



“We Have Learned from Our Friends”

Changes to Strengthen Advanced HIV Disease Services in Malawi

Background: “These are human beings. These are not just numbers.”

Fourteen percent of people living with HIV (PLHIV) in Malawi are estimated to have advanced HIV disease (AHD) (UNAIDS, 2020). “These are human beings,” said Dr. Eddie Matiya, AHD Project Lead, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in Malawi. “These are not just numbers.” For these clients, living with AHD translates to living with a higher risk for morbidity associated with opportunistic infections (OIs) and thus a higher rate of mortality in comparison to PLHIV without AHD. As part of the Bill and Melinda Gates Foundation (BMGF)-supported initiative to combat AHD, Malawi implemented a quality improvement collaborative (QIC) where work improvement teams (WITs) from over 40 health care facilities across the country met every three months between April 2021 and February 2023 to exchange knowledge and experience as they conducted quality improvement (QI) projects to strengthen AHD services through five key performance indicators (Table 1). The QIC culminated in a Harvest Meeting where all facilities and representatives from multiple levels of the health system came together to identify the most promising practices for improving AHD services. This

brief summary summarizes the key takeaways from this culminating Harvest Meeting that represents months of learning and, in the words of a poster presenter Grace Misinde (WIT member from Mua Mission Hospital, Malawi), how “we have learned from our friends” across the health care facilities and teams working together in the AHD QIC to strengthen the quality of services for people living with AHD.

Table 1: Malawi’s AHD QIC Focused on Improving Five Key Performance Indicators

Topic	Indicator Description
AHD Diagnosis	% of PLHIV with AHD diagnosed with OIs
Treatment Initiation	% of PLHIV with AHD diagnosed with OIs initiated on OI treatment
Retention	% of PLHIV with AHD retained in treatment at six months after initiation in HIV care
Viral Suppression	% of PLHIV with AHD who are virally suppressed in the reporting period
Adherence	% of PLHIV with AHD who achieve adherence rates of 95%–100% based on pill counts during the first three months and six months on antiretroviral therapy (ART)



Image 1: District health team and health facility representatives with Honorable Halima Alima Daudi, MP, Deputy Minister of Health (first row, fourth from left) on Day One of the Harvest Meeting alongside the EGPAF in Malawi team, including Dr. Allan Ahimbisibwe, Acting Country Director; Charles Jenya Soko, Quality Improvement Officer; Dr. Eddie Matiya, Advanced HIV Disease Project Lead; Laywell Nyirenda, Quality Improvement Advisor; Rosalia Dambe, Advanced HIV Disease Monitoring and Evaluation Manager; and Kwashie Kudiabor, Strategic Information and Evaluation Director. Photo: EGPAF/2023

Harvest Meeting Key Activities

The AHD Harvest Meeting was held from February 3 to 4, 2023 at the Sunbird Livingstonia hotel in Salima, Malawi.

Day One Summary: “I hope you will be able to harvest a change package”

Day One of the Harvest Meeting celebrated the accomplishments and maintenance of the QIC over the past 22 months since the project’s inception. The day started with the arrival and tour of the poster stands by Honorable Halima Alima Daudi, MP, Deputy Minister of Health for Malawi. During the poster tour, a representative member of the WITs from the project sites presented the QI project (QIP) they had been working on, including the title of the QIP, objectives, key achievements, challenges, and next steps for the QIPs. The Honorable Deputy Minister engaged the presenters, asked questions which the presenters ably answered, and was very impressed by all the QIPs and the achievements presented.

After the tour, the Honorable Deputy Minister was ushered to join the meeting participants at the high table. From here, the rest of the meeting presentations continued. The program director, Adrian Chikumbe, Public Relations Officer, Malawi Ministry of Health (MOH), formally welcomed the Honorable Deputy Minister and invited a participant to lead the opening prayer. Then, Dr. Allan Ahimbisibwe, Acting Country Director, EGPAF in Malawi, thanked the MOH for their guidance and the other implementing partners and collaborators who made it possible for the project to cover seven districts beyond the three districts EGPAF supports.

Dr. Eddie Matiya then presented an overview of AHD in Malawi to emphasize the urgency of addressing AHD for PLHIV, followed by an overview of the project’s hub-and-spoke model and reliance on multidisciplinary and interprofessional teamwork to generate results.

Following introductory remarks from a quality management directorate (QMD) representative, the Honorable Halima Alima Daudi, MP, Deputy Minister of Health, said in her opening remarks, “I hope you will be able to harvest a change package...that will allow facilities to share experiences in terms of what works and what did not work,” referencing the culminating change package that would be the main output of the Harvest Meeting (Image 2). Presentations by the following health facilities demonstrated the site-level QI projects which represented the WITs’ catalytic action on the front lines of QI and the work to strengthen AHD services: Mzuzu Health Centre presented by Gomegzani Mwafurirwa; Mchinji District Health Office Female Ward presented by Triza Masala; Dedza District Health Office Sister Theresa Mission presented by Charles Kansalu; and Mchinji District Health Office Mwai Clinic presented by Yamikani Matiya. Nine facilities also showcased their WITs accomplishments on posters displayed around the venue (Image 3).



Image 2: Honorable Halima Alima Daudi, MP, Deputy Minister of Health formally opening the Harvest Meeting. Photo: EGPAF/2023



Image 3: Natasha Harawa, member of the WIT at Nkhotakota District Hospital, presenting her team’s poster on QI projects to strengthen AHD services. Photo: EGPAF/2023



Image 4: Laywell Nyirenda addressing the large group in preparation for the change harvest to begin on Day Two. Photo: EGPAF/2023

To set the stage for Day Two, Ivan Teri, Associate Director of Program Optimization and Health Systems Strengthening, EGPAF, provided guidance on how participants would harvest changes during group work. The small groups for Day Two were then formed under the leadership of Laywell Nyirenda, QI Advisor, EGPAF in Malawi, who assigned each small group an indicator to focus on for the harvest (Image 4). Day Two concluded with a QI knowledge check post-quiz administered by Microsoft Forms and hard copy.

Day Two Summary: “The tables are still full”

During Day Two of the workshop, participants arrived ready to dive into small group work and the change harvest. Despite it being a Saturday, attendance was very high. As Laywell Nyirenda described, “the tables are still full.” After a refresher on the group work instructions, the 17 groups launched into deep discussions (Image 5). Referencing their paper-based QI Documentation Journals, groups used the digital [Harvest Meeting Worksheet](#) Excel tool to list every change their facility had tested on their assigned indicator, along with evidence for whether the change led to an improvement or not (Images 6 and 7). Next, the groups debated amongst themselves to assign each change a score for importance, simplicity, and scalability (Image 8). After a morning of intense discussion to identify the highest scoring changes within each small group, Laywell Nyirenda led groups to present their top three changes during the large group debrief session and, along with Ivan Teri, probed groups to provide detailed information on their tested changes during their readouts. The QI knowledge check post-quiz results and answers were then reviewed by Nyirenda and Nimasha Fernando, Program Optimization Officer for Documentation, Analysis, and Learning, EGPAF, for a brief capacity strengthening session emphasizing the theme of continuous learning.



Image 5: Ivan Teri working with a group to harvest changes and document all evidence for improvement or no improvement. Photo: EGPAF/2023



Image 7: Groups completed the Harvest Meeting Worksheet on laptops to digitally document their discussions. Photo: EGPAF/2023



Image 6: Group referencing their QI Documentation Journals and other records to harvest changes and compile evidence. Photo: EGPAF/2023



Image 8: Each group scored every change they documented on importance, simplicity, and scalability. Photo: EGPAF/2023

To conclude the meeting, representatives for all key stakeholders shared closing remarks and acknowledgements. Partners in Hope and Lighthouse Trust offered thanks for the stakeholders across the health system, ranging from collaboration with EGPAF to district health management teams (DHMTs) to MOH leadership that made the QIC possible. Baylor especially appreciated the cross-district knowledge sharing the QIC had fostered. DHMTs thanked participants from across districts and reiterated their commitment to implementation of the QI process. Dr. Matiya echoed the appreciation for the large crowd and noted that the group would meet one last time during the project’s research dissemination phase. Ivan Teri commended the group for the quality and specificity of responses provided on the Harvest Meeting Worksheets and applauded all for their work which would culminate in the first change package on AHD from the African continent—also believed to be the first in the entire world. To close the Harvest Meeting, Chief Quality Management Officer Alinafe Mangulenje (Malawi MOH, QMD) expressed how honored she was to be part of such an exciting session that actually resulted in a more robust harvest process. She appreciated her colleagues’ dedication to the QI process, noting that “for us to get results shows commitment.” Final comments were offered by Nyirenda, who again thanked all participants for their engagement before the meeting ended with a closing prayer.

Key Successes: “This will greatly improve the health of AHD clients”

184 Attendees	41 Health care facilities from seven districts	4 Partners collaborated	78 Changes compiled
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The AHD Harvest Session was deemed one of the most effective Harvest Meetings supported in Malawi. Principally, the meeting successfully provided a platform for dialogue between the 184 attendees—representing 41 health care facilities—who compiled over 78 changes tested by WITs during 112 active QI projects. Seven districts were represented throughout the QIC thanks to collaboration between EGPAF, Baylor University, Lighthouse Trust, and Partners in Hope, as well as the MOH QMD, DHA, Nursing Directorate, Clinical Directorate, and Diagnostics team who were all represented. Results from the QIC Evaluation showed that not only did participants strongly agree that the QIC met all of its objectives, they strongly agreed that their implementation of QI activities was better because they participated in the QIC. Therefore, they strongly recommended QICs to other teams and wished they would continue (Figure 1, Table 2). Based on results of the QI knowledge post-quiz, over 95% of participants could correctly define QI and the Plan-Do-Study-Act cycle, explain what a run charts illustrates, and understood how to determine whether a change idea should be dropped, adapted, or adopted. These results demonstrate strong understanding of QI among health facility teams and shows promise that teams will sustain QI after the QIC ends.

Figure 1: Results of the QIC Evaluation
(1=Strongly Disagree, 5=Strongly Agree)

The Collaborative has met all of its objectives.	4.6
The length of the Collaborative was appropriate.	3.9
The Collaborative provided a good space for our team to learn from and share experiences with other health facilities.	4.6
Our implementation of QI activities was better because we participated in the QI Collaborative than if we had not participated in the Collaborative.	4.7
Engaging in the QI Collaborative was a good opportunity for my continuous professional development.	4.8
I would recommend that other QI teams participate in QI Collaboratives.	4.8

Table 2: Feedback from Participants on the QIC Evaluation

- “I’ve learned a lot in the Collaborative sessions and I was able to improve my skills in QI each and every session.”
- “Continue with the collaborative sessions and if possible have them at district level so that quality starts at district level before spreading to the whole country.”
- “In all, we appreciate EGPAF for these meetings. It’s helping to bridge the knowledge gap we had in our facilities from learning from others that are doing well.”
- “This will greatly improve the health of AHD clients. This will motivate clients since they are getting the best treatment.”

Next Steps after the Harvest Meeting: “I hope we are not closing our [QI] journals today”

To close the meeting, the QMD representative Alinafe Mangulenje expressed her wish: “I hope we are not closing our [QI] journals today.” Indeed, work on AHD will continue as sites are encouraged to continue conducting QI projects and sustain their improvements. The changes tested by sites will now be synthesized into the first change package on AHD from the African continent compiling evidence-based promising practices for improving AHD services so that other programs can learn from the QIC’s experience to improve AHD services in their own context. Since WITs are now well versed on QI, they are being encouraged to “keep the QI spirit,” in the words of Ivan Teri. The QMD representative also reiterated her expectation that the QI knowledge the QIC fostered would yield long-term dividends. She summarized that “QI is basic knowledge that can be applied to any other program,” including programs beyond AHD, and has well prepared teams to continue to “make some movements that are within our control.”

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