

# IHI in Africa

## Countries with Completed Projects



# Ghana

## *Mental Health Maternal Depression and Epilepsy*

Funded by Grand Challenges Canada, this collaborative of seven hospitals in southern Ghana used quality improvement to address maternal depression and epilepsy. This two-year project (October 2013 to October 2015), led by the National Catholic Health Service (NCHS) of Ghana, had two key aims: 1) Identify 200 women suffering from maternal depression and achieve clinical response within 12 weeks of treatment for at least 50 percent of women identified with maternal depression; and 2) Identify 200 persons with epilepsy and achieve a 10 percent increase in seizure-free days for 50 people who have been treated for epilepsy. The focus of the collaborative was to address the challenge of integrating screening and core packages of services into routine primary care, as well as developing IT solutions to increase access to care in the clinical areas of post-partum depression and epilepsy.

### *Project Fives Alive!*

Project Fives Alive! began in 2008 and ended in 2015. A collaboration between IHI and the National Catholic Health Service, and funded by the Bill & Melinda Gates Foundation, the project worked to assist Ghana in achieving Millennium Development Goal 4 (reducing morbidity and mortality in children under five from an estimated 110 per 1000 live births to 40 per 1000 live births by 2015) and improve the process of referring the mother and child through the care system. Initially started in three districts in three northern regions, it was scaled up to 38 districts across the north and spread to the remaining seven southern regions of Ghana reaching 544 subdistricts and 709 QI Teams. Each QI team was exposed to QI methods through massive capacity building efforts among frontline workers and district/region/national health professionals through the execution of multiple Collaboratives running in parallel as well as an Improvement Coaches Training for those change agents meant to lead the work at their facility/district. Lessons Learned from Ghana's Project Fives Alive! is a comprehensive guide covering the successes and challenges over the seven years of the project's journey in an effort to enable others to

achieve success in their large-scale improvement initiatives. Key recommendations can be found within each of these critical areas: Project Design, Relationships, Leadership, Human Resources, QI Capability, Measurement, and Communications. The Guide was launched in London at the International Forum on Quality and Safety in Healthcare in April 2015.



A mother and child from Northern Ghana, a region covered in *Project Fives Alive!*

# Liberia

## *Collaborative Support for Health*

In partnership with USAID and Management Sciences for Health (MSH), IHI supported the efforts of the Liberian Healthcare System in improving patient outcomes and access to care. After developing a National Health Quality Strategy with the Ministry of Health, IHI continued conversations and actions around quality improvement in the Liberian healthcare system with a BTS Collaborative and multiple leadership trainings IHI's approach also included working with the Liberian Ministry of Health (MOH) and the Bong, Lofa, and Nimba counties for the following: working in the five programmatic areas of maternal and child health, infection prevention and control, family planning, malaria, and HIV/AIDS; building QI capability and a sustainable QI culture through leveraging the Breakthrough Series Collaboratives model; providing national strategic guidance.

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# Malawi

## Improving Preterm Outcomes

IHI and MaiKhanda, a Malawian non-governmental and nonprofit organization, worked to decrease the mortality rate by 30% for low birthweight infants in 12 Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) hospitals. Under the leadership of the Reproductive Health Directorate of the Ministry of Health (MOH) and key Zonal and District health structures of Malawi, IHI supported MaiKhanda to build Quality Improvement capability, implement a mobile health component for tracking mother-baby pairs, and improve the reliable delivery of a comprehensive package of interventions, as well as provide national strategic guidance on quality improvement. Additionally, IHI worked with the Quality Management Unit to draft a framework for an integrated approach for improving national health outcomes.



A women’s group meeting held in Lilongwe by MaiKhanda.

# Multi-Country

## A Billion Minds and Lives (ABML) Early Adopter Network (Ghana, Kenya, Nigeria, Rwanda, and Zambia)

Through the support of Sanofi-Aventis Groupe and New York University, A Billion Minds and Lives (ABML) strived to utilize a continuous quality improvement to bridge the mental health gap at scale, in order to ensure that by 2020, the one billion people in low- and middle-income countries who need mental health treatment receive this care. Towards this end,

a consortium of mental health organizations and innovators in Sub-Saharan Africa came together to form a five-country Early Adopters Network (Ghana, Kenya, Nigeria, Rwanda, and Zambia) to apply quality improvement methods to test and rapidly scale-up effective mental health treatment packages over eighteen months, ending in June 2016.

## Joint Learning Network for Universal Health Coverage (Ghana, Kenya)

IHI led the Quality Track of the Joint Learning Network for Universal Health Coverage, an initiative of ten low- and middle-income countries in Africa and Asia pursuing universal health care access. The JLN is “a cross-learning platform for countries that are in the midst of implementing demand-side health financing reforms aimed at increasing financial protection, improving access to health services and ultimately achieving universal health coverage”. The Joint Learning Network (JLN) launched with six founding countries (Ghana, India, Indonesia, Philippines, Thailand and Vietnam) and welcomed two additional countries (Malaysia and Kenya). The JLN secretariat partners sought IHI and NICE International’s (NI) collaboration to lead a quality technical track for countries seeking “methods to incentivize improvements in quality of care from the perspective of payers in a health insurance/demand-side financing environment”.

## Professional Development Courses (South Africa, Nigeria, Kenya, Liberia, Ethiopia, Ghana, and Malawi)

The Africa Region offers a number of professional development courses for those interested in developing or continuing to develop their quality improvement skills, especially as it relates to leadership. The courses currently offered are: Leading and Facilitating (Improvement Coach), Quality Improvement Leadership Methods, Data Trainings, and Writing Workshops. We have also held waves of the Improvement Advisor Program in Ghana and Ethiopia. The courses focus on teaching healthcare professionals how to lead quality improvement projects by teaching the use of QI tools within the framework of the Model for Improvement. To date, the courses have been offered in South Africa, Nigeria, Kenya, Liberia, Ethiopia, Ghana, and Malawi.

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## *Partnership for HIV-Free Survival (Tanzania, Kenya, Uganda, Mozambique, Lesotho, and South Africa)*

The Partnership for HIV-Free Survival (PHFS) was a six-country initiative — Tanzania, Kenya, Uganda, Mozambique, Lesotho, and South Africa — designed to assist countries with their national efforts to improve postnatal HIV, maternal and infant care, and nutrition support through effective implementation of the 2010 World Health Organization Guidelines on HIV and Infant Feeding. The partnership provided the following support: (1) design, testing and rapid scale-up of an effective approach to increasing rates of coverage of care for mother-infant pairs in the postnatal period; (2) training, technical support and guidance for QI approaches and infant feeding support; and (3) a multi-country learning network to promote rapid dissemination of best practices for countries using similar QI approaches in projects focusing on similar outcomes. Using QI methods, the PHFS supported country-specific protocols and the ongoing NACS activities to achieve 4 essential steps of postnatal mother-infant care that resulted in excellent nutritional and HIV care for both the HIV-exposed and non-exposed infants over the first 24 months of life.

## Namibia

### *HealthQual*

This project, which began in November 2016, was designed to improve delivery of HIV/AIDS care in Namibia, specifically around the 90-90-90 testing, retention, and suppression goals. The US-based organization HealthQual was the primary funder, and the work was co-designed and executed with the Namibian Ministry of Health. IHI's primary role involved the development, capacity building, and facilitation of the collaborative in Namibia through supporting the design of the collaborative, providing data training, and training coaches and mentors across the 24 participating sites in QI methods.

## Nigeria

### *Large Scale Quality Initiative*

IHI partnered with members of the Health Strategy and Delivery Foundation (HSDF) and the Private Sector Health

Alliance (PSHN) of Nigeria to lead three different efforts to increase the use of quality improvement methodologies in Nigeria's health care sector. IHI provided assistance in the development of strategic leadership and capacity building of Nigerian health care professionals in Nigeria through a national quality strategy, a leadership academy, and a collaborative on maternal and neonatal mortality. The IHI collaborative will focus on reducing maternal and neonatal mortality, the leadership academy will train and develop future QI healthcare leaders of the future.



Individuals participating in the Healthcare Leadership Academy for Nigeria's large scale quality initiative.

## South Africa

### *CAPRISA: Using QI to Improve HIV-TB Integration*

IHI provided support to the Centre for the AIDS Programme of Research in South Africa (CAPRISA) in a randomized control study that investigated the use of quality improvement to improve the integration of tuberculosis (TB) and HIV services in selected facilities in South Africa. The main aim of the initiative was to decrease HIV-TB death by 30% in 18 months. Over the course of the three-year project, IHI assisted CAPRISA in project design, quality improvement capability building, data analysis, and evaluation. The bulk of IHI's involvement was through QI capability building to build the QI knowledge of CAPRISA's QI Mentors, and onsite and virtual QI coaching and mentorship to boost the QI and implementation skills of these mentors. In addition, IHI supported the formative and summative evaluation activities undertaken in this project.

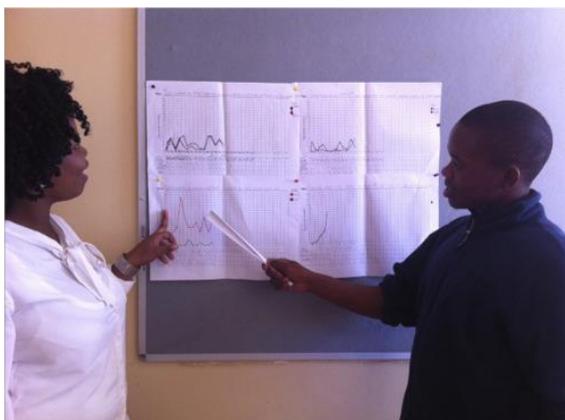
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## PATH

Program for Appropriate Technology in Health (PATH) is an international nonprofit organization specializing in technical assistance and global health innovation. PATH had developed a five-year maternal, child health, and nutrition (MCHN) initiative called the Window of Opportunity project, which aimed to improve the health and development of young children in four districts in South Africa. IHI was subcontracted by PATH to support this work by providing technical support to strengthen the project's quality improvement approach. IHI's main activities included adapting existing PATH tools to build a stronger connection to QI, providing QI capability building and training to PATH staff, and conducting learning sessions for district QI teams.

## The Aurum Institute

The Aurum Institute is a PEPFAR-funded, South African not-for-profit organization to which IHI provided support to improve the prevention of mother-to-child transmission of HIV, and pediatric and perinatal tuberculosis and HIV care in Ekurhuleni North (EKN) sub-district in Gauteng Province and Greater Tubatse and Ephraim Mogale sub-districts in Limpopo Province. In the learning collaboratives established in 18 sub-districts across the North West, Limpopo and Gauteng Provinces, IHI assisted in design, mentoring, and capacity building to support the overall aim of increasing detection and treatment of HIV and TB in coinfecting patients, as well as preventing TB in patients with HIV.



A nurse and data capturer developing a graph to track antenatal Pediatric and Perinatal tuberculosis through the Aurum Institute.

## South to South

South to South (S2S) was a NGO providing expert pediatric HIV care and training throughout the southern African region. S2S developed a sub-district-based model for pediatric HIV prevention, treatment, and care support program that was supported by IHI starting in early 2011. The project located in Moretele district in NW Province, involved 10 primary care facilities and sub-district management, and used a Breakthrough Series Collaborative model to bring the facilities into a Learning Network. Quarterly meetings were held to focus on aspects of the PMTCT and HIV treatment pathway in a stepwise way along the progression of the PMTCT care pathway.

## 20,000+ Partnership

The aim of the 20,000+ Partnership was to decrease mother-to-child transmission of HIV in 11 districts in KwaZulu-Natal to less than 5 percent by 2011. This work was a partnership between the KwaZulu Natal Department of Health, the University of KZN, and IHI. Through this partnership, IHI supported strategic planning by providing input on program design, measures, and execution, capability building through QI coaching, and research design through data analysis support.

# Uganda

## Quality Improvement Retrospective

This project aimed to address Uganda's demands for the institutionalization and sustainability of governance practices for quality health care. IHI provided direct technical assistance to develop effective national strategies and policies in governing quality of care. Additionally, IHI documented Uganda's institutionalization of QI into their national health care strategy through participating in quarterly community practices, participating in weekly support calls, conducting interviews with staff supporting Uganda's journey of governance and quality, and reviewing materials or products.

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