The sustainable development goals: MDG achievement, lessons learned and future directions for improving health care and Universal Health Coverage

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#quality2015
#qfi7
Disclosure

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Objectives

After this session, participants will be able to discuss:

• Describe the status of attainment of the MDGs
• Future direction for the SDGs
• Importance of quality in attaining the Universal Health Coverage SDG
• The application of improvement methods to attain the MDGs and SDGs
The Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development
The issue of quality in health care
MDG Progress: Goal 4 and 5 - reduce child, infant and maternal mortality

South Asia

East Asia & Pacific

Europe & Central Asia

Middle East & North Africa

Sub-Saharan Africa

Latin America & Caribbean

Progress Status

- Target Met
- Insufficient Progress
- Seriously Off Target
- Moderately Off Target
- Sufficient Progress

IM- Infant Mortality
CM- Child Mortality
MM- Maternal Mortality

Source: World Bank 2015
54.9% of patients receive scientifically indicated care

439 indicators of clinical quality of care
30 acute and chronic conditions, plus prevention
Medical records for 6712 patients
The Issue of Quality in Health Care

“... Between the health care we have and the care we can have lies not only a gap, but a chasm...”

“... The problems come from poor systems – not bad people...”
What is the problem: World Bank

“The enormous investments that have been made in global health should have led to what we might have called a science of implementation and execution…

…We have just not focused on the enormous complexity of delivering health care in a way that keeps people healthy ”

- Jim Kim
President
World Bank
What is the problem?

“The reality is straightforward. The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and at an adequate scale.”

- Margaret Chan
  Director General
  World Health Organization
The scale of our work

- 16 countries
- 19 countries
- 26 countries
- 39 countries
- 28 countries at present

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USAID ASSIST Project: FY15 Activities
Current scale of the ASSIST Project

- 230+ government and Implementing partners
- 4400+ facilities
- 900+ communities
- 2500+ QI teams
- 96+ million people in areas served

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## Contributions to Achieving the MDGs in FY15

<table>
<thead>
<tr>
<th>MDG</th>
<th>Countries where ASSIST and HCI activities contribute in FY15</th>
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<tbody>
<tr>
<td>1</td>
<td>Haiti, Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda</td>
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<td>2</td>
<td>Haiti, Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda</td>
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<td>3</td>
<td>Afghanistan, Georgia, Kenya, Malawi, Mali, Mozambique, Nigeria, Tanzania, Uganda</td>
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<tr>
<td>4</td>
<td>Afghanistan, Burundi, Cote d’Ivoire, Georgia, Haiti, India, Kenya, Madagascar, Malawi, Mali, Mozambique, Nicaragua, Nigeria, South Africa, Swaziland, Tanzania, Uganda</td>
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<tr>
<td>5</td>
<td>Afghanistan, Botswana, Burundi, Cote d’Ivoire, Ethiopia, Georgia, India, Indonesia, Kenya, Madagascar, Mali, Nicaragua, South Africa, Tanzania, Uganda, Ukraine</td>
</tr>
<tr>
<td>6</td>
<td>Botswana, Burundi, Cote d’Ivoire, Ethiopia, Haiti, India, Kenya, Lesotho, Malawi, Mozambique, Nicaragua, Nigeria, Pakistan, South Africa, Swaziland, Tanzania, Uganda</td>
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What results are we seeing?
Niger: AMTSL Compliance and PPH Reduction

AMTSL coverage and post-partum hemorrhage rates in targeted facilities, January 2006 – December 2008

Total births — 2006: 24,785 (28 sites); 2007: 31,073 (33 sites); 2008: 31,085 (33 sites)
Mali: Preventing post-partum hemorrhage in Kayes Region

Percentage compliance with AMTSL norms and post partum hemorrhage rate. Comparison of wave 1, 2 and 3 sites in 145 health facilities in 5 districts of Mali

Wave 1 sites PPH
Wave 3 sites PPH
Wave 1 sites AMTSL
Wave 2 sites AMTSL
Wave 2 sites PPH

Wave 1 (Oct 2009) ~ 1066 births per month in 41 facilities (2 districts)  Wave 2 (Oct 2011) ~267 births per month in 21 facilities  Wave 3 (Oct 2012) ~1100 births per month in 83 facilities (3 new districts)
Nicaragua: Case Fatality for Early Neonatal Sepsis, 4 Hospitals, January 2009 to November 2011

Fatality Rate:
Numerator: Neonatal Early Sepsis cases
Denominator: Born alive x 1000 discharged

Sources: Statistics of MOH hospitals: Jinotega, Matagalpa, Juigalpa and Masaya.

Implemented changes
1. Application of a Laboratory Package:
   - Blood culture,
   - Leukocyte totals
   - Band neutrophil ratio/total > 0.2
   - Platelets under 150,000
   - PCR > 0.1 mg/dL
2. Inclusion of laboratory in changes.
3. Including statistics and application of risk factors for neonatal sepsis

A. No joint work between pediatrics and laboratory
   Criteria not applied in a unified manner
   No statistics integration

B. Incorporation of new hospital (Masaya)
Uganda: Applying Chronic Care Model to improve coverage, retention, and clinical outcomes

Examples of Changes

- Used SM progress tool and tally sheets to record Pt SM progress
- Introduced a VHT referral form to give to patients when sent to a facility
- Each patient enrolled is introduced to a VHT in catchment area
- SM groups formed
India: Improving routine care for 12,000-15,000 deliveries a month

- Newborns breastfed in first hour
- Hb checked in ANC
- Vitamin K at birth
- Oxytocin after delivery of baby
Ecuador: Percentage of deliveries where AMTSL was implemented in accordance to standards
Afghanistan: AMTSL Compliance

Afghanistan: Compliance with Active Management of the Third Stage of Labor (AMTSL)

- Wave 1
- Wave 2
- Wave 3
Overview of the Science of Improvement
(AKA: Implementation, Delivery, Execution, Etc.)
Integrating Content and Organization of Care

To Develop a Change Culture:
You have two jobs: to do your job and to improve it

Professional knowledge
- Specialist knowledge
- Personal skills
- Values, ethics

Improvement knowledge
- System
- Variation
- Psychology
- Knowledge

Improving diagnosis, treatment, care, rehabilitation and follow up

Improvement in processes and systems in healthcare

Increased value for the patient

Adapted from Batalden and Stoltz (1993)
Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?
Improvement Principles & Frameworks

Fundamental Concept of Improvement:
“Every system is perfectly designed to achieve exactly the results it achieves”

Principles of Improvement:
– Understanding work in terms of processes and systems
– Developing solutions by teams of health care providers and patients
– Focusing on patient needs
– Testing and measuring effects of changes
– Shared learning
Percentage of clients whose nutritional status is assessed using mid-upper arm circumference (MUAC)

- Tell everyone to do MUAC
  - A non-sustained change

- Delivery of commodities

- Nutrition Training

- Informed of External visit

- Assign a staff person to do MUAC after registration
  - A sustained change

- Train expert client to do MUAC

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Employee Engagement (...or lack thereof)
Sustainable Development Goals (SDGs) 
Rio 20+

- Held in Brazil June 20-22\textsuperscript{nd}, 2012

- Agreed that the two processes (MDG and sustainable development goals) should be closely linked

- An open working group (30 member nation) was mandated by the Rio+20 to prepare a proposal on SDGs for consideration by the Assembly at its 68th session

Source: United Nations
The 12 Illustrative Goals

1. End Poverty
2. Empower Girls and Women and Achieve Gender Equality
3. Provide Quality Education and Lifelong Learning
4. Ensure Healthy Lives
5. Ensure Food Security and Good Nutrition
6. Achieve Universal Access to Water and Sanitation
7. Secure Sustainable Energy
8. Create Jobs, Sustainable Livelihoods and Equitable Growth
9. Manage Natural Resource Assets Sustainably
10. Ensure Good Governance and Effective Institutions
11. Ensure Stable and Peaceful Societies
12. Create a global enabling environment and catalyze long-term finance

Source: United Nations
UHC Definition (WHO, 2010)

- All people are able to use needed health services (including prevention, promotion, treatment, rehabilitation, and palliation), of sufficient quality to be effective;

- The use of these services does not expose the user to financial hardship
Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages

By 2030, strengthen prevention and treatment to
• Reduce global maternal mortality ratio to less than 70 per 100,000 live births
• End preventable deaths of newborns and under-five children
• End the epidemics of AIDS, TB, malaria and neglected tropical diseases while combatting hepatitis, water-borne diseases and other communicable diseases
• Reduce by 1/3 pre-mature mortality from NCDs
• Reduce substance abuse

By 2030, ensure
• Universal access to sexual and reproductive health services
• Universal health coverage
• Support for R&E
• Increased health financing and recruitment, development and training and retention of the health workforce in developing countries
• Strengthened capacity of all countries for early warning and risk reduction as well as management of national and global health risks
Universal Health Coverage and Safety/Quality Agenda

What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?

- Margaret Chan
World Health Assembly, May 2012
References


Panel Discussion

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