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#32 Using A Quality Improvement Collaborative Approach to Improve Tuberculosis Prevention Therapy Coverage in The Kavango Region, Namibia

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Using a Quality Improvement Collaborative Approach to Improve TB Prevention Therapy Coverage in the Kavango Region, Namibia

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Introduction

People living with HIV (PLHIV) have a higher risk of up to 20 times of developing active tuberculosis (TB), the top cause of mortality in PLHIV globally. A course of TB preventative therapy (TPT) can reduce the risk of PLHIV developing TB by almost 60%

Objective:

To improve TPT coverage in PLHIV in Kavango region, Namibia from 29% in July 2018 to 90% by February 2020.





Methods

- Eight high volume healthcare facilities providing care to 12,500 PLHIV participated in a national quality improvement Collaborative (QIC) to improve TPT coverage
- Each facility set up a QI team and tested change ideas using the model for improvement.
- The teams participated in 3 peer learning sessions over a two year period
- HIV clinical mentors and national QI team provided QI coaching and coordination
- Patients were divided into two cohorts:
 - Backlog cohort included patients that initiated ART before 31 July 2018
 - New cohort those that started ART from 1st August 2018
- Facilities compiled and submitted monthly performance reports in an Excel template. Data was analyzed and aggregated at national level





Results

• TPT coverage in backlog cohort increased from a baseline of 32% (n=11,026) in July 2018 to 97% (n=8,457) by September 2020

• TPT coverage in new cohort increased from 29% (n=122) in August 2018 to 96% (n=2,139) by September 2020



Kavango Monthly TPT Coverage - Backlog Cohort





Kavango Monthly TPT Coverage - New Cohort



Initiated on TPT

TPT Coverage

Enrolled on ART





Conclusion

• A QI collaborative model applied with a dedicated team of healthcare workers, and QI coaches led to significant improvement in TPT coverage. The facility teamwork and QI learning sessions were critical to the success of the initiative.



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