

Quality Improvement in Global Health Partnerships

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Background

In 2008 NHS South Central launched a novel initiative entitled 'Improving Global Health through Leadership Development', aiming to provide both leadership development for NHS staff, and improve health in developing countries. The first partnership of the scheme was formed with the Maddox Jolie-Pitt Foundation in Cambodia, one of the poorest countries in the world with a human development index rank of 124 out of 169 countries. Since September 2008 over 30 health professionals (termed 'fellows') placements of between 2 and 8 months working with MJPs health team, focussing on capacity building, with an emphasis on applying quality improvement methodology to improve services at two rural health facilities supported by MJP.

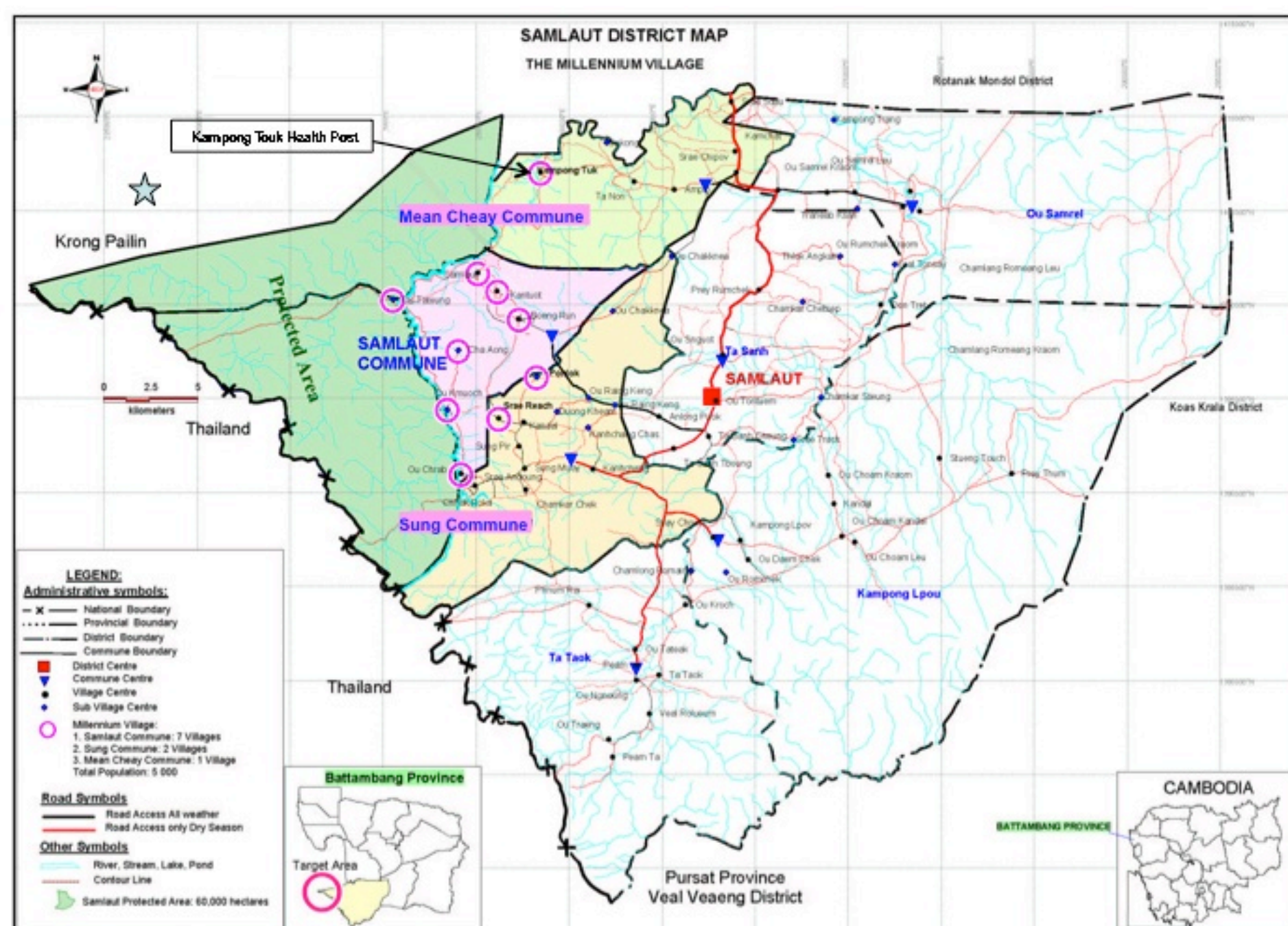


Figure 1 Map of target area in Cambodia

The NHS is attempting to embed the following 6 principles into its workstreams:

1. The implementation of higher standards of clinical care with improved systems and processes
2. Appropriate service delivery and improved access to care – getting the right skills, equipment and people in the right place and encouraging patients to use them
3. The transference of technical, clinical and problem solving skills to MJP staff and other stakeholders.
4. The development of a culture of continuing professional development (CPD)
5. Supervision and support for Cambodian health workers
6. Data collection for the assessment of outcomes, knowledge and skills from the current baseline position

NHS Fellows have been applying RAID methodology (Review, Agree, Implement, Demonstrate) and PDSA cycles (Plan, Do, Study, Act) whilst working in Cambodia. They have been mentored by UK Quality Improvement experts.

Aims

The aim of the study was to evaluate the contribution of the 'Improving Global Health through Leadership Development' scheme towards supporting the delivery of improvement in health and healthcare in Cambodia, drawing examples from the family planning workstream.

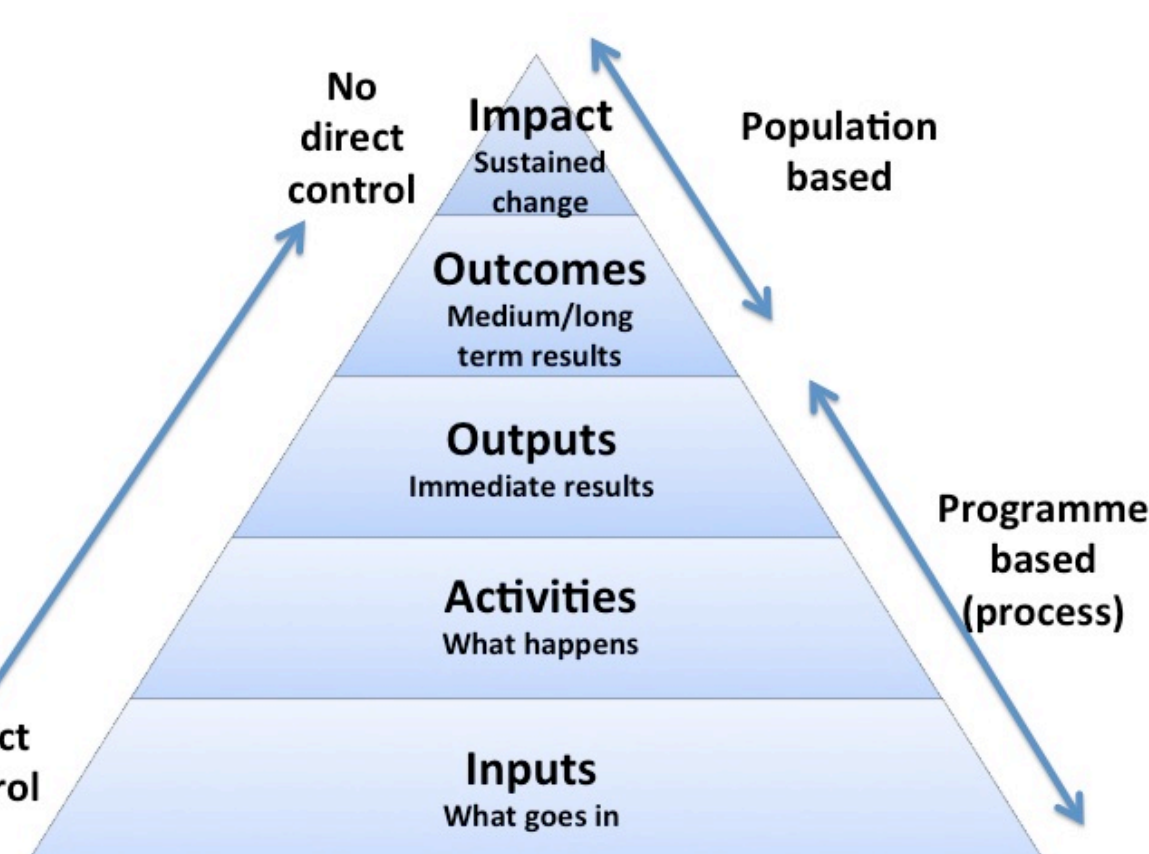
The study covered the first two years of the partnership between NHS South Central and MJP (Sep 2008 - Sept 2010)

Methods

Predominantly qualitative methods were used together with a review of documents and monitoring data.

It focussed on the process and outcome aspects of the logic model. This is consistent with current guidance on health link evaluation and the notion that ultimately, good process will lead to good outcomes and impact. It also focussed on the family planning service – one of the first and longest running workstreams established.

The evaluation specifically sought the Cambodian perspective of the partnership.



Process				
Inputs	Activities	Outputs	Outcomes	Impacts
What goes in	What happens	Immediate results	Medium/long term results	Sustained significant change
<ul style="list-style-type: none"> Funds NHS fellows – knowledge and technical expertise 	<ul style="list-style-type: none"> Training in family planning Capacity building 	<ul style="list-style-type: none"> Cambodian health workers trained in family planning Clients attending health post for contraception 	<ul style="list-style-type: none"> Increased contraceptive coverage in the target area Improved health services Changes in practice of health workers 	<ul style="list-style-type: none"> Progress towards MDGs Reduced Total Fertility Rate Sustained drop in poverty

Figure 2 Logic model applied to the family planning workstream

Interviews were conducted, with the help of a local interpreter, with 19 Cambodian stakeholders connected with the family planning workstream, exploring the 6 NHS principles. Evidence was sought of change attributable to the work of NHS South Central. Interviews were recorded and transcribed, and analysed using the framework method.

Ethical approval was granted by the London School of Hygiene and Tropical Medicine, in addition to written approval from MJP and NHS South Central.

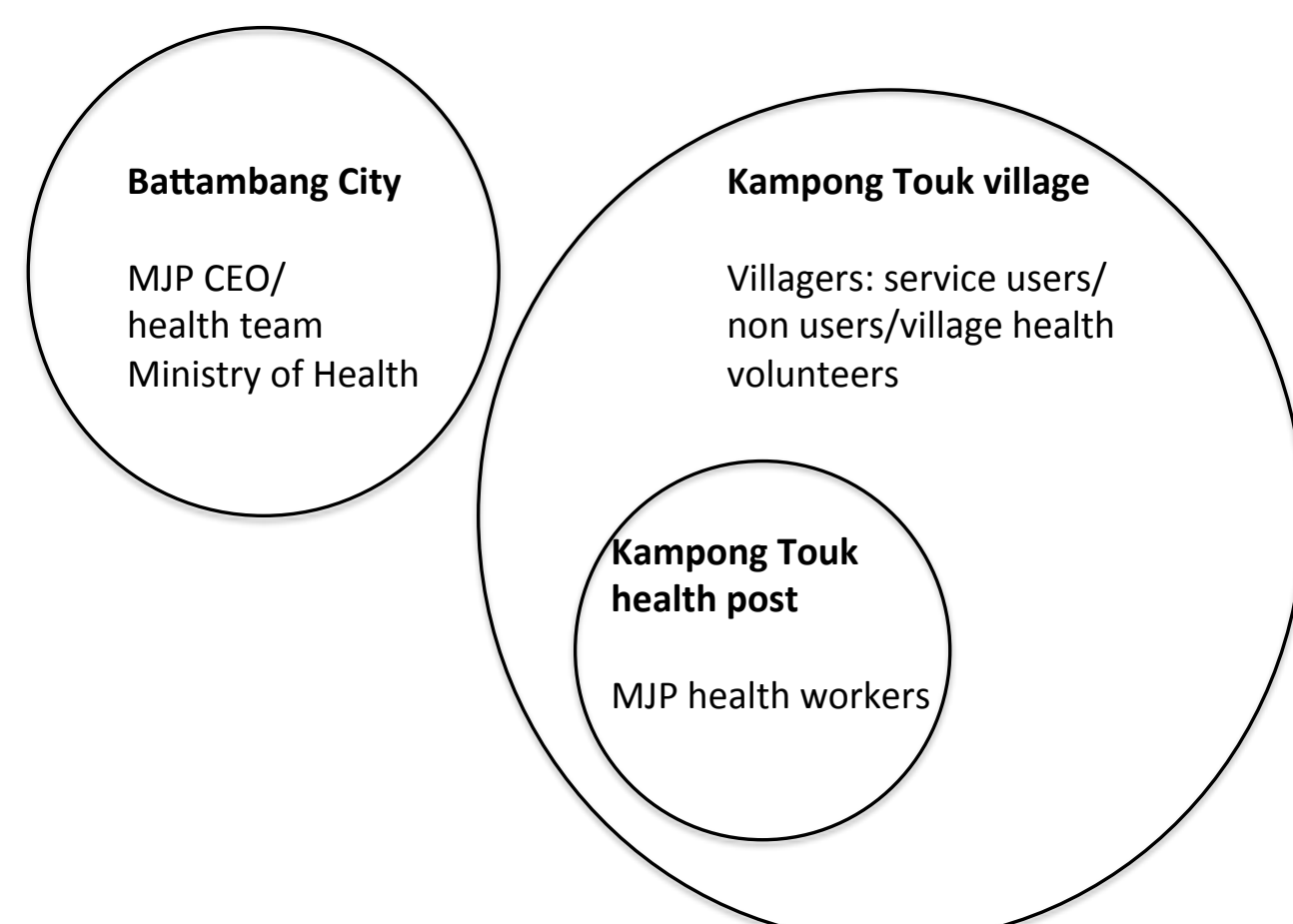


Figure 3 Cambodian stakeholders in the family planning workstream

Results & Discussion

Cambodian experiences of the process

There was evidence that the Improving Global Health through Leadership Development scheme has made progress towards embedding all of its process-focussed principles (principles 2-6) into the workstreams.

Inputs

NHS fellows were perceived as bringing a different set of skills, knowledge and experience to the Cambodian setting. Sharing knowledge and experience, and developing friendships were particularly valued. Longer contracts were valued more:

"It's been great that the NHS fellows have embraced becoming part of the MJP family and are transferring their skills, and are taking responsibility for each other" (MJP)

Activities

NHS fellows provided both structured and on-the-job training to Cambodian healthcare workers in alignment with Cambodian Ministry of Health priorities. A preference was expressed for on-the-job training. Some reported challenges of working in a different language, whereas others did not see this as problematic. There were some reports of the benefits of working with NHS fellows with Quality Improvement skills:

"NHS was able to come with a different set of tools on how to analyse quality and making sure that we did a life cycle analysis and looked at all the components of a project making sure we did target activities, all interventions and did a complete review and monitoring"

Outputs

Four Cambodian health workers were trained in family planning. A modest number of clients attended the service in its first year (figure 4); providing approximately 18% of contraceptive requirements for the village. The high number of clients for condoms for April 2009 in the run-chart corresponds to the launch of the service. The service has subsequently expanded.

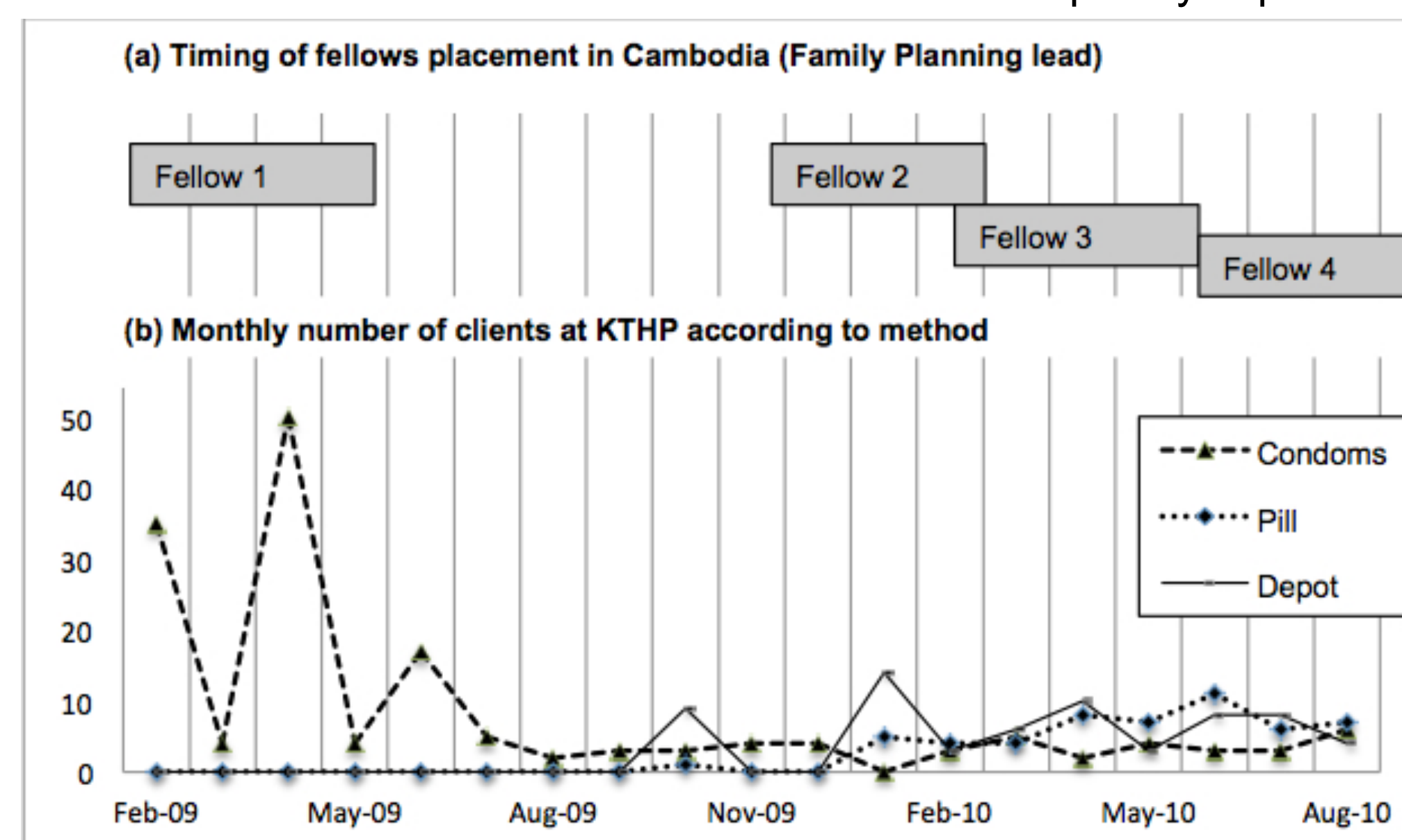


Figure 4 Timeline of the family planning workstream at Kampong Touk health post between Feb 2009 and Aug 2010

Each of the four fellows who took a lead for family planning used Quality Improvement methods, using RAID methodology and PDSA cycles which were documented in end-of-placement reports for NHS South Central and MJP.

Changes in outcomes

There was evidence that the scheme has made progress towards embedding its outcome-focussed principles (principles 1-2) into the family planning workstream.

There was some evidence of change in practice of health workers:

"I have seen it different because they did not clearly understand previously how to give the methods...but after the training they improved their understanding" (Cambodian MOH)

There were also reports of improved health services and increased contraceptive use in the area:

"It is much better and progressive if compared to two years ago because some clients have reduced their reproductive activity and their living status is a bit improved. The last two years, they had a lot of difficulties in life and had more children and later on they reduced their reproduction due to the family planning service" (villager)

It was beyond the scope of the study to formally estimate contraceptive prevalence in the area, before and after intervention.

Quality Improvement methods

Quality Improvement methods were not being specifically taught to the Cambodian health care workers. As such, it was not possible to seek their perspective on specific methodologies being applied. However, NHS Fellows have generally reported that methods such as RAID are well suited to the Cambodian setting. Furthermore, skills gained in the Cambodia context can be transferred back to the UK setting, and this has been the subject of a separate evaluation.

Conclusions & Future Research

The findings from this evaluation suggest that 'Improving Global Health through Leadership Development' has contributed towards the improvement in health and healthcare within MJPs target area in Cambodia. There was evidence of changes in health services, and practices of Cambodian healthcare workers, attributable to the work of the scheme. The Cambodian experience of the process has been generally positive, but a number of challenges were identified.

This study contributes to the existing body of knowledge on the effectiveness and impact of health links, in particular by seeking the views of the local population served by the link with regards to outcomes; i.e. changes in health services and practices. Future research areas could include evaluating cost-effectiveness, issues of sustainability and equity, specifically focussing on Quality Improvement and different methodological approaches to evaluation.

Selected references

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