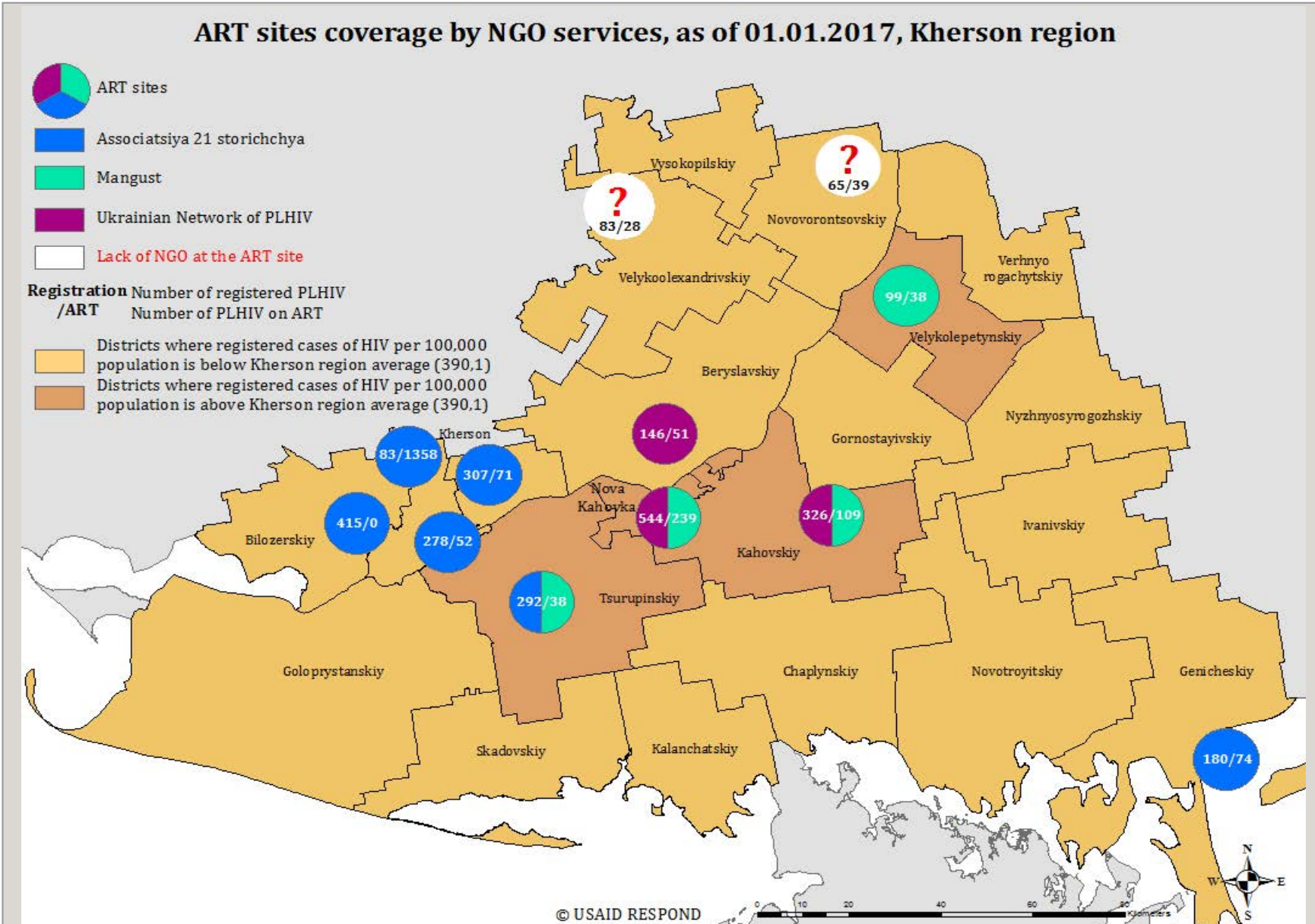
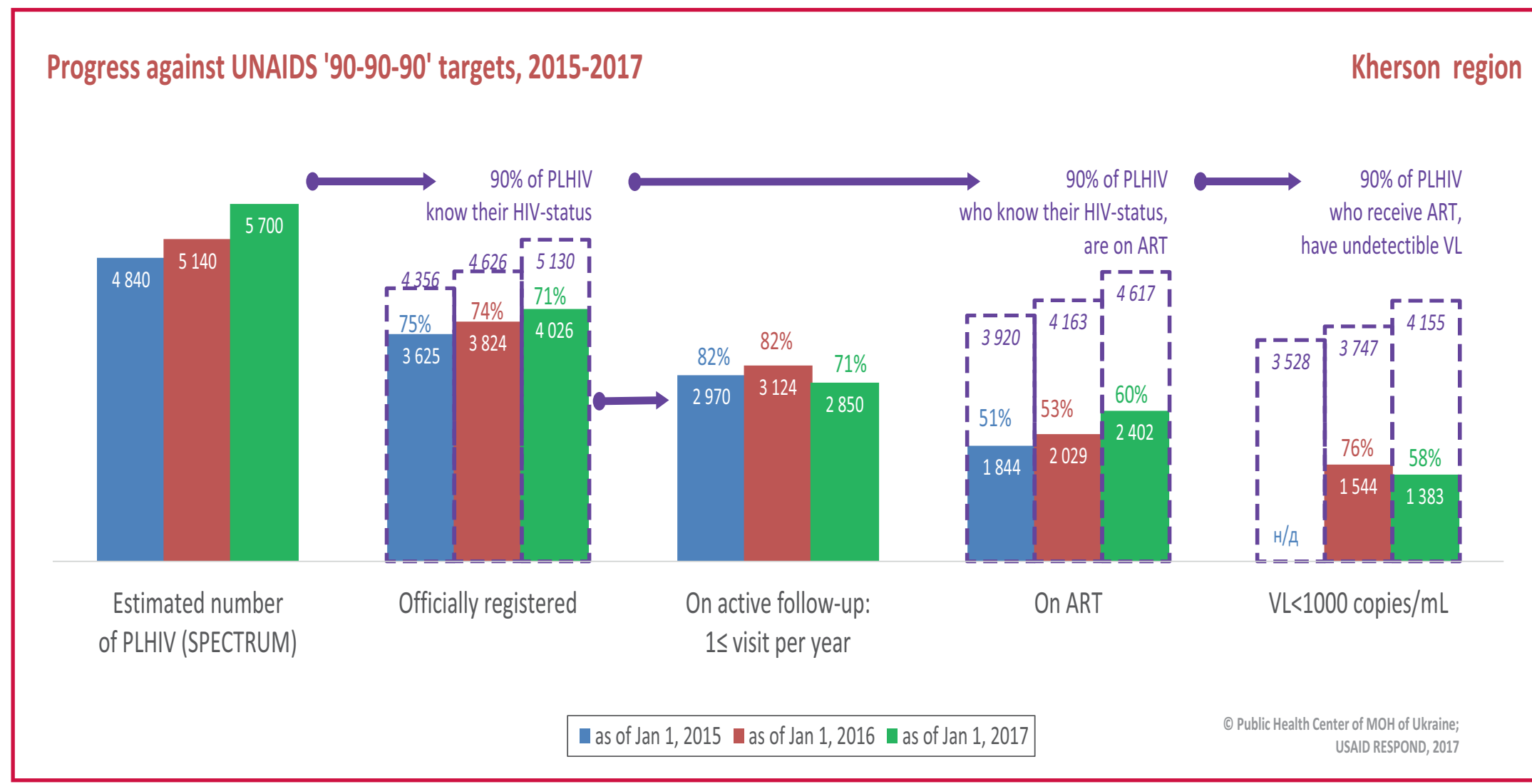


Quality Improvement Collaborative to Strengthen HIV-Services in the Kherson Region, Ukraine

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



Collaborative Scale:

- 12 QI sites out of the total 20 ART sites in the region
- Four NGO partners: 'XXI Stolittya', 'Mangust', AIDS Healthcare Foundation (AHF), and The Clinton Foundation
- Implementation Period: January 2016 – September 2017

COLLABORATIVE GOAL

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

Objectives

- 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:

- Lack of alertness among specialty physicians and PHC providers on HIV screening for most at-risk populations (including PWID)
- Lack of information on clinical indications for HTS among specialty physicians and PHC providers
- Low proportion of healthcare practitioners trained on HTS and using of rapid tests
- Shortage of rapid HIV test kits at the PHC level
- Patients screened positive for risk behavior may be lost to follow up due to the significant number of lab tests required

QI Changes:

- HIV risk assessment by specialty physicians and/or PHC providers
- HIV testing with two rapid tests or ELISA by specialty physicians and/or PHC providers
- Implement a patient tracking system (vouchers, coupons or invitations)
- Provide escorting to patients by medical staff
- HTS for sexual partners of PLHIV
- Double coding during HTS to ensure identification of PWID
- Task shifting on HTS between doctors and nurses
- External quality assessment of rapid HIV testing (quality assurance)

NGO Interventions:

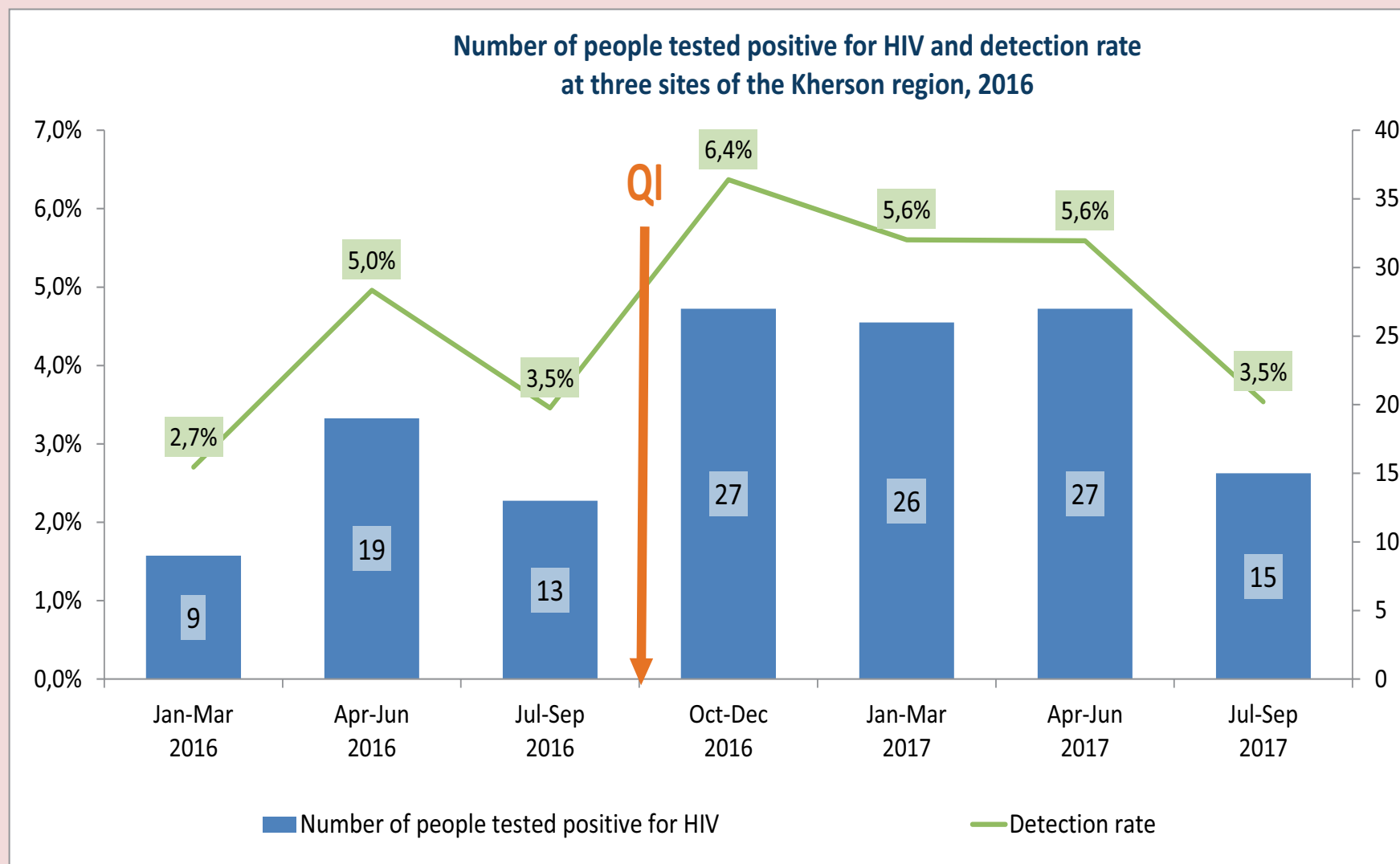
- 'PWID Sexual Partner Health' – NGO 'Mangust'
- Supplies of HIV rapid tests for ART sites and specialty healthcare services – AHF and The Clinton Foundation

SUCCESSFUL QI CHANGES IN HIV TESTING

HIV RISK ASSESSMENT BY SPECIALTY PHYSICIANS

Activities:

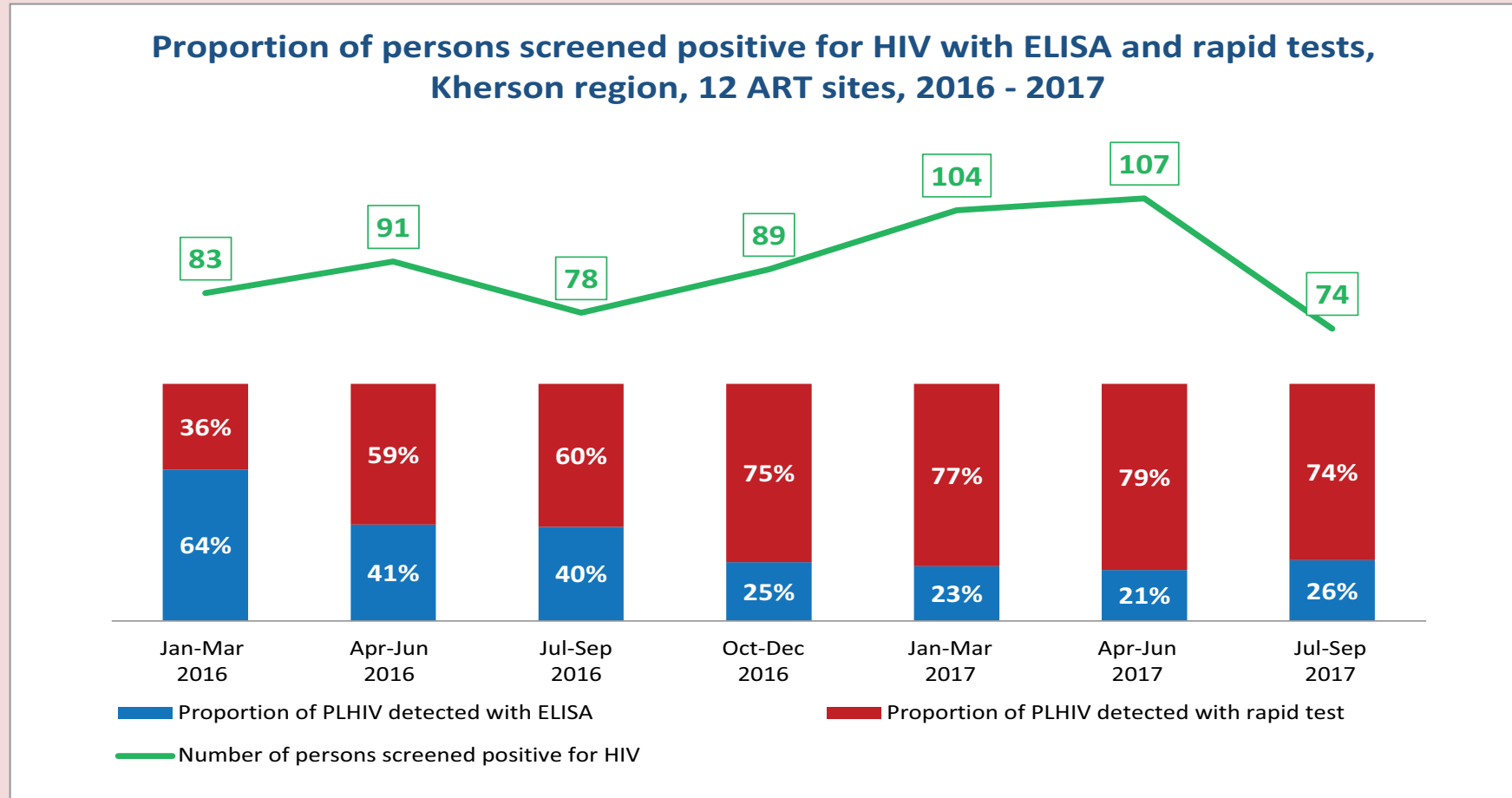
- Specialty physicians received job aids to conduct risk behavior screening
- Specialty physicians conducted risk behavior screening and analyzed results



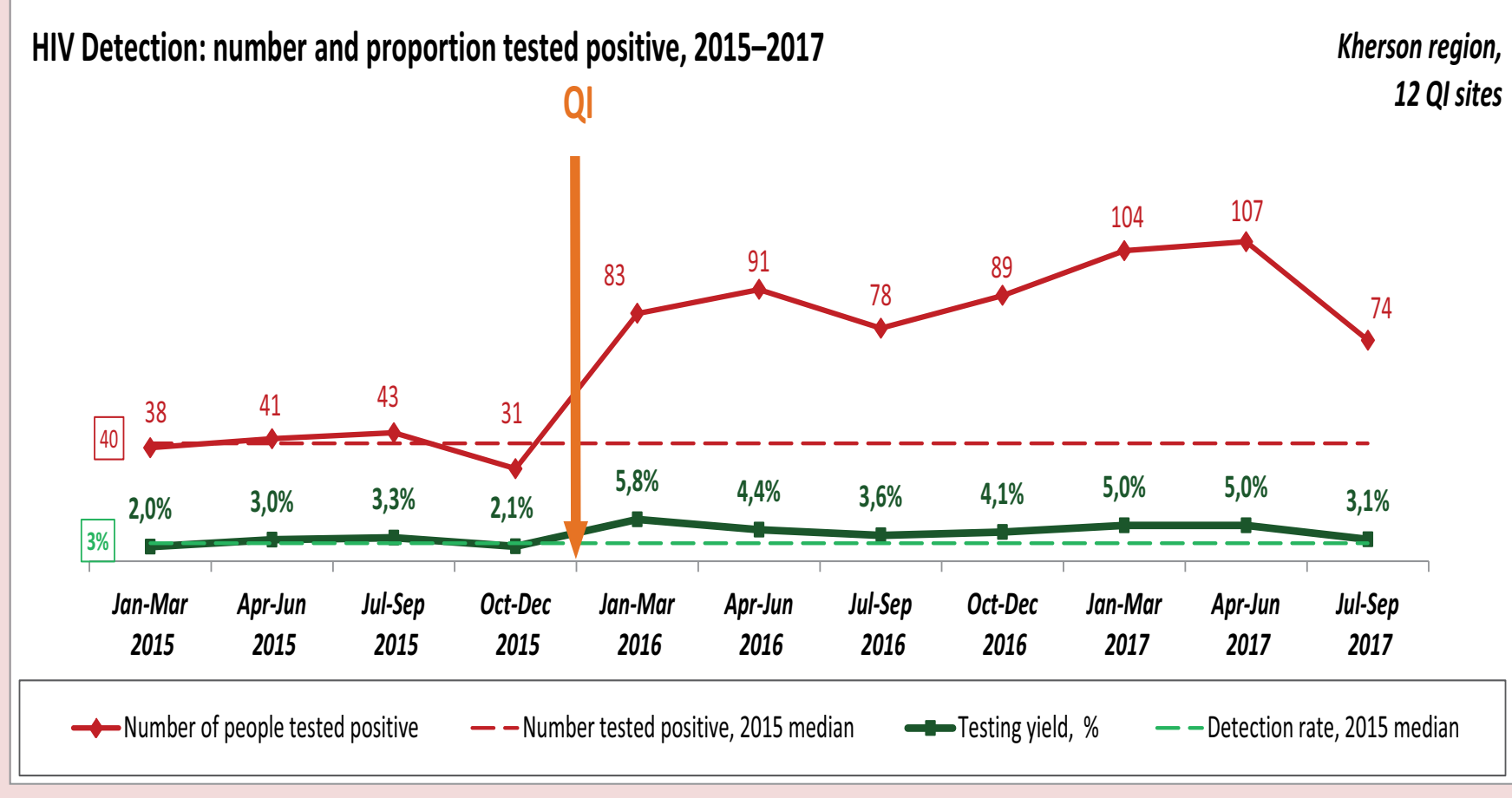
HIV TESTING WITH TWO RAPID TESTS OR ELISA BY SPECIALTY PHYSICIANS

Activities:

- Training for specialty physicians on HTS and using of rapid tests
- Providing specialty physicians with the job aids on HTS
- Implementing HTS with rapid tests by specialty physicians
- Quality assurance of HTS with rapid tests
- Monthly quality assessment of HTS with rapid tests done by specialty physicians and quarterly analysis of number of people tested and proportion between the true and false result interpretations



IMPACT OF THE HIV TESTING CHANGES AT THE REGIONAL LEVEL



LINKAGE TO CARE GAP

Reasons for the Gap:

- Poor quality of HIV-services at the PHC level (including social and counseling support)
- Lack of motivation for healthcare practitioners to conduct repeated check-up of PLHIV
- Poor quality of post-testing counseling
- Lack of targeted funding for transportation of biological material to test laboratory and purchase of consumables (vacutainers, test tubes, etc.) at the local level
- Delays in returning lab test results from the regional AIDS Center to Trust Offices/ART sites
- Working hours of Trust Offices/ART sites are uncomfortable for some patients
- Patients spend significant time and resources to register within AIDS service
- Lack of social support services provided by NGOs and state social services

QI Changes:

- Administer the required lab tests (confirmatory ELISA, CD4, and blood chemistry) over one patient visit to the Trust Office/ART site
- Extend/adapt the working hours of Trust Offices/ART sites
- Return lab results (CD4 and viral load) to ART sites through the Internet

NGO Intervention:

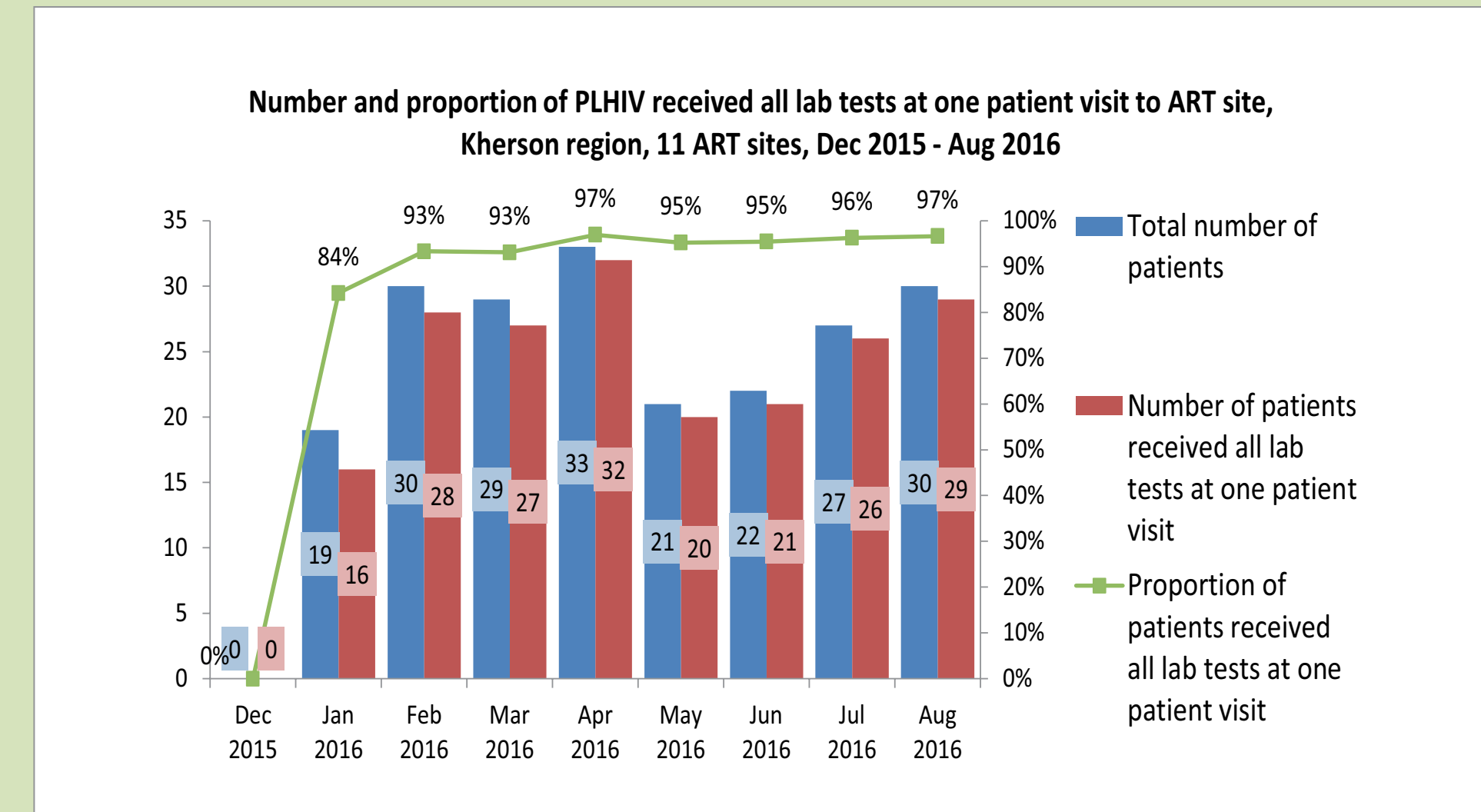
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'XXI Stolittya'

SUCCESSFUL QI CHANGES IN LINKAGE TO CARE

ADMINISTER THE REQUIRED LAB TESTS (CONFIRMATORY ELISA, CD4, AND BLOOD CHEMISTRY) OVER ONE PATIENT VISIT/ TO THE TRUST OFFICE/ART SITE

Activities:

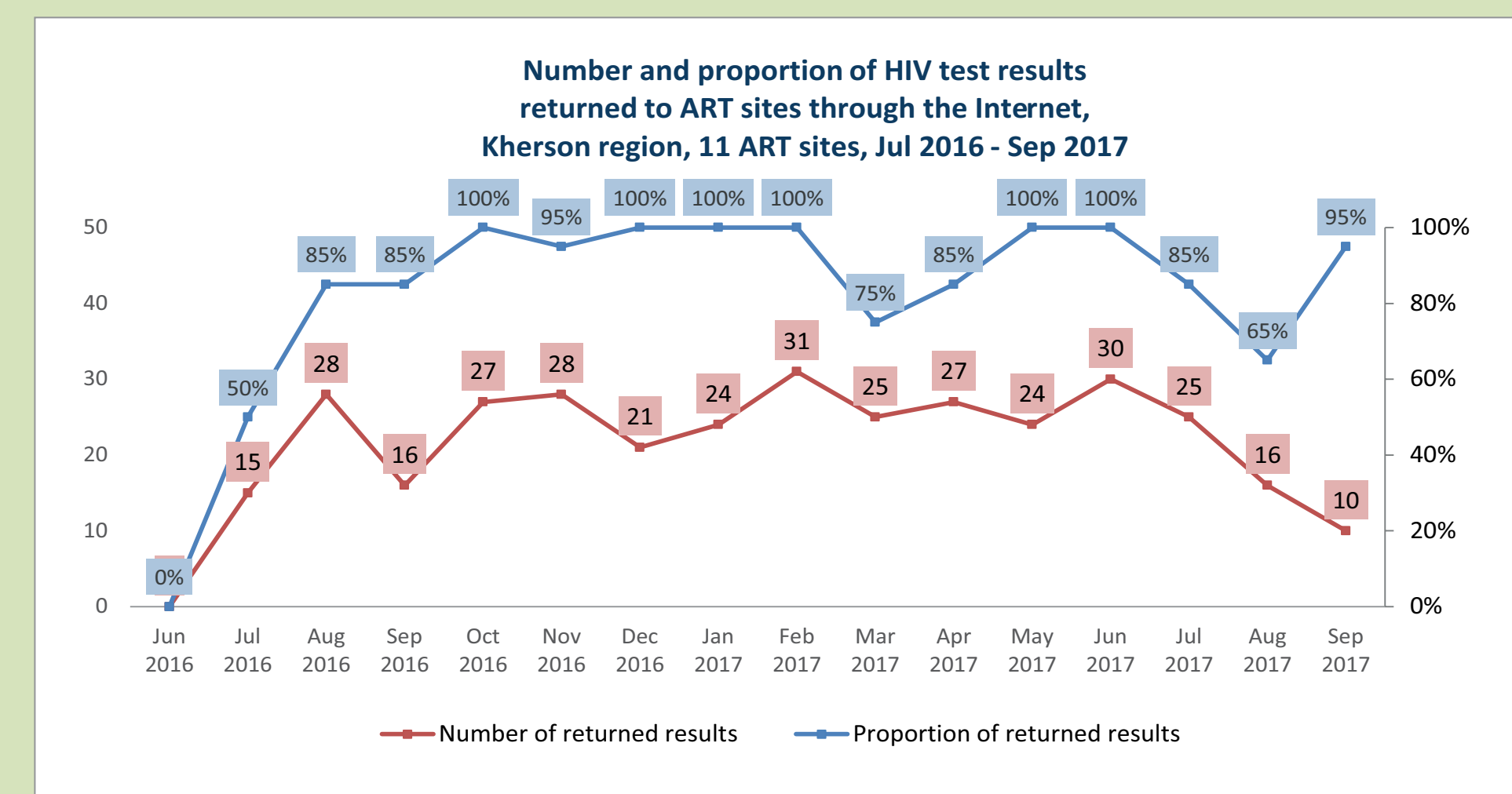
- Modified local protocols
- Extended working hours of ART sites
- Administering the required lab tests over one patient visit



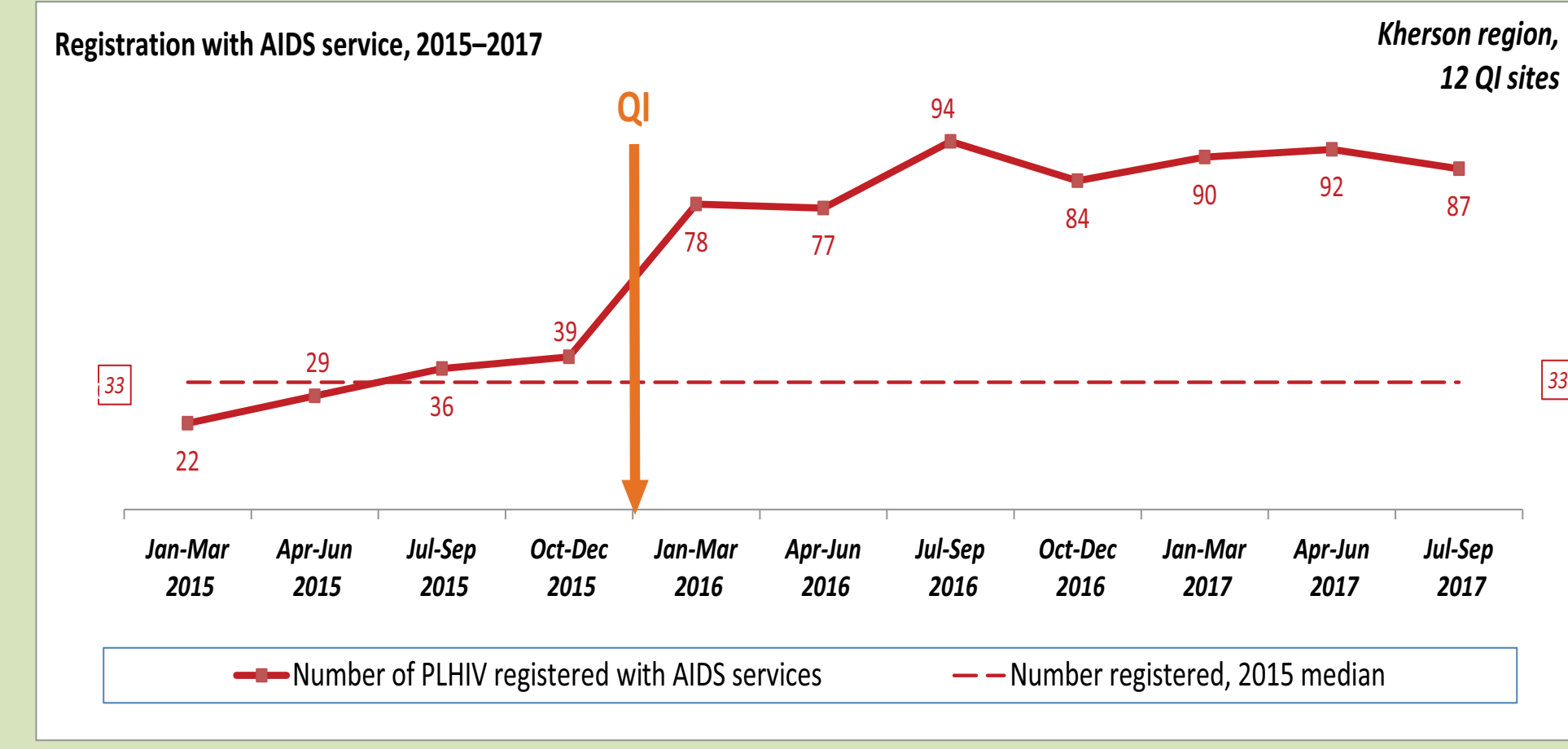
RETURN LAB RESULTS (CD4 AND VIRAL LOAD) TO ART SITES THROUGH INTERNET

Activities:

- Returning an encoded HIV-positive test result to ART site from the lab via e-mail no later than one day after the result is ready
- Transfer of HIV test result to a specialist who conducted HTS to report the test result to a patient and provide him with post-testing counseling in case of a positive test result
- Monthly monitoring of QI change effectiveness by the members of local QI team



IMPACT OF THE LINKAGE TO CARE CHANGES AT THE REGIONAL LEVEL



TREATMENT GAP

Reasons for the Gap:

- Excessive workload on physicians at the Kherson Regional AIDS Center who see patients both from the city and the region.
- Shortage of physicians at ART sites who can initiate ART
- Delays in ART supplies due to centralized system of procurement
- Poor patient adherence to treatment
- Poor patient awareness on HIV-service organizations and opportunity to receive ART
- Understaffing of Trust Offices
- Lack of treatment adherence services
- Shortage of OST (opioid substitution therapy)

QI Changes:

- Initiate and manage ART at ART sites
- Transfer ART patients from AIDS Centers to local ART sites
- Provide phone calls and home visits to patients who missed their appointments at ART site (quality assurance)

NGO Intervention:

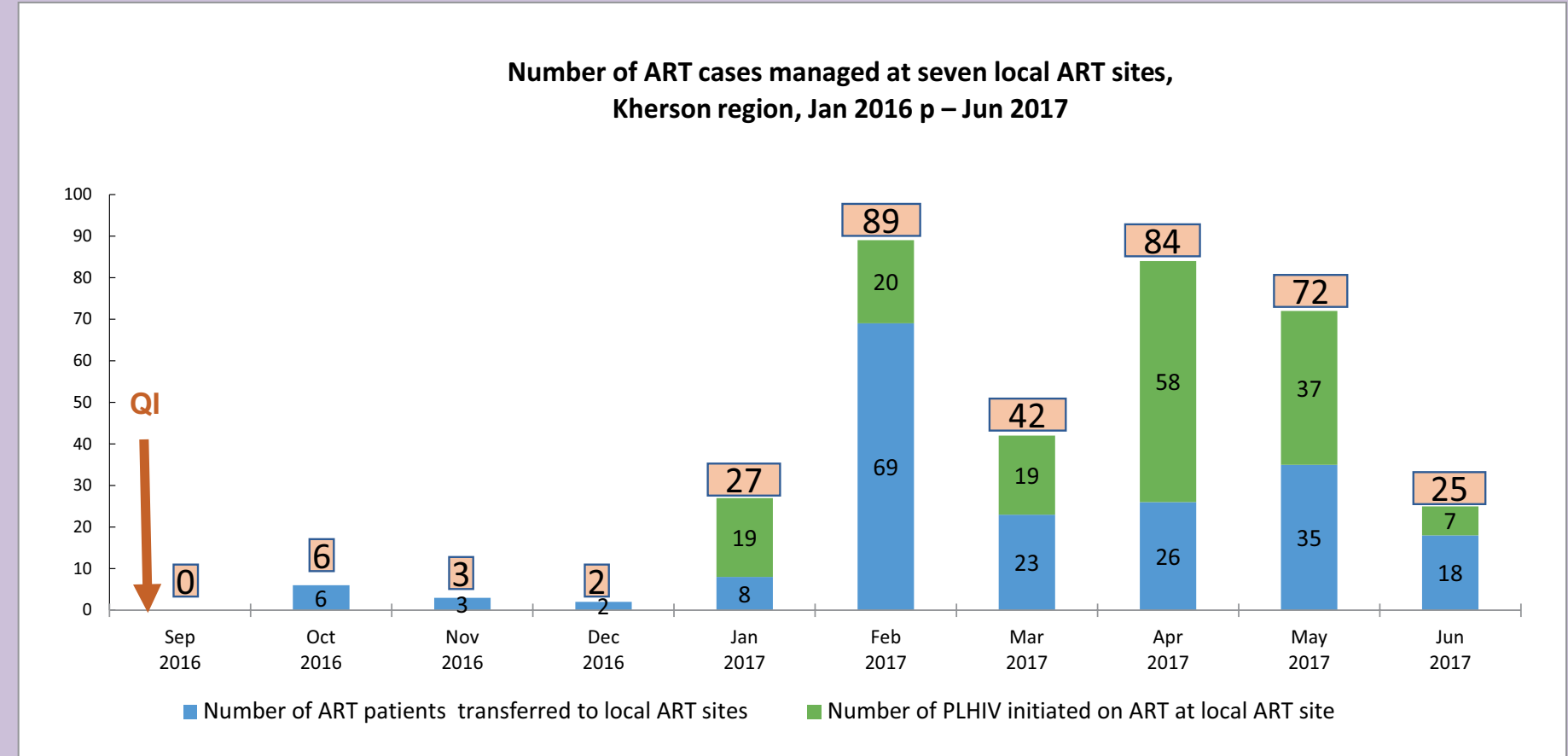
- 'PLHIV Sexual Partner Health' – NGO 'XXI Stolittya'

SUCCESSFUL QI CHANGES IN TREATMENT

INITIATE AND MANAGE ART AT ART SITE

Activities:

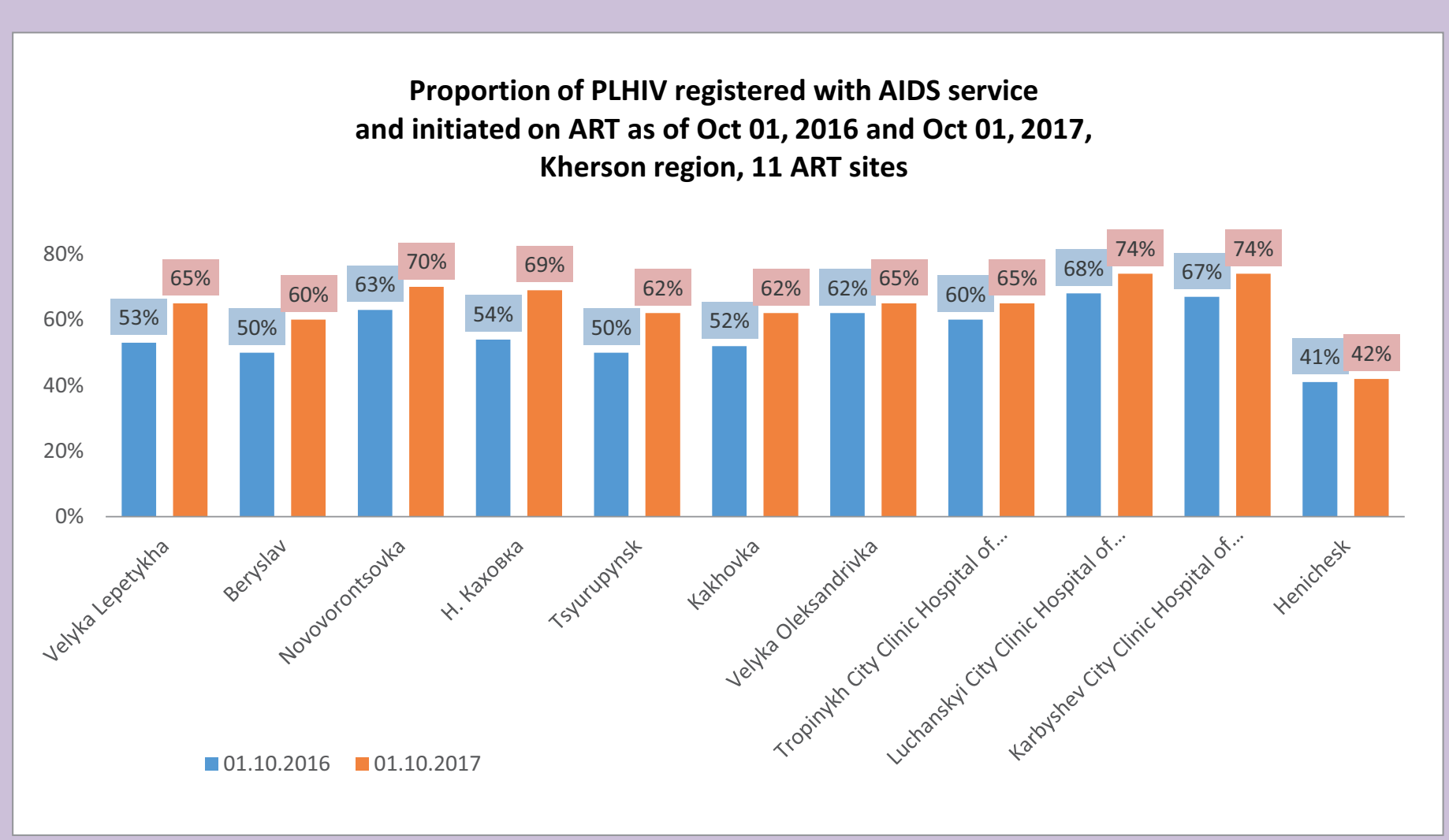
- Training for infectious disease doctors of ART sites on initiation of ART, preventing/overcoming side effects, and record keeping
- Doctors from the regional AIDS Center assigned to provide mentor support to infectious disease doctors from ART sites on complicated cases and record keeping
- Managing ART stock at ART sites
- All newly diagnosed PLHIV are put on ART; complicated cases discussed through Skype conferences/phone calls



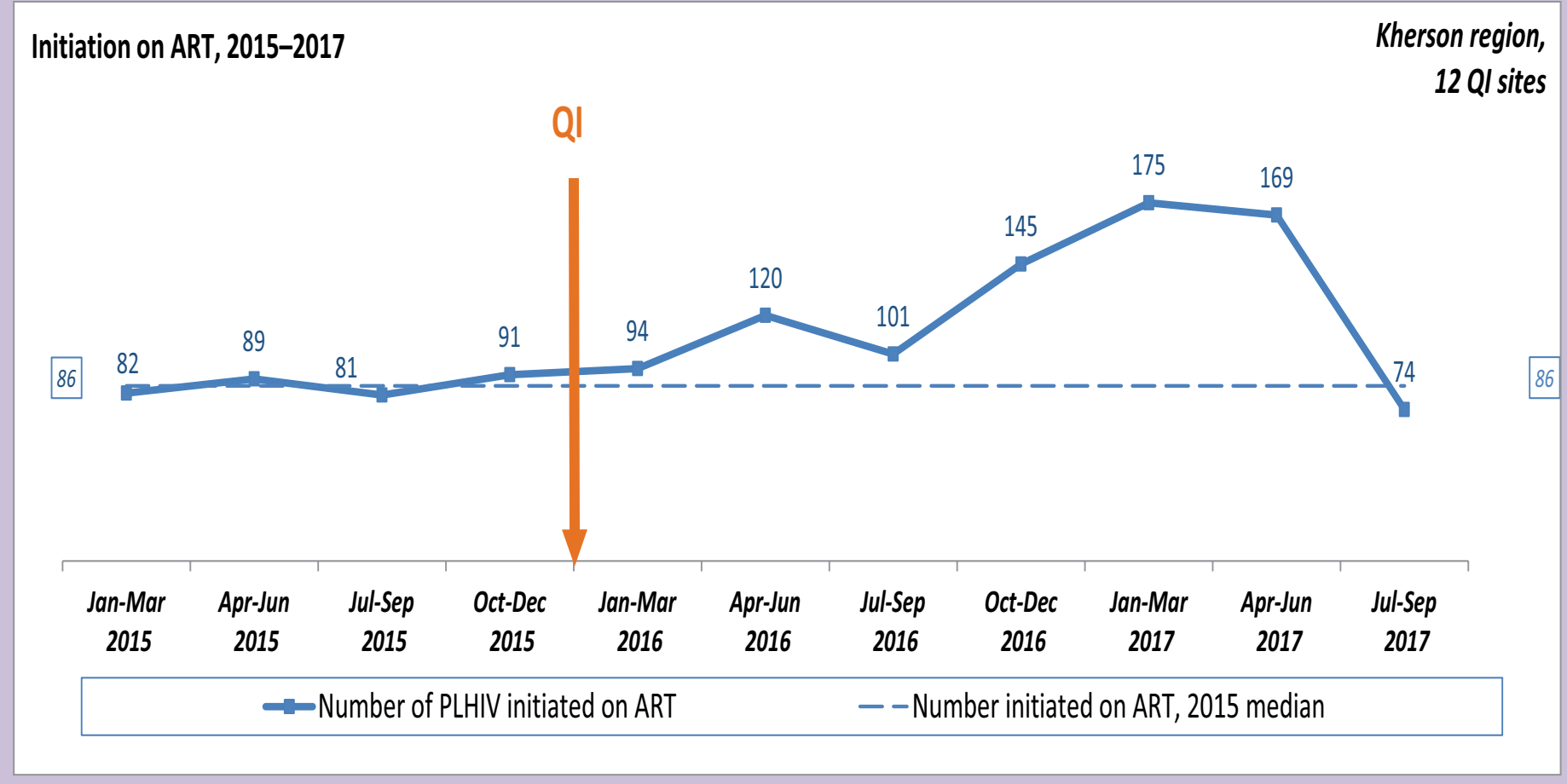
TRANSFER ART PATIENTS FROM AIDS CENTERS TO LOCAL ART SITES

Activities:

- Analyzing the registry of patients within regional AIDS Center and identifying those who may be transferred to local ART sites
- Preparing documentation to transfer ART patients to local ART sites
- Transferring ART patients to local ART sites



IMPACT OF THE TREATMENT CHANGES AT THE REGIONAL LEVEL



ACHIEVEMENTS

- Signed QI Charter – 2020
- Specialty physicians began to widely use the job aids to conduct risk behavior screening among their patients; thus, detection rate at ART sites has increased to 5%
- In the Kherson region, all the lab tests required for patient registering within AIDS service administered over one patient visit to Trust Office/ART site; also, there are extended working hours of Trust Offices/ART sites
- Returning of lab test results to ART sites through the Internet became routine practice
- Trust Offices staff trained on engaging PLHIV sexual partners to HTS
- Implemented changes contributed to increased treatment coverage

CHALLENGES

- At the regional level, delays in ARVs supplies resulted in decreased ART uptake in July-September 2017
- Specialty physicians demonstrate low HIV detection rate
- Ineffective collaboration between specialty physicians and the AIDS service
- Medical Information System (MIS) has not been introduced yet
- Understaffing of the ART sites

NEXT STEPS

- Successful QI changes introduced into routine practice
- Continue efforts to return lost to follow up patients back to care
- Increase number of patients on ART
- Collaboration with NGOs to ensure effective identification, care, and treatment for PLHIV

Jan 2016 - Sep 2017 Cohort cascade as of October 1, 2017

Kherson region, 12 QI sites

