

**KEY NOTE ADDRESS BY THE CHIEF MEDICAL OFFICER –
MOHCDGEC, PROF. MUHAMMAD BAKARI KAMBI -
AT THE HEALTH SYMPOSIUM: INTEGRATING QUALITY INTO
HEALTH SYSTEMS FOR HIV CARE SERVICES IN TANZANIA,
JANUARY 20TH, 2020
AT THE DOUBLE TREE HOTEL, DAR ES SALAAM**

- Dr Leonard Subi, Director for Preventive Services, MoHCDGEC
- Dr James Kengia, Representative of the PO-RALG and a Speaker
- Prof. Sylvia Kaaya, (MUHAS)
- Prof. Mark Elliott, Vice Provost of International Affairs, Harvard University
- Experts from the National AIDS Control Programme
- Moderators of the Symposium
 - Dr Eunice Mmari (CDC)
 - Dr Abuu Maghimbi (University of Maryland Global Initiative)
 - Dr. Bonita Kilama, (EGPAF)
 - Prof. Till Bärnighausen, University of Heidelberg, Germany
- Colleagues from Partner organizations collaborating with the MoHCDGEC who will be speakers at the Symposium
 - Dr Redempta Mbatia (Tanzania Health Promotion Support)
 - Dr David Sando (Harvard T.H. Chan School of Public Health).
- Invited Guests
- Ladies and Gentlemen

Good morning.

I would like to take this opportunity to wish you all the best of luck and success for the new year of 2020 we are in, as I do appreciate that I am yet to meet most of you since the year started.

I would also like to sincerely thank the organizers, but in particular to Dr Mary Mwanyika-Sando for inviting me to this symposium. Indeed It gives me pleasure to be part of the discussion on such an important issue of addressing provision of quality HIV services in the country.

Ladies and Gentlemen,

From the start, let me say that integrating quality into HIV services is very important to ensure that we attain our set goals and targets as far as HIV is concerned, but I also firmly believe that through this approach we surely will have spin-offs that are likely to improve the overall quality of health services in general.

Ladies and Gentlemen,

The United Republic of Tanzania was party to and adopted the resolutions set in September 2015, by the United Nations General Assembly (UNGAS), which set the 17 Sustainable Development Goals (SDG's), including Goal number 3 (To Ensure Healthy Lives and Promote Well-being for all, at all ages). Target number 3.8 of the SDG 3 aims at Universal Health Coverage (UHC) by the year 2030, including “**access to quality essential health-care services**”, among others. We are also aware that the UNAIDS has issued a new

Fast-Track Strategy to End AIDS by 2030 through the 95-95-95 approach.

In Tanzania, we also have in place the necessary frameworks to assure provision of quality health services, in general, but also as related to HIV specifically. Both the existing National Health Policy (2007), as well as the currently being developed National Health Policy articulate provision of quality health services to all people as being important. This is also true as far as the National Health Sector Strategic Plan IV is concerned.

In addition, one of the goals of the Health Sector HIV and AIDS Strategic Plan (HSHSP) is to improve the quality of HIV and AIDS interventions to the general public, PLHIV, health care providers and other vulnerable populations.

Subsequently, the Ministry has developed the National Quality Improvement Framework with the purpose of encouraging stakeholders and health workers at all levels to execute quality of care as a routine practice. The Framework outlines the steps to be considered in improving and institutionalizing quality of healthcare in the country.

Ladies and Gentlemen

Delivery of quality services depends on all the building blocks of a health system, including optimized management, funding, human resources for health, information system and procurement of high-quality drugs, laboratory supplies and commodities. Indeed, the concept of “quality” has to be embedded in all the tenants of a Health system if we are to achieve health services of required quality!!

We do celebrate the significant progress that has already been made towards ending AIDS as a public health threat. Globally, by the end of 2018, about 62%) of the 37.9 million (equal to 23.3) people living with HIV were receiving antiretroviral therapy (ART).

The same is true in Tanzania. Through a close collaboration between the Government and Partners, we have made tremendous progress towards attaining the 90-90-90 goals in provision of HIV services. The overall prevalence of HIV has declined from 7% in 2003/2004 to 4.7% in 2016/2017. As of September 2019, we have **1,258,565** (constituting **78.6 %**) of the estimated 1,600,000 PLHIV who are aware of their HIV status. Of those tested, **1,227,286 (98%)** have been put on ART, and among them **1,116,145 (93%)** have achieved HIV viral suppression. In part these successes have been contributed by the expansion of facilities providing HIV care and testing services in the country, from **6,712** in 2015 to **12,264** as of November 2019. But the adoption of intervention measures that have been driven by evidence gathered from data has also contributed significantly, and therefore the use of data for informing quality improvements can not be overstated.

Tanzania, through the MoHCDGEC is trying her level best to ensure that the health data being generated is of sufficient quality, is properly managed, and is being used to inform local decisions and interventions; but also is being used to inform policy decisions at national level. However, challenges are there! I would therefore like to take this opportunity to urge partners and other stakeholders to collaborate with the Ministry in strengthening the existing infrastructure as well as empowering health care providers to use

data for problem identification, problem solving and eventually to improve quality of care. This is particularly important since we do know that continuous quality improvement (CQI) is a constantly repeating process of using real time data, posing additional questions, performing root cause analyses for identified problems, implementing the solutions as informed by data, and then monitoring and measuring the impact of interventions.

To facilitate all this, you will be happy to note that the Ministry of Health, Community development, Gender, Elderly and Children is now working towards establishing a reliable single national health (HIV) data system.

Ladies and Gentlemen,

Quality HIV services include the reliable delivery of clinical care across diverse community and facility settings that are integrated with other services such as maternal, newborn and child health services at the national, subnational, district and facility levels and are people-centered.

Among the steps taken by the Ministry through the National AIDS Control Program is the development of policy and guidelines for provision of quality and improved HIV services. The Ministry is also responsible for the coordination and allocation of supportive services to all regions, and this has included Regionalization of the Implementing Partners (IPs) in order to bring closer the monitoring and provision of quality HIV services. Other efforts include the routine comprehensive supportive supervision visits; modification of service delivery to the “Test and Treat” all; introduction of client-centered

“Differentiated Service Delivery models” to suite client-centered service and to reduce the burden on the health system. Other efforts include capacity building to health care providers on standards of services, development and institutionalization of Quality Improvement Teams at all levels, rapid initiation of ARVs within seven days; as well as scaling up the transitioning to Dolutegravir (DTG)-based regimens. To support these QI initiatives we also have the GOT-PEPFAR Joint Program Reviews being undertaken on a monthly basis in order to discuss challenges and provide solutions for programmatic improvements.

We should take note however, that despite much progress that has been achieved in scaling up efforts to control HIV, the system to improve, monitor and report on the quality of health services is still suboptimal. Thus, there is also a need to integrate quality principles in all interventions and at all levels and especially in the services that are targeting children, adolescents young people and key and vulnerable populations. This therefore underscores the need to provide client centered care that is responsive to the needs of beneficiaries (ie care that is safe, timely, effective, efficient and equitable services).

Ladies and Gentlemen,

In order to close the identified gaps and improve quality of service provision, there is a need to change the way current performance assessment is done. We should also be ready to learn and receive inputs and reflections from health care workers as well as recipients of care (ROC) on what is working and what is not working. This will

also be an important catalyst towards changing HCW behavior through embracing, adopting and applying new solutions. There is a need therefore to support Continuous QI (CQI) teams through engagement and participation in conducting gap analysis, in testing proposed change to bridge gaps, and in institutionalizing QI as a routine practice. Additionally there should be frequent and open communication about the improvement efforts being undertaken, and the consequent results.

Since the linkage between the health facility and the community is an important aspect in maintaining the “continuum of care” it also has to be considered in QI activities.

Ladies and Gentlemen,

Recognizing that QI is system-based and requires team-work in order to succeed, the Government acknowledges the need to engage with various stakeholders to support available efforts and strengthen Quality Improvement initiatives in the country. We believe this is important to improve user satisfaction, health care utilization, subsequent adherence to services, reduction in stigma and ultimate improvements in retention and viral suppression, which are all important to realize the 95-95-95 targets by 2022. At this juncture you will be pleased to note that the MoHCDGEC is currently in the final stages of developing National Guidelines for Performing Clinical Audit at our facilities, which will dwell on how specific diseases are managed, how an institution is managing its clients, but also on how individuals are managing their patients. Provision of quality HIV services will certainly be one of the areas to be looked into.

Ladies and Gentlemen

Once again thank you very much for inviting me to the symposium, and am certain that if we integrate the principles of quality, and on the basis of accurate data, in all the tenants of the health system, in the HIV interventions we are adopting, in the services being provided at all levels providing HIV care, we will be able to eliminate HIV by the year 2030

The Ministry of Health, Community Development, Gender, Elderly, and Children is happy and willing to collaborate with all partners and stakeholders in ensuring integration of quality principles in the provision of HIV services. These have to be in line with observance of transparency and have to be executed in accordance with the laws of the land.

Thank you very much.