Funded by

Health facilities, from rural clinics to urban referral hospitals, are raising standards in Tanzanian health-care

In their own words PharmAccess International describe how, with support from HDIF, they leveraged public and private resources to improve access to quality health care across Tanzania – with infectious results.

HDIF Case Study
PharmAccess International
October 2017

Mugana District Designated Hospital becomes the first health facility to achieve Safe Care Level 5

Introduction

In 2014, HDIF provided a grant to PharmAccess to expand its SafeCare programme and Medical Credit Fund to private and public health facilities in Tanzania by working with a network of government ministries, national umbrella organisations and financial institutions. SafeCare is a stepwise quality improvement programme, and Medical Credit Fund provides health facilities access to affordable loans.

The innovation opportunity

There are a number of challenges related to the availability of adequate resources – human, financial and material – needed to support the delivery of quality health-care in Tanzania. While on one hand the majority of the population cannot afford to pay for health-care out of their own pockets, unreliable sources of income have meant that private health facilities cannot invest in improvements or expansion of services and have therefore been unable attract patients who can afford to pay. As a consequence, a vicious cycle of poor demand and poor supply of quality health-care has manifested itself, leading to a health-care system that is failing to meet the needs of patients.

Transparency has a crucial role to play in breaking this cycle. Patients need to know what quality of care they can expect at a certain facility. Funders require data on quality and risk to assess the medical, financial, and accountability risks when considering long-term investments. Insurance companies need data to determine which providers their customers can use and to assure value for money. At a policy level, data on quality and risks assist governments and donors in their choices of how to best allocate scarce resources to improve quality and lay the groundwork for a regulatory framework.

In spite of national or subnational quality standards and improvement efforts in certain disease areas, in-patient service and hygiene and infectious disease control[1] Tanzania has not had a quality improvement approach combining clinical, business and management aspects of health facilities.

Without clear quality standards, the Ministry of Health and Social Welfare and facility managers have been unable to benchmark or compare quality levels. Clinics and hospitals have had no pathway to international accreditation and very limited access to loans to make necessary investments to improve and expand service delivery. At the other end of the spectrum, firstline health dispensaries have been largely excluded from quality improvement efforts.

These challenges compelled PharmAccess to innovate.

[1] The Kaizen 5S management method has been used in many larger facilities and hospitals in Tanzania to improve patient service and cleanliness. Infection Prevention and Control (IPC) protocols are also used in a range of health facilities.

The innovation

SafeCare is a structured quality improvement programme that uses 624 criteria across thirteen categories within the themes of healthcare organisation management, care of patients, specialised services and ancillary services.[2] Health facilities are assessed as being compliant, partially compliant or non-compliant with each of the criteria. Overall scores are translated into a rating of the health facility's performance from Level one to Level five.[3] Level one is the lowest rating, representing high-risk facilities, and Level five is the highest rating before international accreditation.[4]

Following an initial assessment, qualified mentors work with facilities to create a customised Quality Improvement Plan with approximately 100 action items for completion over a one-year period. Mentors visit facilities quarterly, providing advice and encouragement to facility leaders. Facilities benefit from training in quality improvement and business. They are supported to access affordable loans through local banks to invest in their quality or expand services, and they are assisted with the development of a business plan for the same. Once facilities have completed 80 per cent of their action items, a follow-up assessment is done to determine if the facility has changed levels.

For its innovation to scale, PharmAccess embedded the SafeCare approach into the existing health infrastructure of Tanzania, from rural dispensaries to urban referral hospitals and across the range of public, non-profit and for-profit ownership structures.

Collaboration with the Ministry of Health and Social Welfare and the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania has been essential to the model. In addition to overseeing standards and licensure, the Ministry of Health and Social Welfare manages more than 7000 health facilities.

To systematise quality improvement changes throughout the private health system, PharmAccess partnered with three national umbrella organisations to deliver SafeCare to their members who together comprise Tanzania's non-profit and for-profit private health providers.

- **Christian Social Services Commission (CSSC)** is an ecumenical body who coordinates and facilitates the delivery of health and education by the churches in Tanzania. The health services coordinated by CSSC cover a total of 900 health facilities, including 102 hospitals, 102 health centres and 696 dispensaries.
- **PRINMAT** is an umbrella organisation for health services provided by nurses in private practice. Its 94 members include facilities operated by nurses with the goal of increasing access to reproductive and child health services for underserved communities.
- **The Association of Private Health Facilities in Tanzania (APHFTA)** is an umbrella non-governmental organisation for the private, for-profit health sector in Tanzania. APHFTA has over 850-member facilities across Tanzania, including hospitals, health centres, dispensaries, clinics, laboratories, pharmacies and maternity homes. Since 2010,

[2] For the full list, see www.safe-care.org.
[3] To advance to the next level, critical criteria must be met. Compliance with critical criteria is combined with scores on other criteria to determine an overall rating.
[4] The SafeCare method is accredited by the Council for Health Service Accreditation of Southern Africa and the International Society for Quality in Healthcare.

APHFTA and PharmAccess' Medical Credit Fund have partnered in providing appropriately sized loans to APHFTA members. In 2012, APHFTA created a microfinancing organisation called Afya Microfinance Company Ltd to improve access to affordable financing for micro loan borrowers in the private health care sector. Medical Credit Fund partners to help expand Afya Microfinance Company's loan capital.

The breakthrough

Anecdotally, factors driving uptake of the SafeCare method include the vision and mandate of facility owners or managers, increased income through increased patient numbers or qualification for insurance contracts, government ratings, appreciation from patients, satisfaction of personnel, prestige in gaining high-level ratings, peer networking and mentoring from umbrella organizations or PharmAccess. Other factors that have contributed to the success of the project include:

Close collaboration between PharmAccess and the Ministry of Health: The partnership between the organisation and the Government department yielded foundational incentives for health providers across Tanzania to improve quality. The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) created a Quality Management Unit in 2011 after working with PharmAccess on HIV health services.

PharmAccess trained government assessors and accompanied them through development of Quality Improvement Plans and facility mentoring. MOHCDGEC credits this experience with a growing culture of appreciating quality. MOHCDGEC integrated the concept in its Quality Improvement Framework from 2012 to 2017.

The Ministry of Health simplified the SafeCare criteria and rating levels as a basis for their stepwise health quality improvement program introduced within Tanzania's Big Results Now (BRN) in Health in 2014. Big Results Now includes the creation of a quality improvement plan, but assessors do not provide mentoring throughout the change process. Through the simplified version of SafeCare, MOHCDGEC has been able to assess all primary health facilities in the country.

Delivering through umbrella organisations: PharmAccess noted significant changes in how its private umbrella organisation partners are institutionalising quality improvement into their priorities and member services. For example, while SafeCare was introduced on a foundation of quality improvement, CSSC nonetheless found it different from previous approaches. The systematic data collection and analysis involved in SafeCare brought CSSC's member facilities' real situations into sharp focus. CSSC reported that knowing the goals and status of facilities has given CSSC more opportunity to interact with facilities.

By 2016, CSSC had developed 52 active quality improvement teams from the 14 supported councils within CSSC's membership. Now each zonal office has quality improvement targets set for achievement by 2020. CSSC is trying to secure funding to expand and decentralise trained quality improvement teams to its zones.

Member facilities within each of the umbrella groups have self-organised peer learning networks that include exchanges from site visits, interdepartmental or cross-facility

competitions and sharing standard operating procedures. Members often use WhatsApp as a communication platform. Peer groups are reported to motivate facility owners or managers as they see their peers advancing despite similar working conditions. Practical tips and motivation spread between members.

Learning

Collaborating with MoHCDGEC and partnering with private and public health stakeholders has been key for nationwide acceptance of clinical standards of care for benchmarking quality of services. PharmAccess has helped equip private health umbrella organisations to assist their own members in meeting the Ministry of Health's 'Big Results Now' standards. Umbrella bodies can now help members improve their business performance, obtain financing, and benefit from financial incentives through the National Health Insurance Scheme and other insurance contracts. Facilities can draw higher patient numbers and increase a sense of pride in their work. Such benefits are attributed not only to SafeCare as an approach, but also to the umbrella organisations delivering SafeCare services.

Peer learning between members in a given umbrella network can create healthy competition. The benchmarking and recognition through certification have both stimulated peer-to-peer learning across the members' network, and some facilities have adopted the 'can-do' attitude, aspiring to achieve and even better the achievements of their peers. The esteem and influence gained by partners through their work on quality and business improvement incentivizes further investment in quality. PRINMAT and APHFTA have also strengthened their coordination through their work on quality and business improvement.

"Quality became infectious."
CSSC Executive Director

ICT matters. In addition to the economic factors that stalled bank lending, some of the facilities did not have a financial management system that could inform development of a business plan and thus few facilities accessed loans. Using technology to enable facilities to adopt an effective financial management system could be the key for improving business performance.

Contact details

PharmAccess International – Tanzania
Skyway building 2nd Floor, Ohio/Sokoine Drive, Plot 149/32, Dar es Salaam, Tanzania
Website: www.pharmaccess.org