

Challenges in improving the quality of HIV care at country level

Assessment and perspectives of a national coaching strategy in Mali



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BACKGROUND

- Improving quality of HIV care at a large scale in a fragile and resource-constrained country is a serious challenge. While several determinants are associated with this quality, the **skills and practices of health professionals are essential**. Health systems are struggling to define the best approach to contribute to improve and maintain these skills and practices across a wide area.
- In order to tackle this issue, Mali drew on the results of Solthis' projects implemented from 2003 to 2015 in 2 regions (Ségou, Mopti), relying on regular on-site mentoring. Since 2016 the country has been implementing a nationwide HIV services coaching strategy with the support of Solthis and funding from the Global fund (NFM1, 2 and 3)



THE HIV SERVICES COACHING IN MALI

The development of the coaching strategy was done considering that supervisions were not sufficiently addressing skills needs and were generally not done by experienced professionals with the necessary expert technical background.

Mali does not follow international definitions of coaching and defines **HIV services coaching as an approach realized at the workplace by an experienced professional mastering similar technical skills. It mixes skills building activities and quality improvement technics relying on problem solving**. It addresses both HIV care and PMTCT services.

To contribute to the roll-out of the strategy, several documents were developed in 2016 and updated in 2019 : a coaching guide, several observation grids and training material.



METHODS

- An initial data collection was done in 2018 and 2019. The data were compiled from observations made during the coaching activities and from supervision of these activities. They were completed during an assessment workshop in June 2019.

- 8 additional informal face-to-face interviews were conducted with institutional actors and health professionals involved in coaching during the last quarters of 2018 and 2019.
- A primary analysis of the activity and progress reports was done in 2019 and updated in 2022.



RESULTS

Click on this QR code to see a video on coaching in Mali

AN EXTENSIVE SCALED-UP STRATEGY

- Coaching implementation was done according to a cascade approach. Over the whole period:

- 58 super-coaches** (38 men, 20 women) were trained as trainers (2016-2018). These super-coaches are experienced HIV care professionals with more than 10 years of work in the field.
- 538 coaches** (229 men, 309 women) were trained by super-coaches during 30 sessions of 3 days (2016-2019) to 4 days (2021-2022).
- These coaches were working in **235 health facilities** from all the 9 regions of the country including the District of Bamako at all level of the health system pyramid. They largely came from district health centers (CSRéf; 303; 56.8%) and community health centers (CSCoM; 151; 28.3%) with a mean of **2.2 coaches per site**, ranged from 1.1 coach/Health facility at the community level to 4.4% to district level.



- Since 2019, pharmacists, biologists and psycho-social supporters have been trained to integrate coaching into the multidisciplinary care.
- Out of all the coaches trained there are more medical doctors (178, 35.1%) and midwives (178, 35.1%), with a strong gender difference (men account for over 80% of doctors, pharmacists and medical biologists while women represented 100% of midwives and 75% of nurses).

- From 2018 to October 2022, a total of **247 visits have been realized in 137 health facilities** (respectively 122 simple coaching visits in 85 HF and 125 supervised coaching visits in 52 HF) in the 5 southern regions. Simple coaching visits were targeting primary level (CSCoM) at 71.3% and secondary (CSRéf) at 13.1% and supervised coaching visit higher level (secondary at 65.6% and tertiary (regional hospital) at 16.8%.

- With over 500 coaches, practices vary. Some health professionals testify to the value of this strategy in consolidating the acquisition of skills in practices, particularly for primary and secondary care facilities. For others, the difference with supervision is not clear.

CHALLENGES

- 2 main factors explain the low number of on-site coaching visits compared to the number of coaches:
 - The security context is particularly challenging and does not facilitate travel in several regions in the center and north of the country.
 - The Global fund funding procedures which secure funding but make operational implementation more complex.
- The health information system does not currently allow for measuring the outcomes of coaching on care quality and impact on the cascade of care indicators. The absence of a database to monitor coaching activities makes it impossible to document the progress made by the teams.
- The daily availability of health professionals and the large number of patients does not favor optimal coaching and leads to quick overview of HIV services, similar to supervision.
- Beyond the skills, the material conditions are often inadequate for quality care. In a quality improvement process, these problems are regularly raised but no solutions can be found, thus causing frustration.

COVID-19 CONTEXT

- Coaching activities were mobilized to raise awareness and coach health professionals on hygiene and infection prevention and control issues related to COVID-19. This contributed to the deployment of good practices in a number of health facilities.

CONCLUSION

- These results confirm how ambitious Mali's HIV services coaching strategy is to help improve the quality of HIV care at a national scale.
- Although the support to professionals in their daily practices seems relevant, a deeper evaluation of the impact of this strategy on HIV care appears to be necessary, including a cost analysis.
- These results may guide the extension of this coaching strategy to other diseases. In 2022, it was already extended to tuberculosis care.

- With more than one person trained in coaching in over 250 HF, the coaching approach is widely disseminated in the health system, including at primary levels. This dissemination of quality improvement methods, including analytical and problem solving skills, at all level of the health system is certainly an important lever for improving the overall quality of health services.
- Distance support and digital tools could enable more regular, less costly and less climate-impacting support.

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