Eliminating MTCT at scale: A six country collaboration using performance improvement methods

Sarah Olver 1, Maureen Tshabalala 1, Nneka Mobisson-Etuk 1, Patty Webster 1, Pierre Barker 1, Tim Quick 2, Amie Heap 2, Kavita Singh 3, Nigel Rollins 4. (1) Institute for Healthcare Improvement, 20 University Rd, Cambridge, MA 02138. (2) USAID, 1300 Pennsylvania Ave, Washington, DC 20004. (3) Department of Maternal and Child Health, University of North Carolina Gillings School of Global Public Health, CB 7445, Chapel Hill, NC 27516. (4) World Health Organization, Avenue Appia 20 1211, Geneva, Switzerland

Context
An ambitious goal has been set to eliminate Mother to Child Transmission of HIV (eMTCT) in HIV high-burden countries and improve nutritional outcomes for the mother baby pair. To achieve this goal, health systems must deliver and implement complex eMTCT and nutritional protocols at high coverage levels. Methods exist for improving program performance at the national scale. A consortium of Ministries of Health and partners came together in 2012 to form a six-country learning network (Kenya, Lesotho, Mozambique, South Africa, Tanzania, Uganda) to apply those methods to test and rapidly scale-up effective eMTCT and nutrition programs.

Problem
Although the 2010 World Health Organization (WHO) PMTCT guidelines on HIV and Nutrition, Assessment, Counselling, and Support (NACS) approach provide normative guidance on how the continuum of care can be strengthened and improved for HIV-infected mothers and their infants, many countries have been struggling to identify an effective way to rapidly and comprehensively implement these guidelines.

Intervention
Using Quality Improvement (QI) methods, Ministries, funders, NGO partners and multilateral organizations in six countries are collaborating under the Partnership for HIV-Free Survival (PHFS) to rapidly improve national eMTCT programming, accounting for WHO recommendations, focusing on postnatal eMTCT pathways and maternal/child nutrition. The intervention aims for a 90% reduction in HIV transmission through breastfeeding (from 15% to 1%) with a proportionate improvement in child survival. Using these QI methods, partners have developed a scalable district-based model of reliable eMTCT in a select number of districts of each country. A cross-country learning platform (based on a successful model developed in South Africa for the “Accelerated Plan for PMTCT”) is accelerating knowledge spread among the six countries. By the project’s end, each country will have the knowledge and capability to spread their context-adapted model nationally.

Measurement of Improvement and Results
Using specific quality of care indicators on the continuum, information and results are being shared by country teams across the PHFS global Learning Platform via the PHFS listserv, social media, monthly country updates, Monitoring & Evaluation (M&E) calls, newsletters and general group email correspondence. Teams are able to access others’ change ideas, data, tracking tools and stories shared in these platforms, through direct interaction and summary compilations.

Challenges & Lessons Learned
Data is not easily shared, as it involves approvals from multiple Ministries with different data policies. Country specific indicators are defined differently, although they are collecting similar data. However, cross-country learning has been taking place with regular sharing of best practices and challenges, which has led to the rapid international spread of tests of change and measurement strategies.

Message for Others
Learning networks can be used across multiple countries, using in-person and remote meetings and publications, to achieve measurable outcomes.