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Cape Town, 12 November 2007

- Outline the success in tuberculosis services;
- Compare this with other services;
- Discuss determinants of quality based on the comparison.

Introduction

TB control and health systems

- ‘The achievement of most of the health-related MDGs depends on overcoming health system constraints that hinder access, equity and quality of care.’
- ‘The Stop TB Partnership is committed to being an active player in the health system strengthening partnerships.’

- Hypothesis: High quality TB services will have an impact on improving health systems by sharing lessons learnt.

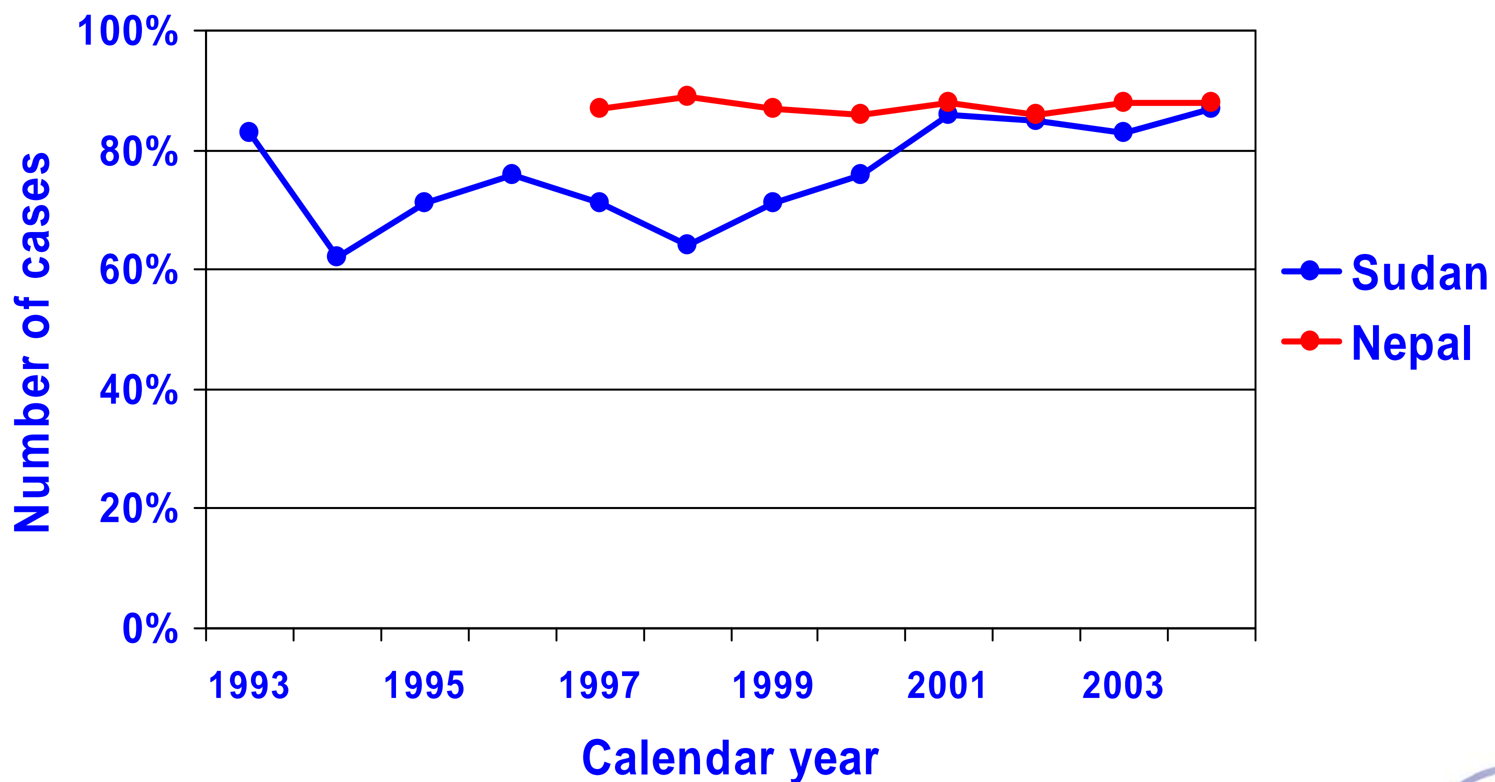
Tuberculosis Services

Indicators of quality and coverage

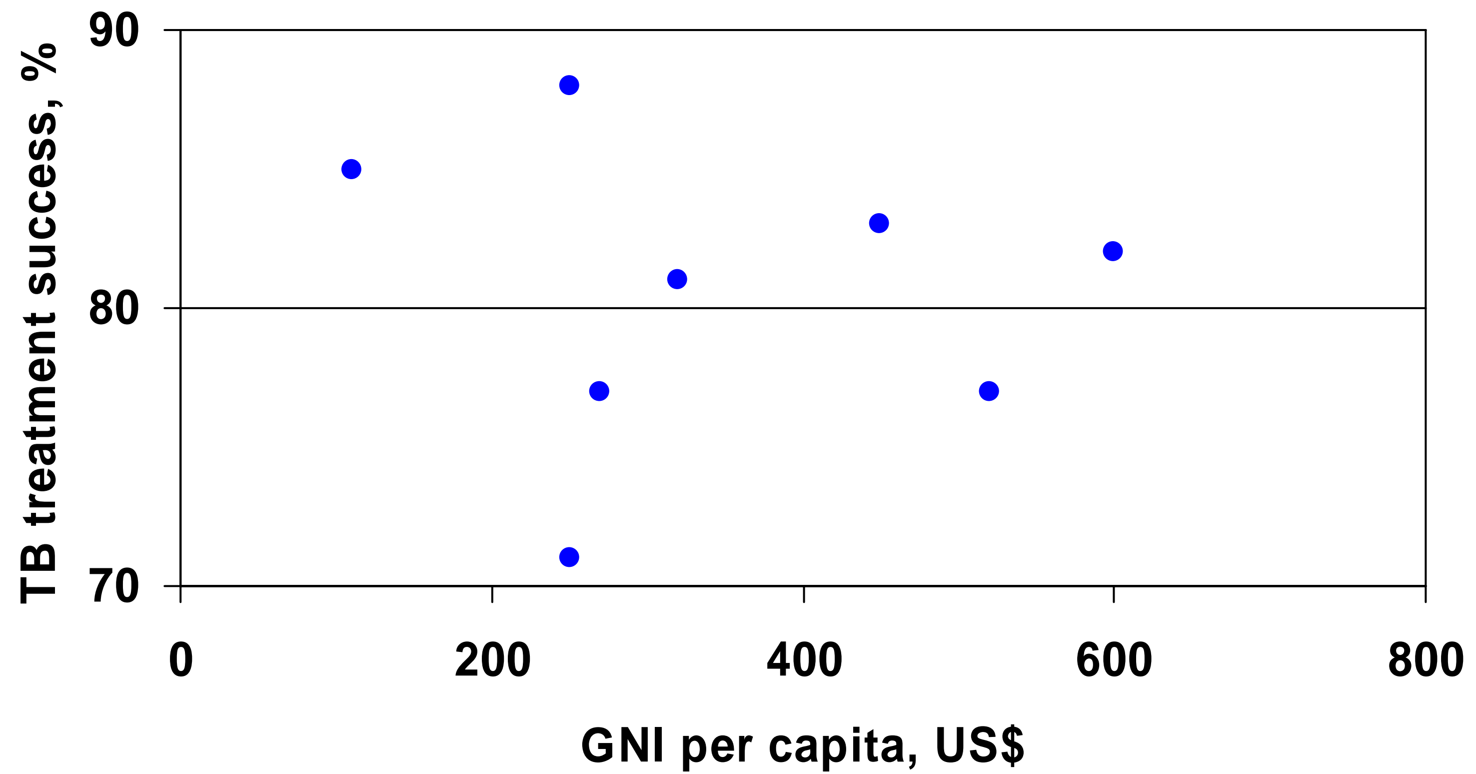
- Experience from the Union's partners in low-income countries;
- Focus on new smear positive cases of pulmonary tuberculosis (definite cases);
- Success of treatment is an indicator of quality of services;
- Progress in case finding is an indirect indicator of coverage.

Trend in Successful Treatment

New smear positive cases

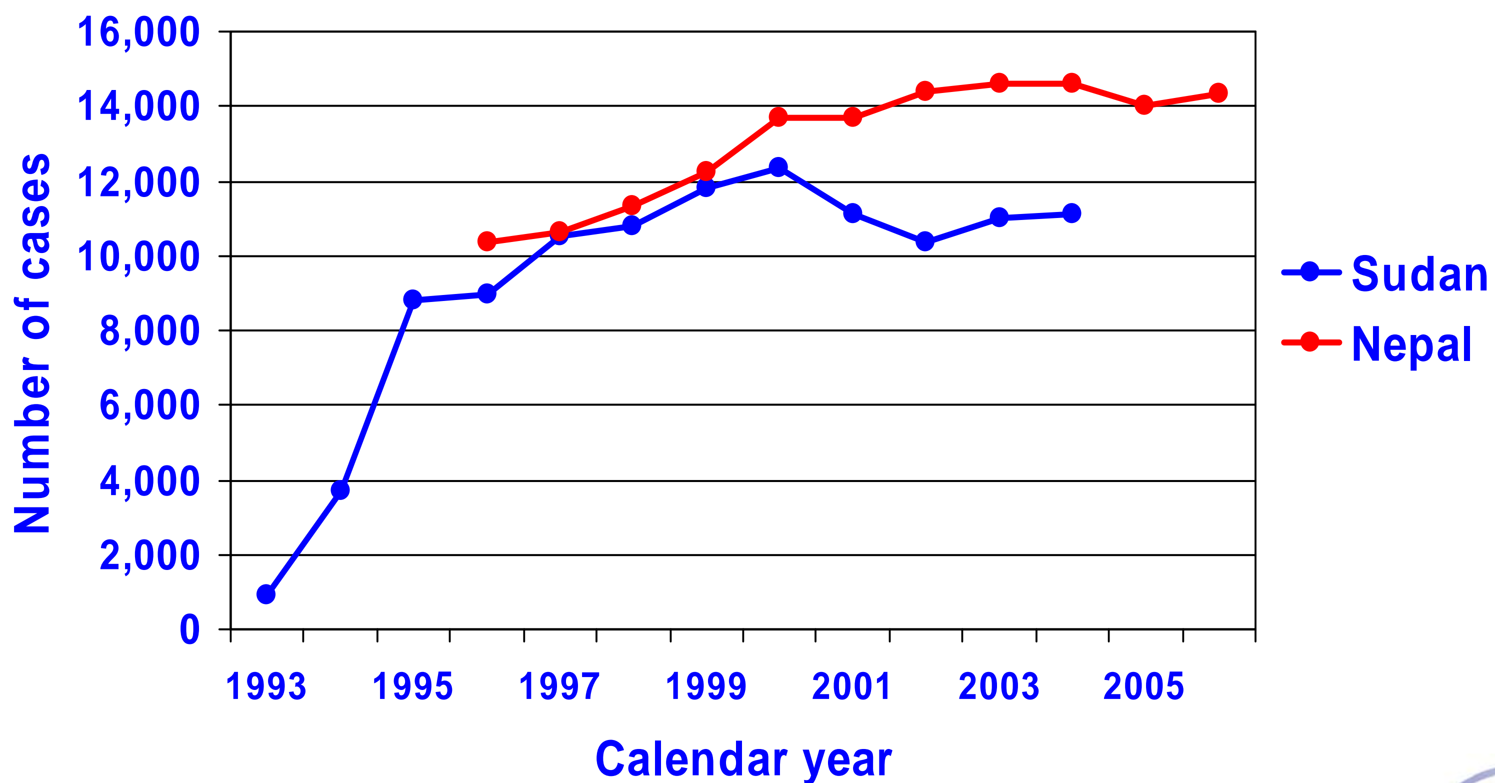


Quality of service by wealth



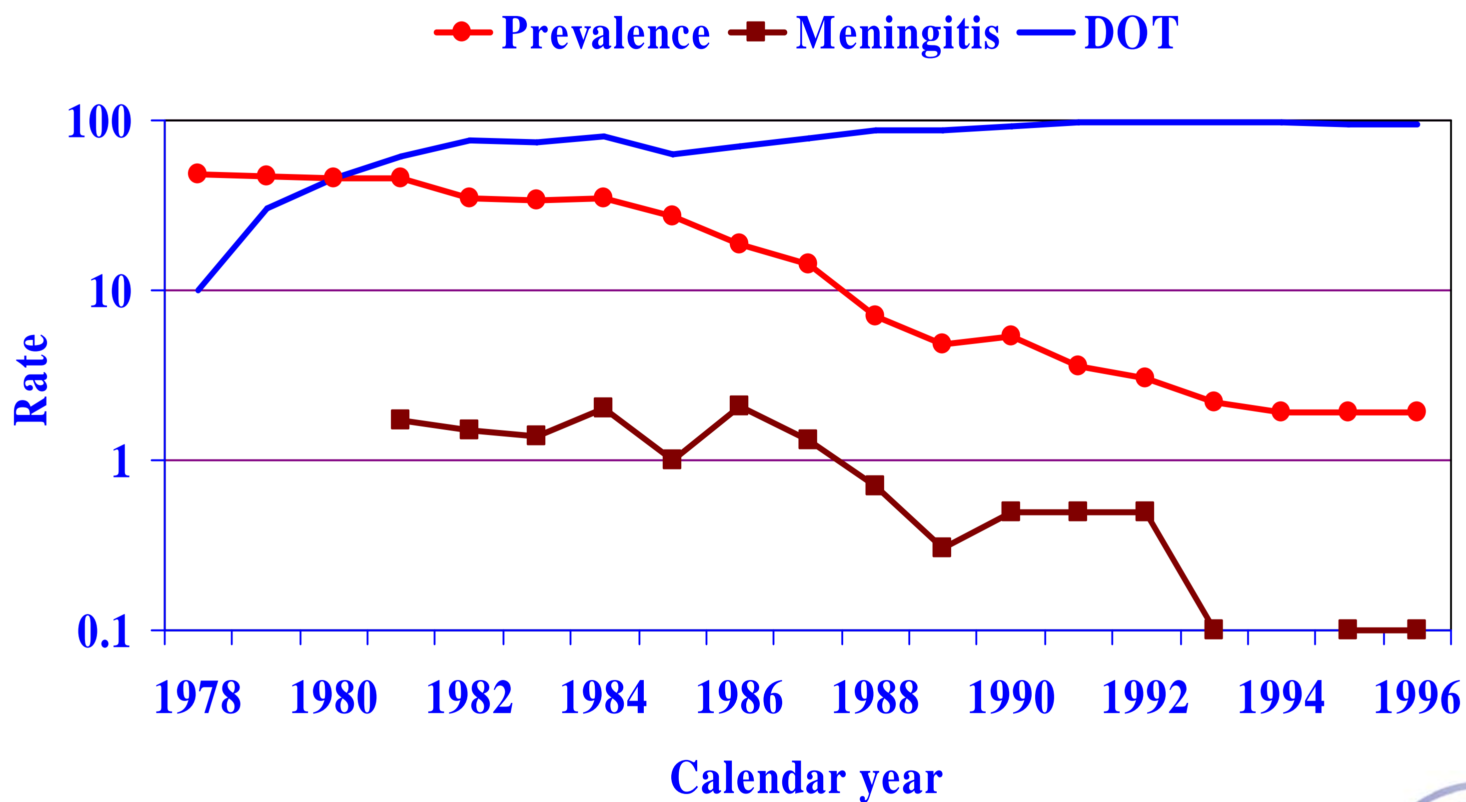
Trend in Case Finding

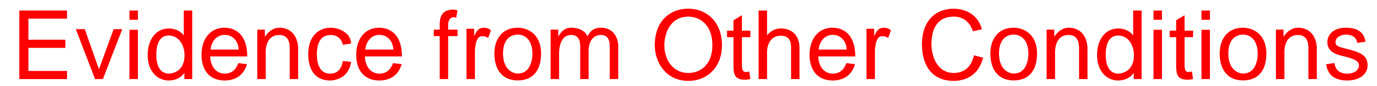
New smear positive cases



Trend in tuberculosis

Beijing 1978-1996

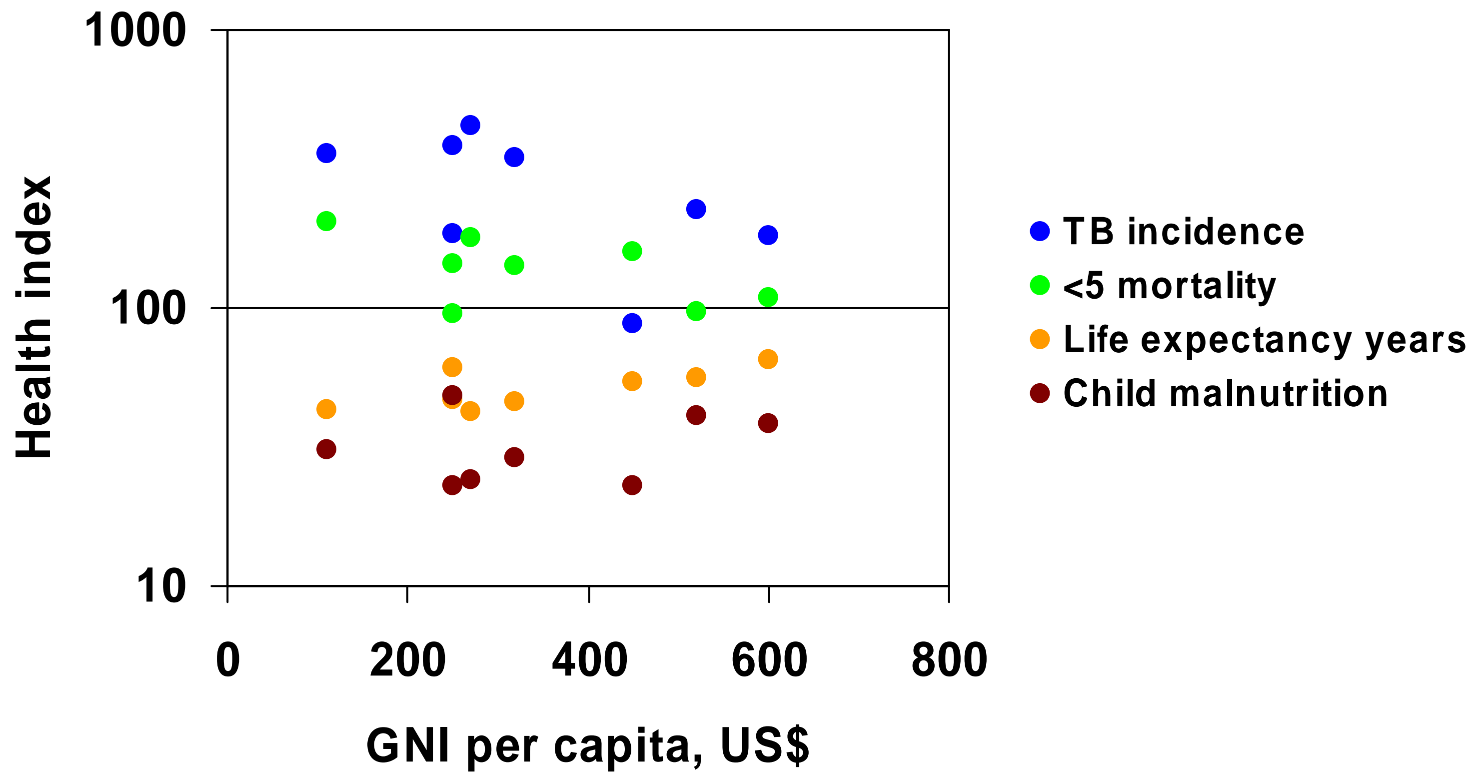




Evidence from Other Conditions

- Relation of conditions to wealth of communities;
- Availability of routine indicators of quality and coverage of care;
- Evidence from special analyses (‘Comprehensive Lung Health Services Project’ funded by World Bank).

Health indices by wealth



Routinely reported quality indicators
World Bank HNP Stats

<u>Direct</u>

- Immunization coverage
- Tuberculosis treatment success

<u>Indirect</u>

- Under fives mortality rate
- Life expectancy

Situation Analysis
Lung Health Services

- Sites selected based on indicators of high quality of TB services;
- Selection of key conditions with standard case management strategies;
- Clinical audit of consecutive cases in the institutions with high-quality tuberculosis services.

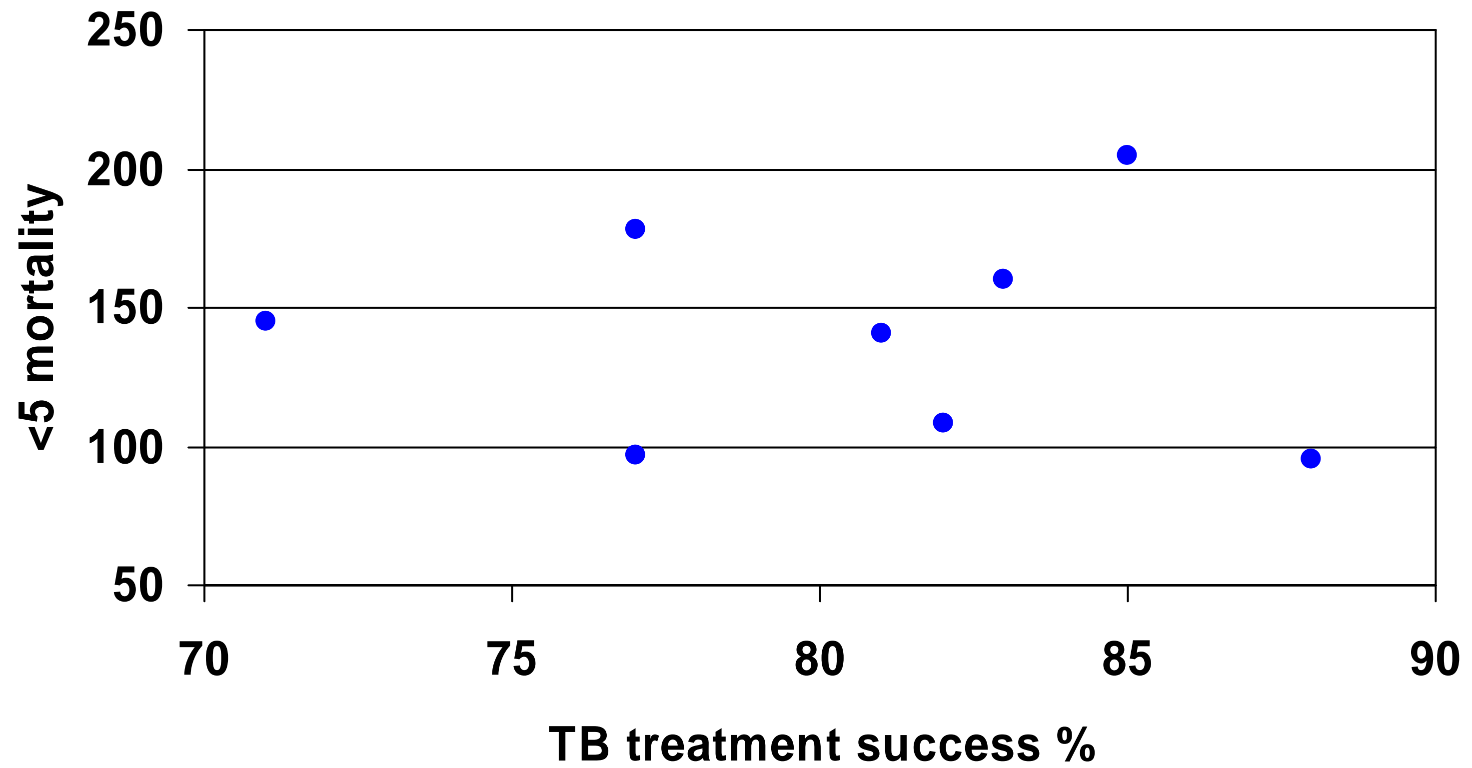
Case management strategy adopted:

- Childhood pneumonia, yes
- Asthma, no

Indicators of quality of care:

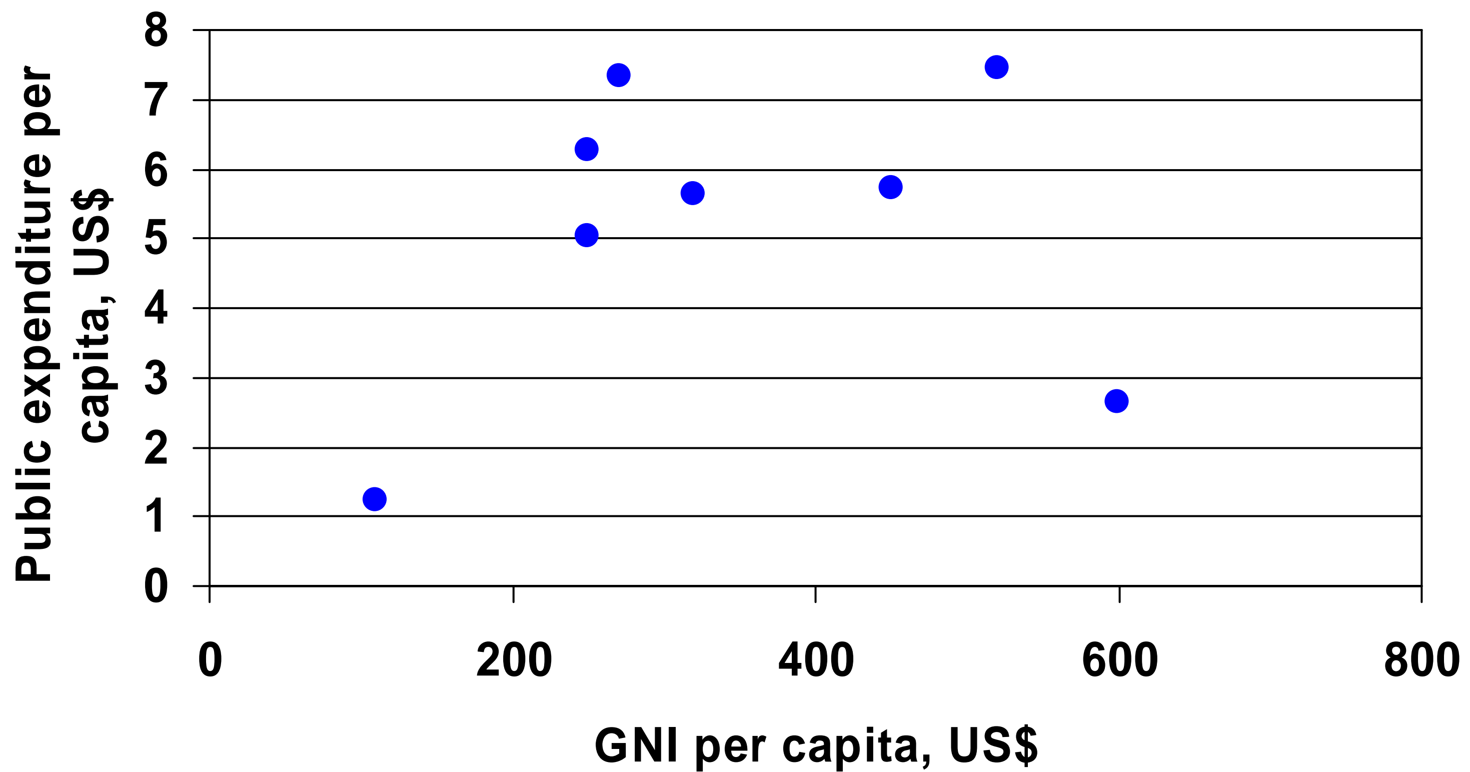
- Diagnostic and classification criteria never used;
- Essential drugs never assured;
- Inadequate practices routine;
- No routine evaluation of practice.

Health indices by wealth



- Expenditure and its relation to wealth;
- Investment in public services;
- Characteristics of human resources in health services;
- Mechanisms for quality assurance / improvement of health services.

Health Expenditure

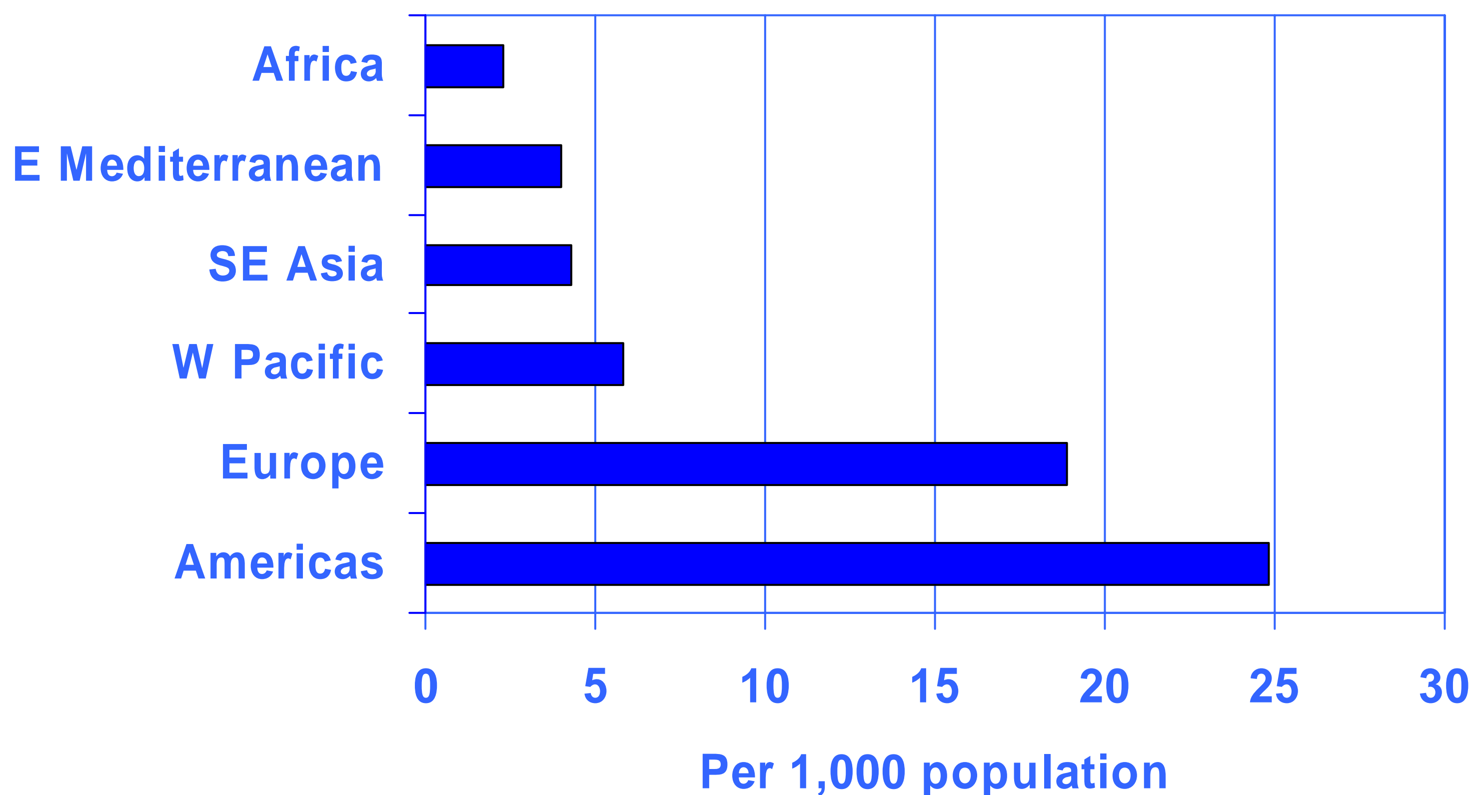


World Bank HNPSummary/2007

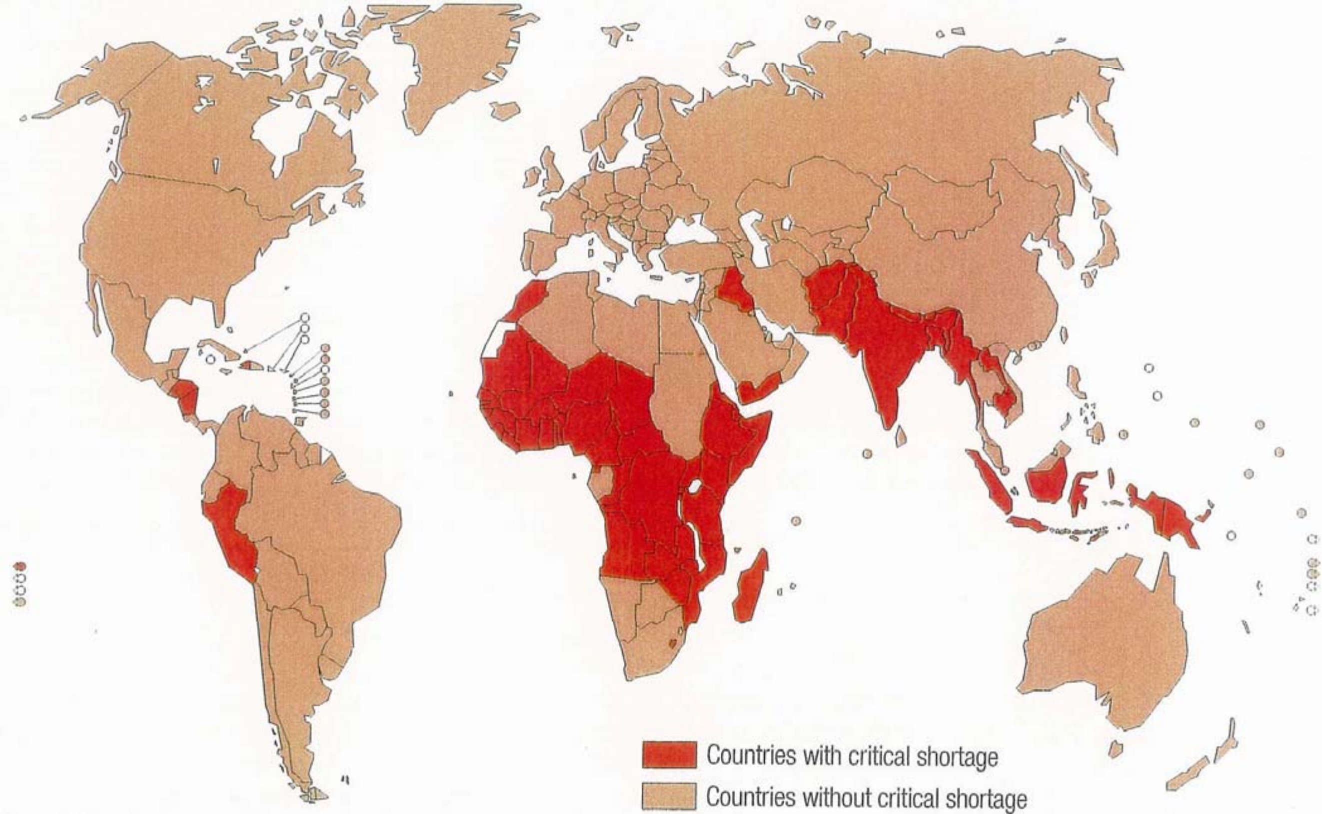
- Absolute levels;
- Critical shortages;
- Policies for creating and retaining personnel;
- Policies for supporting personnel.

Human resources

Health workforce per 1,000 population



World Health Report 2006


xviii The World Health Report 2006
Figure 3 Countries with a critical shortage of health service providers (doctors, nurses and midwives)
Countries with critical shortage
Countries without critical shortage
Data source: World Health Organization. Global Atlas of the Health Workforce (http://www.who.int/globalatlas/default.asp).

42 The Guardian Weekly 03.08.07

International Development

The percentage of university graduates who emigrate from their home country
2000 figures

Country	%
Haiti	81.6
Cape Verde	69.1
Gambia	64.7
Senegal	24.1
Guinea-Bissau	29.4
Guinea	11.1
Sierra Leone	41.0
Liberia	37.4
Mauritania	23.1
Mali	11.5
Togo	13.6
São Tomé & Principe	35.6
Equatorial Guinea	34.1
Angola	25.6
Uganda	21.6
Rwanda	19.0
Burundi	19.9
Zambia	10
Mozambique	42.0
Ethiopia	17.0
Eritrea	45.8
Djibouti	17.8
Somalia	58.6
Tanzania	15.8
Comoros	14.5
Madagascar	36.0
Afghanistan	13.2
Laos	13.8

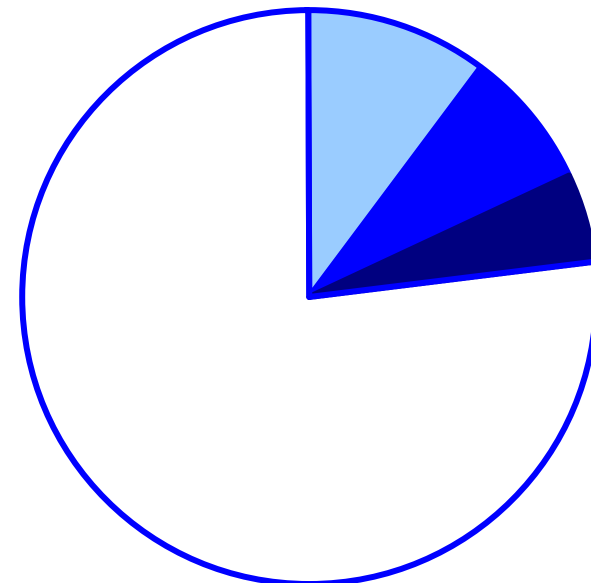
Scientific researchers per million people

Group	Researchers per million
Rich countries	3,728
Other developing countries	313
Least developed countries	94

Out migration of health personnel
Uganda 2001-2002

Reasons to move:

- To gain experience;
- Recruited;
- No future at home;
- Better conditions;
- Make money.

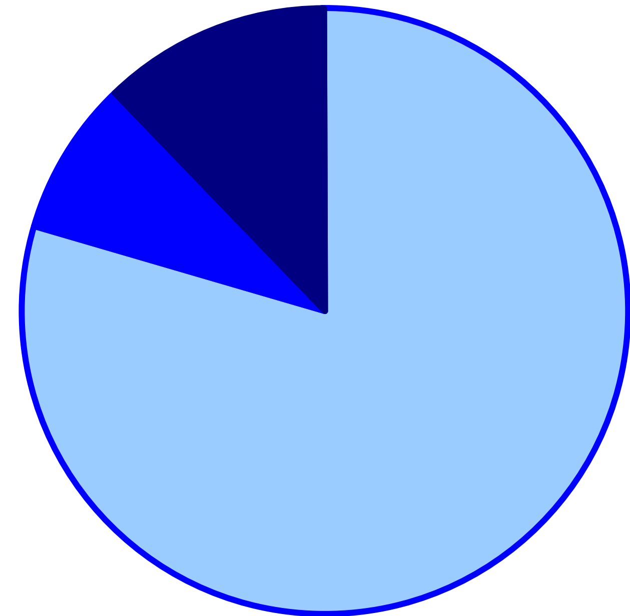


Awases M, et al. Migration of Health Professionals in Six Countries.

Out migration of health personnel
Malawi nurses 2002-2007

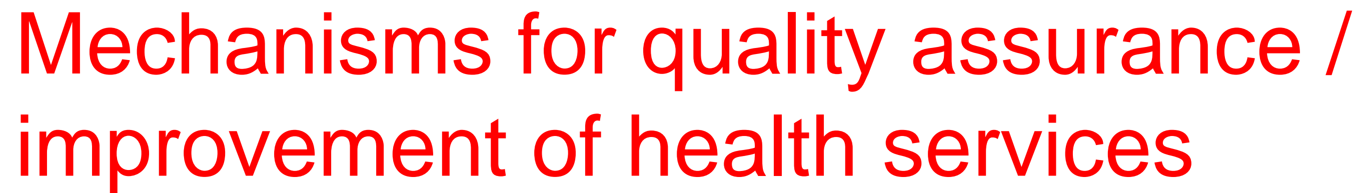
Staffing:

- 0.5 nurses per 1,000 population;
- Vacancy rate 42%;
- ½ FTE for a ward of 90 small children.



- High levels historically;
- Mainly to UK where there is reciprocity;
- Totally changed when remuneration package was enhanced;
- Outmigration now dramatically reduced;
- Replaced by Inmigration toward NGOs.

- Mobility of personnel within the health sector;
- Remuneration and incentives;
- Regular transfers within institutions;
- Survival of personnel.



Mechanisms for quality assurance / improvement of health services

- Standardization of practice;
- Monitoring and evaluation;
- Supervision and training;
- Priority setting for health services.

Standardization of practice

- Definition of standard case management;
- Identification of essential elements (drugs and tests);
- Assurance that these essential elements are available and accessible to patients.

Monitoring and evaluation

- Development of recording tools that meet the needs of the service providers;
- Ensuring that they are simple and essential (required for care);
- Collation and analysis of their results locally;
- Peer-review to share lessons learnt.

Supporting the primary care-givers

Management structure required

Central Unit
Policy, Planning
Coordination

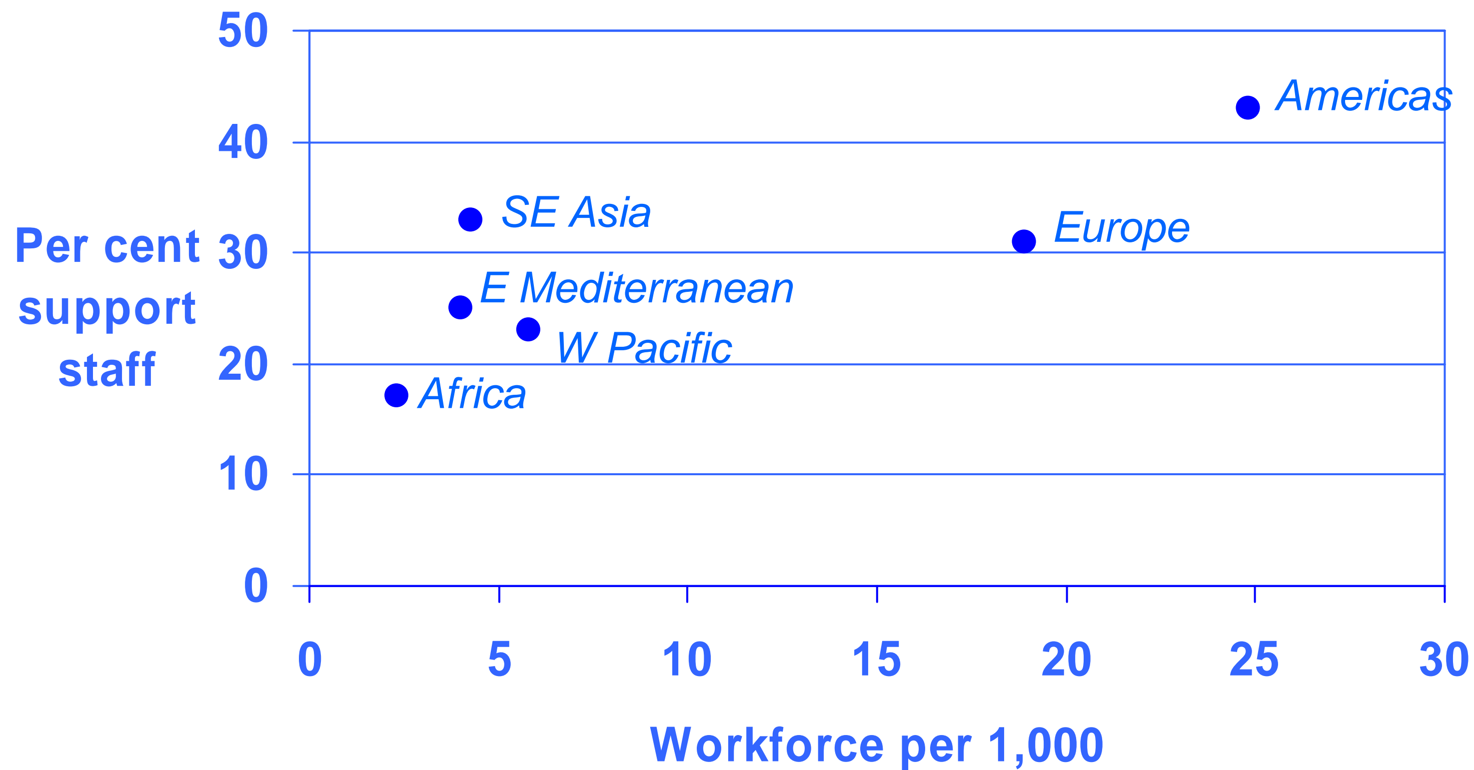
Region Level
Training,
Supervision

Basic Unit
Quality
Assurance

Service Provision | Service Provision | Service Provision | Service Provision

Management resources

Extent of management and support services



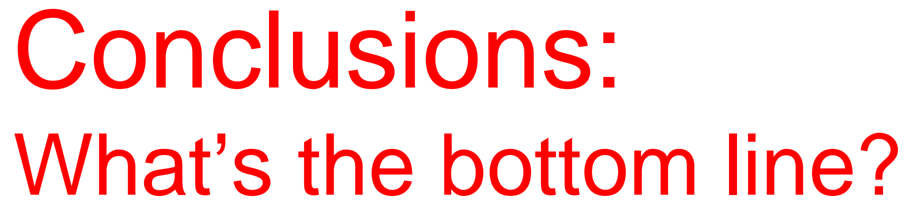
World Health Report 2006

Priority-setting in health services

Priority-setting in developing countries health care institutions: the case of a Ugandan Hospital

- Case study of 1,500 bed national referral hospital.
- In-depth interviews analysed by modified thematic approach.
- Priority setting did not meet conditions of fairness.
- Special pleading and status influence priority setting and stakeholders were not engaged.

http://www.biomedcentral.com/1472-6963/6/127



- High quality tuberculosis services are in place even in the poorest countries;
- There is no evidence that these have contributed to strengthening other priority services in the same institutions;
- If the Stop TB strategy is to strengthen these services, it will have to do so explicitly. It will not be a chance effect.