



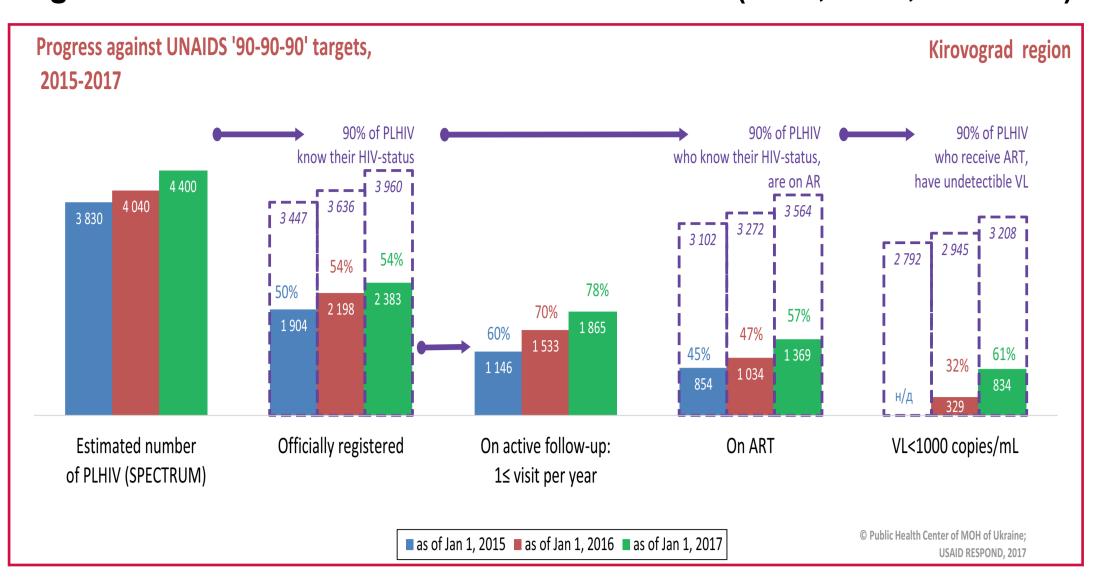


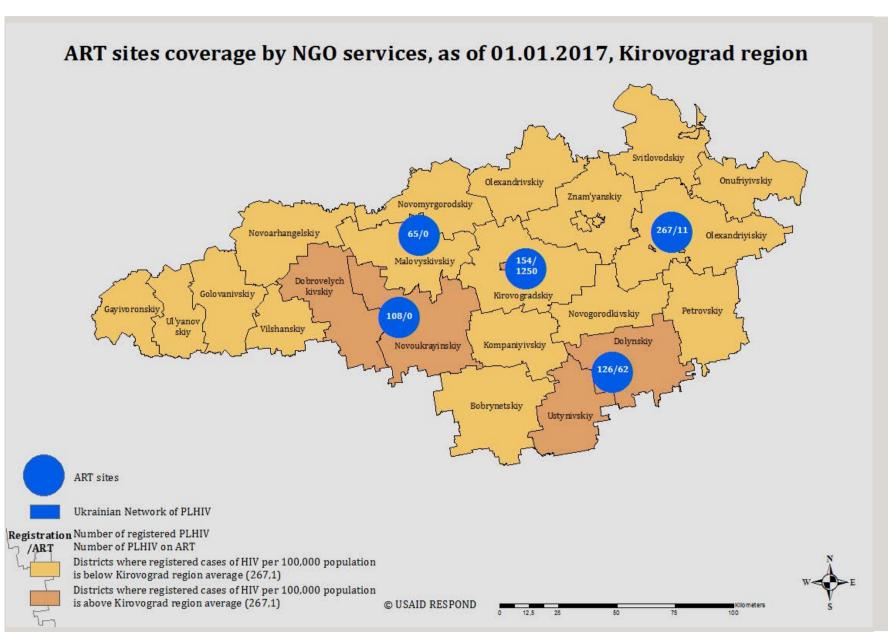


# RESPOND

# Quality Improvement Collaborative to Strengthen HIV-Services in the Kirovograd Region, Ukraine

Regional Cross-Sectional HIV Service Cascade (2015, 2016, and 2017)





# our **#pactpromise?**

# **Collaborative Scale:**

- All five existing ART sites in the region participated in the Collaborative
- Two NGO partners: 'Network 100% Life' and 'Povernennya do Zhyttia'
- Implementation Period:

# October 2016 – September 2017

#### **Objectives**

**COLLABORATIVE GOAL** 

To strengthen the continuum of HIV prevention, testing, linkage, care and treatment services for PLHIV

- Increase to 90% the proportion of PLHIV who know their status
- Increase the proportion of PLHIV in active follow up
- Increase to 90% the treatment coverage for PLHIV
- Increase to 90% the proportion of PLHIV on ART with undetectable viral load

# **HIV TESTING GAP**

#### **Reasons for the Gap:**

- Shortage of staff and facilities providing HIV testing services (HTS)
- Shortage of rapid HIV test kits in the region
- Long waiting time for HIV test results
- Poor engagement of specialty physicians/PHC providers into the provision of
- Stigma and discrimination against PLHIV and most at-risk populations among healthcare practitioners
- Poor patient motivation to care for their own health

#### QI Changes:

- HIV risk assessment by specialty physicians and/or PHC providers
- Assess behavioral risks and clinical indicators, and provide HTS for in-patients within the first three days of hospitalization

# **NGO Intervention:**

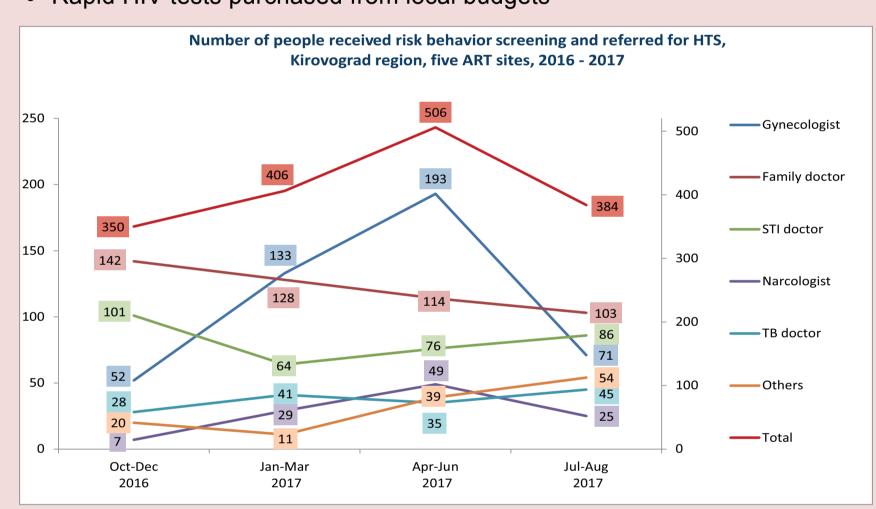
• 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'

# SUCCESSFUL QI CHANGE IN HIV TESTING

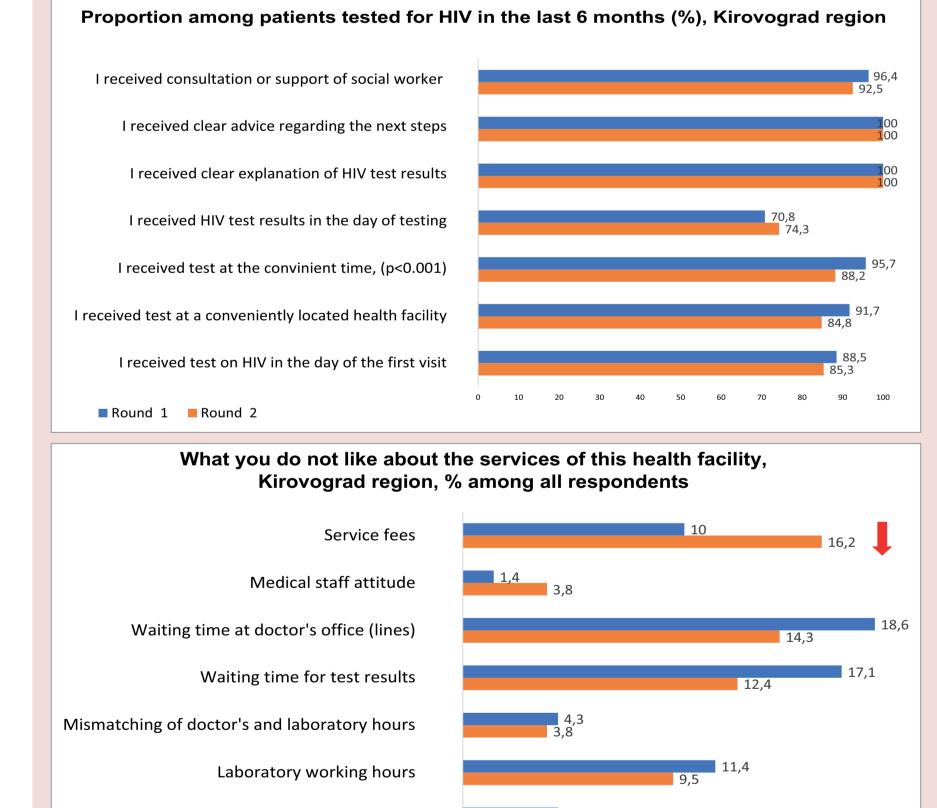
#### HIV RISK ASSESSMENT BY SPECIALTY PHYSICIANS AND/OR PHC **PROVIDERS**

# **Activities:**

- Introducing the job aids for risk behavior screening
- Developing/updating local protocols/patient pathways to outline the role of specialty physicians/PHC providers in the HIV testing and referral system
- Specialty physicians/PHC providers received training on risk behavior screening
- Rapid HIV tests purchased from local budgets



#### PATIENT SURVEY RESULTS FROM FIVE ART SITES IN THE KIROVOGRAD REGION, OCTOBER 2016 (70 PEOPLE) AND JULY 2017 (105 PEOPLE)

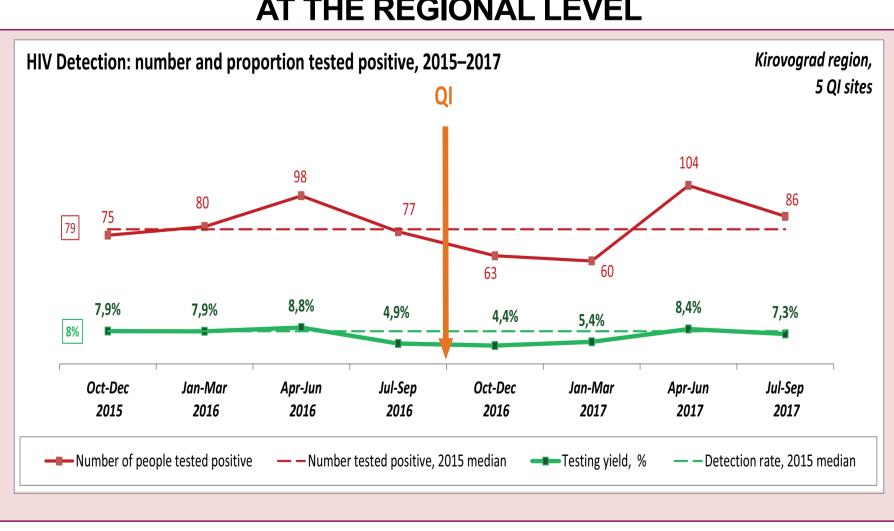


#### **IMPACT OF THE HIV TESTING CHANGES** AT THE REGIONAL LEVEL

Doctor's working hours

Round 2

Round 1



# LINKAGE TO CARE GAP

#### **Reasons for the Gap:**

- Registering with AIDS service takes significant time for the required lab tests
- Difficulties with transporting blood samples from health facilities to the labs
- Lack of effective coordination between infectious disease doctors and specialty physicians/PHC providers
- Lack of social support service in the districts of the region
- Poor PLHIV awareness of the importance of medical follow-up

#### QI Changes:

- Transporting biomaterial to the lab more frequently
- Provide active home visits by medical and social service providers
- Register newly detected in-patient PLHIV with AIDS service before they are discharged from the hospital

# **NGO Intervention:**

• Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'

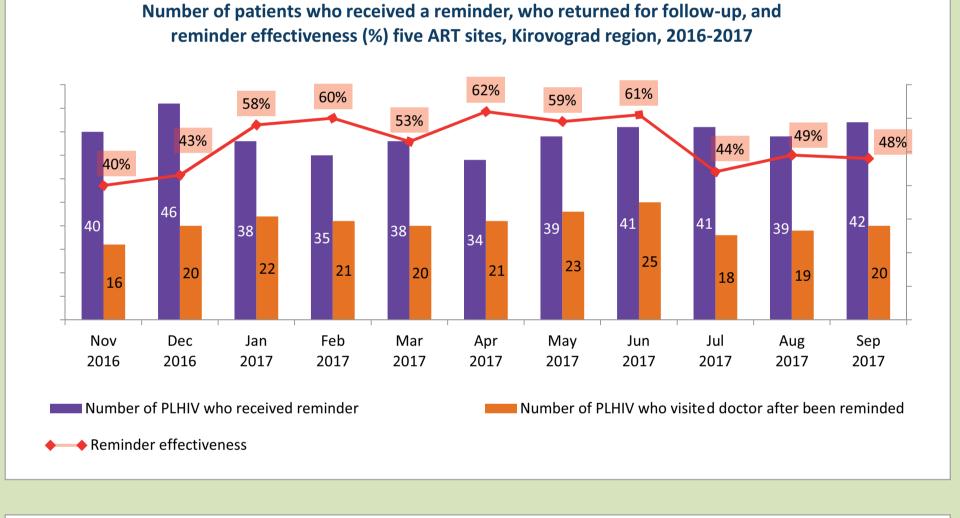
# SUCCESSFUL QI CHANGE IN LINKAGE TO CARE

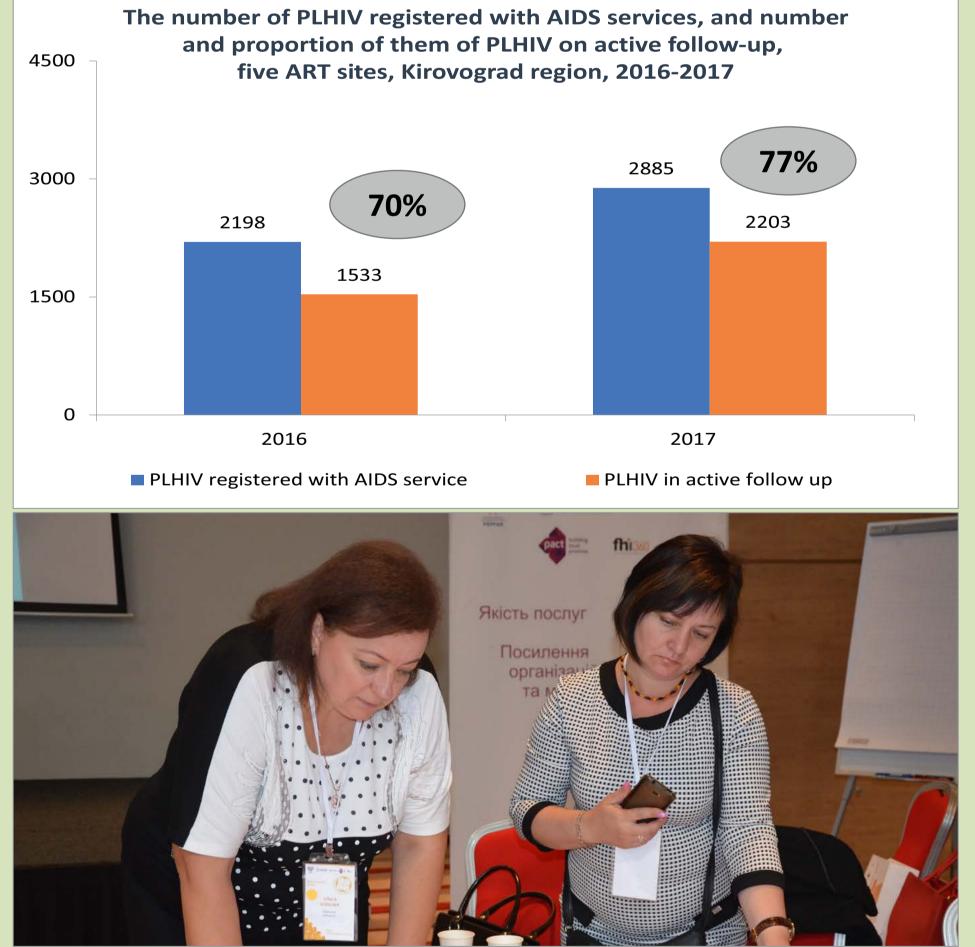
PROVIDE ACTIVE HOME VISITS BY MEDICAL AND SOCIAL SERVICE

#### **PROVIDERS Activities:**

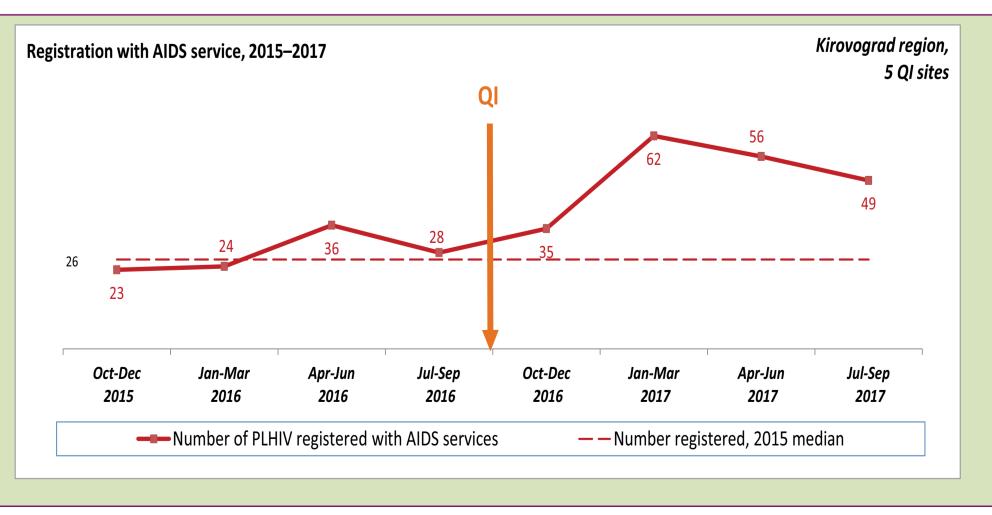
consent)

- Inventorying patient medical charts to identify and list PLHIV who have been lost to follow up • Introduced a calendar form to schedule patient appointments to ensure active follow-up for **PLHIV**
- Reminder letters and phone calls to PLHIV who fail to show up for their scheduled visits • Home visiting for PLHIV by ART site/trust Office worker (subject to a patient's informed





# IMPACT OF THE LINKAGE TO CARE CHANGES AT THE REGIONAL LEVEL



# TREATMENT GAP

# **Reasons for the Gap:**

- Lack of ART sites in some districts of the region
- Shortage of ARVs
- Poor quality of the HIV testing and treatment services
- Poor patient adherence to treatment
- Limited number of healthcare practitioners trained to initiate ART
- Significant time and transportation costs required for visiting the AIDS center because of the region's geographic spread
- Poor coverage of ART patients with adherence services

# QI Changes:

- Initiate and manage ART at ART sites
- Transfer ART patients from the AIDS Center to local ART sites

# **NGO Intervention:**

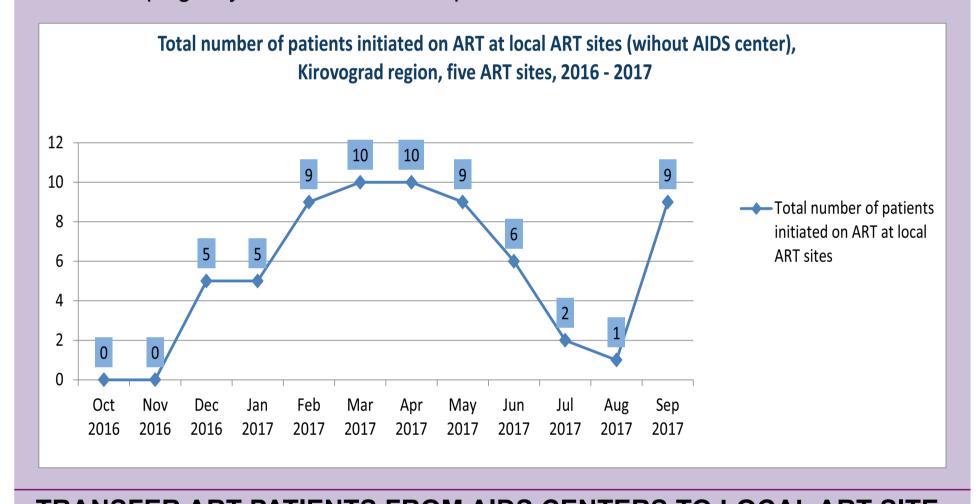
• 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100%

# SUCCESSFUL QI CHANGES IN TREATMENT

#### **INITIATE AND MANAGE ART AT ART SITES Activities:**

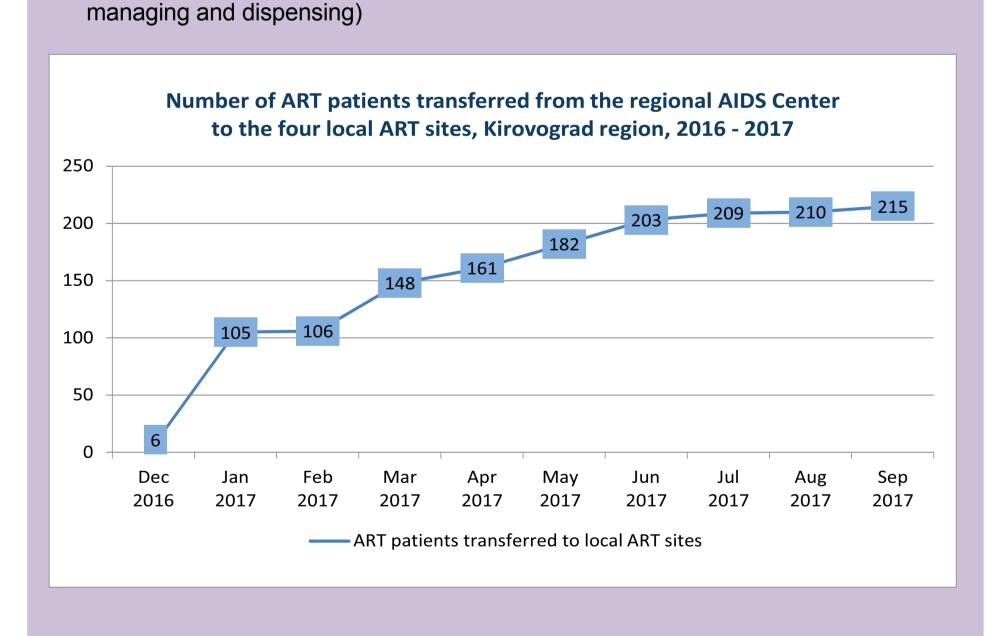
Additional ART sites opened in the region

- Assigned coordinator from the regional AIDS center to provide consultations to ART
- site physicians on ART initiation and management, side effects, record keeping, etc. Developed an algorithm for discussing complicated ART cases with the coordinator via Skype or phone
- Introducing a tracking system for ART patients
- Developing a system to remind ART patients about the date of the re-fill visit

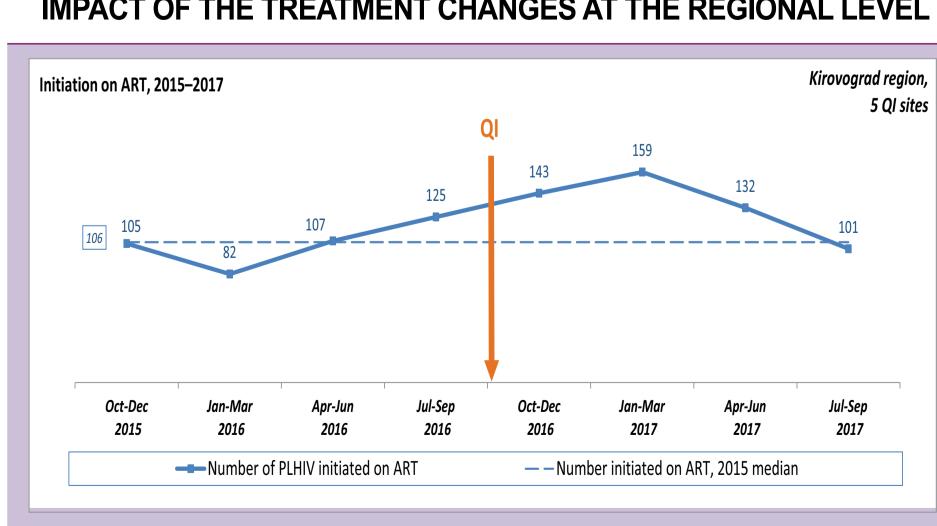


# TRANSFER ART PATIENTS FROM AIDS CENTERS TO LOCAL ART SITE **Activities:**

- Developed an algorithm for transferring ART patients to local ART sites
- ART patients sign written consent for transfer to local ART sites
- Transferring consent ART patients to ART sites near patients' places of residence
- Transfer of the supporting documents of ART patients to local ART sites • Assessment of requirements in additional ARVs for transferred ART patients submitted to the pharmacist of the Kryvyi Rih Regional AIDS Center (responsible for ART stock



# IMPACT OF THE TREATMENT CHANGES AT THE REGIONAL LEVEL



# ACHIEVEMENTS SACRETORS

- Specialty physicians have been engaged in screening for HIV risk behaviors/clinical indications for HTS
- Rapid HIV testing kits purchased from local budgets (city of Kropyvnytskyi, and Malovyskivskyi and Novoukrainskyi districts)
- Five ART sites covered with social support services • 215 ART patients transferred from the regional AIDS
- center to ART sites near patients' places of residence Implemented QI changes increased the HIV detection
- rate, contributed to an increased proportion of PLHIV registered with AIDS service and improved treatment effectiveness
- Local QI teams ensured sustainability of both the QI model and the implemented QI changes

# CHALLENGES

- Understaffing of the ART sites
- Shortage of rapid HIV testing kits Delays in supplies of ARVs
- Poor involvement of specialists and PHC providers into HTS
- Difficulties to introduce the Medical Information System (MIS) Lack of a regional lab facility to perform CD4 and viral load tests
- NEXT STEPS S

#### • Introduce additional positions of social and medical service staff at ART sites Continue introducing HTS by specialty physicians and PHC providers

- Training of ART site/Trust Office staff on maintaining MIS Continue training specialty physicians and PHC providers on HTS
- Continue decentralizing the HIV services
- Introduce procurements of the rapid HIV testing kits from local budgets
- Raising awareness among PLHIV on the importance of social and medical follow-up near the place of residence

#### Jan 2016 - Sep 2017 Cohort cascade as of October 1, 2017 Oct-Dec 2016 cohort ■ Jan-Mar 2017 cohort Kirovograd region, 5 QI sites ■ Apr-June 2017 cohort ■ Jul-Sept 2017 cohort **76%** Cohort: **Enrolled on ART** Viral load test Viral load <40 Registered with Remain Remain on ART Remain within last 6 copies/ml ELISA at AIDS service on ART registered 6≤ months registration months on reporting on reporting