Improving Retention in Care Among Patients on Antiretroviral Therapy at Windhoek Central Hospital in Namibia.

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Background

- Namibia has a high HIV prevalence rate of about 13.3% in adults (15-49 years), UNAIDS, 2015
- Among the 10 countries with the highest HIV prevalence rate, WHO, 2016.
- Retention in HIV care is therefore crucial to achieve epidemic control.
Background

• Windhoek Central Hospital ART clinic is one of the 24 sites that are involved in an ongoing QI Collaborative focusing on improving retention in HIV care.

• Has a total of 2130 HIV patients on ART.
Background

- The Ministry of Health and Social Services (MoHSS), Namibia has adopted the 90-90-90 UNAIDS targets to end the HIV epidemic by 2030 (Avert, 2017).

- It was noted with great concern that the lost to follow up (LTFU) at Windhoek Central ART clinic was 43% in March 2017.

- The acceptable rate should be <15% in order to achieve the benefits of ART (WHO early warning indicators 2016).
Learning Objective

To describe how a Quality Improvement (QI) Collaborative approach led to reduction in the number of patients on antiretroviral therapy (ART) identified as LTFU (patients with >90 days since last clinical or medication pick-up appointment) from a baseline of 43 % to 1 % over 7 months (March – September 2017).
Methods

LTFU list generated weekly from ePMS

Telephonic or physical tracing

Intensive adherence counselling of patients who return to care

PCBs updated

ePMS updated

Abbreviations

ePMS: electronic Patients Monitoring System
PCBs: Patient Care Booklets
LTFU: Lost to follow up
Results

Lost To Follow Up at Windhoek Central Hospital ART clinic
Mar-Sep 2017

Performance %

43%
22%
6%
4%
1%
1%
1%

Months/Denominator

MAR 2017 (N=2073)
APR 2017 (N=2098)
MAY 2017 (N=2102)
JUN 2017 (N=2106)
JUL 2017 (N=2130)
AUG 2017 (N=2166)
SEP 2017 (N=2078)
Conclusion

• The QI project developed under the QI collaborative enabled Windhoek Central ART clinic to significantly reduce the number of LTFU from 43% to 1%.

• The QI project also provided an opportunity to update the PCBs and ePMS leading to improved data quality which had been noted as a key challenge initially.

• The clinic is therefore on course in attaining the 90 90 90 UNAIDS set targets which Namibia is aiming to achieve by 2020.
Lessons Learnt

- Overall leadership and guidance from the quality management program at national level provided the necessary technical support for the successful implementation of this QI project.
- Strong teamwork at the ART clinic was crucial for the successful implementation
- Proper data capturing and documentation is essential for monitoring ART services.
Next steps

Since this project demonstrated a significant improvement, the MoHSS as well as the region have planned to support the site for sustainability and to roll out the project to other ART facilities.
Team

ART Multidisciplinary Team: Doctor, Nurses, HIV Clinical Mentor, Administrative Officer, Health Assistants, Field Workers, International and Local QI Advisor
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