



## NEWSLETTER OF THE HIV, TB AND MNCWH CLUSTER

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### 1. EDITORIAL

The United Nations will adopt the Sustainable Development Goals (SDGs) this month (September), thus setting the development path for the world for the next 15 years. South Africa will sign onto the SDGs, which means that we must develop plans to reach these goals and start implementation without wasting any time!

The health-related SDGs will include MDGs 4, 5 and 6 given that they remain unfinished business, in addition to targets on non-communicable diseases and universal health coverage. Given that there is significant continuity between the health MDGs and the SDGs, we need to focus on the recommendations from recent reviews of the HIV and TB programmes, the midterm review of the Maternal, Neonatal, Child, Women's Health and Nutrition Strategy and those from the three Ministerial Committees (NCCEMD, COMMIC and NaPemCo).

Key to meeting the SDG targets will be to be innovative while at the same time ensuring that the basics are in place. A useful framework for how to think about accelerating our efforts to meet the SDG targets is **leapfrogging**, which we outline below.

In August we celebrated the first anniversary of MomConnect and launched a mobisite (B-Wise.mobi) that is aimed at providing health information to young people. Read more about these exciting events below.

We are often said to have good policies but poor implementation! So how do we strengthen implementation of our good policies? There are obviously many ways of achieving good implementation. Here are a few thoughts: having people with the right skills and adequate resources doing the right things every time! When we adopted the

90-90-90 targets for HIV and TB we also had to think about how to ensure that we reach these targets. Having plans at the local level is key to this – hence the decision to ask every health district to develop district implementation plans (aka DIPs). More about these local level ‘three feet’ plans later.

We recently finalised our 2015/16 first quarter reports in the National Department of Health. It is clear that there are many challenges with the use and quality of data that we receive through the District Health Information System. As is often said: “what gets measured gets done”! It is critical that we use data in monitoring our performance at all levels of the health system. In this issue we provide some glaring examples of data challenges that go unrecognised at many levels of the health system.

**Dr. Yogan Pillay (DDG: HIV, TB and MNCWH)**

## **2. INTRODUCING ‘LEAPFROGGING’**

In the May issue of the Newsletter we reported on the forthcoming SDG health sub-goals. Given their imminent adoption we think it’s important to include them in this issue as well.

*3.1 By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births*

*3.2 By 2030 end preventable deaths of newborns and under-five children*

*3.3 By 2030 end AIDS, tuberculosis, malaria, and combat hepatitis, water-borne diseases, and other communicable diseases*

*3.4 By 2030 reduce by one-third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing*

*3.5 Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*

*3.6 By 2020 halve global deaths and injuries from road traffic accidents*

*3.7 By 2030 ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national programmes*

*3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all*

*3.9 By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination*

These health sub-goals and targets however will not be achieved without a robust plan and rigorous implementation. A useful framework to think through how we will achieve the SDGs is called 'leapfrogging'. The analogy used most frequently to explain this concept is the use of landline-based telephony compared to mobile phones – with the latter achieving significant coverage in a very short time, especially in Africa. This framework proposes the use of 6 factors in thinking about how to solve a problem. These include:

1. Use of technology
2. Changing business processes (how we do business)
3. Changing behaviours
4. Speed
5. Sustainability
6. Coverage/scale

Find the full article on leapfrogging at:

[https://www.bcgperspectives.com/Images/Health\\_Systems\\_Leapfrogging\\_Emerging\\_Economies\\_2015.pdf](https://www.bcgperspectives.com/Images/Health_Systems_Leapfrogging_Emerging_Economies_2015.pdf)

The table below illustrates how to use these 6 factors using MOMCONNECT.

Technology	Business processes	Behaviour change	Speed	Sustainability	Coverage/scale
Use of mobile phones to send messages to moms	CHWs, moms, nurses trained to do the registration	Health services and moms both empowered with information; moms can send complaints & compliments	Registration is rapid; information transfer is rapid	Costs reduced through partnerships with phone operators; system is free to users	Potential to reach all moms; in one year the system reached 50% of moms (half a million)

### 3. REDUCING MORTALITY FROM SEVERE ACUTE MALNUTRITION (SAM)

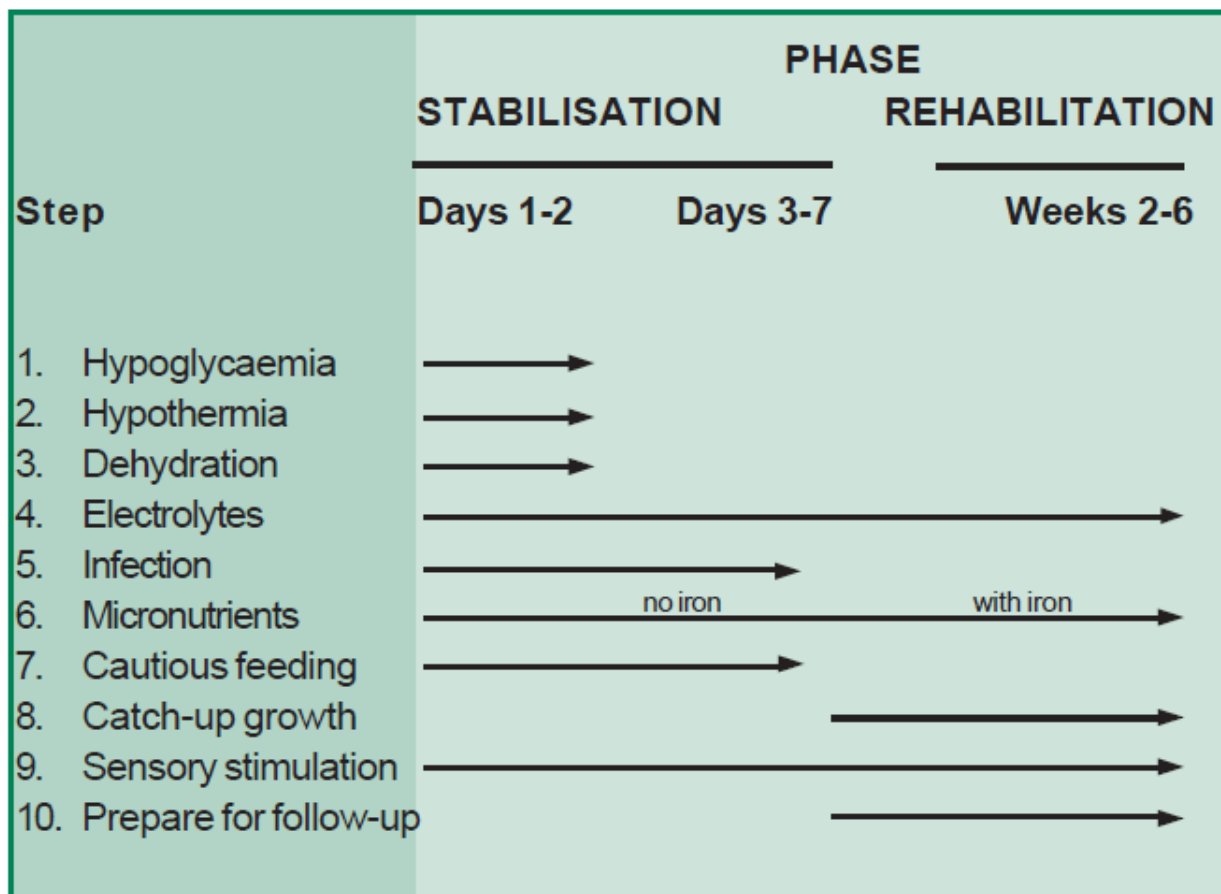
The table below reflects the first quarter data for under 5 mortality related to severe acute malnutrition (source: DHIS). The provinces that are not doing well – they are well above the 2015/16 target of 10 for SAM – include: Eastern Cape, Limpopo, Mpumalanga and the North West.

PROVINCE	2015/16 APP TARGET	FY 2013/14	FY 2014/15	Q1 2015/16
Eastern Cape	10	14.0	11.8	13.3
Free State	10	11.9	12.2	10.7
Gauteng	10	6.1	9.3	10.2
KwaZulu-Natal	10	9.6	10.4	9.2
Limpopo	10	15.3	14.9	16.5
Mpumalanga	10	12.8	19.1	15.8

PROVINCE	2015/16 APP TARGET	FY 2013/14	FY 2014/15	Q1 2015/16
North West	10	11.6	12.3	12.5
Northern Cape	10	11.8	10.9	8.6
Western Cape	10	2.2	1.8	2.0
National	10	11.2	11.6	10.9

We expect the District Clinical Specialist Teams (DCSTs) to review these data by facility and district and assist facilities and districts to plan interventions and to support the implementation. We need to pick up problems early – even before we get to moderate malnutrition – and intervene. In addition, DCSTs must ensure that every hospital implements the WHO’s 10 steps as illustrated below.

WHO’s ten steps in the treatment of severely malnourished children



**4. 1<sup>ST</sup> ANNIVERSARY OF MOMCONNECT**

On 20<sup>th</sup> August this year the Minister of Health announced that in one year South Africa was able to link more than 500,000 pregnant women to MomConnect! This makes this programme the largest of its kind in the world – an achievement for which the Minister

congratulated the women who registered, health workers who helped to register them as well as our partners who helped the Department.

By the end of August 13,736 nurses and 8,020 community health workers were trained to assist with registration in 3,357 public health facilities. Health workers in these facilities have been registering pregnant women on MomConnect and 527,494 pregnant women have been linked and are receiving health messages. In addition, a total of 480 complaints and 2,810 compliments have been received.

This system enables us to speak directly to pregnant women during their pregnancy and for a year after delivery to assist them to care for their infants – and it enables us to hear from them about their experiences when they access our health facilities! As the Minister said during the event to celebrate MomConnect’s first birthday – facilities and health workers who provide poor quality care will be known, as will those that provide good quality, compassionate care!

Remember whether one receives antenatal care in the private or public health sectors – registration on MomConnect is available. Help us to get to the 1 million pregnant women registered on MomConnect .

A pregnant woman can self subscribe using\*134 550# or be assisted by a community health worker to subscribe using mobile number \*134 550\*3#

At a clinic a nurse will help a pregnant woman register using mobile number: \*134 550\*2#

## 5. LAUNCH OF B-WISE: A YOUTH AND ADOLESCENT MOBISITE

We acknowledge that the health system has not been sufficiently innovative in reaching the youth and adolescents with information about their health and their concerns. We know that young people, more than most, use social media to communicate with each other and to obtain information that they need.

To address the health needs of the youth we implemented the Adolescent and Youth Friendly Service programme over the past 10 years. However, it is clear that this is not sufficient – we also need to take our services to young people – hence the use of social media! Working with our partners we developed a mobisite specifically targeting 10-24 year olds.

In order to understand the needs of the youth we held focus groups with young people in rural and urban areas. We also launched a competition to enable the youth to name the mobisite. The winning name for the mobisite is ‘**B-Wise**’ and the name was proposed by Tshepo Mofokeng from the Free State!

**B-Wise** provides educational material on a wide range of topics, has a live chat function (young people can chat to each other and to experts) and there is a survey function that enables us to hear directly from young people on their experiences.

Our target is to have 1 million young people registered on B-Wise in one year! Help us reach this target and help young people to get the information that they need to ensure that they are able to live healthy and happy lives.

**Accessing the 'B-Wise' mobisite is very simple – just type B-Wise.mobi in your web browser**

## **6. HIV and TB District Implementation Plans (the 90-90-90 targets)**

In the May issue of the Newsletter we reported on the new targets for HIV and TB (the 90-90-90 targets). We acknowledge that merely developing a national plan will not get these targets met by 2020. These targets must be owned at health facility and health district levels.

In order to get health districts to own these targets, with the assistance of development and implementing partners, we began a process to develop district-based plans to achieve these targets. A large number of districts have reviewed and revised their 2015/16 plans – we wish to congratulate these district management teams and encourage them to focus on their implementation. All implementing partners have been requested to assist districts to review and strengthen implementation of the DIPs.

All districts will also develop DIPs for 2016/17 and ensure that these are integrated into the District Health Plans.

## **7. Using data to monitor programmes**

As noted in the Editorial, it is imperative for programme managers to use data to monitor programme performance. We have recently reviewed our 2015/16 1<sup>st</sup> quarter performance (April-June 2015) against the quarterly targets that we committed ourselves to in the National Department of Health's Annual Performance Plan.

In trying to evaluate performance it is critical that we collect, collate and report on data from every possible source, especially every health facility. It is also critical that every manager checks the quality of the data and uses the data to look for good performance as well as facilities and districts that are struggling to reach their targets, and use the well-performing sites to model good practices for those struggling.

In reviewing district, provincial and national performance, it is clear that there are areas of concern – three examples will be provided to illustrate this:

- Not all facilities are reporting data (57 facilities for example did not report on condom distribution in the 1<sup>st</sup> quarter, making it difficult to calculate couple year protection rates, as well as condom distribution rates);
- Some hospitals report high levels of neonatal mortality, BUT no deliveries; and
- Some districts and provinces are doing consistently poorly (quarter after quarter) with no plans to improve performance.

How can the above be avoided?

- Firstly, every manager must review data (monthly at minimum);

- Secondly, a narrative report on the data must be written monthly and quarterly which points out areas of concern (missing data; poor performance) and associated plans to improve; and
- Thirdly, we must hold each other accountable for achieving our targets.

Facility managers and programme managers responsible for HIV, TB and maternal, neonatal, child and women's health and nutrition at district and provincial levels as well as district and hospital managers must put in systems to ensure that data is used to assess progress. This is critical if we are to achieve the National Development Plan goals as well as the SDGs.

## **8. The TB/HIV information systems (THIS) project: Moving to integrated HIV and TB data capture in facilities**

Currently we do not have an information system that routinely tracks HIV and TB co-infected patients in a single system, nor can repeated TB infections be tracked. This is set to change! An independent assessment of HIV and TB data collection systems at the end of 2014 recommended the integration of information systems. Hence the National Department of Health has embarked on the 'THIS project' (TB/HIV Information Systems project), which involves implementation of in-facility data capture in a TB Module within TIER.Net.

TIER.Net maintains a unique record for the patient at facility level. So all HIV and TB data for the patient will be stored together, and reports can be drawn that will facilitate better patient care (e.g. patient tracing, ensuring dually infected patients are all on ART). Planning is currently underway for THIS implementation. THIS includes 'learning implementations' of the TB Module in three provinces, to refine change management processes that have already been tested in two pilot sites in the Western Cape. Consultations will also be held with provincial Departments of Health and PEPFAR implementing partners. It is expected that national rollout will start no later than October, i.e., next month.

While the TB Module is being rolled out, TIER.Net TB data will be exported to ETR.Net for DS-TB and EDRWeb for DR-TB, as these will be maintained as the reporting systems for TB. So in the interim each patient will have one patient record which will be captured in TIER.Net, but there will be three reporting systems: two for TB (ETR.Net and EDRWeb) and one for HIV (TIER.Net). All aggregate data for both TB and HIV will be collated into the DHIS at the (sub) district. Once full rollout is achieved, only one system will be maintained for DS-TB, which will save national and provincial departments both money and staff time.

### **IN MEMORIAM**

We are very sad to report that Prof. Mike Nazo who recently retired as head of paediatrics at Nelson Mandela Academic in Mthatha and vice chair of NaPemCo passed on recently. Mike dedicated his professional life to taking care of sick children and training medical students and registrars. Our thoughts are with Mike's family at this difficult time.



## **INPUTS TO THE NEXT NEWSLETTER**

As always we would like to encourage provincial managers, district managers and facility managers to send us inputs for the next Newsletter. This Newsletter is not only intended to share news from the National Department but also for provinces, districts and health facilities as well as for school health teams and members of the District Clinical Specialist Teams to share examples of their work. Please send inputs for the next Newsletter to [pillay@health.gov.za](mailto:pillay@health.gov.za)