

# Investing in human resources for health with continuing capacity building mixed strategy to improve HIV quality of care and performance in Sierra Leone

Solthis experiences on health care workers capacity building using mixed strategies demonstrate positive impact on their knowledge, skills, practices, quality of care and facilities performance. This policy brief aims to influence decision makers toward a comprehensive capacity building national strategy, plan and implementation for sustained high quality HIV response in the country.



## Context

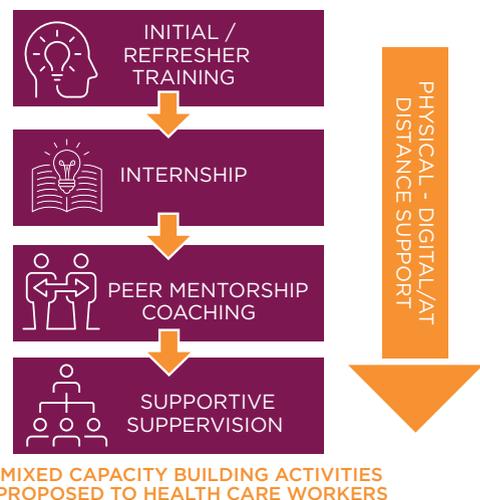
Delivery of quality services depends on all the building blocks of health systems, including optimized management, funding, human resources for health, information systems and procurement of high-quality drugs, laboratory supplies and commodities<sup>1</sup>. Among the key high-level action for quality in health care, WHO recommends to establish and sustain a health professional workforce with the capacity and capability to meet the demands and needs of the population for high-quality care.

The HIV epidemic in Sierra Leone is considered mixed, generalized and heterogeneous but concentrated in key population groups (KP). The HIV epidemic affects different population subgroups and all sectors through multiple and diverse transmission dynamics. The national adult prevalence rate stood at 1.7% (with women 2.2% and men 1.1%)<sup>2</sup>.

SHARE project, supported by The Agence Française de Développement (AFD) Group, aims to generate and disseminate knowledge exploring Solthis past experiences on service delivery capacity building in 45 health facilities and 7 districts.

Based on (1) quantitative results assessing health facilities performance and quality of care scores and on (2) qualitative analysis of 15 focus group discussions with about 88 health care workers (HCWs) and 13 key informant interviews with 6 national stakeholders and 7 HIV districts supervisors, Solthis proposes this policy brief presenting the key results.

We also propose key recommendations to national authorities, donors, implementing partners and decision makers to influence health care workers capacity building strategies toward high quality of care and improved health facilities performance.



## Key messages

- ▶ Mixing capacity building activities contribute to improve health facilities key performance indicators (KPI) and quality of care scores.
- ▶ Health care workers perceive diverse capacity building activities as relevant, complementary to each other's and allowed them to increase their knowledge, capacity (know-how), practices and self-confidence.
- ▶ Capacity building mixed strategy is considered having positive impact on quality of services including relationship with with recipients of care (RoCs), retention in care, quality data reporting and overall performance. It also allows health facilities to upgrade new services and to facilitate HIV integration.
- ▶ Systemic, socio-economic challenges, weak coordination and investment in community services impact negatively capacity building investments benefits.

1 - WHO, OECD, World Bank. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/272465>)

2 - National AIDS Secretariat Sierra Leone (2020) The Sierra Leone National HIV & AIDS Strategic Plan 2021-2025



## Key results

### Improved KPI and quality of care scores

From January 2023 to June 2024, in 35 health facilities:

- ▶ **15% increase** in the number of RoCs receiving antiretroviral therapy (ART);
- ▶ 22,191 pregnant women attended first antenatal care (ANC). 18,982 were tested for HIV (**85.5%, 1<sup>st</sup> 95**), 557 were positive (**2.9% yield**) and 529 timely initiated ART (**95%, 2<sup>nd</sup> 95**);
- ▶ among 2,303 adults and children tested positive, 2,108 were timely initiated on ART (**91.5% - 2<sup>nd</sup> 95**);
- ▶ among 1,950 viral load (VL) results available in the period, 1,921 patients had viral load suppressed (**98.5%, 3<sup>rd</sup> 95**).

In August 2024, in 10 health facilities after 2 years support:

- ▶ **100%** of supported health facilities demonstrate improvement in 11/13 indicators of **ART QoC score. Overall increase from 68 % to 85% (+17%)**;
- ▶ 90% of supported health facilities demonstrate improvement. **HTS/PMTCT QoC score overall increase from 47% to 78% (+31%)**.

### Perceived significant benefits and impact of the capacity building mixed strategy implemented



*To be honest the intervention of Solthis has really helped to improve the performance of the PHUs. Since the intervention of Solthis, colleagues can testify that both the classroom training, the supportive supervision, and the mentorship has improved the situation. HCW in Kenema District*

*...It has created a huge impact in capacitating health care worker. HIV district supervisor*

*All the capacity building activities are complementing each other in order at the end of the day to provide quality service for patients. They support each other in order for the patient to receive quality care. HCW in Western Area Rural District*

## Systemic and socio-economic challenges are limiting implementation of knowledge and skills gained

Supply chain, laboratory access, staff attrition and transfer, stigma, and cost of transport challenges are negatively impacting the capacity of HCWs to deliver high quality services. Resources are limited to support strategic activities such as differentiated service delivery (DSD), retention (defaulter tracking) or index testing. Innovations using digital capacity building mechanism face challenges (internet, IT equipment) to enable HCWs to access adequately these resources.



## Recommendations

### 1 - Develop comprehensive national capacity building strategy and guidance to implement mixed capacity building activities, complementing each others, including:

- HIV curriculum integration within preservice medical and paramedical courses and within in-service training programs such as the Field Epidemiology Training Program (FETP) ;
- regular classroom and onsite trainings using a comprehensive national HIV training manual ;
- regular onsite and continuous at-distance (virtual) individual and collective coaching and mentorship ;
- internship and peer mentoring in health facilities ;
- regular supportive supervision using national supervision checklist ;
- digital resources for learning and peer mentoring.

### 2 - Develop updated comprehensive national HIV training manual (including e-learning) to include components such as mental health and Advanced HIV Disease, and promote certification mechanism to motivate HCWs participation.

### 3 - Develop national guidelines for mentoring, and train a pool of skilled mentors at national, regional and district levels.

### 4 - Strengthen bridges and coordination with community services to ensure that respective capacity building strategies are complementary and lead to comprehensive quality of services.

### 5 - Invest more in community-led services to mitigate socioeconomic challenges (stigma, distance from health facilities, inability to meet basic needs, etc.) and reduce HCWs burden.

### 6 - Mitigate systemic health challenges to allow HCWs to implement gained knowledge and skills toward quality of care (PSM, Lab access, staff attrition, adapted infrastructures and equipment).

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