Improving the quality of health care in Gaza Strip

Briefing note, July 2009

1. BACKGROUND AND RATIONALE

The quality of health care in Gaza has deteriorated over recent years because of the closure and political turmoil. The shortages of functional medical equipment and supplies, lack of training and limited professional exposure to international standards are some of the factors causing the standards of care to be lower than acceptable. During the last Israeli military strike, the quality of health care was further affected by structural damage to health facilities, disruption of public health services and exhaustion of the health staff.

Gaza's epidemiological and demographic profile shows that, whilst infection diseases and malnutrition are well controlled - as it is the case in middle income countries - the fertility rate is still extremely high. Therefore, pregnancy and childbirth are among the main reasons for hospital admission and PHC contacts, together with non communicable diseases.

The neonatal mortality rate in Gaza is still relatively high compared to regional standards and to the West Bank and represents two thirds of all infant deaths. Perinatal outcomes and congenital anomalies cause most disabilities in early and adult life. As regards overall mortality, around 50 % of deaths can be attributed to cardiovascular disease, cancer, diabetes and chronic respiratory disease.

The objective of the current WHO project is to improve the quality of care in the areas of maternal and newborn health and on NCDs. These two areas have been identified as key priorities by the main health stakeholders, through emergency needs assessments[1], and strategic discussions on early recovery [2],[3].

The project adopts a bottom-up approach, starting from a facility assessment, against international standards which identifies the problems to be tackled for quality improvement in the targeted health facilities. An individual action plan for each health facility is implemented, and results are measured through a list of agreed indicators. The project includes parallel work at policy level, particularly on the

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[1] World Health Organization and the Health Cluster: "Gaza Strip, Initial Health Needs Assessment", Gaza 16 Feb 2009.
[2] World Health Organization, "Brain Storming Session on Key Public Health Issues in Gaza", February 17th, 2009
[3] Palestinian NGOs Network, "Priorities and needs of health sector in Gaza Governorates: Consequences of the long siege and the last war on Gaza", February 2009.

NCD component, where technical support to the MoH for the development of a National Strategy for NCD is being provided.

The current first stage of the project, from April to December 2009, is conceived as a pilot phase, targeting only a selection of health facilities and experimenting with a new model for quality improvement. Using the lessons learned during this phase, the second stage will entail an expansion in health facility and geographic coverage. In this regard, it has to be considered that the project component on maternal and newborn health is at a more advanced stage, whilst the NCD component has only very recently started.

2. UPDATE ON THE TWO PROJECT COMPONENTS

2.1. FIRST COMPONENT: IMPROVING THE QUALITY OF HEALTH CARE FOR MOTHERS AND NEWBORNS

Objective: To ensure safe childbirth through the enhanced availability, access and use of high-quality, skilled care for women and their babies in the Gaza Strip.

a. Structure and process

Technical Committee (TC) and WHO support team

A TC for the improvement of QHCMN has been established in April 09, as the first step of the project implementation. It includes 9 prominent professionals (Gynaecologists, midwives, neonatologists, NICU nurses) working at senior level in maternal and neonatal units of public hospitals in Gaza[4]. WHO acts as facilitator and technical advisor to the TC, with its short-term international advisors, two full-time national professionals (one expert on quality of care and one senior midwife) and a support team on epidemiology, nutrition, nursing.

Since April, the TC has been working at the following tasks: updating clinical guidelines and protocols, supporting the assessment of quality of care; developing/adapting tools for information, supervision and training; monitoring and facilitating the plan implementation in each targeted hospitals.

Targeted hospitals and Hospital Teams (HT)

The maternal and neonatal units in Shifa, Aqsa and Nasser Paediatric hospitals are the target for intervention in the current phase of the project. These facilities cover about 40% of all deliveries in Gaza, and about two thirds of all newborn hospital admissions.

A multi-professional HT has been formed in each targeted hospital unit, including midwives, nurses and doctors. All HTs include at least one member of the TC. The teams have the responsibility of planning and implementing the activities needed to address the problems identified by the assessment of the quality of care (see par.below).

Hospitals directors, administrators and support staff (e.g. supply and maintenance) are directly involved in the implementation of hospital activities for quality improvement.

[4] ToR for the Technical Committee in annex 1

Assessment of the quality of care to mothers and newborns and related action plans

The assessment has been conducted in May 09, over 10 days, by three WHO international experts (neonatologist, midwife and gynaecologist) with the support of the TC and the WHO Gaza team. A new standardized WHO assessment tool has been used[5]. Quality of care to normal deliveries and healthy newborns, as well as management of obstetric complications and neonatal intensive care has been covered by the assessment. Parameters related to structure, equipment, human resources, organization of care and case management have been measured.

To address the problems identified by the assessment, a plan of action has been developed by each HT[6]. Priority has been given to those activities that are feasible with existing internal resources or through mobilization of resources available at the MoH.

The assessment results and action plans have been presented to and discussed with the TC, HTs, H directors, MoH support team (maintenance, procurement and IT departments) and with the concerned technical agencies in Gaza (UNFPA, UNICEF, SCF and MAP UK). One workshop and several meetings and seminars have been organized for this purpose. A consolidated assessment report has been produced and disseminated[7].

2.1.3 Initial results on the ground

Information on quality of care

The main strengths and weaknesses pointed out in detail by the assessment results, can be summarized as follows:

- Good medical knowledge and skills
- Good case-management of medical complications (e.g. sick newborns, Caesarean Sections)
- Good availability of drugs and supplies
- Good Laboratory support
- Reasonably good availability of basic equipment and tools
- Good number of doctors

- Lack of standardized care
- Poor management of normal deliveries/newborn care
- Very poor and high risk infection control and hygienic conditions
- Neglected maintenance of equipment and tools
- Weak health information
- Lack of support, privacy and low caring attitude to women
- Limited number of and inadequate benefit from midwife's capacity
- Lack of space for patients and staff

[5] World Health Organization, Assessment tool for the quality of hospital care for mothers and newborn babies in annex 2
[6] Hospitals Action Plans in annex 3
[7] World Health Organization, "Assessment of the safety and quality of hospital care for mothers and newborn babies in Gaza strip: mission report", June 23, 2009

It was interesting for the staff to note that most actions needed to address the identified weaknesses and to improve the quality of care were feasible with existing resources.

Involvement of hospitals professionals and managers

The hospital teams are currently leading the process of change within the units, by introducing the other colleagues to relevant parts of guidelines (e.g. through discussion and presentations at daily meetings) and by facilitating in the unit some changes in the routines and case management.

A training assessment is currently on going, aimed at identifying needs and preferences in training initiative and subjects, as well as expertise and interests among the hospital staff to contribute as a trainer or facilitator.

The HTs are backed up by the hospital directors, who have been involved in the process at an early stage. Supervision responsibilities have been allocated by the H directors, and a monthly feedback has been requested.

Mobilization of technical and material resources

Communication of HTs with the support staff at MoH (maintenance, procurement and IT departments) has been revitalized, and a more active communication has started, with staff from MoH visiting the H units e.g. for equipment maintenance and related training, and for mobilization of equipment and supplies from the central stores.

A number of items identified during the assessment on quality of care as needed by the hospital units have been found in the MoH central stores and distributed to the units: medical equipment and tools, consumables, mattresses and beds, hygiene items, managerial tools, education materials[8]. The assessment findings have proven to be a powerful tool for the hospital teams to advocate for resources to the MoH.

Missing items that were not available at the MoH stores are being procured by the WHO[9], as well as by other organizations. In this regard, the assessment results and hospitals action plans are being used as coordination tools for mobilizing resources from donors and technical agencies in an evidence-based and effective way.

Introduction of modern principles of care

Innovative thinking is taking place among the key professionals involved in the program. The WHO paradigms for a modern approach to MNHC have been thoroughly discussed and now some related principles of care are considered for introduction: that health care should be based on scientific evidence and cost/effective, be family centered, respecting confidentiality, privacy, culture, belief and emotional needs of women, families and communities.

An agenda for presentation of guidelines and of new routines, within the continuous education activities in the hospital, is being prepared by the HTs. Copy of the national guidelines and protocols

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[8] List of items mobilized from MoH central stores in annex 4
[9] WHO procurement list in annex 5

on obstetric and neonatal care have been printed and distributed to all professionals working in the units. A newly developed WHO training package on effective perinatal care[10] has been made available for continuous education sessions and will be the base for structured training courses. Training sessions on management of change during quality improvement processes have been prepared and will be delivered in the next weeks to the key agents of change (TC and HTs).

Some new routines on organization of care and case management have been introduced like the use of partogram and the assignment of one doctor to each delivering woman. In some units, each doctor started to introduce him/herself to his/her assigned woman, and identification badges are being prepared by the MoH to be wore by the staff, for this purpose. Supervision on hand washing has started to be active, facilitated by new wall posters displayed above the sinks.

Three professionals involved in the project have participated in a WHO workshop in Geneva on "Maternal and newborn health programming". A huge effort has been made to obtain all necessary permits and visas, to allow the three colleagues to break the professional isolation that most have experienced for many years.

Improving the use of information

The patient forms are being revised by the TC, with the objective of identifying the most suitable among those in use and introducing it to all units as the standard form. The partogram is being introduced as one component of the standard patient form for delivery.

PHC antenatal cards, currently not taken into consideration by hospital staff, will be requested to the mothers at the moment of admission for completing the hospital form.

A basic list of indicators has been developed as a dataset to be routinely collected from the patient forms, and to be analyzed for evaluation and planning purposes.

2.2 SECOND COMPONENT: STRENGTHENING THE HEALTH CARE FOR PEOPLE WITH NON COMMUNICABLE DISEASES (NCDS) AND WITH NCD RISK FACTORS

Objective: To improve the quality of health care for people with NCDs and related NCD risk factors, through a pilot project implementing evidence-based and patient-centered standards of care. The facility based pilot experience will contribute to inform a National Strategy for NCDs, currently under development.

a. Project structure and planned activities

Technical committee (TC) and district supervisors

A technical committee for the NCD component of the WHO project has been established in June 2009. Seven MoH professionals working on NCD programs and services are the TC members. The TC is in charge of revising guidelines and protocols, supporting the health facility assessment, training, monitoring and evaluation. The TC also advised WHO in the criteria for selection of the targeted PHC

[10] World Health Organization EURO, "Effective Perinatal Care Training Package", January 2009.

centers. It is currently under definition the possible role that the TC or some of its members will have in supporting the development of a National Strategy for NCDs.

Five district supervisors have been also nominated, working closely with the TC. Supervisory modalities and tools are currently under development. Training activities are scheduled, aiming at empowering supportive supervision skills and updating their knowledge and experience on the NCD integrated approach. The supervisors, with WHO support, are now carrying out the health facility assessment after receiving an ad hoc training.

Targeted health facilities and focal persons

Six PHC centers are initially targeted for intervention, all MoH clinics, two per each level of care (levels 2, 3, 4). The clinics are located in Gaza and in the Mid Zone. In each clinic two focal persons for NCDs will be identified as facilitators for the project implementation.

Two focal persons per clinic (a general practitioner and a nurse) are being identified. A health educator is encouraged to join the team when available. All focal persons will be trained on supervision and follow up, feedback and communication, problem solving skills and measurement. The training curriculum and material is under preparation.

Health Facility assessment and patient perspective

Thirty PHC centers are now undergoing an assessment on NCD structure, human resources and organization of care for NCDs which will be completed by the end of August. The assessment will serve two purposes: the first, is to inform the national strategy on the existing resources and needs for NCD health care services; the second is to provide baseline information for the implementation of the WHO project activities in the selected 6 health centers, to identify structural obstacles for implementation (space, staff, equipment, lab facilities etc) and to select problems to be addressed. A WHO assessment tool for NCD care at PHC level has been revised and used for data collection[11].

Focus groups/ interviews with NCD patients at each target facility are planned, to identify areas for improvement from the patient perspective. A patient satisfaction survey is also planned, before and after the intervention, to measure this dimension of quality of care.

Standards of care and training

The national guidelines for NCDs, developed between 2000 and 2005, need to be updated in the light of the recent scientific evidence produced during the last years. In this regard, up to date protocols for NCDs have been newly developed by WHO, including all recent evidence in this field. The national guidelines will be updated also in the light of the new WHO protocols.

The WHO new protocols also propose a new integrated risk-factor, approach for NCD care. The 6 health facilities are an ideal pilot setting for providing useful information on feasibility and appropriateness of a possible national adoption of this new approach.

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[11] World Health Organization, assessment tool: “Assessment of Capacity to Prevent and Manage Major Non Communicable Diseases in Primary Care Centers in Low-resource settings” in annex 6.

Guidance on the integrated risk -factor approach will be provided to the TC members and to the district supervisors. These professionals are the main facilitators of the on going training and supervision activities for the PHC staff, organized by the MoH or by international agencies and will introduce the risk-factor integrated approach in their training curricula. A training needs assessment is currently underway in the 6 targeted health facilities.

Training on management of change is also provided by WHO to the TC members, to all the district supervisors and to the focal persons in the 6 health facilities.

Essential equipments for NCD care:

According to the preliminary results of the health facility assessment, all necessary equipments that are not available at the level of the PHC facility have been distributed by the MoH, from its central stores. Any needed equipment not available at the MOH level is under procurement by WHO.

PHC Action plans

Upon the results of the facility assessment and the focus group discussions with patients, an action plan for each facility will be developed by the health facility team and the TC. This action plan will define the different activities to be implemented during the first improvement cycle. Among others, two interventions will be introduced and modulated according to the facility assessment results (availability of space, human resource, etc): an early detection system, and a patient self-management initiative.

STEP wise survey

A household survey on the prevalence and distribution of risk factors for NCDs in West Bank and Gaza is planned. WHO design and methodology will be utilized. The survey results will be critical to inform the National Strategy and related policies.

3. FUTURE PLANS

Completion of the current phase

The first phase has just started, and needs to be completed in terms of planned activities and coverage of staff and patients within the targeted health facilities. The current action plans are based on a timeframe continuing until December2009.

At the end of this phase, an evaluation will be carried out, focusing on the areas of intervention. The evaluation will utilize the same assessment tool and methodology initially used. Its results will measure the progress made and will inform the next planning phase. Also, some form of accreditation and incentives will be considered, on the basis of measurable achievements and standards met.

Consolidation of achievements

Another improvement cycle will be carried out in the same units, on the basis of the evaluation results. Further gaps, not initially tackled, should be addressed. At the same time, the new routines in place will

be consolidated by further training and supervision. Training curricula and job descriptions will be addressed, as well as a pilot model for accreditation and incentives, to ensure sustainability of results.

Increase the coverage in Gaza

All maternity and neonatal units in public hospitals in Gaza – Nasser, European, and Tal Al Sultan Hospitals, should be covered by the intervention. Also the maternity unit in Al Awda hospital, managed by an NGO, should be targeted being the main childbirth pole in the northern Gaza Strip. On NCDs, 20 further centers will be targeted for intervention.

Expand to all levels of care

The intervention of quality improvement should address all levels of care, from hospital care to PHC to the community. Quality of antenatal and post natal care, identification of at risk pregnancies, referral criteria and safe transportation are the main issues to be addressed in regard to the first project component. On the NCD component, standardized referral criteria between PHC clinics and the secondary care and a feedback system will be identified.

WHO West Bank and Gaza
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