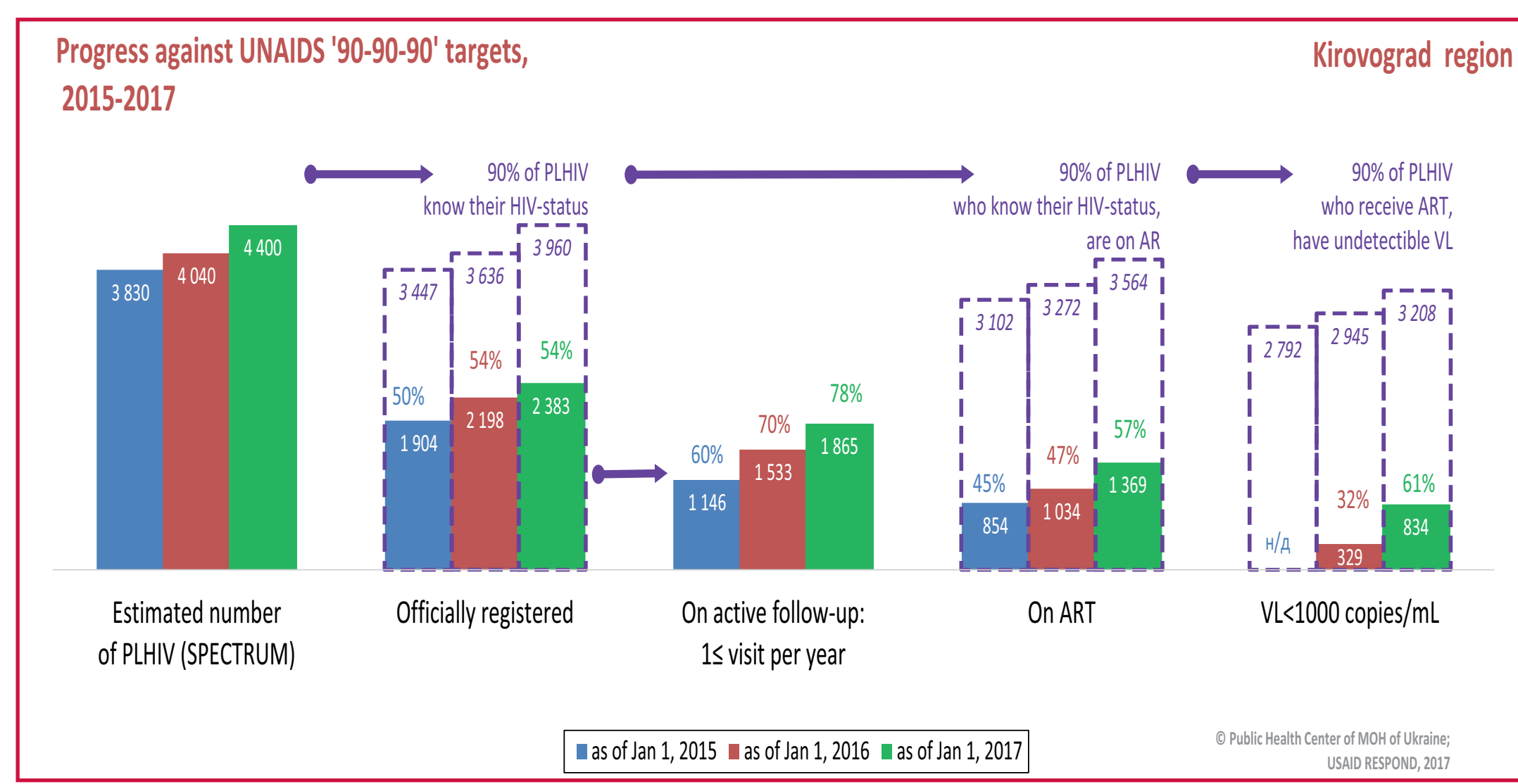
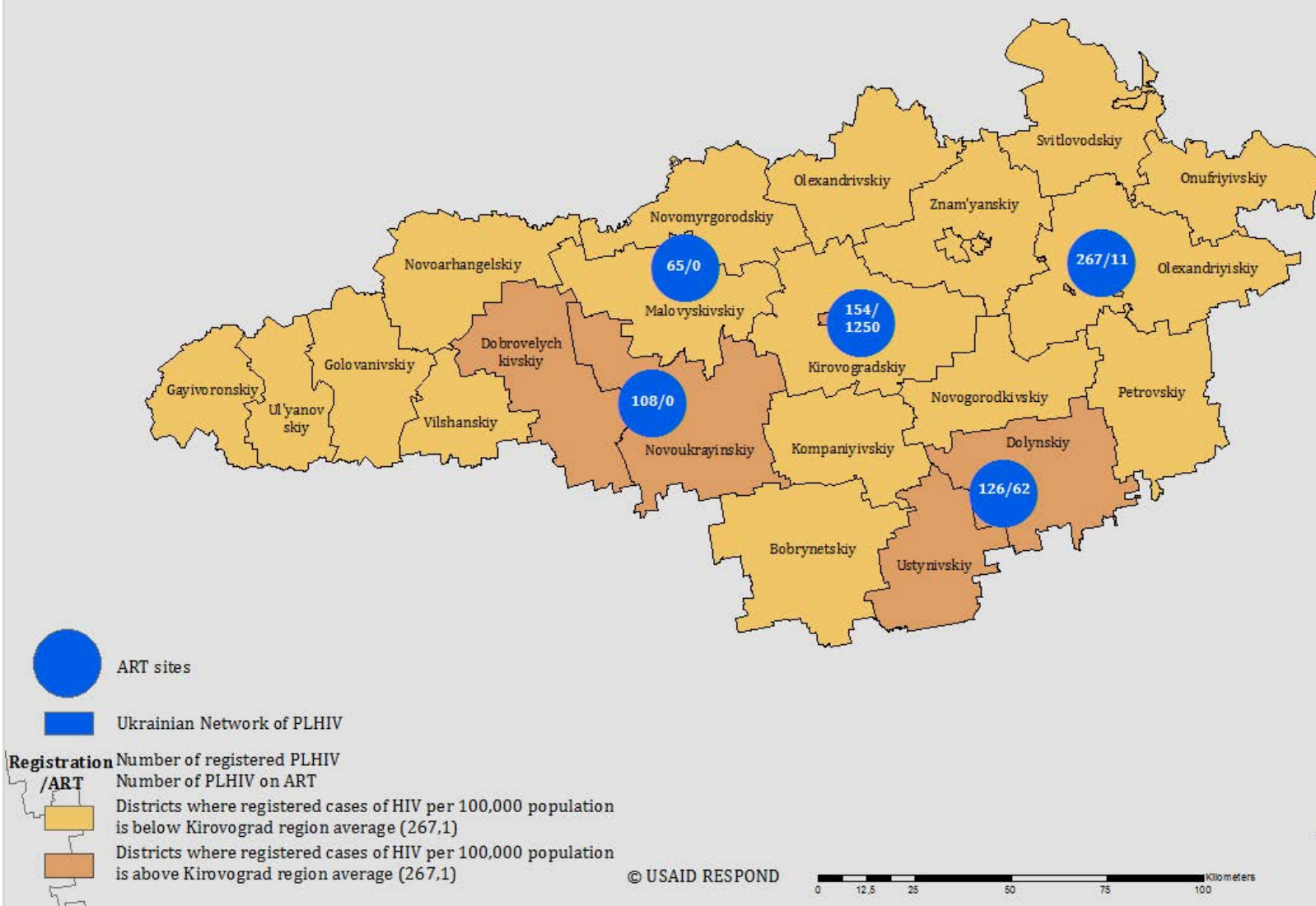


Quality Improvement Collaborative to Strengthen HIV-Services in the Kirovograd Region, Ukraine

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



ART sites coverage by NGO services, as of 01.01.2017, Kirovograd region



Collaborative Scale:

- All five existing ART sites in the region participated in the Collaborative
- Two NGO partners: 'Network 100% Life' and 'Povernennyya do Zhyttia'
- Implementation Period: October 2016 – September 2017

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 HTS
- 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'

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'

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:

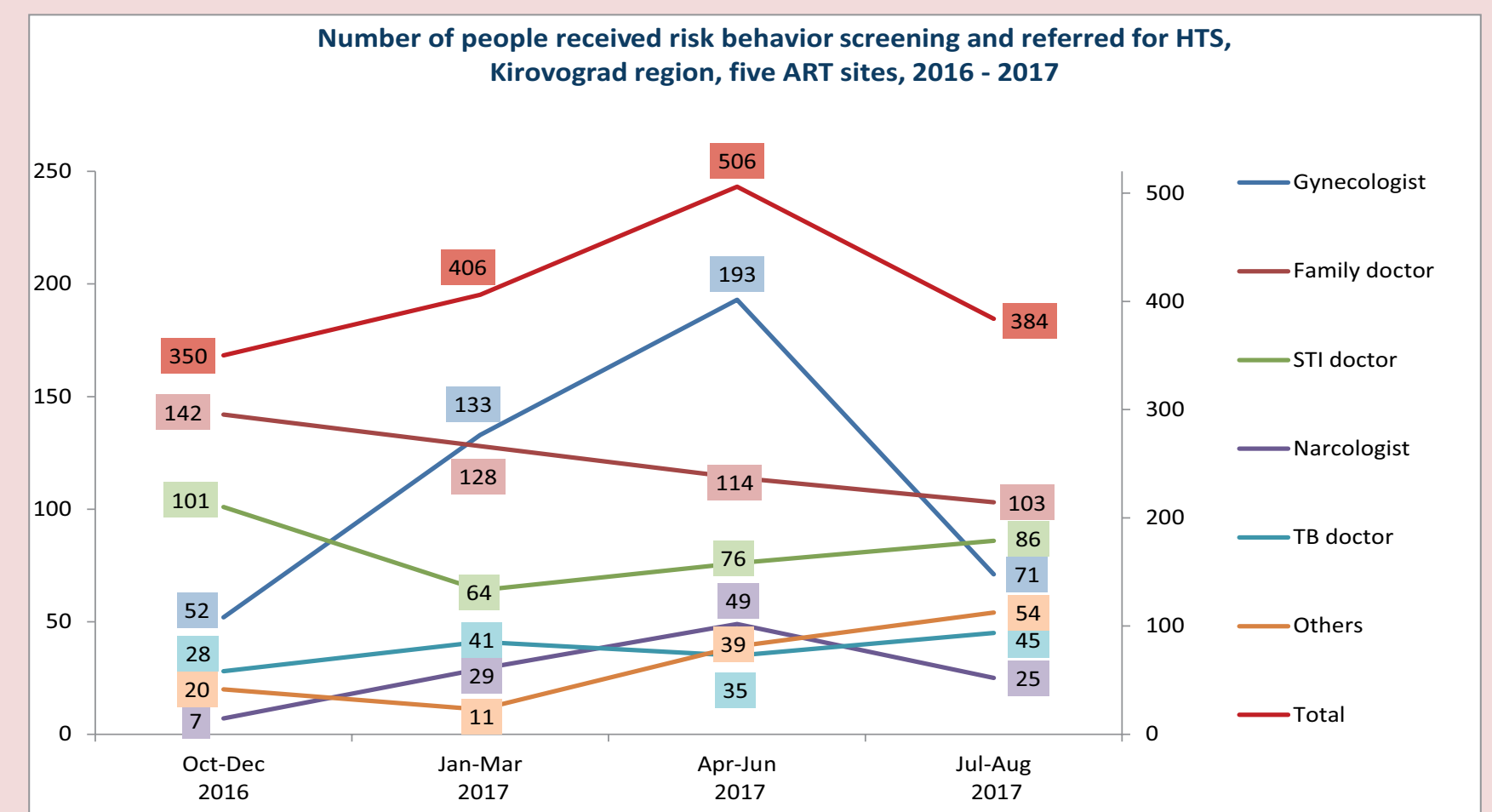
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'

SUCCESSFUL QI CHANGE IN HIV TESTING

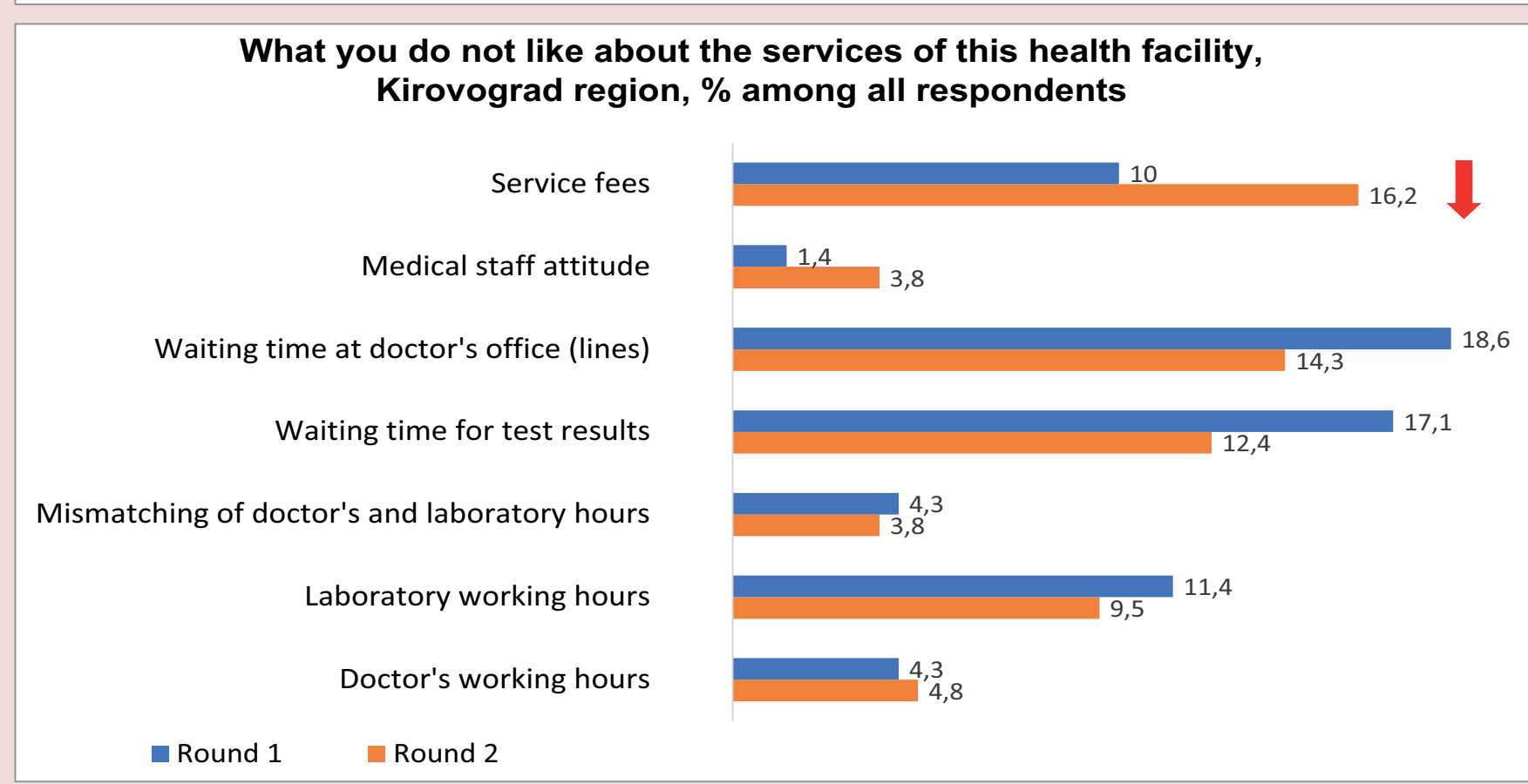
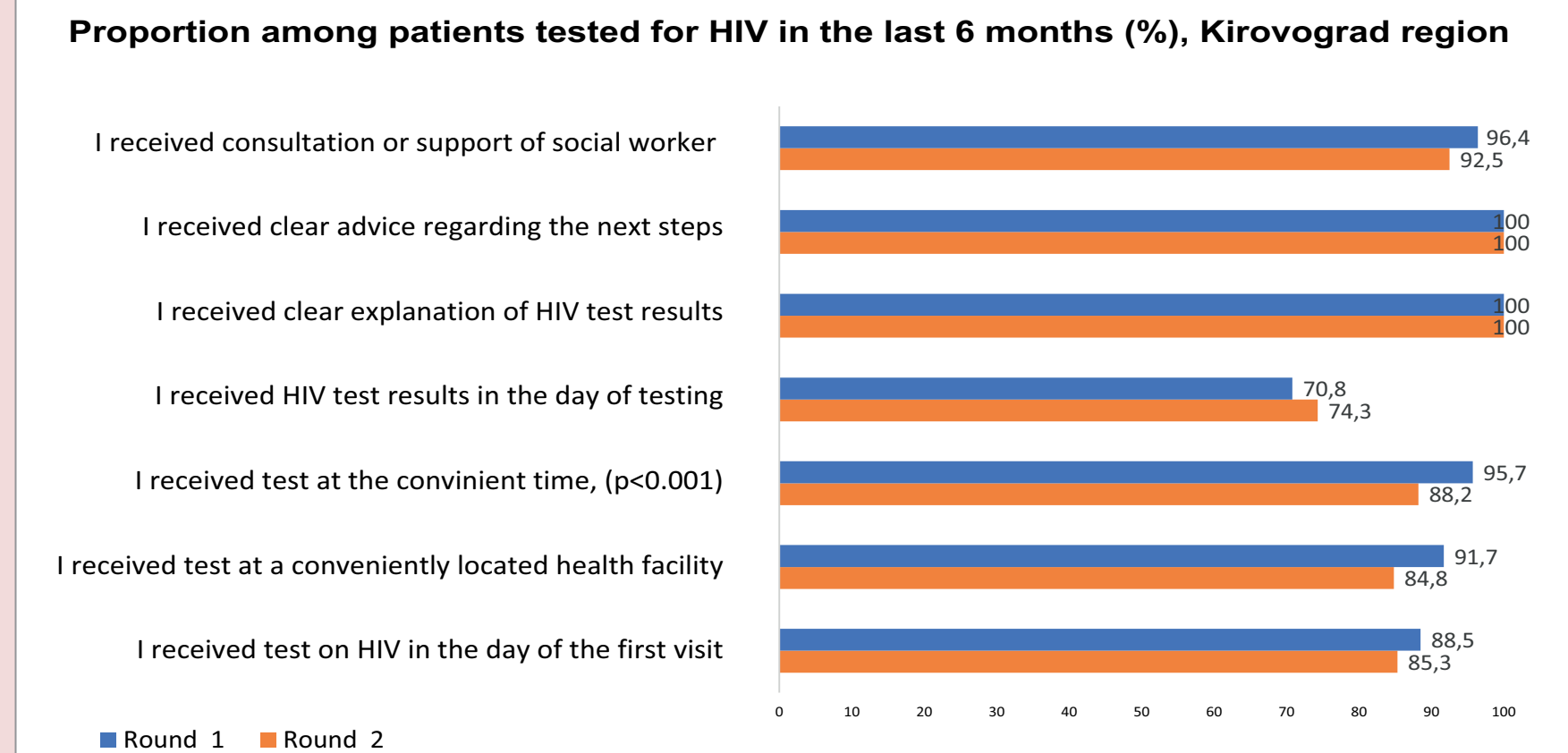
HIV RISK ASSESSMENT BY SPECIALTY PHYSICIANS AND/OR PHC PROVIDERS

Activities:

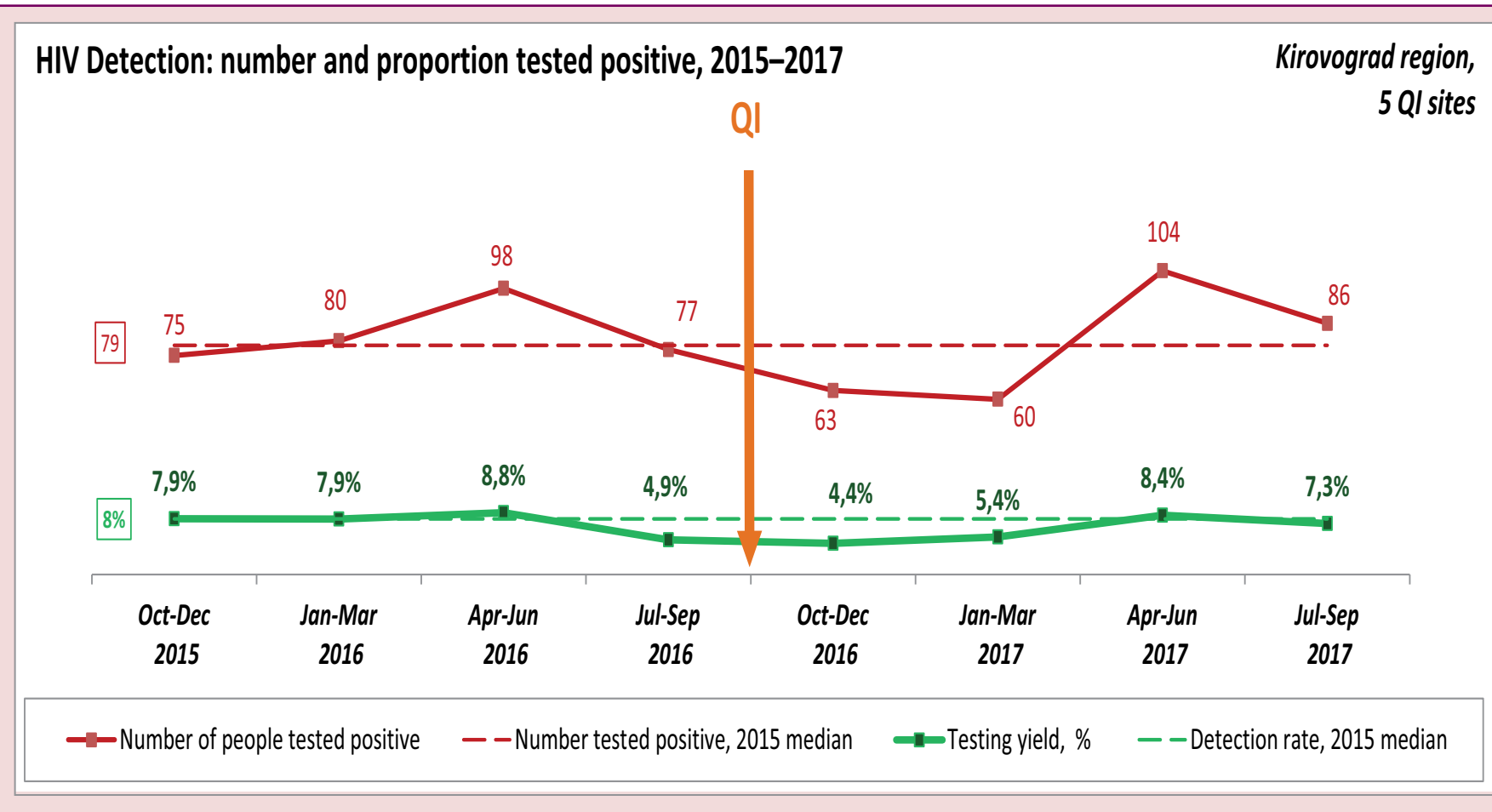
- Introducing the job aids for risk behavior screening
- Developing/updating local protocols/patient pathways to outline the role of specialty physicians/PHC providers in the HIV testing and referral system
- Specialty physicians/PHC providers received training on risk behavior screening
- Rapid HIV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



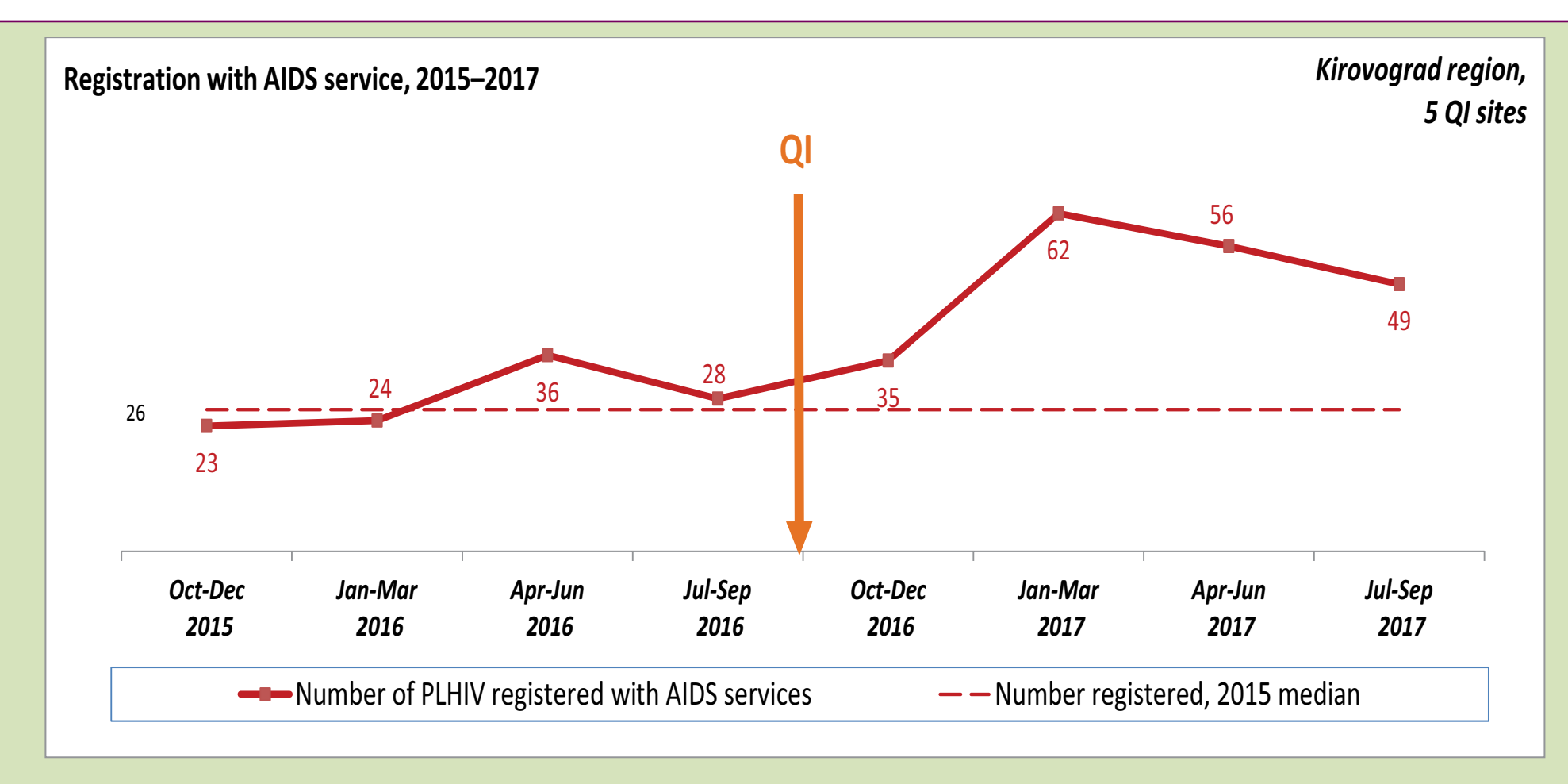
PATIENT SURVEY RESULTS FROM FIVE ART SITES IN THE KIROVOGRAD REGION, OCTOBER 2016 (70 PEOPLE) AND JULY 2017 (105 PEOPLE)



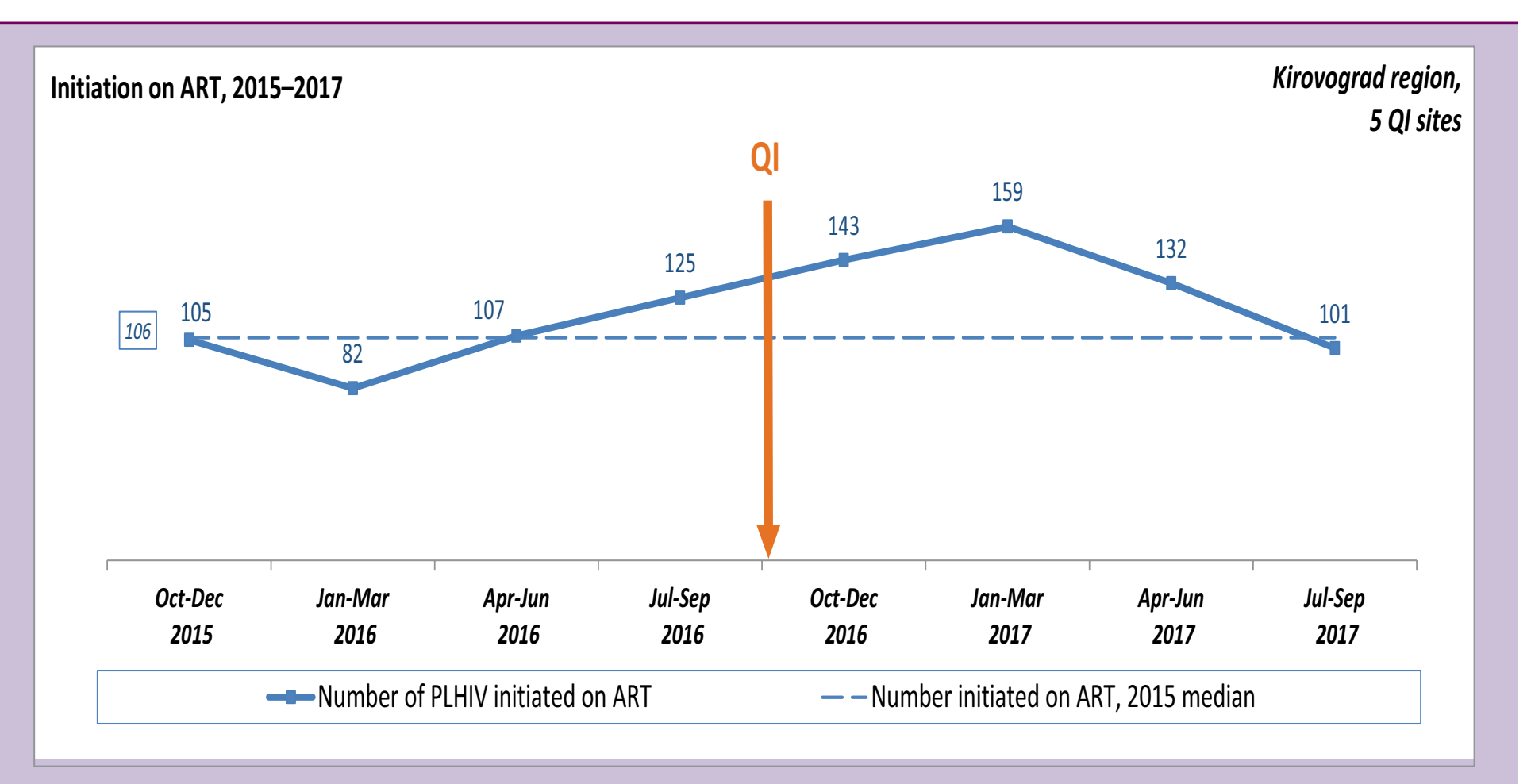
IMPACT OF THE HIV TESTING CHANGES AT THE REGIONAL LEVEL



IMPACT OF THE LINKAGE TO CARE CHANGES AT THE REGIONAL LEVEL



IMPACT OF THE TREATMENT CHANGES AT THE REGIONAL LEVEL



ACHIEVEMENTS

- 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 Malovyskivskiy and Novoukrainskiy 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

- 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

