Brining Digital Solutions to Scale: There Is No Such Thing as a Quick Fix

Sabine Renggli, PhD
sabine.renggli@swisstph.ch
The electronic Tool to Improve Quality of Healthcare (e-TIQH)
Supportive supervision

CHMT = Council Health Management Team
The e-TIQH supportive supervision approach

**Step 1**
- Healthcare provider
- CHMT

**Step 2**
- Dissemination of findings

**Step 3**
- Usage of findings for council health planning and budgeting

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Research conducted on the e-TIQH approach
The work behind all this

A journey of 1’300 days across 10’843 km of roads worth 4 publications and 1 PhD
1. Description of methodology

2. Appropriateness of the e-TIQH tool

- **Assesses and monitors** quality of primary healthcare for the intended purpose

3. Contribution of the e-TIQH approach

- **Improves and maintains** crucial quality standards of primary healthcare

4. e-TIQH vs. routine CHMT supportive supervision

- Increased **effectiveness** and **efficiency** of supportive supervision
5. Proof of concept

Great acceptance amongst healthcare providers

“They [the assessors] can have a certain point of view… thus during [CHMT] supportive supervision, the results or the feedback could easily be influenced by the person’s [the assessor’s] own ideas. But with e-TIQH this is not so easy, because there is something which guides you. … e-TIQH is more fair. […] it gives you the real pictures.”

(Facilty in-charge, Mvomero DC)
Strong support from council level

“When going back [to the facility] for another supervision you may or may not find the [previous supportive supervision] report. Thus, you might not know anymore where the problem was. This is different from now... once uploaded, even at the office you have the file... Thus, it’s easy, even when going back another time you exactly know ‘There I left with this particular problem at that time. Now let me follow up and see how far they’ve come.”

(CHMT member, Mvomero DC)
1. Only partial system integration
2. Could not overcome broader system failures

- Delayed or inadequate disbursement of money
- Availability of vehicles
- Competing tasks and ad-hoc assignments of CHMT
“Doing it [supportive supervision] has its challenges. We have… competing tasks. You do a schedule [which shows] that the whole week we dedicate to go to the health facilities for supportive supervision but in between some CHMT members are called for a certain seminar… Or we get visitors from the ministry, different organisations, NGOs that we work with. Thus, some of us need to go there, join them to do some work. Hence, you come to realize this week is lost and… maybe you managed to just visit one facility… these have been our big challenges…”

(CHMT member, Iringa MC)
Pitfalls

AID WORKS WHEN WE WORK TOGETHER

Paris Declaration on Aid Effectiveness, OECD, 2005
3. No institutionalization or policy integration

- Lack of country ownership
- Lack of donor harmonization
- Lack of alignment with local system
1. Align, integrate, harmonize…

Front-end

Back-end
1. Align, integrate, harmonize…

“In the future, drone airports could be as frequent in Africa as petrol stations in Europe”
2. Take a systems approach

Recommendation

Systems thinking for health systems strengthening, WHO, 2009
3. Walk the “last” mile…

[Diagram showing a flow between Innovation, Practice, Project, Application, Validation, and Policies]
There are no shortcuts to any place worth going

-Beverly Sills
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Thank you!

Ahsanteni sana!
The electronic Tool to Improve Quality of Healthcare (e-TIQH)

1. Physical environment & equipment: 83%
2. Job expectation: 49%
3. Professional knowledge, skills & ethics: 91%
4. Management & administration: 72%
5. Staff motivation: 41%
6. Client satisfaction: 53%

Overall: 65%

Mboya et al., 2016