

# Quality of Care and Human Resources in HIV Healthcare Programs

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# Underlying Assumptions

- Placement programs should attempt to complement national HR initiatives
- Major changes in HR systems are needed and expected
- AIDS will present a large HR burden for the foreseeable future
- Numbers of health professionals is only one factor in the care that is provided

# Impressions from HR Assessments

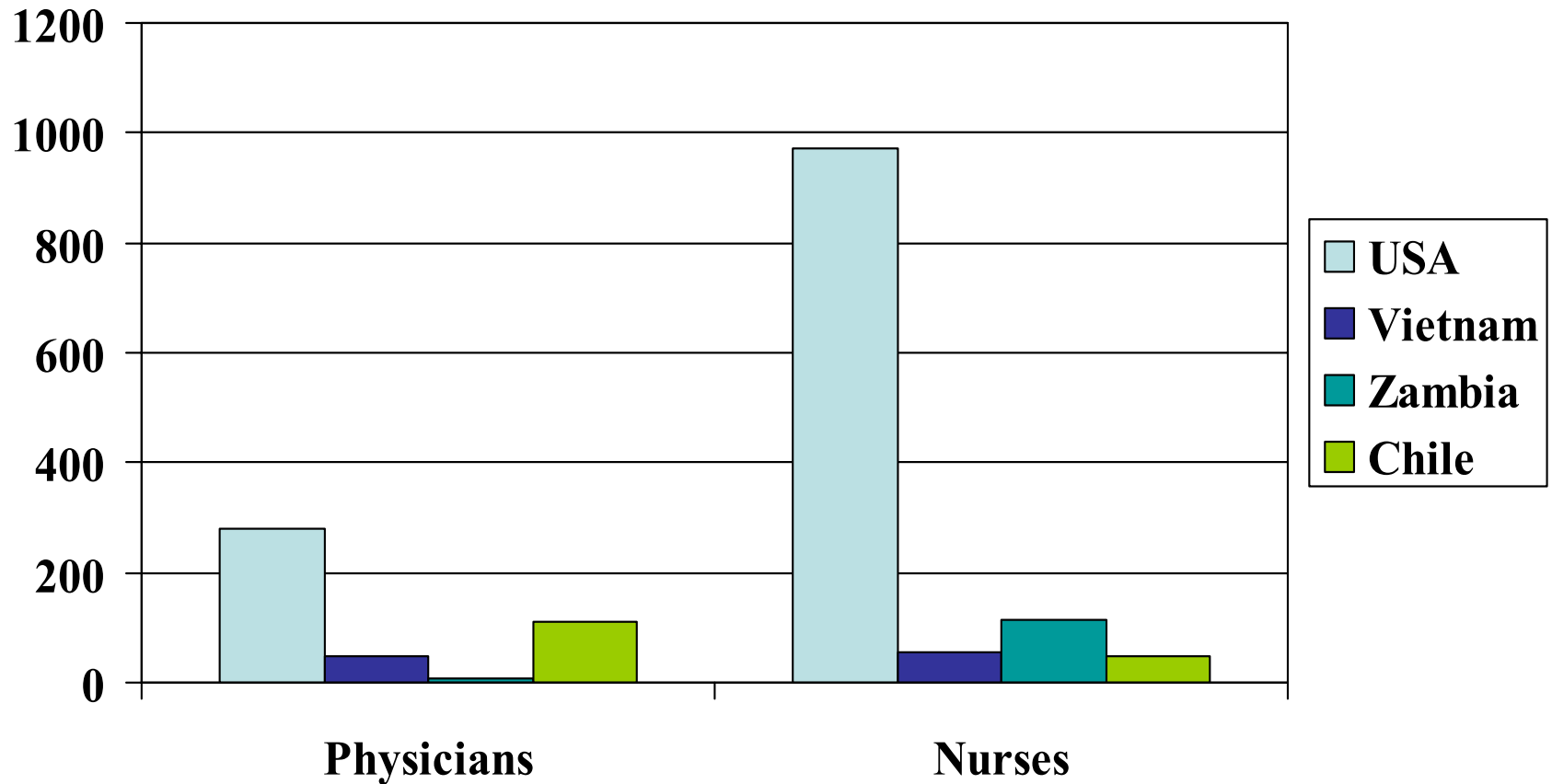
- Several recent reviews
- Growing HIV-related work burden
  - Clinically complex
  - Organizationally complex
- HR capacity low
  - Quality of basic services of concern
  - HR management weak
- Sustainable change is difficult

# Prospects for Change

- Application of accepted principles of HR planning and management
  - International support
  - Recognition of need by policymakers
  - Early successes
  - Accountability of training initiatives
- Expansion of the evidence base
  - Traditional research community
  - Organized sharing of HR program innovations

# Physicians/ Nurses per 100,000 population

(Source:WHO)



# Key issues: H.R components in health systems context

1. Role definition, skill mix, multi-skilling and “new” workers	2. Assessing quality, outcome and performance management in HRH	3. Employee relations, staff involvement and partnership	4. Equity, equal opportunities, gender and organization performance	5. Pay, non-pay incentives, performance and motivation
6. Integrating workforce planning, HR and service planning	7. HR and new approaches to public sector management: improving HRM capacity	8. Effective approaches to change management: health sector reorganization and labour adjustment	9. Models of effective education sector/employer linkages in HRH	10. Lifelong learning and continuing education: assessing their contribution to individual and organizational performance

# The Evidence Base on H.R.

- In hierarchy of “academic” research, mainly low level(i.e few RCTs)
- mainly US based
- usually does not explain why a particular approach was used
- very few studies give details of evaluation of quality/outcome and/ or costs
- mainly descriptive, weak on methodology, not transferable or generalisable

# Standards of VCT Provision

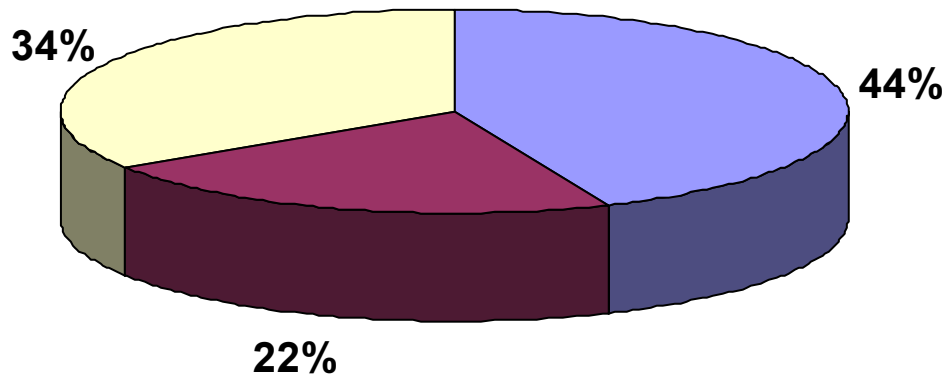
<b>Cadre</b>	<b>% of Standard</b>
Nurses	80%
Lay Counselors	71%
Lab Technicians	69%
Clinical Officers	66%
Volunteers	62%
Midwives	55%
All Cadres	67%

# PMTCT Counseling Time and Performance

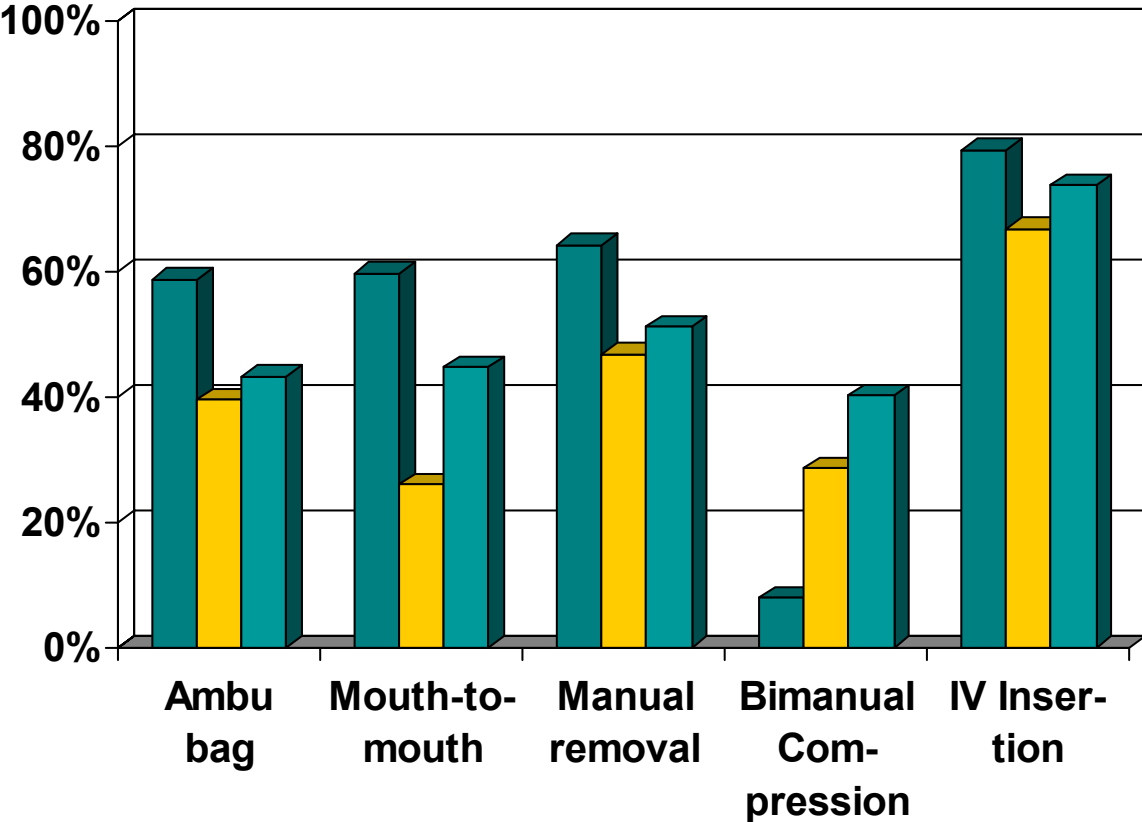
- Pre-test counseling
  - Mean duration: 14 minutes
  - Mean performance: 62% of standard
- Post-test counseling, HIV –
  - Mean duration: 7 minutes
  - Mean performance: 53% of standard
- Post-test counseling, HIV +
  - Mean duration: 16 minutes
  - Mean performance: 62%

# RN Activities

(All sites)



# Preliminary results: Skills



■ Benin (n=42) ■ Ecuador (n=25) ■ Rwanda (n=19)

# General Findings

## VCT & P-MTCT Training

- VCT training can take between 1 and 8 weeks
- P-MTCT training can take between 2 and 8 weeks
- There is no apparent correlation between length of training and counseling performance

# Job Aid: Defined

- Is used on the job while performing the task at hand
- Tells when to take action
- Gives directions on what actions to take (and, frequently, *how* to do each action)
- Reduces the amount of recall necessary

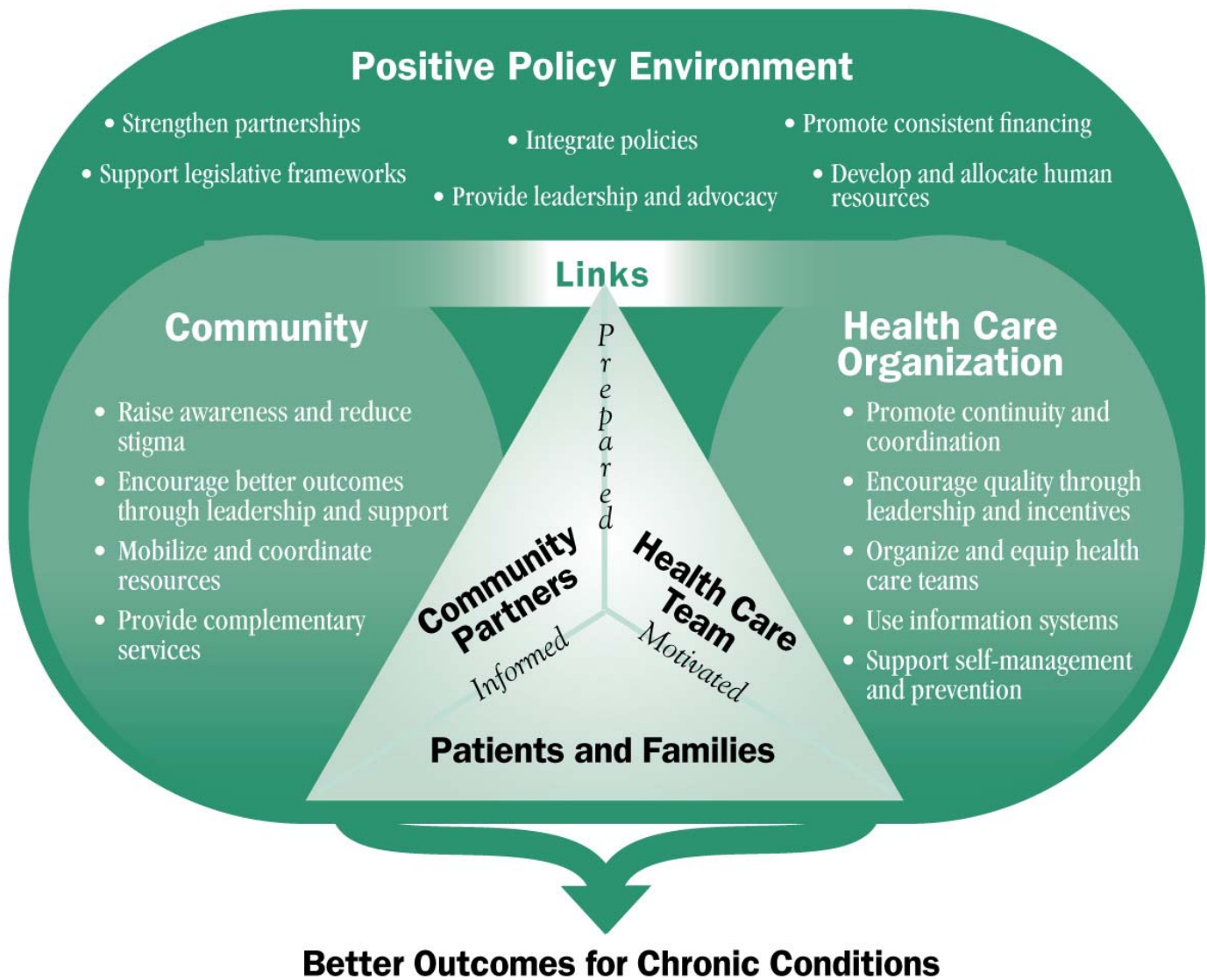
# For each S/K deficient task, decide if a job aid is needed:

IF	AND	THEN
Job aids are mandated	⇒	Write a job aid for this task
<ul style="list-style-type: none"> <li>•Severe consequences</li> <li>•NOT done frequently</li> <li>•MORE than six steps</li> <li>•Complex decisions</li> <li>•Budget/time limited</li> <li>•Likely to change</li> </ul>	There is time to refer to a job aid when doing the task	
		Do NOT write a job aid for this task-make a note to train this task to recall
<ul style="list-style-type: none"> <li>•Simple</li> <li>•Other reasons to NOT job aid</li> </ul>	There is NO time to refer to a job aid (MUST do the task from memory)	
	⇒	

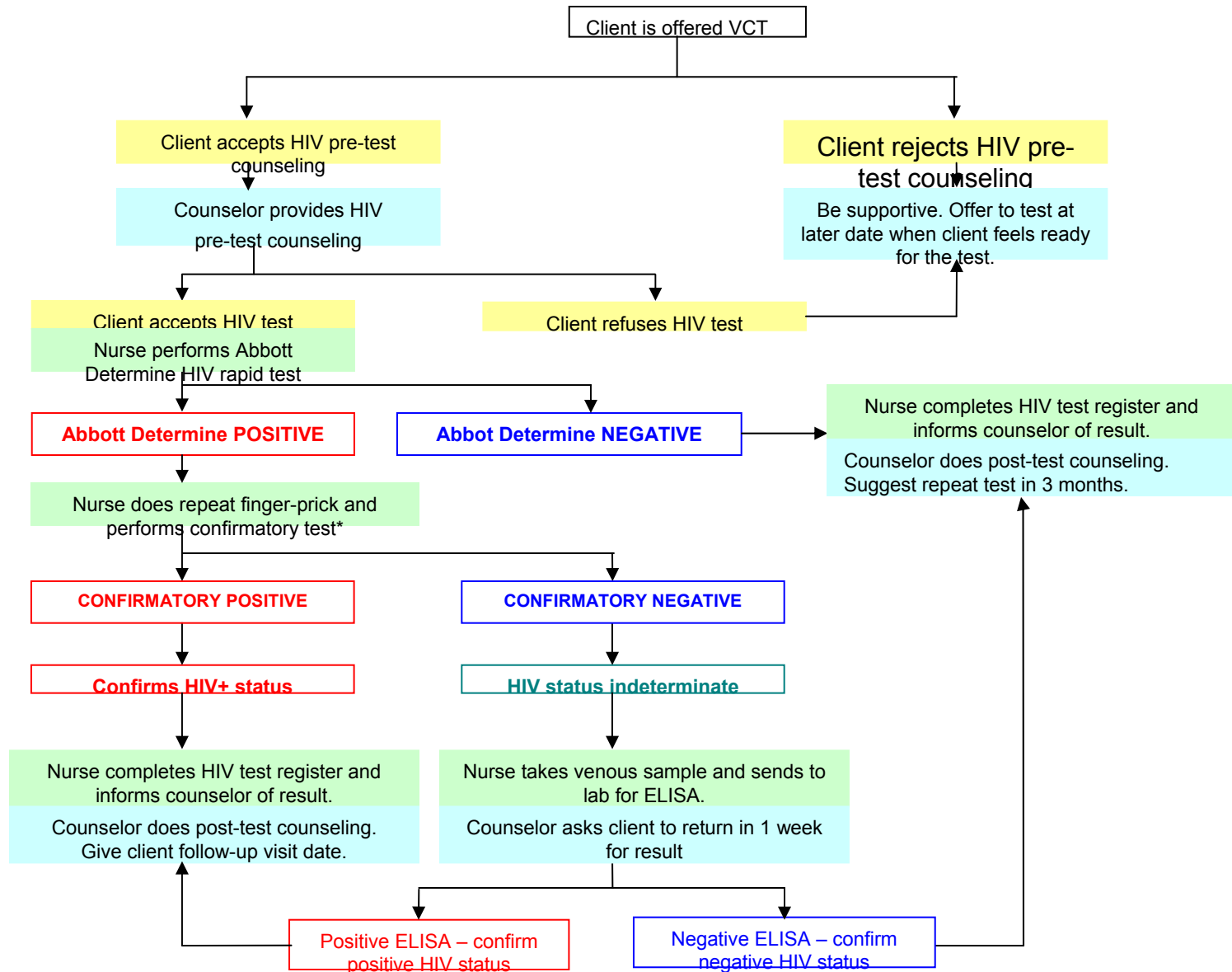
# “Quick Hits”

- Improved HR records - “ghost workers”
- Reductions in staff absence/ turnover
- Cross training (.....multi skilling)
- New working patterns (work smarter not harder- link to activity analysis)
- Altering skill mix (natural wastage)
- Develop basic personnel admin capacity at district/ unit level
- New contract relationship with physicians

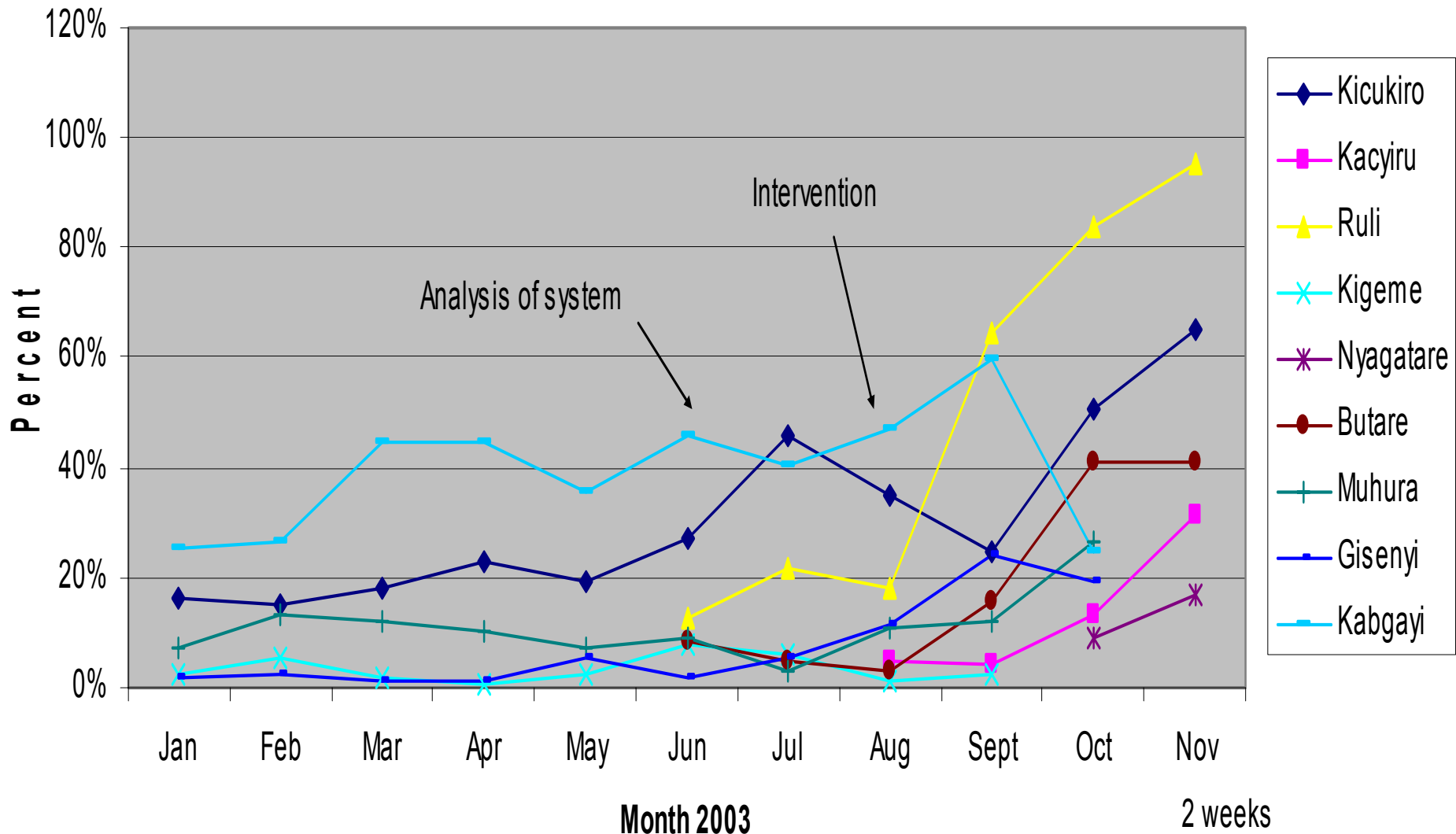
# Innovative Care for Chronic Conditions Framework



# Algorithm for Voluntary Counselling and Testing, Western Cape



# Percent of Partners Tested for HIV



# EHR – Case Management Info System

