes) at facility level i.e. the output.
- Within the countdown process it is recommended that Quality indicators need to be included and some may need to be region or country specific.

- Investment in training and supervision is required to ensure quality of the QI process, monitoring and sustainability.
- Focus on quality improvement in the context of being able to report on improvements.