



# MatCH

## The Doctor and the Public Health System 8<sup>th</sup> September 2017 AWACC

[knaidu@match.org.za](mailto:knaidu@match.org.za)

# Overview

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- Context: where do I think I stand?
- What is the district public health system and primary health care?
- Is there a role for the doctor in this system?
- What can a doctor actually contribute?
- Discussion and way forward with an example using site based data triangulation

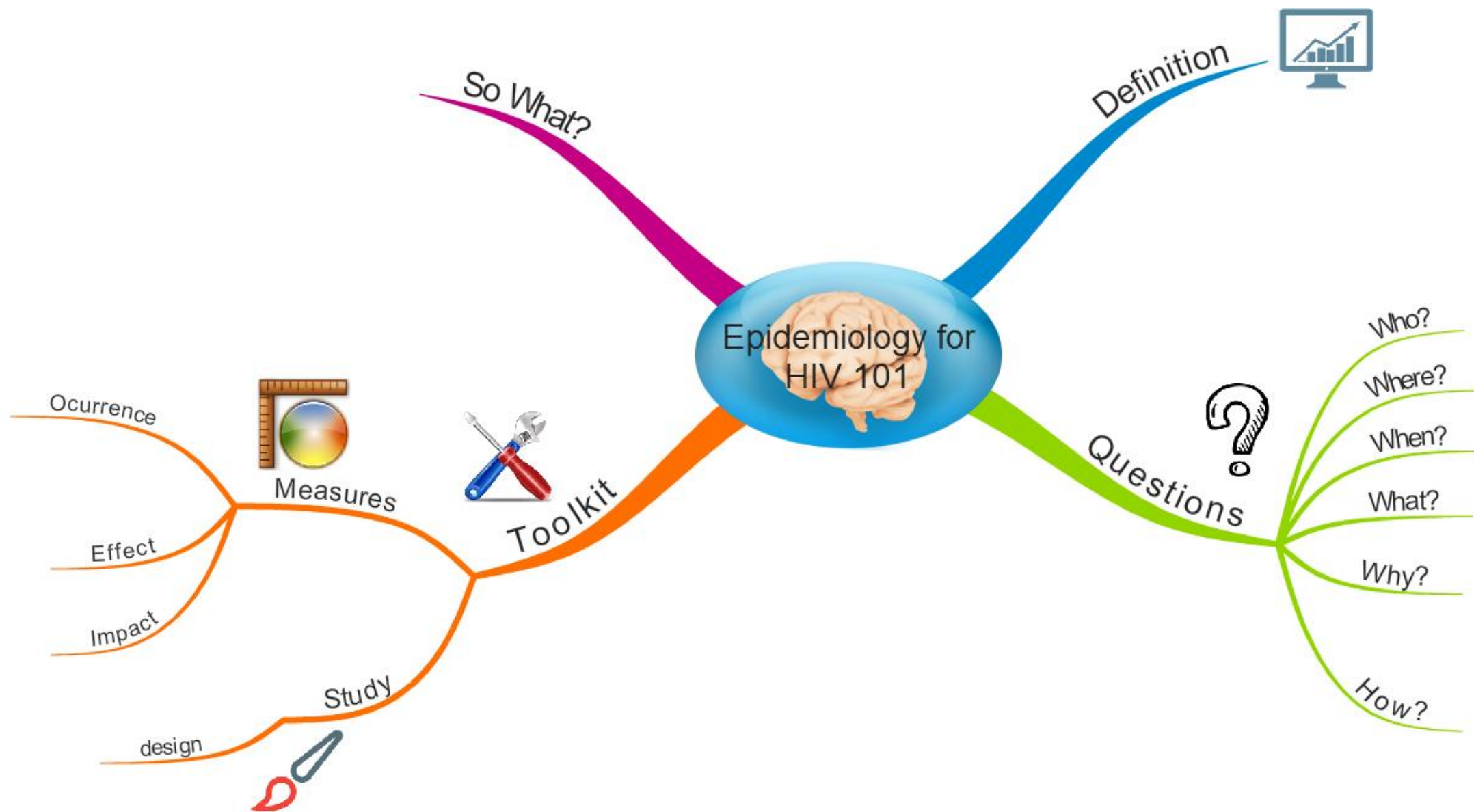


# Context: Where do I stand?

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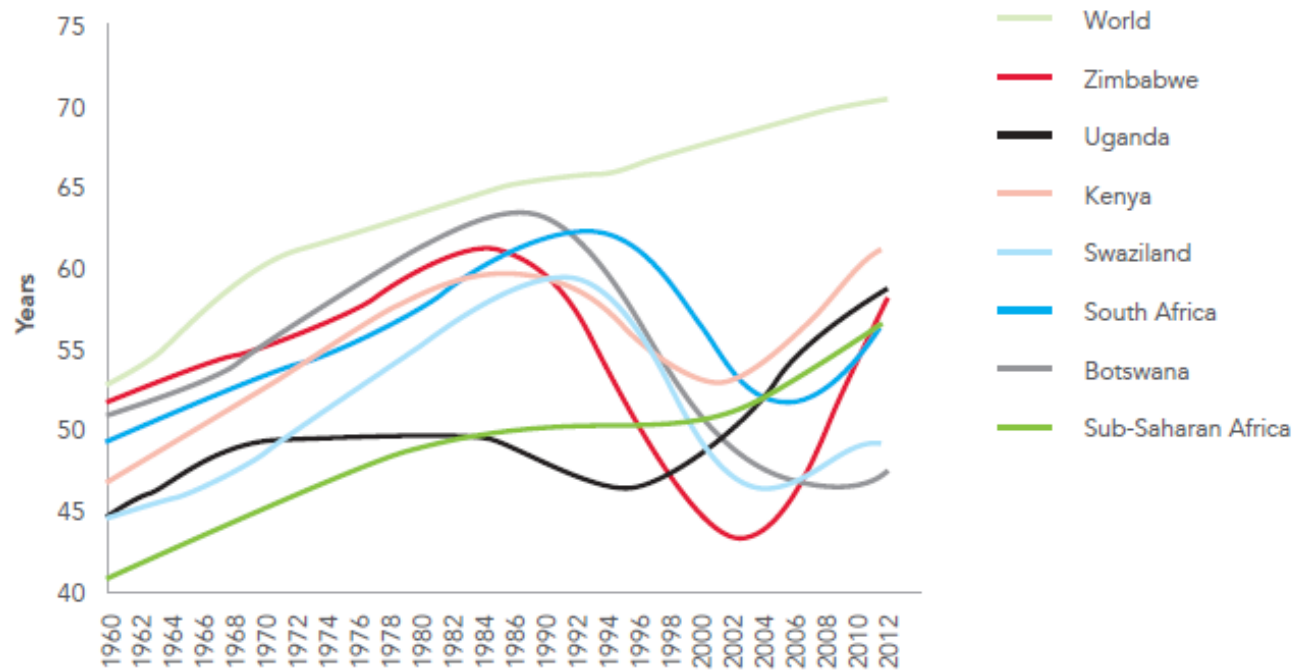
- Epidemiological
- Geographical
- My personal journey as a medical officer in this system





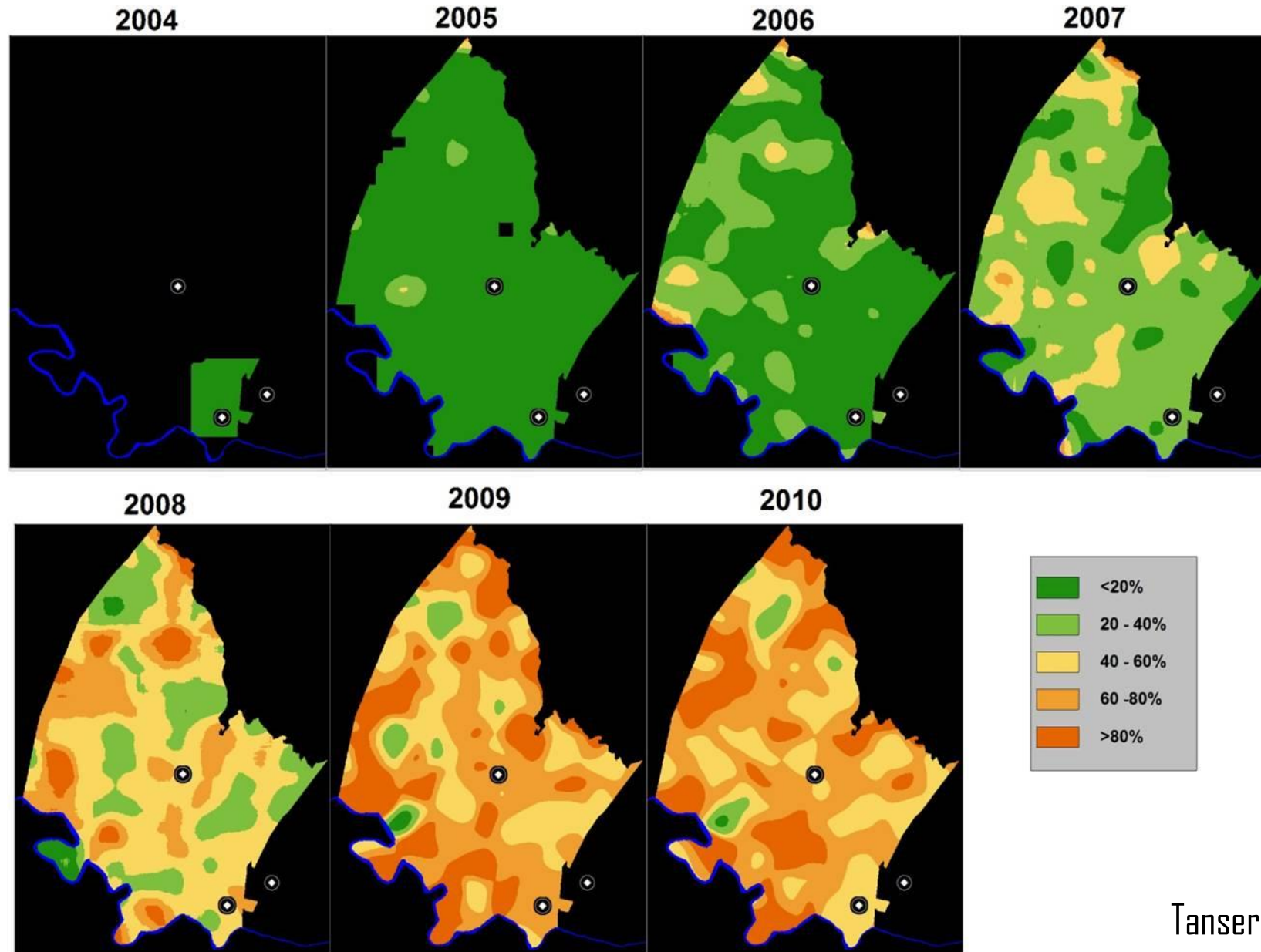
# A South African priority or a global priority

TRENDS IN LIFE EXPECTANCY DURING THE AIDS EPIDEMIC



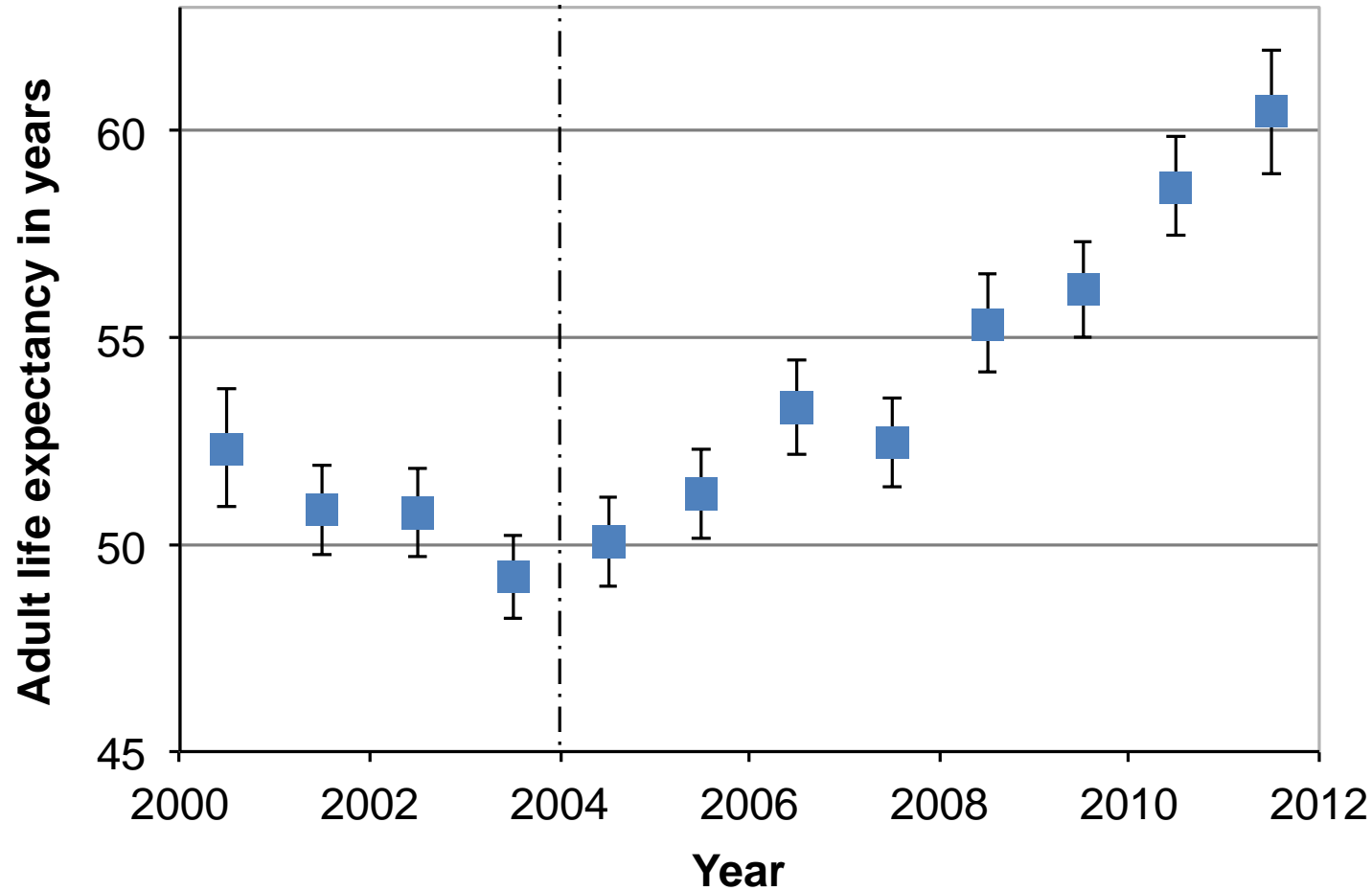
Source: The World Bank life expectancy data. <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>. Accessed 15 September 2014.

# Rapid scale-up in SA



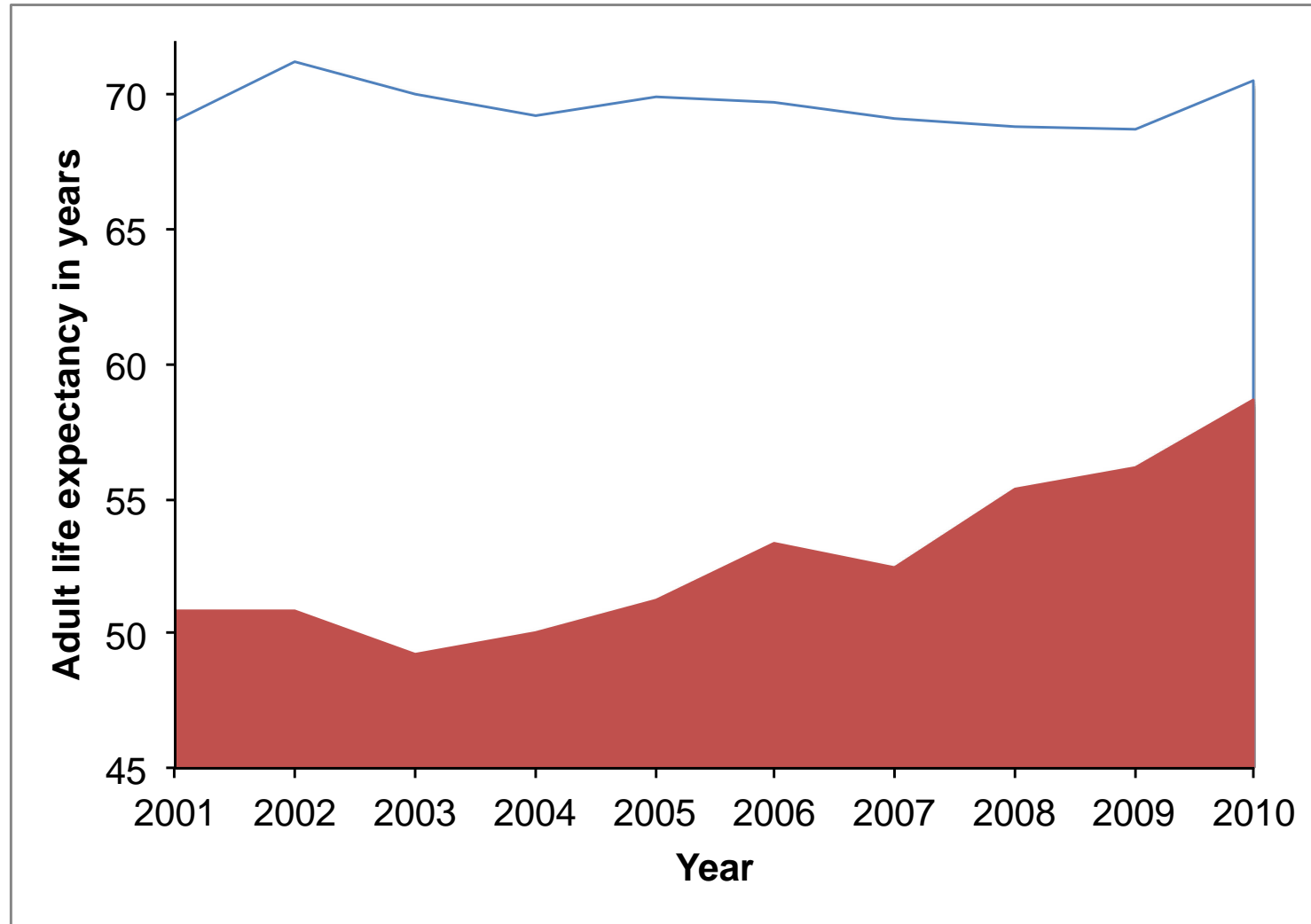
Tanser et al.

# Adult life expectancy over time



**13,060 deaths  
among 101,286  
individuals aged  
15 years and older,  
contributing  
a total of 651,350  
person-years of  
follow-up time**

# Life expectancy increases following ART scale-up

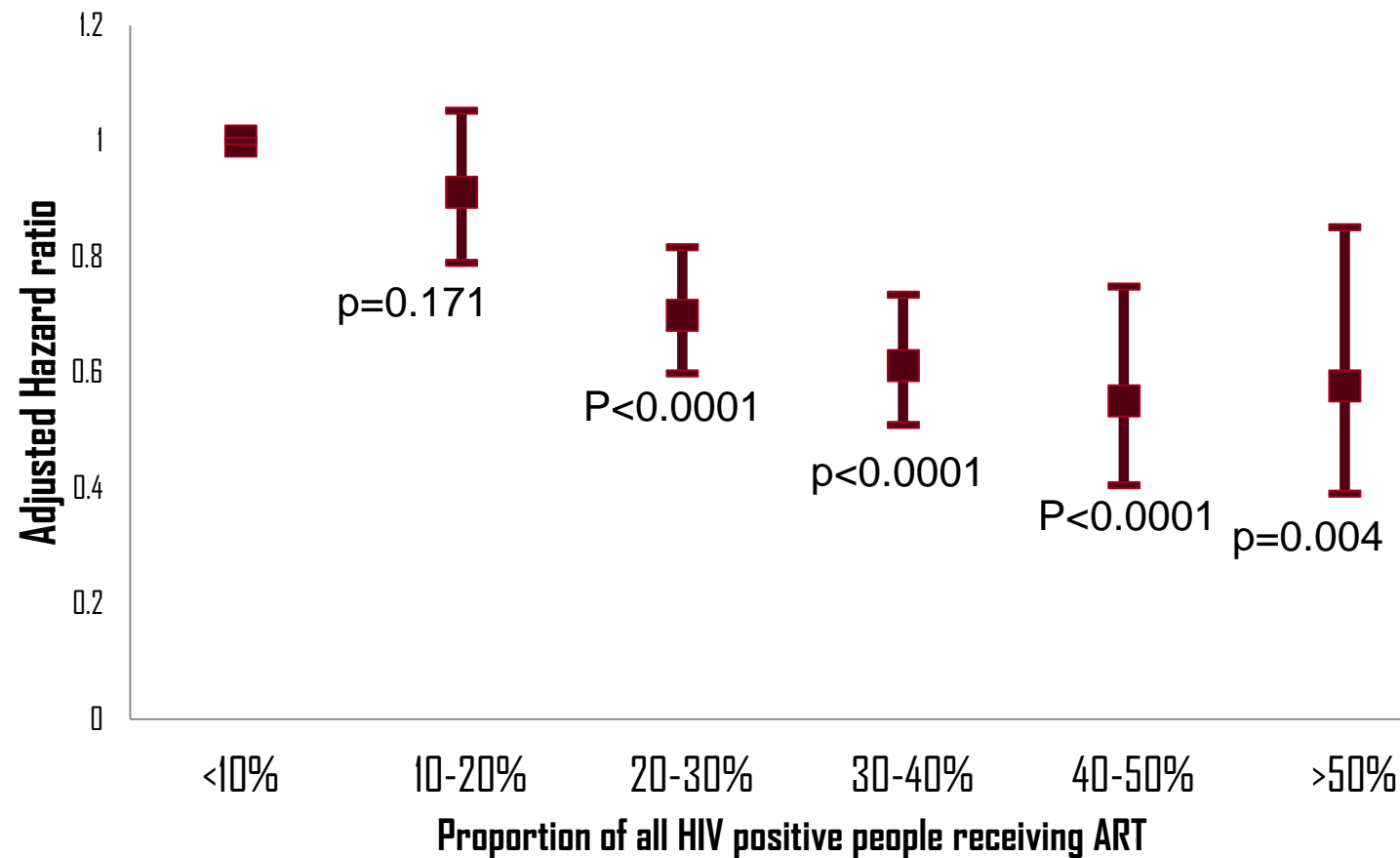


Blue = cause-deleted life expectancy, red = total adult life expectancy

Bor, Newell, Herbst & Bärnighausen *Science* 2013



# Population impact of ART coverage on risk of HIV acquisition (2004-2012)



Survival analysis

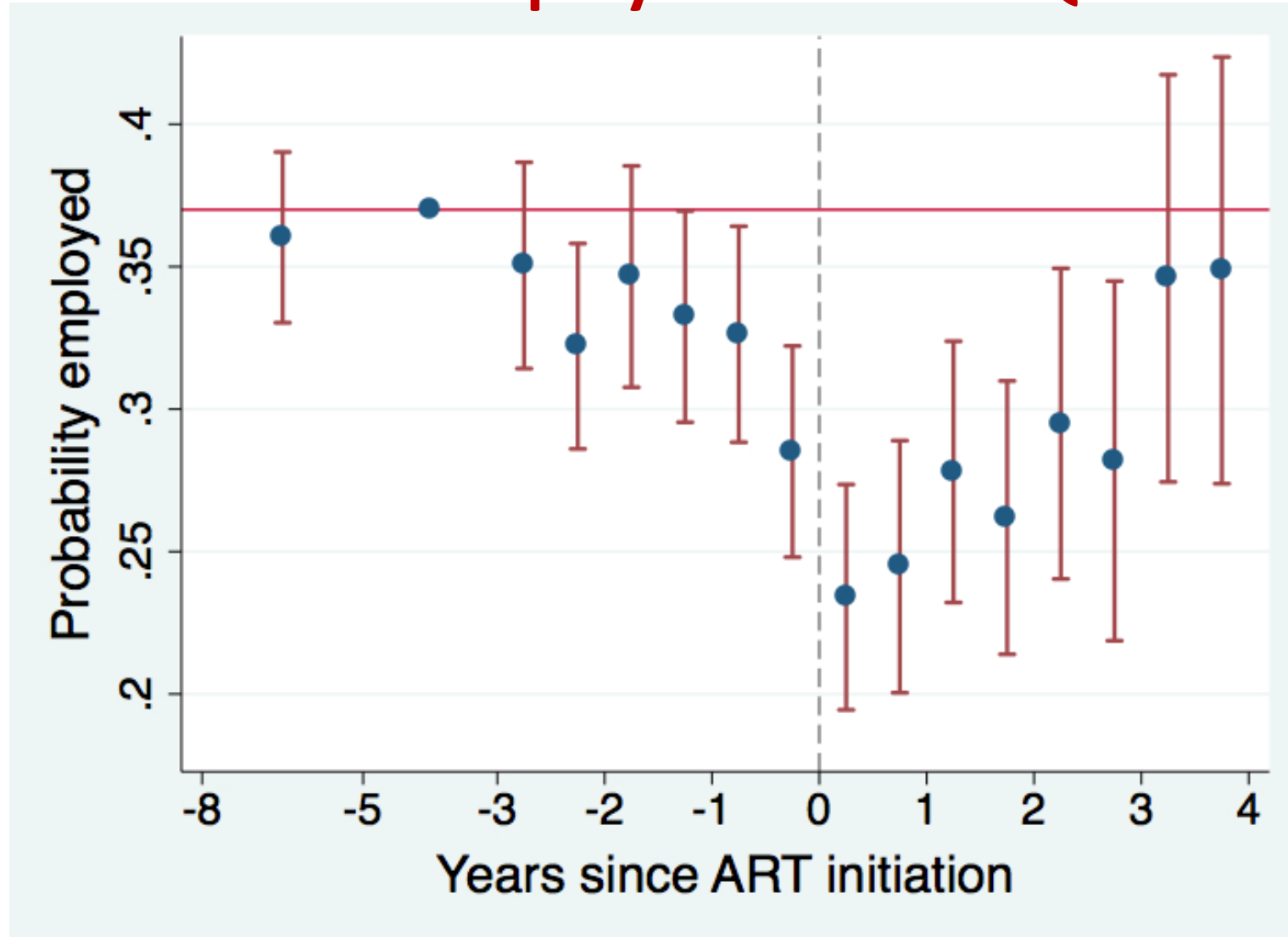
> 17,000 HIV-negative individuals followed-up for HIV acquisition over 60,558 person-years

1,573 HIV sero-conversions

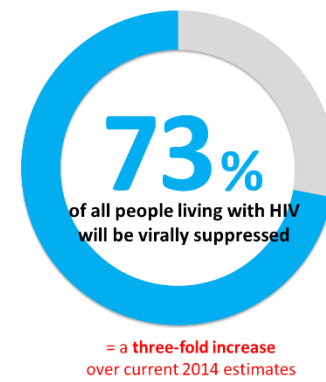
Time- (and space-) varying demographic, sexual behavior, economic and geographic controls, including HIV prevalence

Adjusted for age, sex, community-level HIV prevalence, urban vs. rural locale, marital status, >1 partner in last 12 months, and household wealth index

## Causal impact of ART on employment: weak QE



# Focus on the cascade...



**90%**

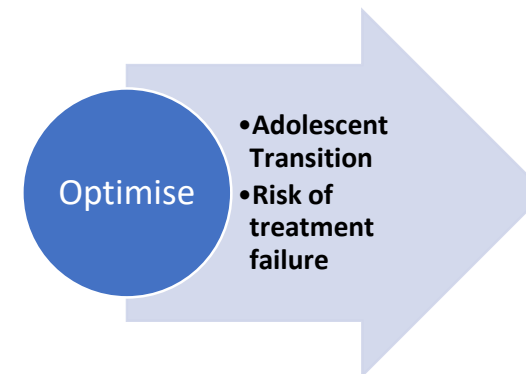
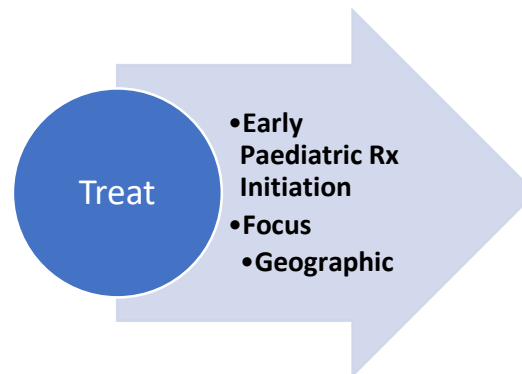
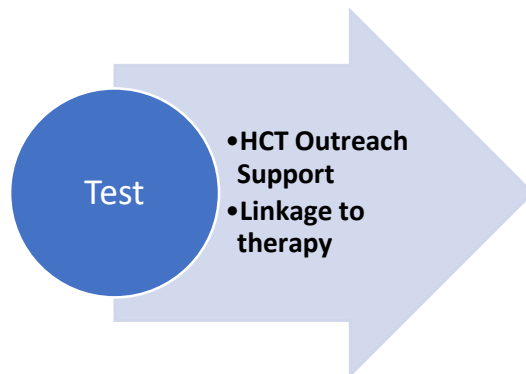
**of all people  
living with HIV  
will know  
their HIV  
status**

**90%**

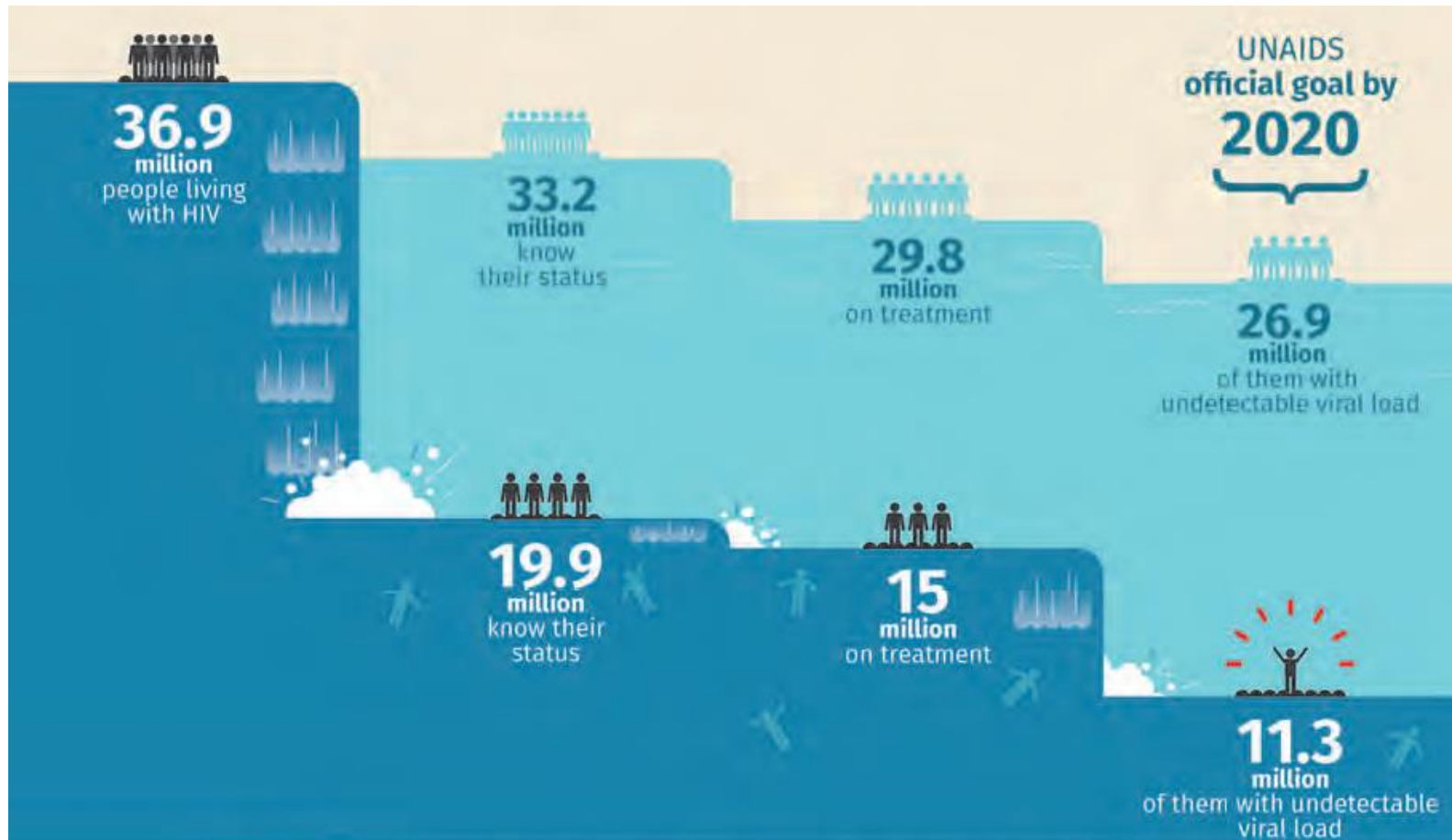
**of all people  
diagnosed  
with HIV will  
receive  
sustained  
antiretroviral  
therapy.**

**90%**

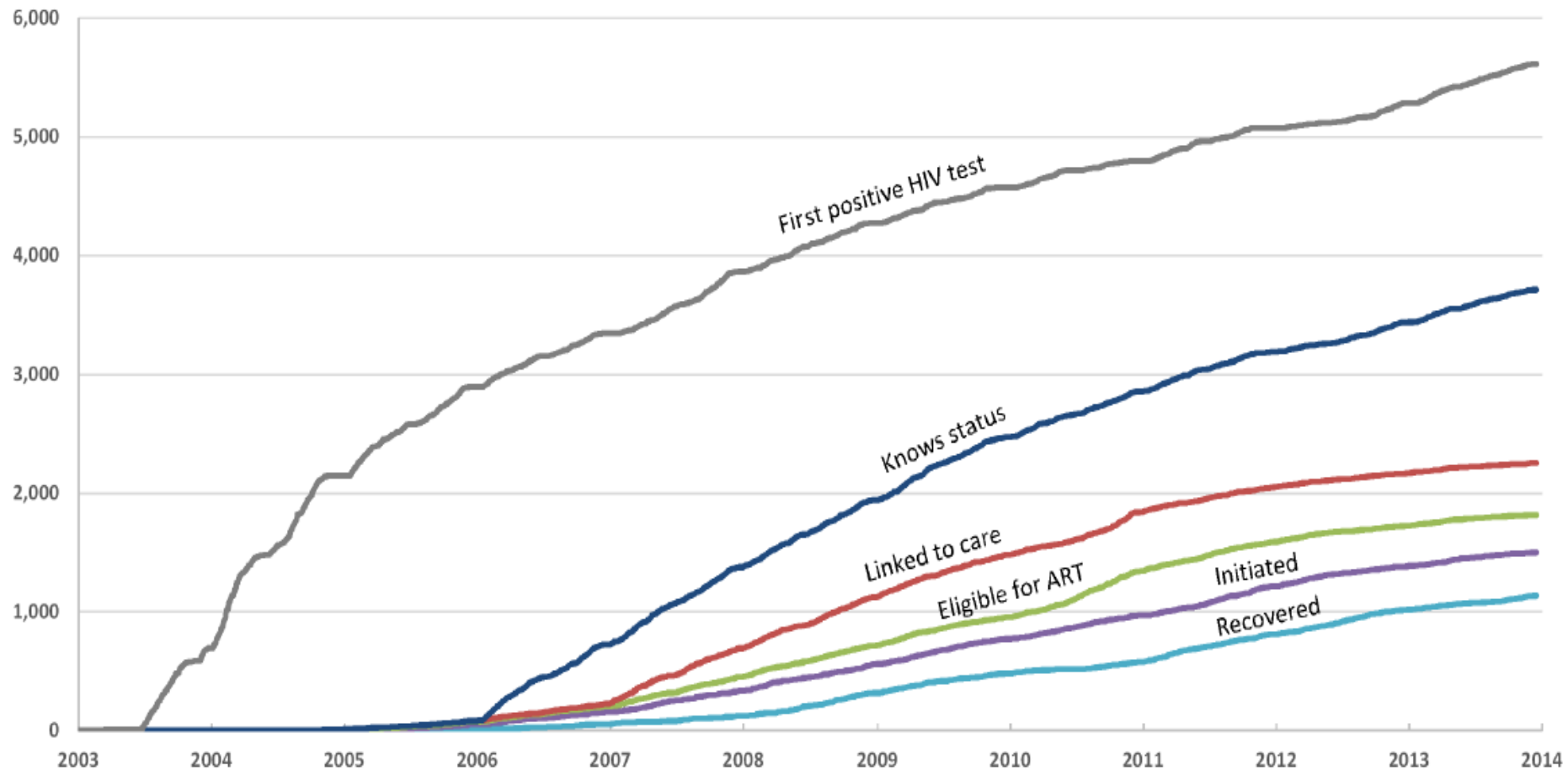
**of all people  
receiving  
antiretroviral  
therapy will  
have durable  
suppression.**



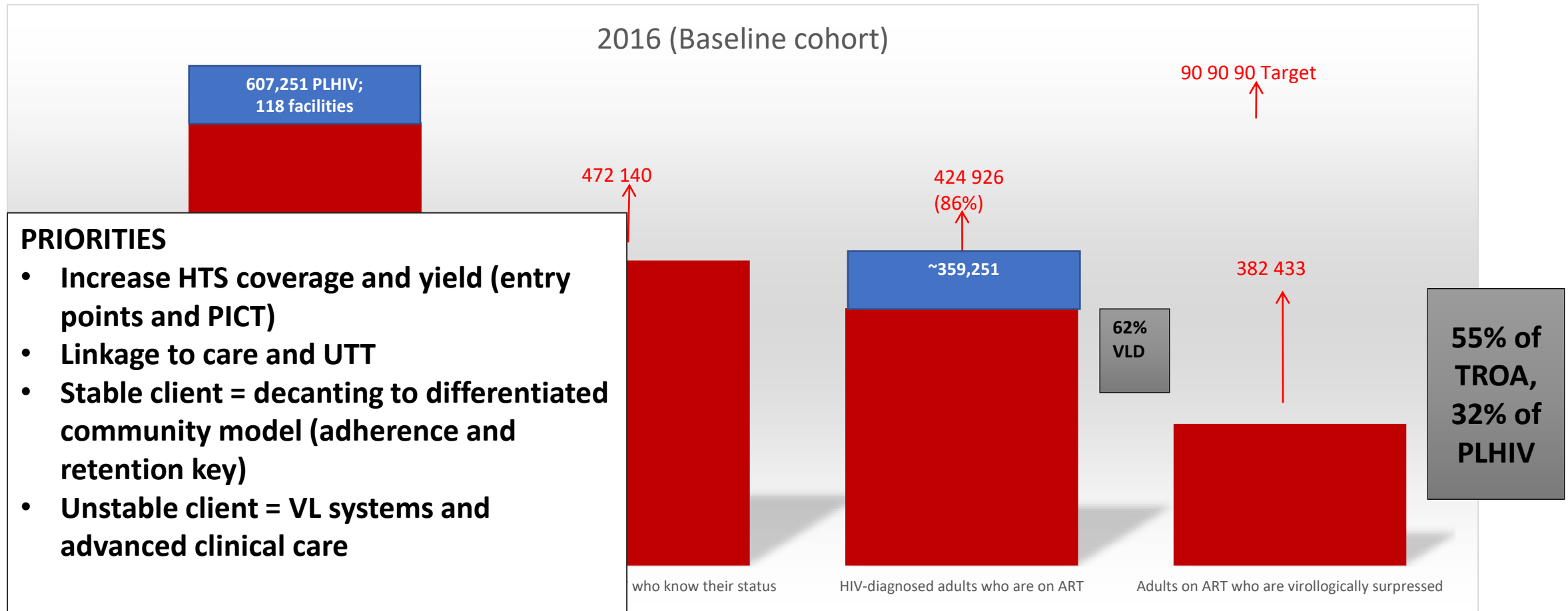
# Global HIV Cascade of Care



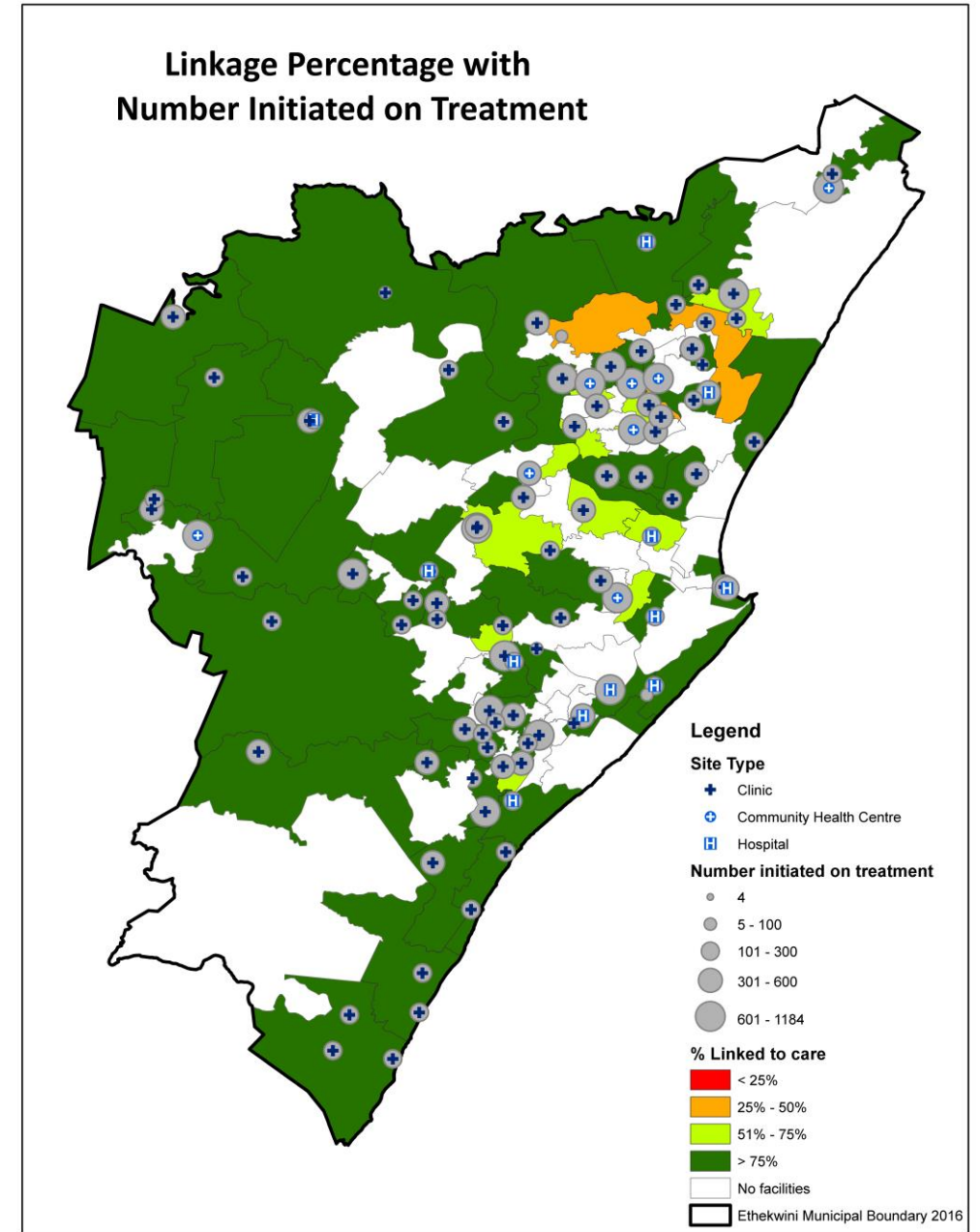
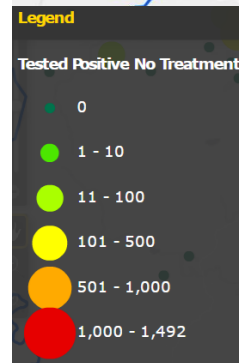
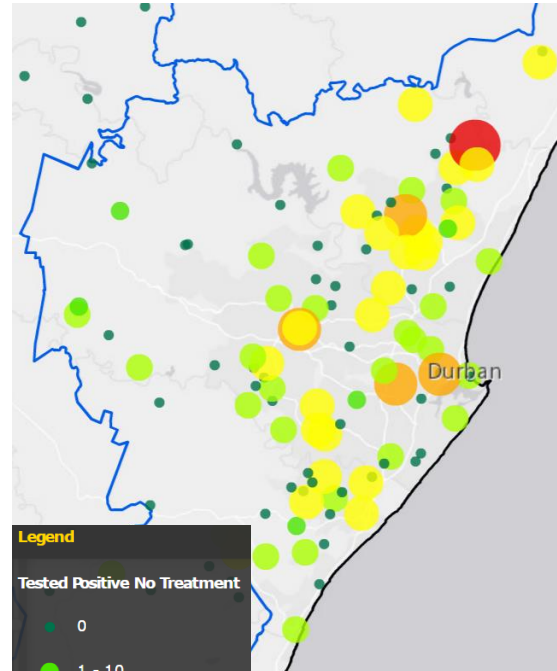
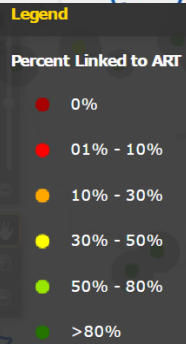
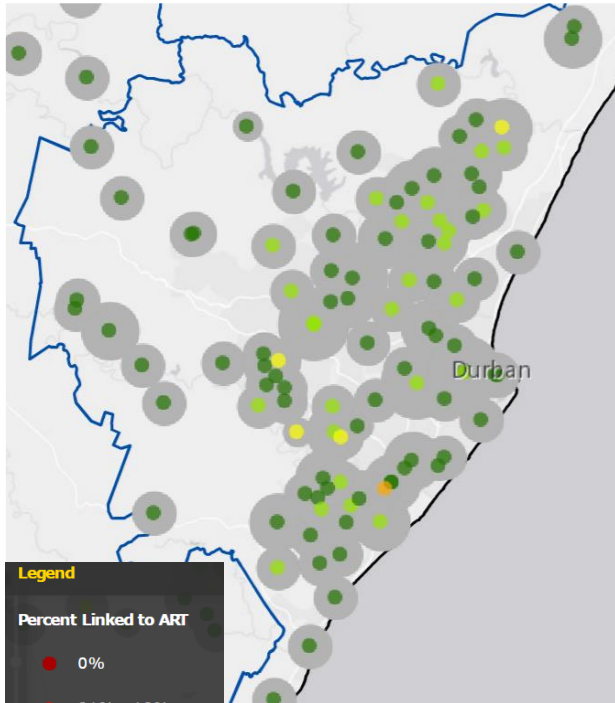
## “Cascade of Care”



# MatCH eThekweni Cascade of Care

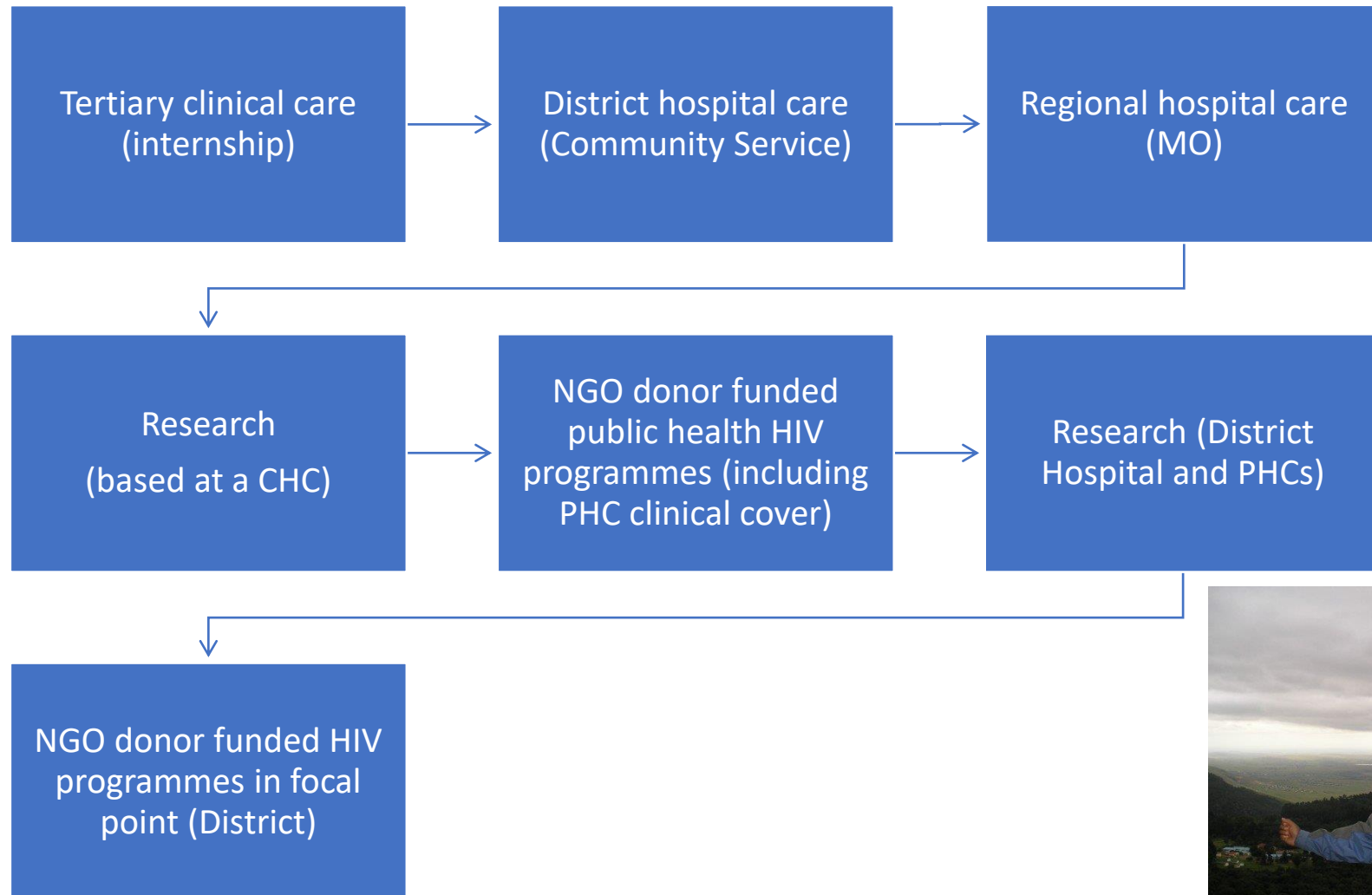


# Linkage coverage map (92% Q2)





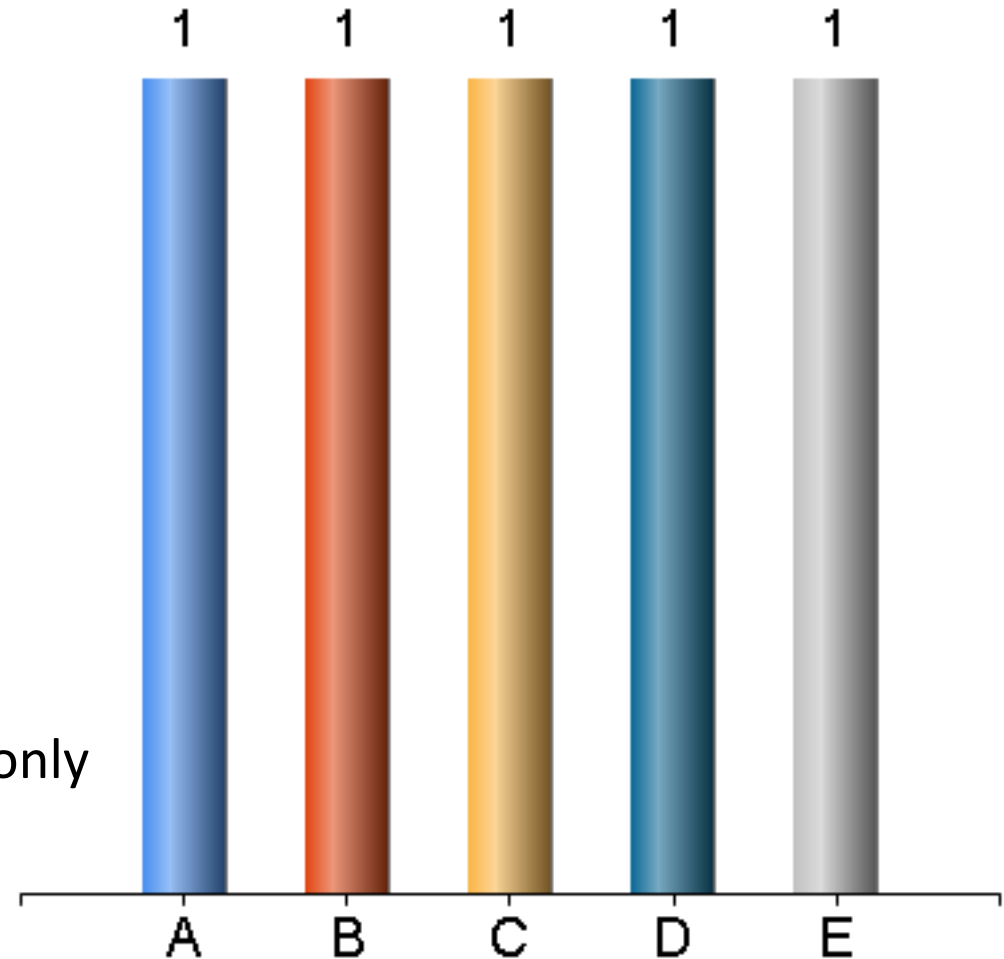
# My personal journey





# Only question: please choose option which best describes your clinical practice

- A. Tertiary Hospital
- B. Regional Hospital
- C. District Hospital
- D. Hospital with PHC outreach
- E. NGO/private/public with roving PHC outreach only



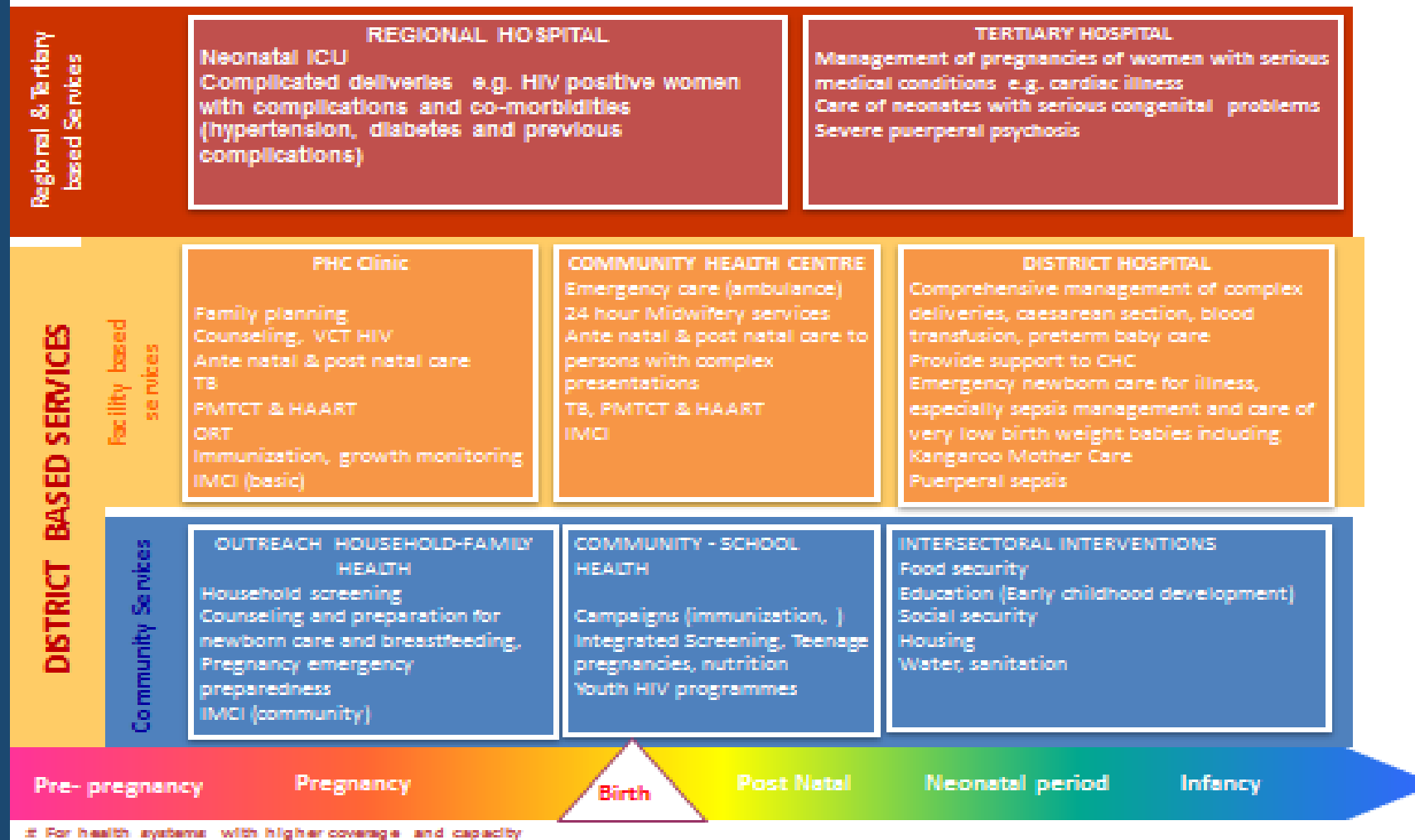
# What is the Public Health System?

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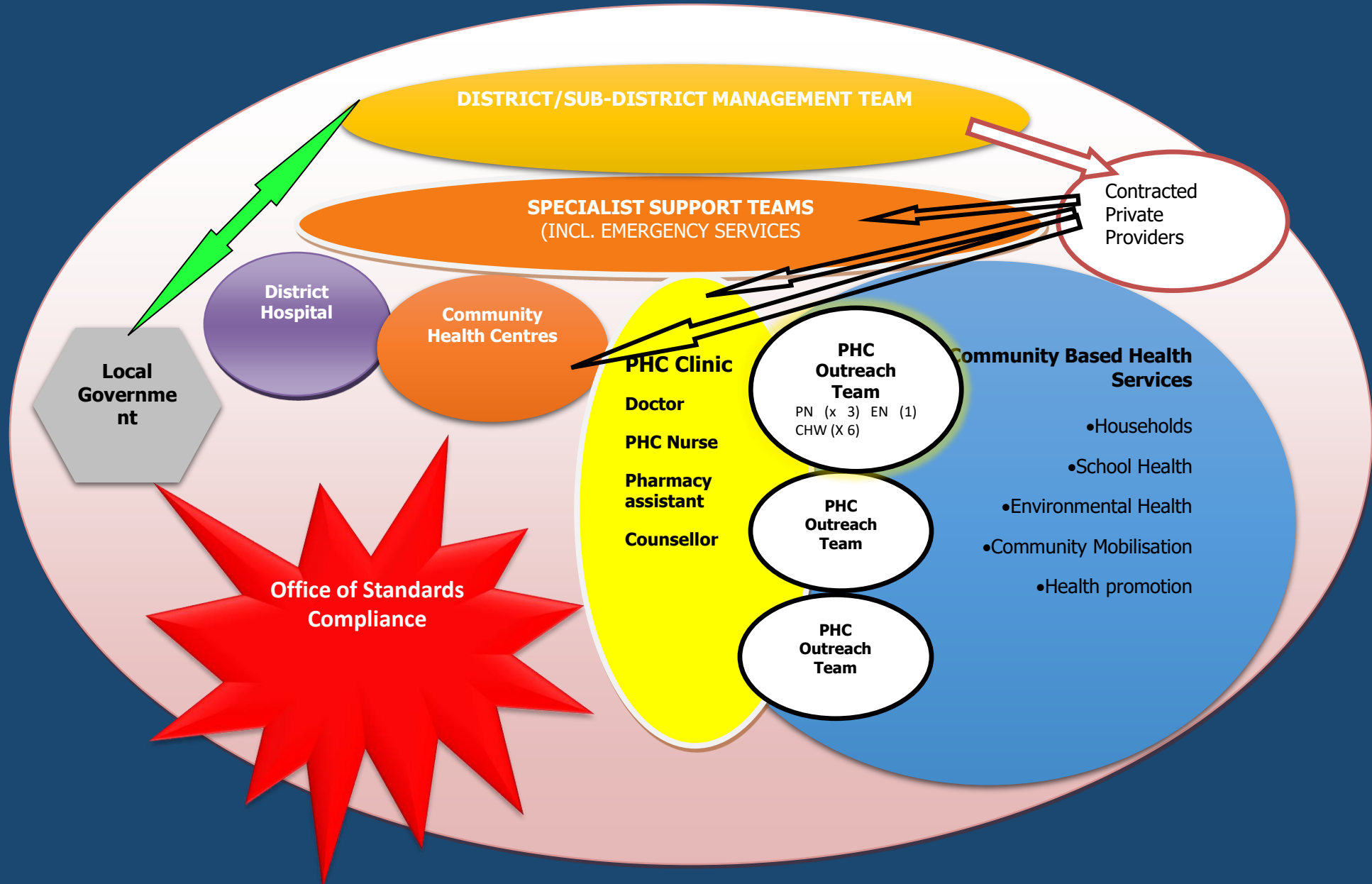
- What it is?
  - NHI snapshot
- Where is it going?
  - Universal Coverage
  - Quality
  - Reform and Public Health



# Integrated Service Delivery for maternal & newborn health



# DHS MODEL



## An Ideal Clinic in South Africa will have the following elements (1)

- ✓ It will be a clinic that **opens on time** in the morning, according to its set operating hours, and which **does not close until the last patient** has been **assisted**, even if this is beyond the normal closing hours.
- ✓ It is staffed by health care **providers** who **treat people with dignity**, and **observe the Batho Pele principles** of Access, Consultation, Courtesy, Information, Service Standards, Openness and Transparency, Redress and Value for Money.
- ✓ The Ideal Clinic will **provide community-based health promotion** and disease prevention programmes **in collaboration with the community**.
- ✓ It is very **clean**, promote hygiene and **take** all precautionary measures to prevent the spread of diseases.
- ✓ It has **reasonable waiting times** and community members do not have to sacrifice their entire working day to seek health care.

# SA characterised by 2-tier health care

Despite SA spending R135-bn (7% GDP in 08) on health, there is huge inequality and poor health outcomes with persistence of a dual system

- **1<sup>st</sup> tier for the wealthy minority**
  - 60% of resources in the private (for-profit) health sector, especially in medical schemes
  - serving only 7-million (16%) of population
  - 71% of medical scheme members in wealthiest quintile
- **2<sup>nd</sup> tier for the poor majority**
  - 40% of resources for public sector
  - serving 41 million (85%) of population

# The future vision – the 10 point plan

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1. Provision of **strategic leadership** & creation of social compact
2. Implementation of **National Health Insurance**
3. Improving **quality of services**
4. Improving **human resources** management
5. **Overhauling the health care system** & improve management
6. Revitalisation of **physical infrastructure**
7. Accelerated implementation of **HIV & AIDS** & reduction of **TB** mortality & associated diseases
8. **Mass mobilisation** for better health for the population
9. Review of the **Drug Policy**
10. Strengthening **Research & Development**

# Primary health care

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- A benefit package that includes primary care services as well as specialist and inpatient care, with substantial attention being paid to ensuring that the focus is not solely on curative care but also includes preventive, promotive and rehabilitative services.
- Primary level care should be excellent so that individuals are confident that they will be adequately cared for if they follow the appropriate referral route and comply with gate-keeping by primary care providers; and

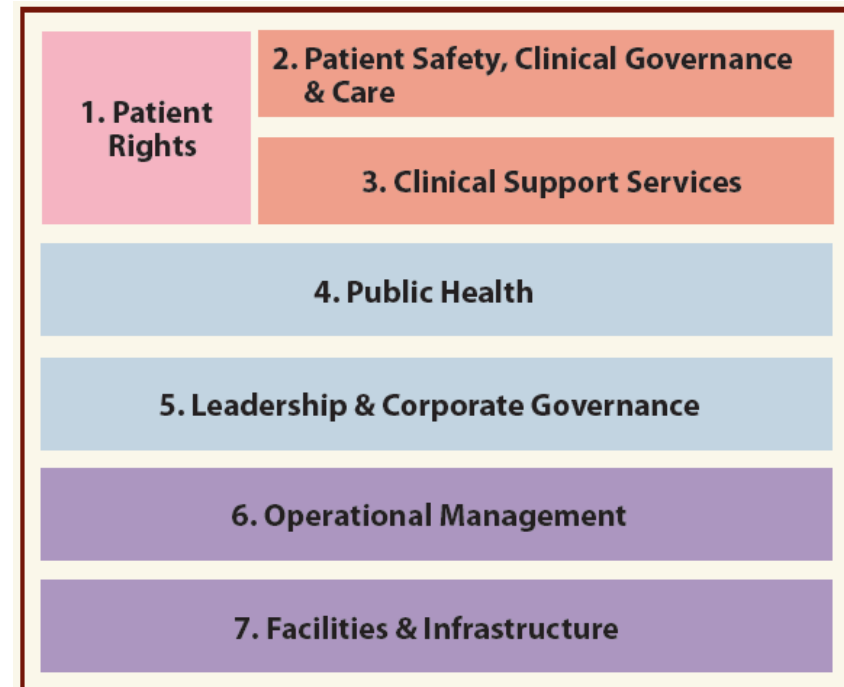




# National Core Standards 2008 - 2011

## 6 priority areas

- Cleanliness of health facilities
- Safety and security of patients
- Patient waiting times
- Attitudes of health care workers
- Infection control measures
- Availability of medication



7 domains of NCS

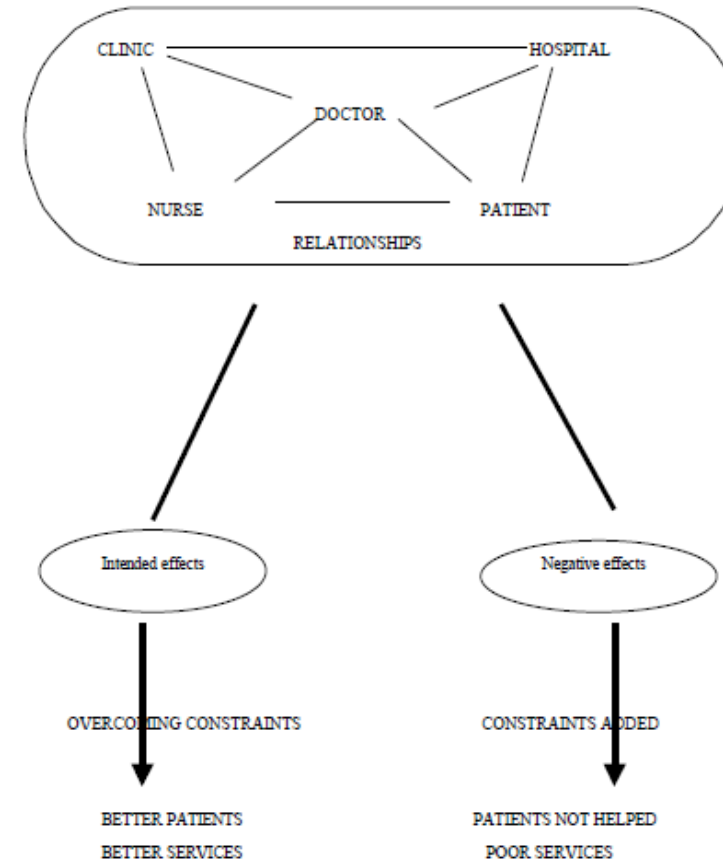
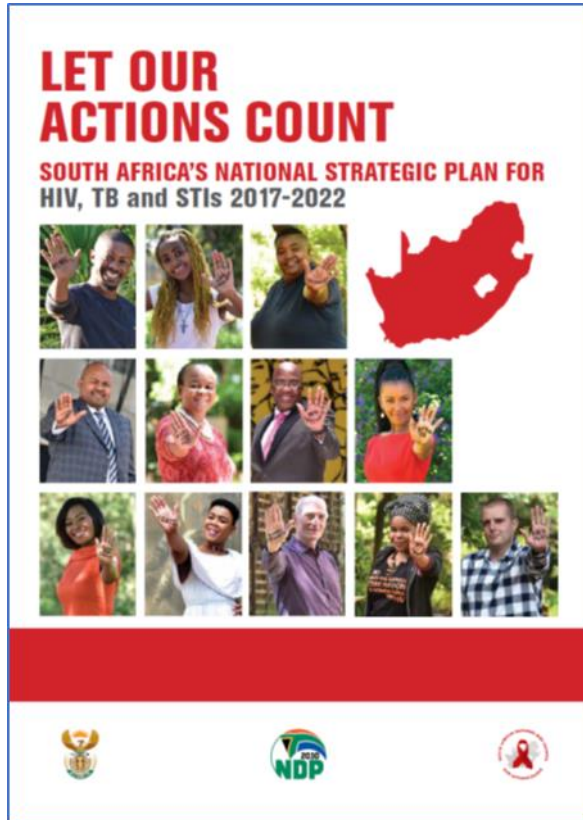
# Is there a role for a doctor in the health system?

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- Since the District Health System was implemented as the vehicle for Primary Health Care in South Africa, the role of primary care clinics has become more significant. They are at the forefront of the delivery of health care.



# Role continued...



# What can a doctor contribute?

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- The concept of doctors visiting clinics to support primary health care is well established but the role that these doctors should play is not clear, and varies from area to area.
- The suggested tasks for these visits range from a consulting or teaching role to a broad involvement in the support of the clinic's primary health care function.



# Thoughts from nurses in the northwest

Benefits of visiting doctors
<ol style="list-style-type: none"><li>1. To the patients</li><li>2. To the staff</li><li>3. To the clinic</li><li>4. To the hospital</li><li>5. To the service</li></ol>
Negative effects of doctors' visits
<ol style="list-style-type: none"><li>1. Blaming nurses</li><li>2. Poor relationships</li><li>3. Patients being tossed around</li><li>4. Poor feedback</li><li>5. Doctors not known to patients and staff</li><li>6. Lack of knowledge about the rules</li><li>7. Discontinuity</li><li>8. Not examining patients</li></ol>

Relationship issues
<ol style="list-style-type: none"><li>1. Respect</li><li>2. Attitude</li><li>3. Teamwork</li><li>4. Continuity of relationship</li><li>5. Support</li><li>6. Strains</li></ol>

- | Constraints and challenges   |
|--|
| <ol style="list-style-type: none"><li>1. Lack of management support</li><li>2. Lack of skills</li><li>3. No orientation</li><li>4. Lack of equipment</li><li>5. Divergence in ways of working</li><li>6. Language problems</li><li>7. Inadequate time with patients</li><li>8. Community preferences</li></ol> |

Contrasts (apparent across all the themes)
<ol style="list-style-type: none"><li>1. Quality of visit</li><li>2. Satisfaction</li><li>3. Respect</li><li>4. Quality of the doctor</li><li>5. Continuity of care</li><li>6. Commitment</li><li>7. Support</li><li>8. Attitude</li></ol>


Optimising the role of the visiting doctor
<ol style="list-style-type: none"><li>1. Involvement of administrators</li><li>2. Orientation of doctors</li><li>3. Instilling specific skills</li><li>4. Appropriate allocation</li><li>5. Respect</li><li>6. Teamwork</li><li>7. Networking</li><li>9. Co-ordination</li></ol>



# Discussion and way forward

- Understand my health system
- Understand where I can contribute
- Create opportunities in the implementation gap
- Now onto my circle of influence – using my own routine data...

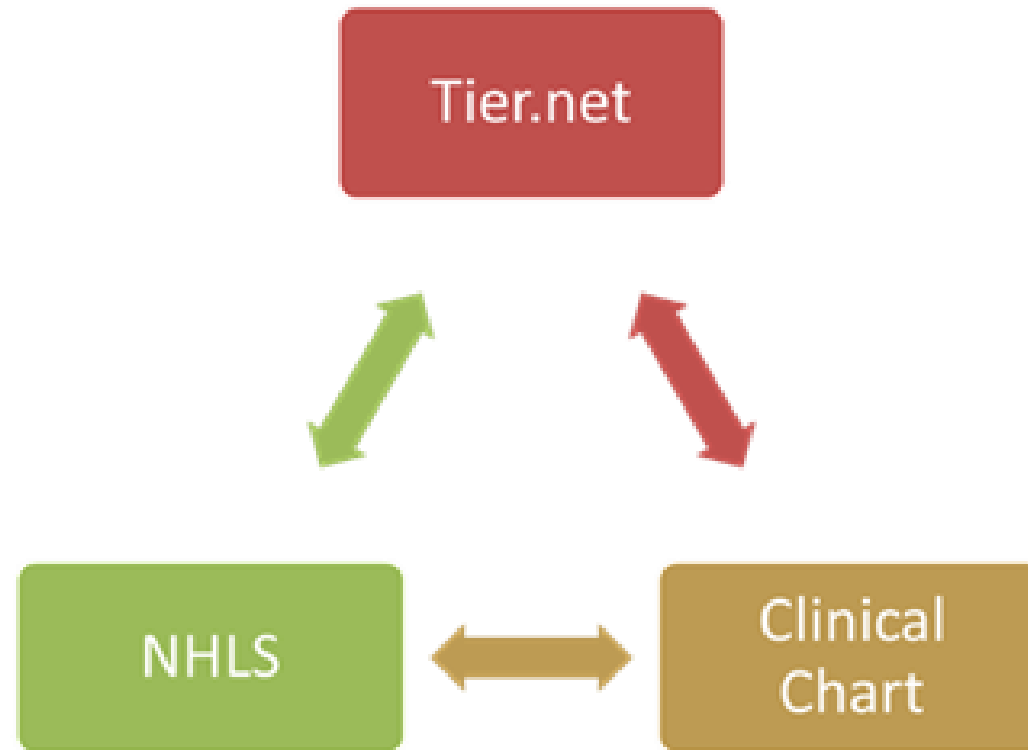




Know your response,  
using facility based  
routine health  
information for improving  
health services...

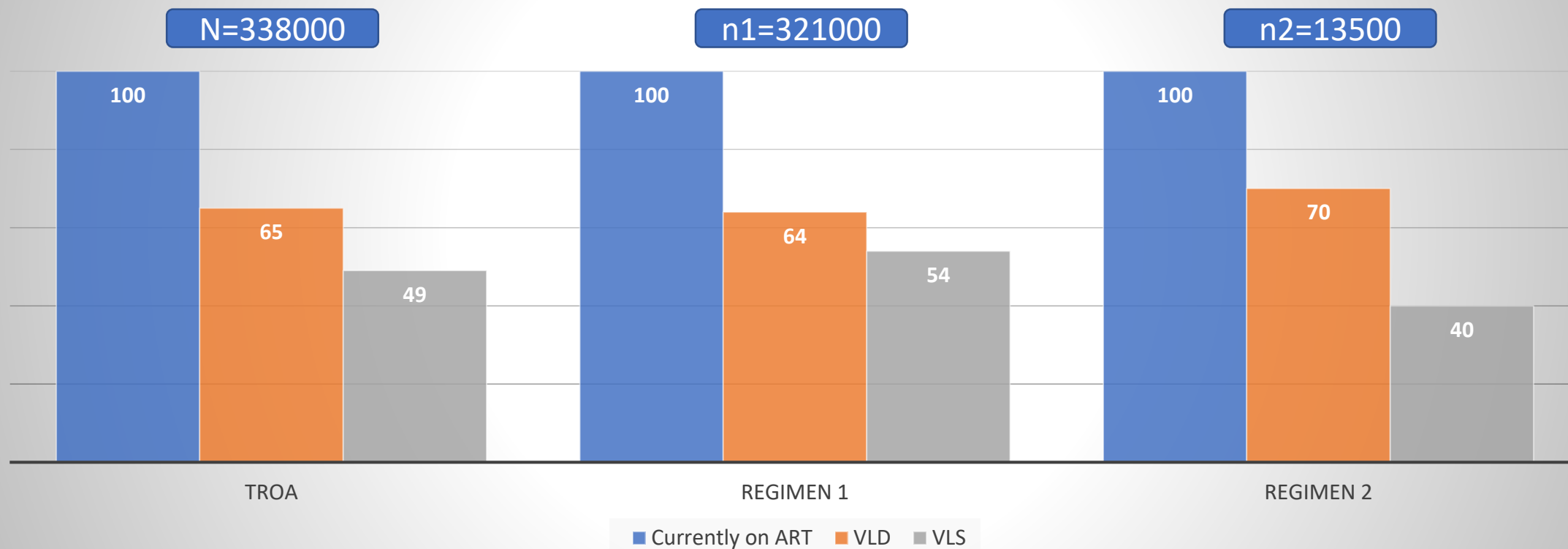
# VL: Routine Health Information – an example of how one Doctor can contribute

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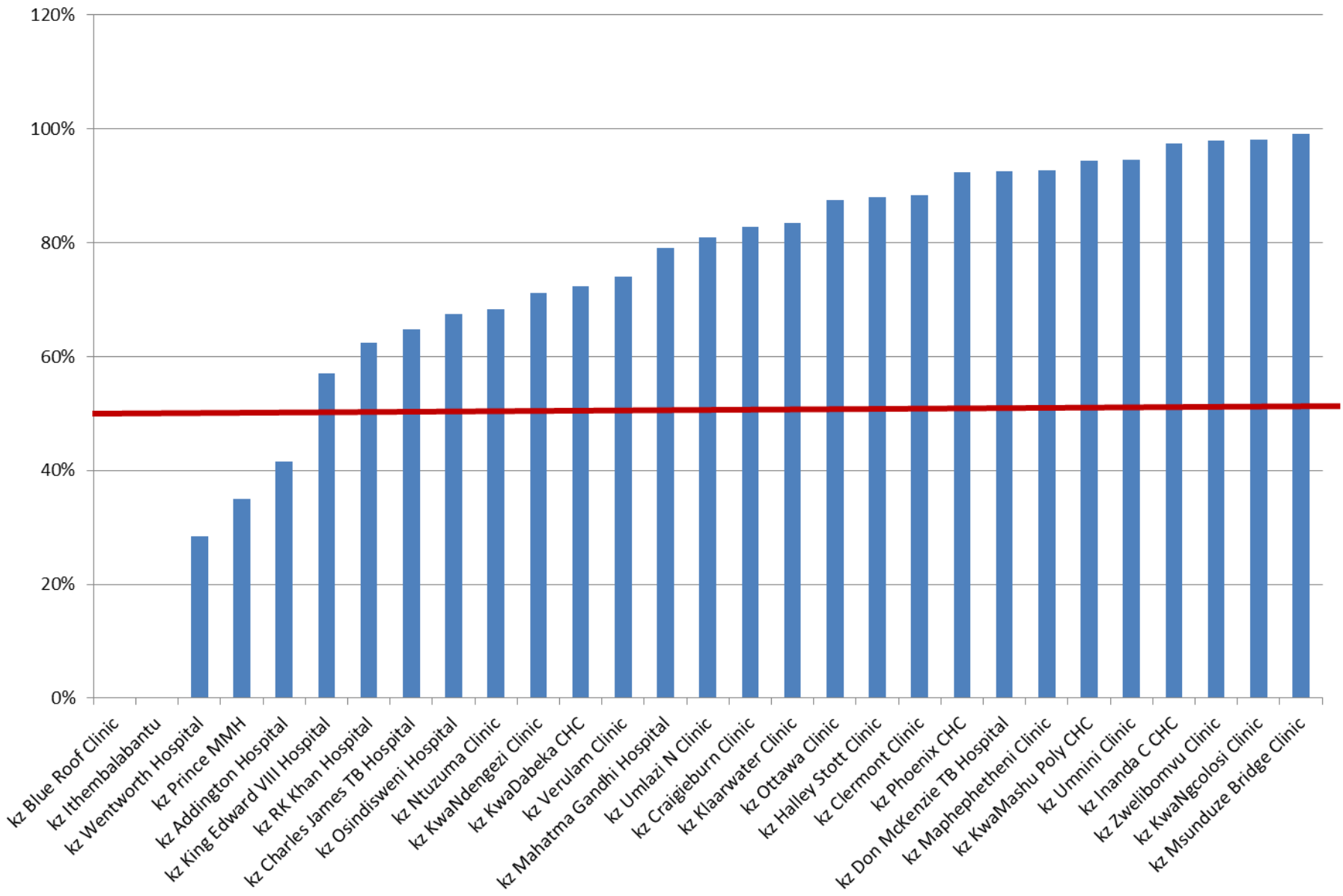
# Viral Load Cascade

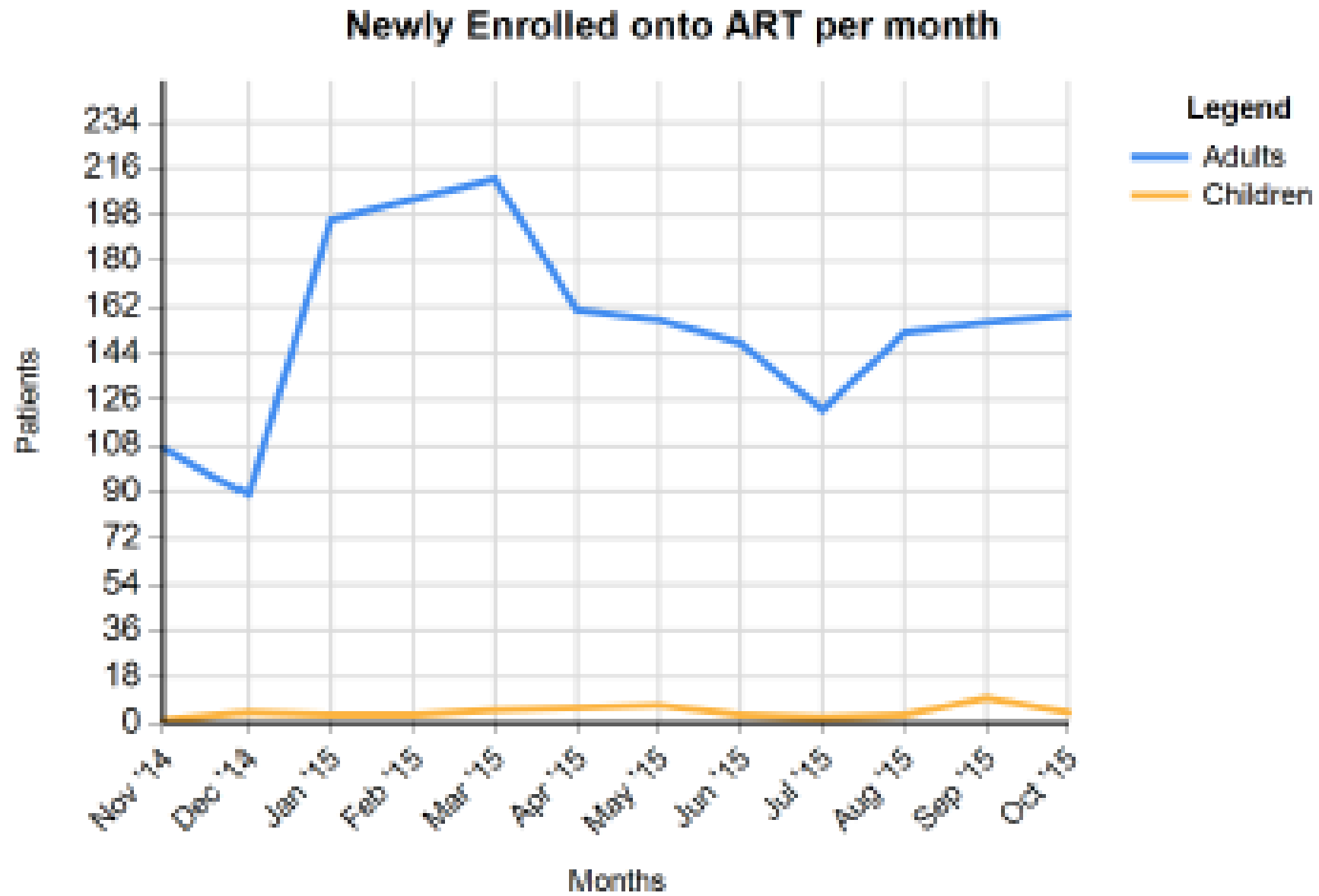
Proportion of TROA by Regimen with VL monitoring

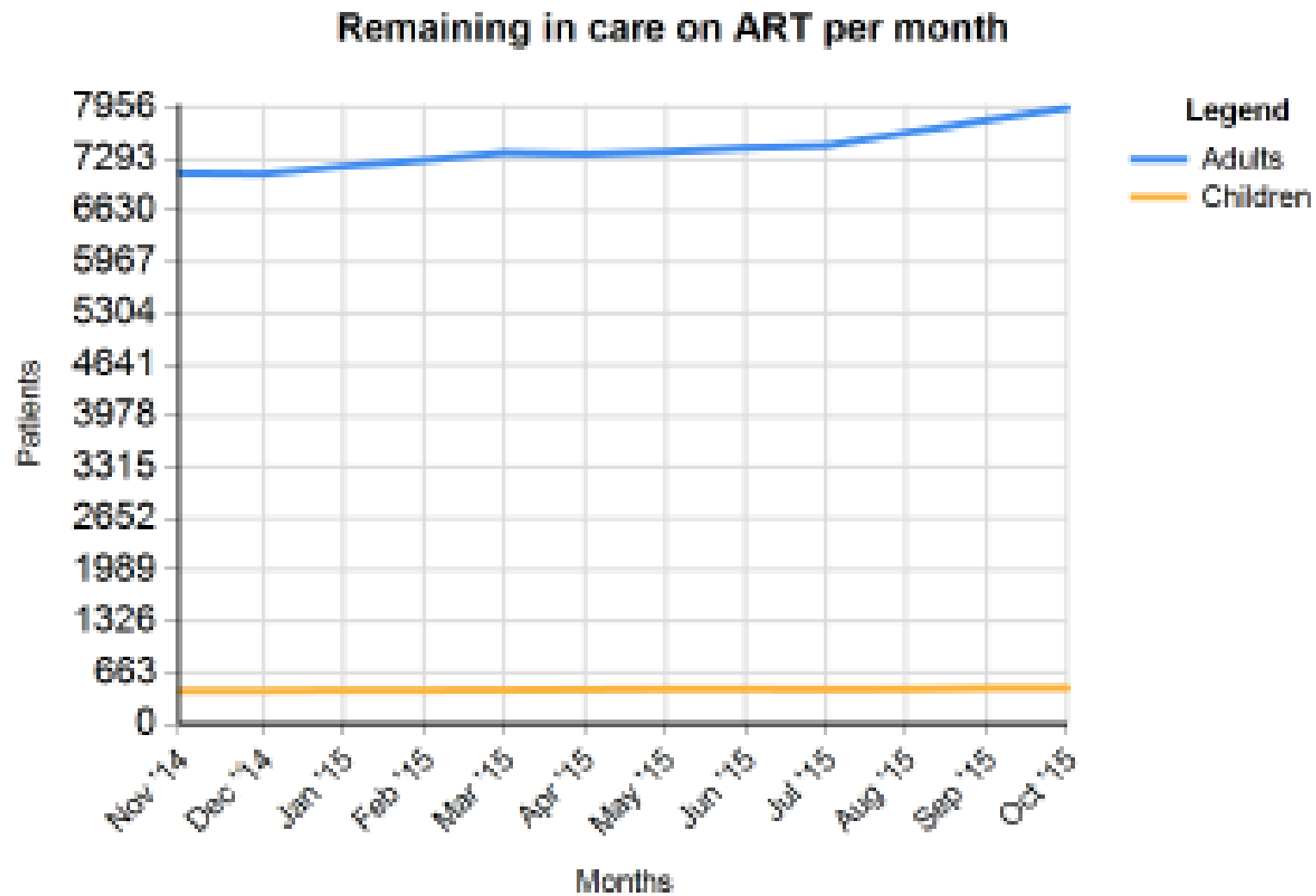


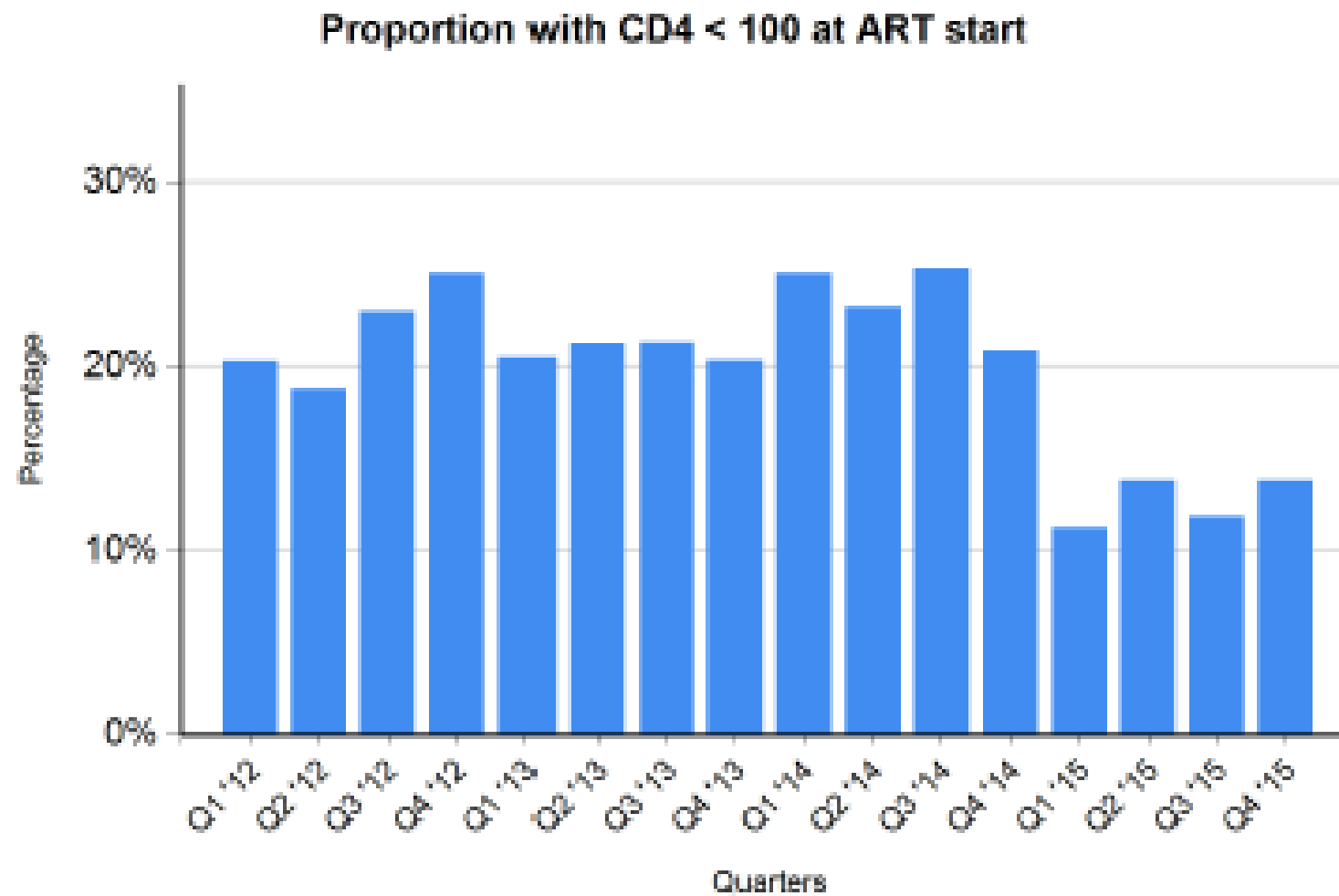
Source: Tier.net Mar2017

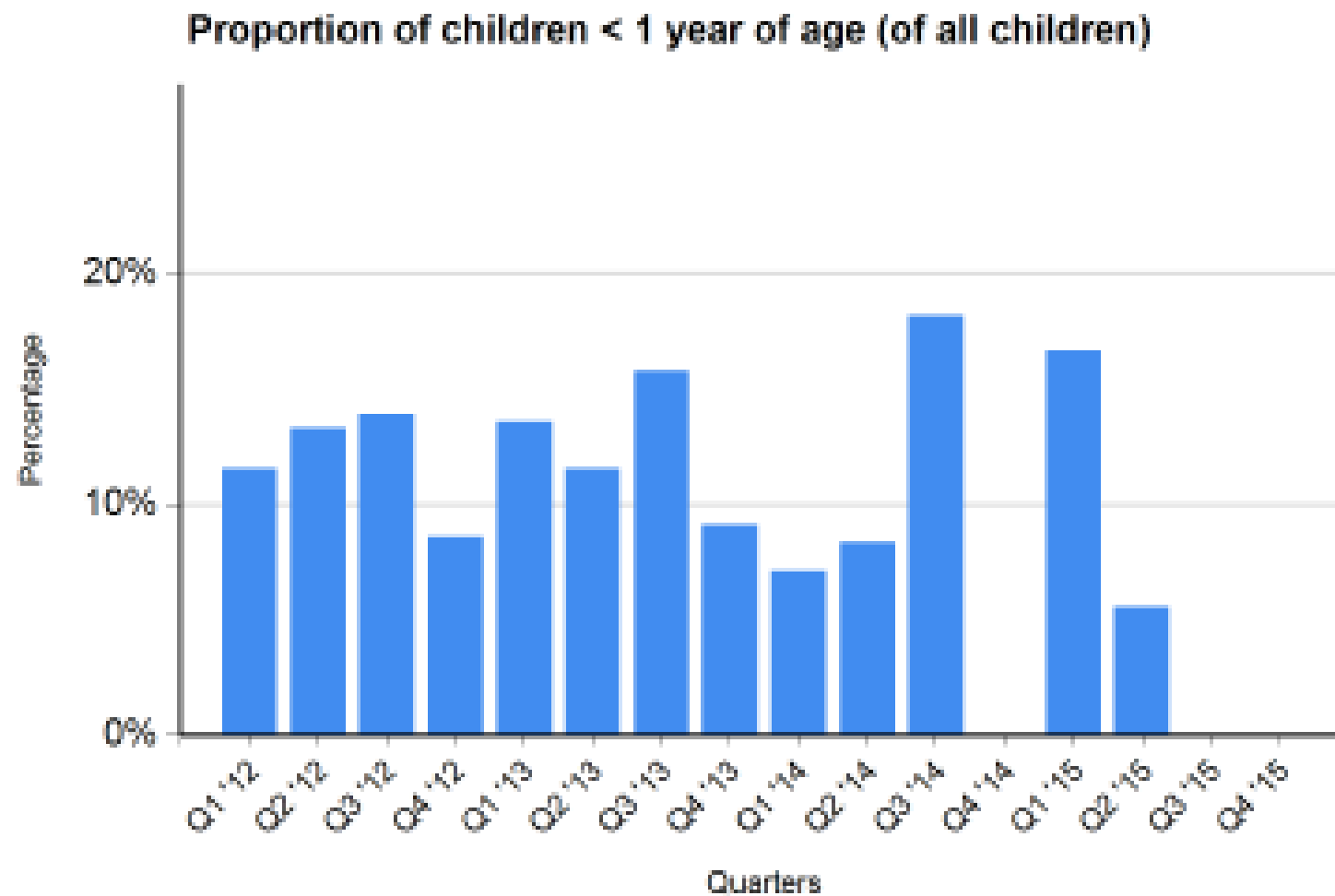
# eThekweni % TX\_CURR < 100%





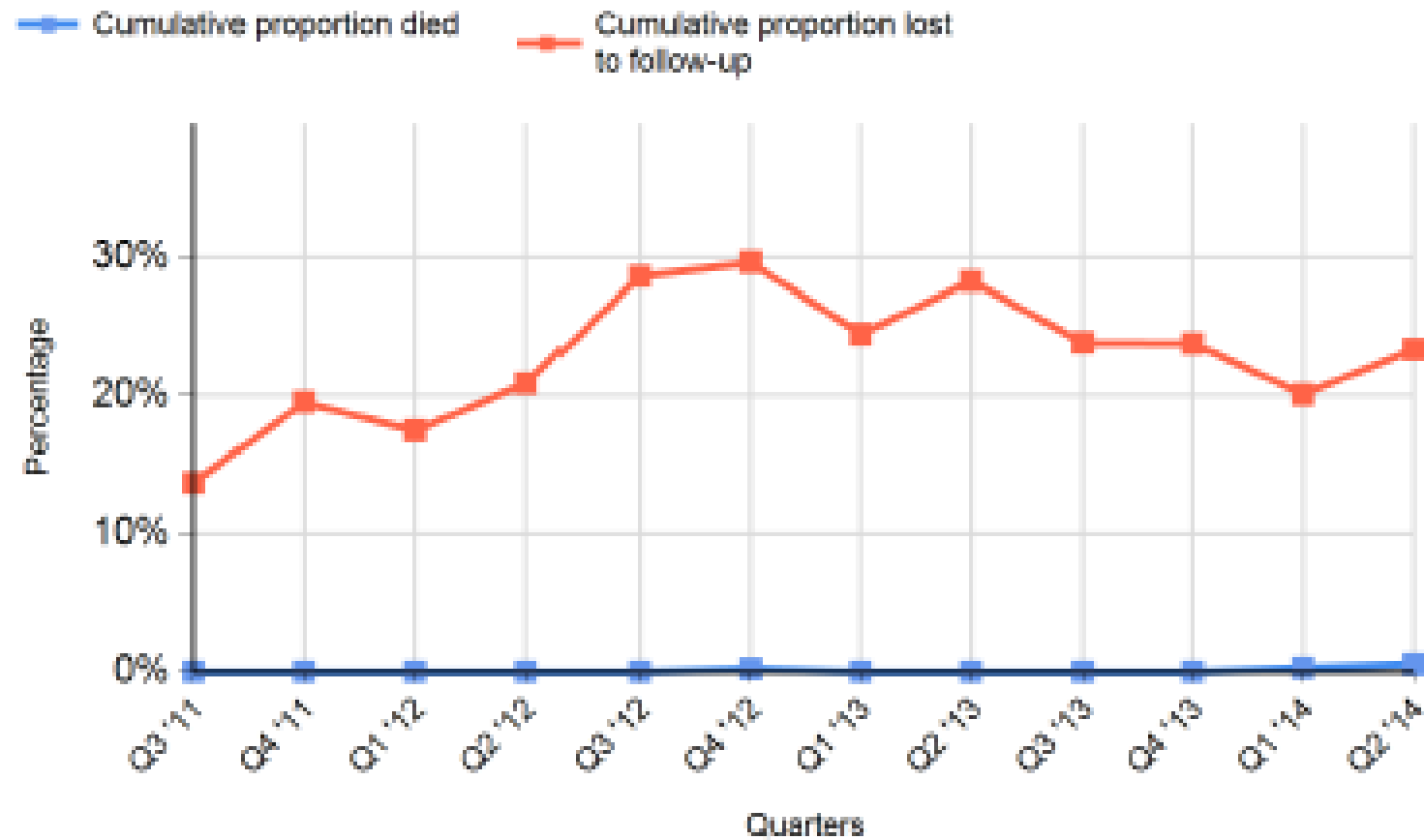




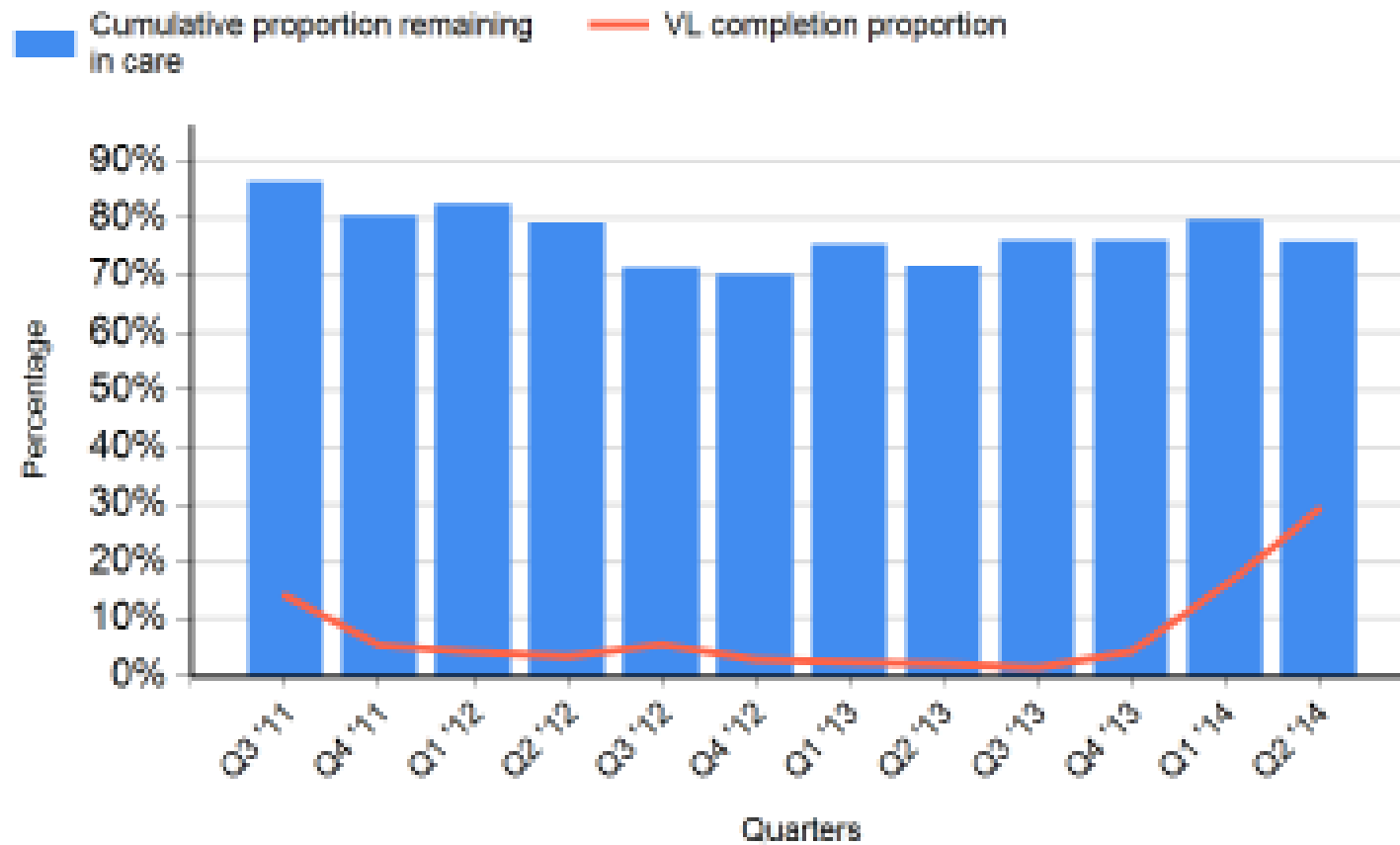




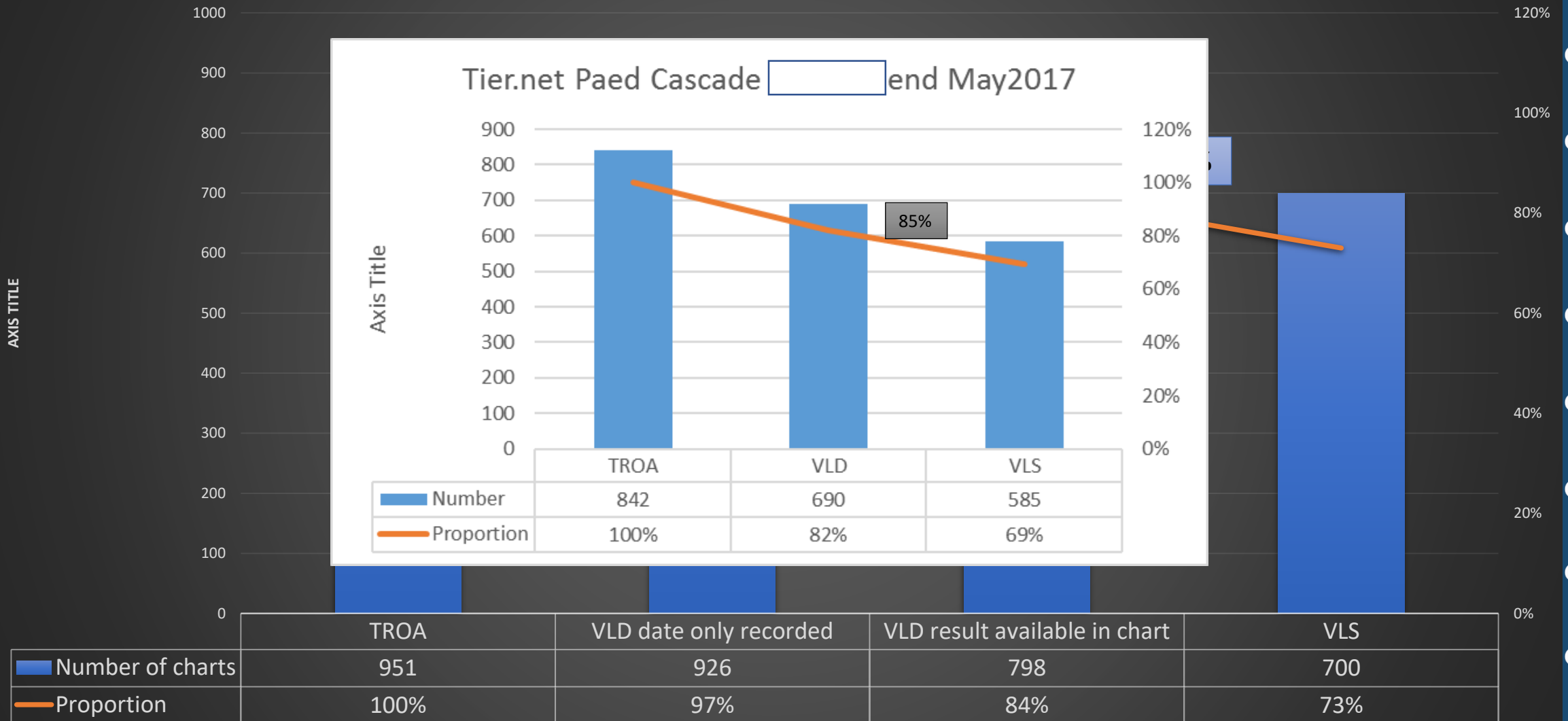
### LTF and RIP at 12 months



## Remaining in Care and VL Completion at 12 months



# Paediatric Chart Audit, VL Cascade as at 31 Oct2016



1855 charts reviewed over two month period ending Nov2016, 17% had ID recorded

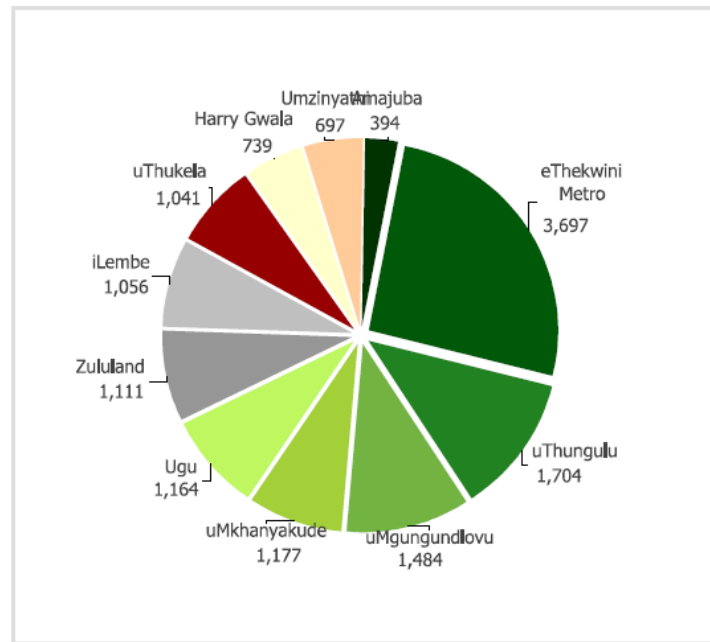
# NHLS CDW Dashboard



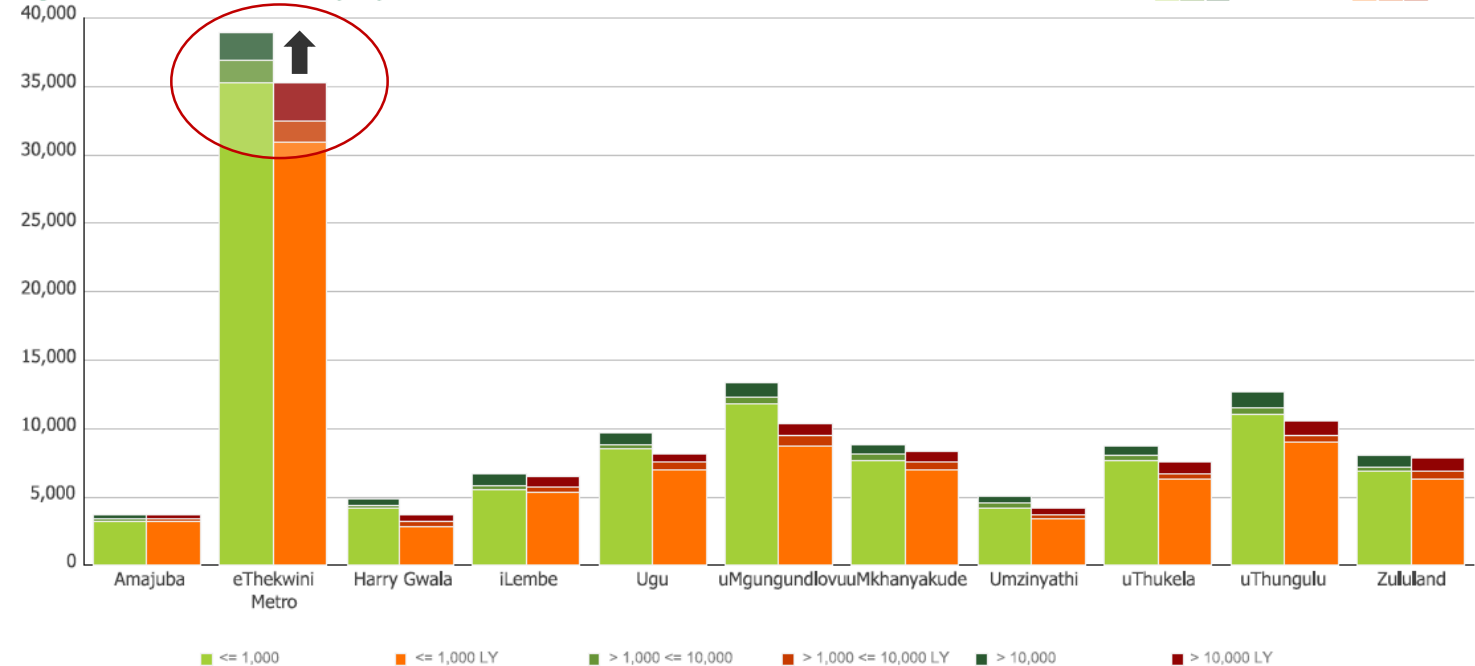
## VL/CD4 MONITORING DASHBOARD

### Viral Load Testing in KwaZulu-Natal for the Month of Apr 2017 vs Apr 2016

Total by District VL > 1,000

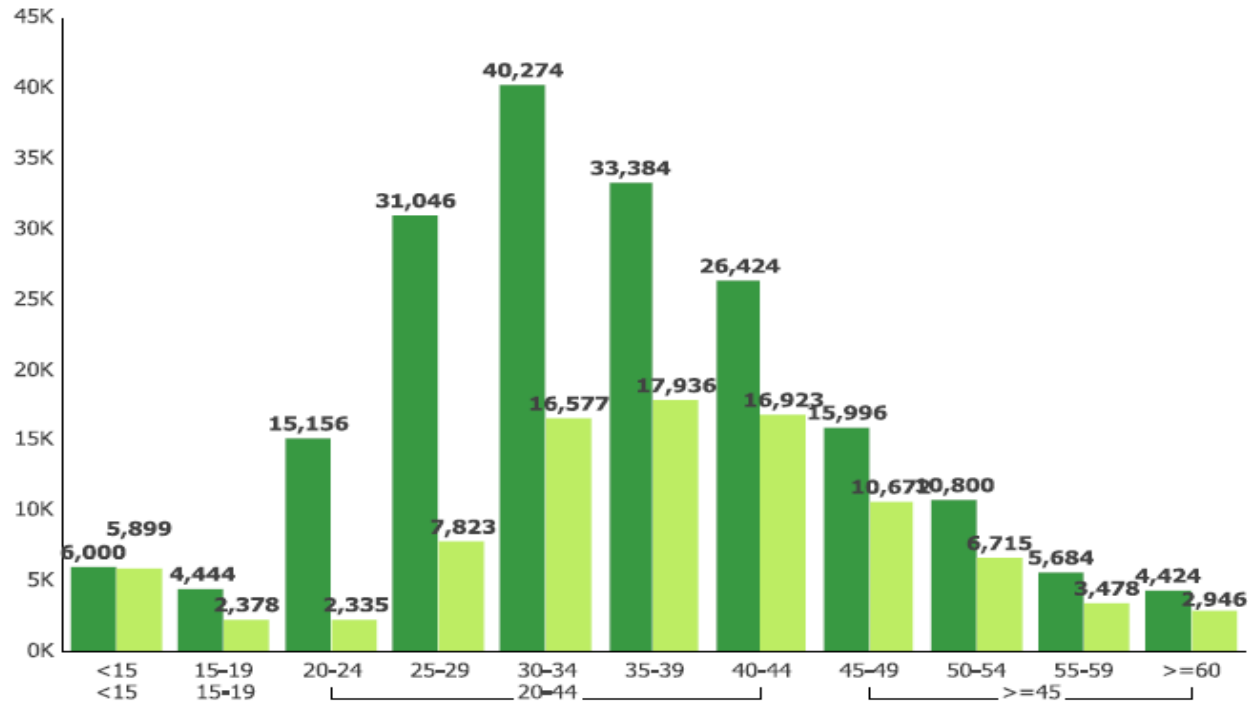


By District vs Last Year (LY)



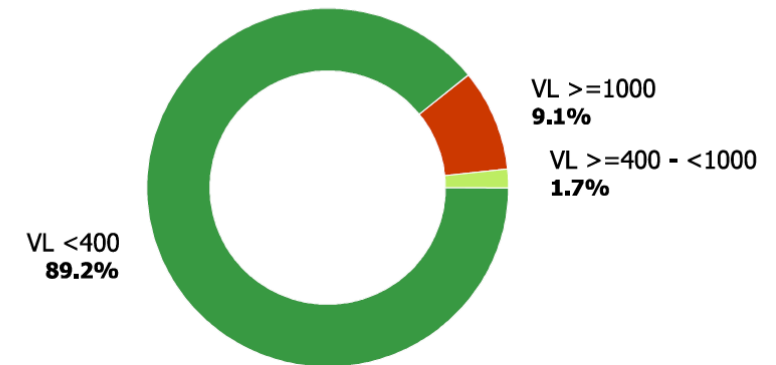
# VLD age/sex disaggregation and VLS

# of VL Tests by Age Group and Sex

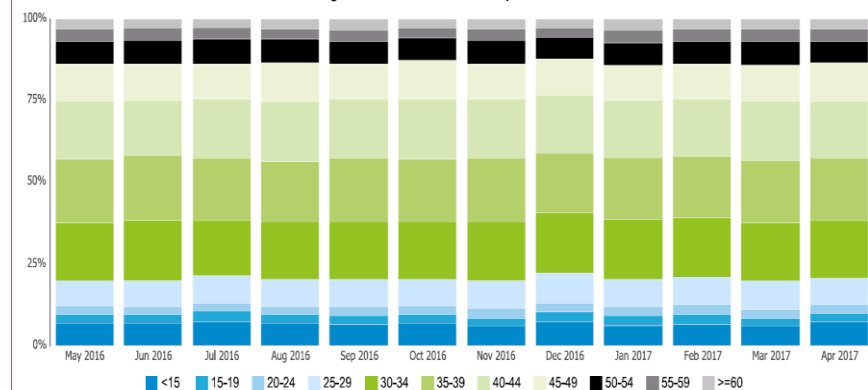


Metrics	# of VL tests by age group and sex										
Gender	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	>=60
Female	6,000	4,444	15,156	31,046	40,274	33,384	26,424	15,996	10,800	5,684	4,424
Male	5,899	2,378	2,335	7,823	16,577	17,936	16,923	10,672	6,715	3,478	2,946

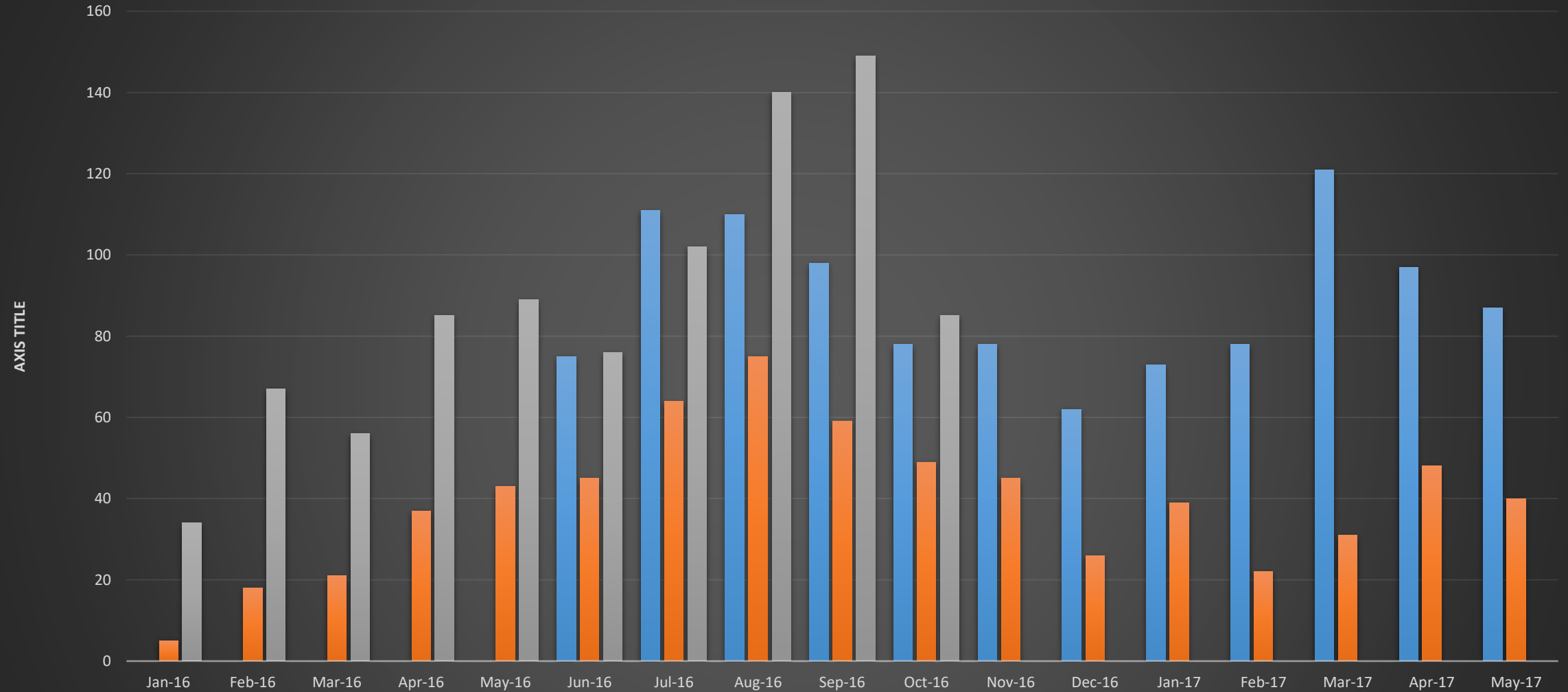
Viral Load Test Categories (copies/ml)



Age Distribution of VL Tests per Month

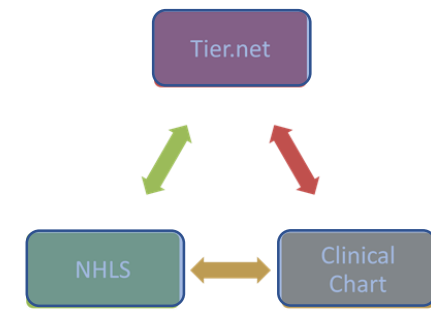


## Number of Paed VLD by Triangulation of routine data – Regional Hospital, eThekwni

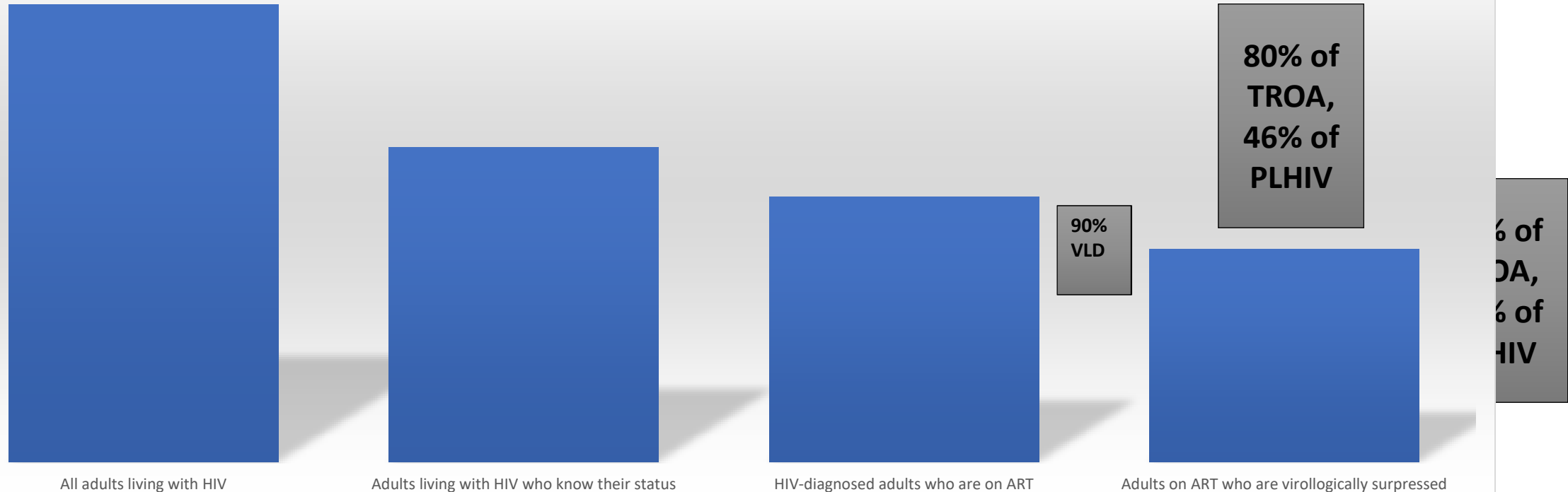


	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17
NHLS						75	111	110	98	78	78	62	73	78	121	97	87
Tier.net	5	18	21	37	43	45	64	75	59	49	45	26	39	22	31	48	40
VL Chart Audit	34	67	56	85	89	76	102	140	149	85							

# MatCH eThekweni cascade of care: triangulation of VL data sources



Using NHLS VLD at 90%





**Thank you | Ngiyabonga**