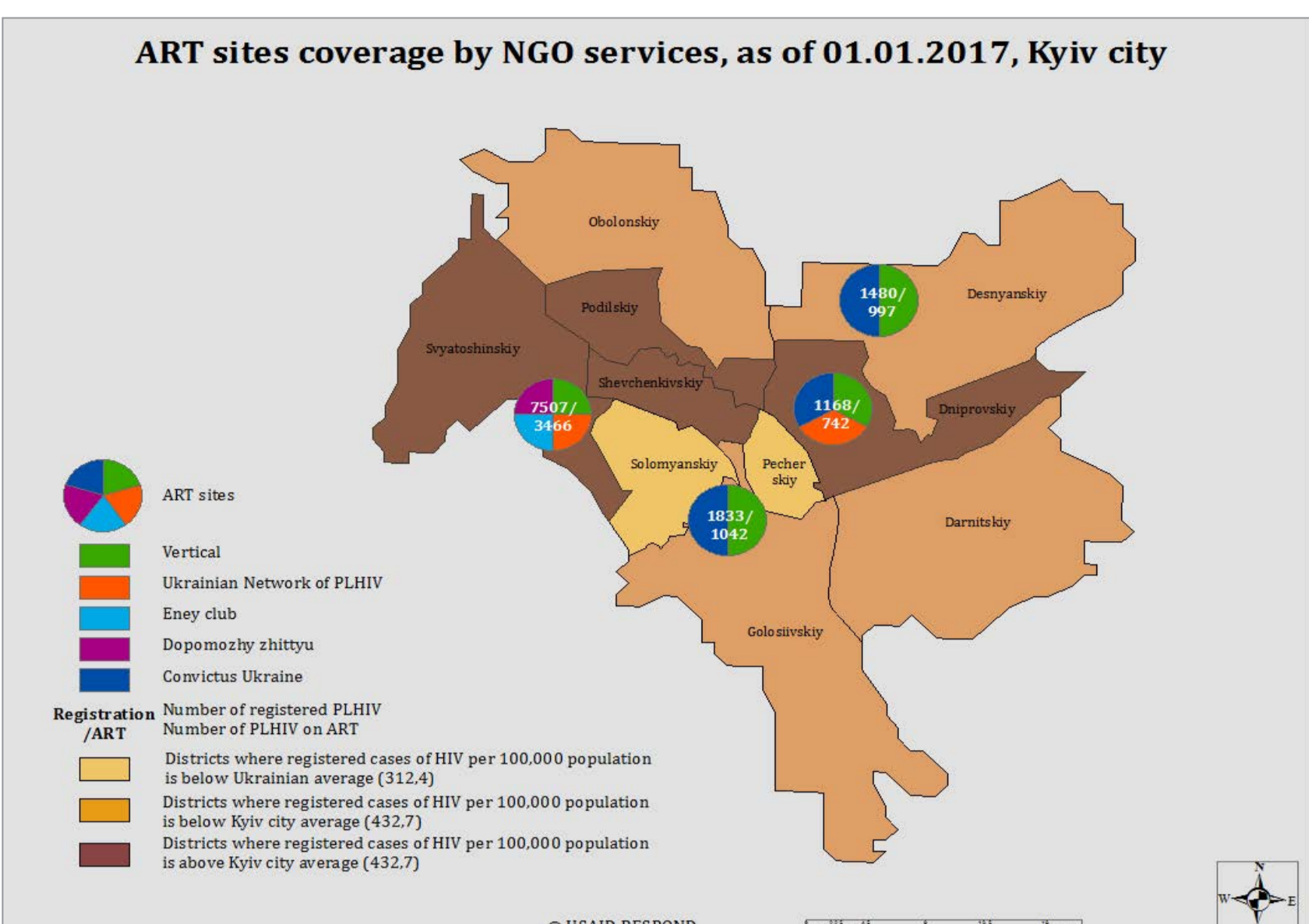
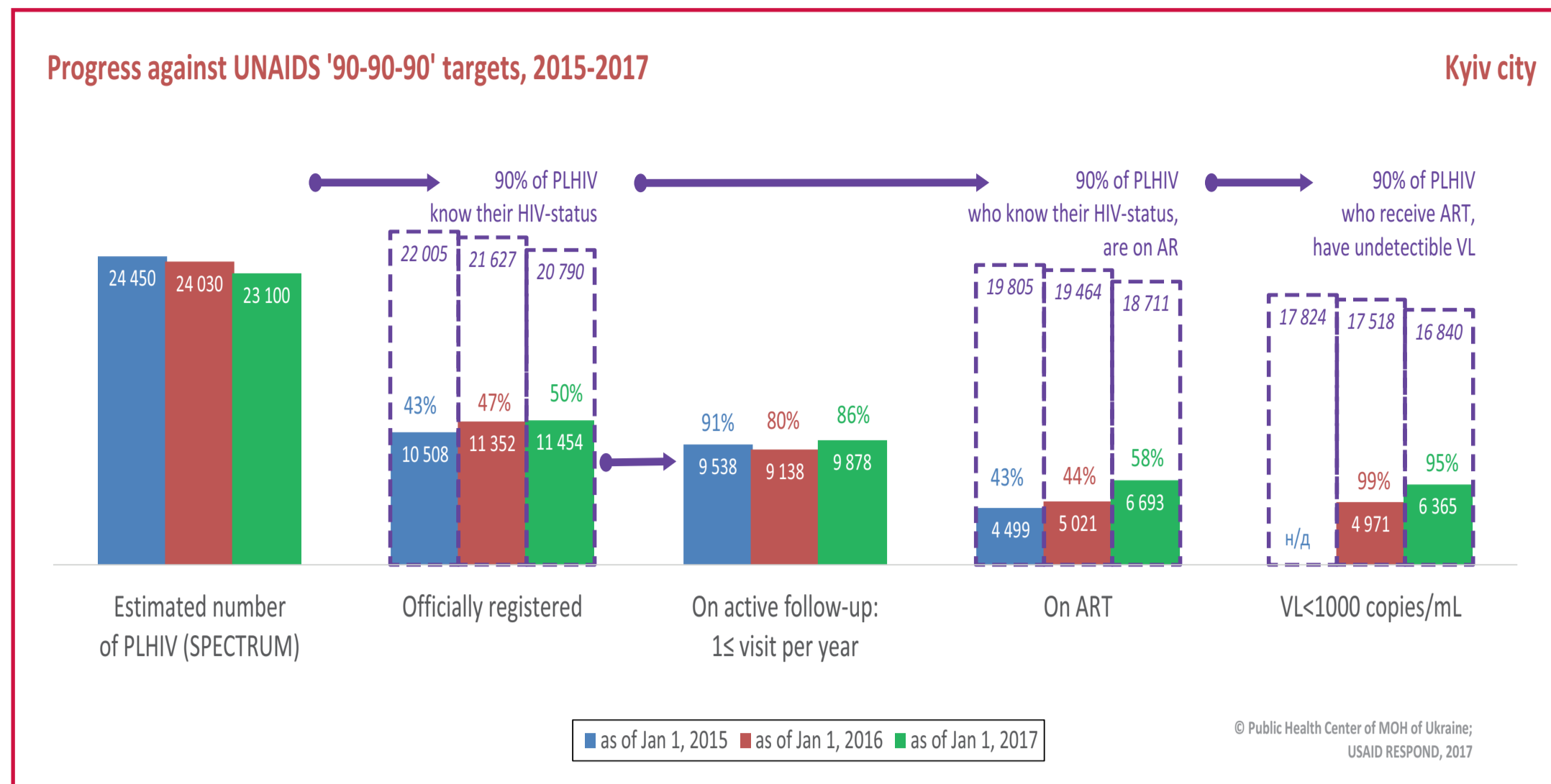


Quality Improvement Collaborative to Strengthen HIV-Services in Kyiv City, Ukraine

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



Collaborative Scale:

- All four existing ART sites in Kyiv City participated in the Collaborative
- Five NGO partners: 'Network 100% of life, Kyiv Region', 'Convictus Ukraine', 'Alliance.Global', 'Vertical', and the AIDS Healthcare Foundation (AHF)
- 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:

- Poor accessibility of HCT services (shortage of ART sites, remoteness etc.)
- Poor quality of HIV-services provided by healthcare practitioners
- Stigma and discrimination against PLHIV and most at-risk populations
- Poor quality of the post-test counseling
- Limited usage of the rapid HIV tests in current medical practice
- Low patient trust to doctors providing HTS
- PLHIV fear of their status disclosure
- Poor patient motivation to see a doctor

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
- Make HTS info materials available for physicians and patients
- Implement a patient tracking system (vouchers, coupons or invitations)
- Provide escorting to patients by medical staff
- HTS for sexual partners of PLHIV
- Assess behavioral risks and clinical indicators, and provide HTS for in-patients within the first three days of hospitalization

NGO Interventions:

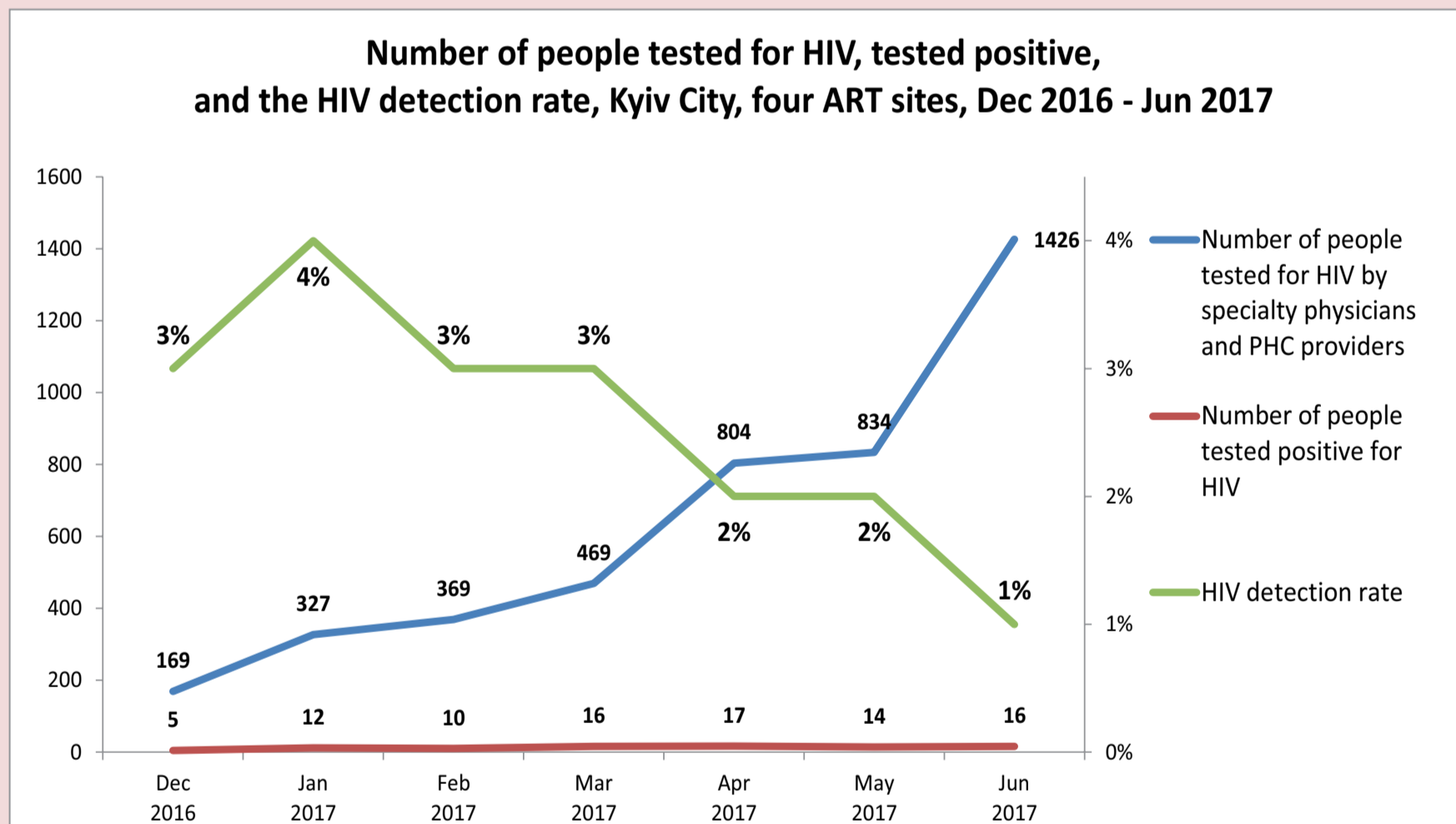
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% of Life'
- 'PWID Sexual Partner Health' – NGO 'Convictus Ukraine'
- 'Reach-Test-Treat intervention: model for enrolling MSM to HIV services' – NGO 'Alliance.Global'
- Supplies of HIV rapid tests for ART sites and specialty healthcare services – AHF

SUCCESSFUL QI CHANGES IN HIV TESTING

HIV TESTING WITH TWO RAPID TESTS OR ELISA BY SPECIALTY PHYSICIANS AND/OR PHC PROVIDERS

Activities:

- Involving specialty physicians and PHC providers to HTS by training them on risk behavior/clinical indications screening as well as using the rapid HIV tests/ELISA
- Optimizing patient pathways for HTS in all healthcare facilities
- Providing all healthcare facilities with rapid tests purchased from local budget/supplied by the AHF



LINKAGE TO CARE GAP

Reasons for the Gap:

- Poor quality of the post-test counseling
- Shortage of ART sites
- Poor PLHIV awareness on importance of medical check-ups
- Poor patient motivation to care for their own health

QI Changes:

- Administer the required lab tests (confirmatory ELISA, CD4 and blood chemistry) over one patient visit to the Trust Office/ART site
- Transporting biomaterial to the lab more frequently
- Provide reminder text messages, phone calls or letters to patients
- Register in-patient PLHIV with AIDS service before they are discharged from the hospital
- Engage PHC physicians into care for PLHIV

NGO Intervention:

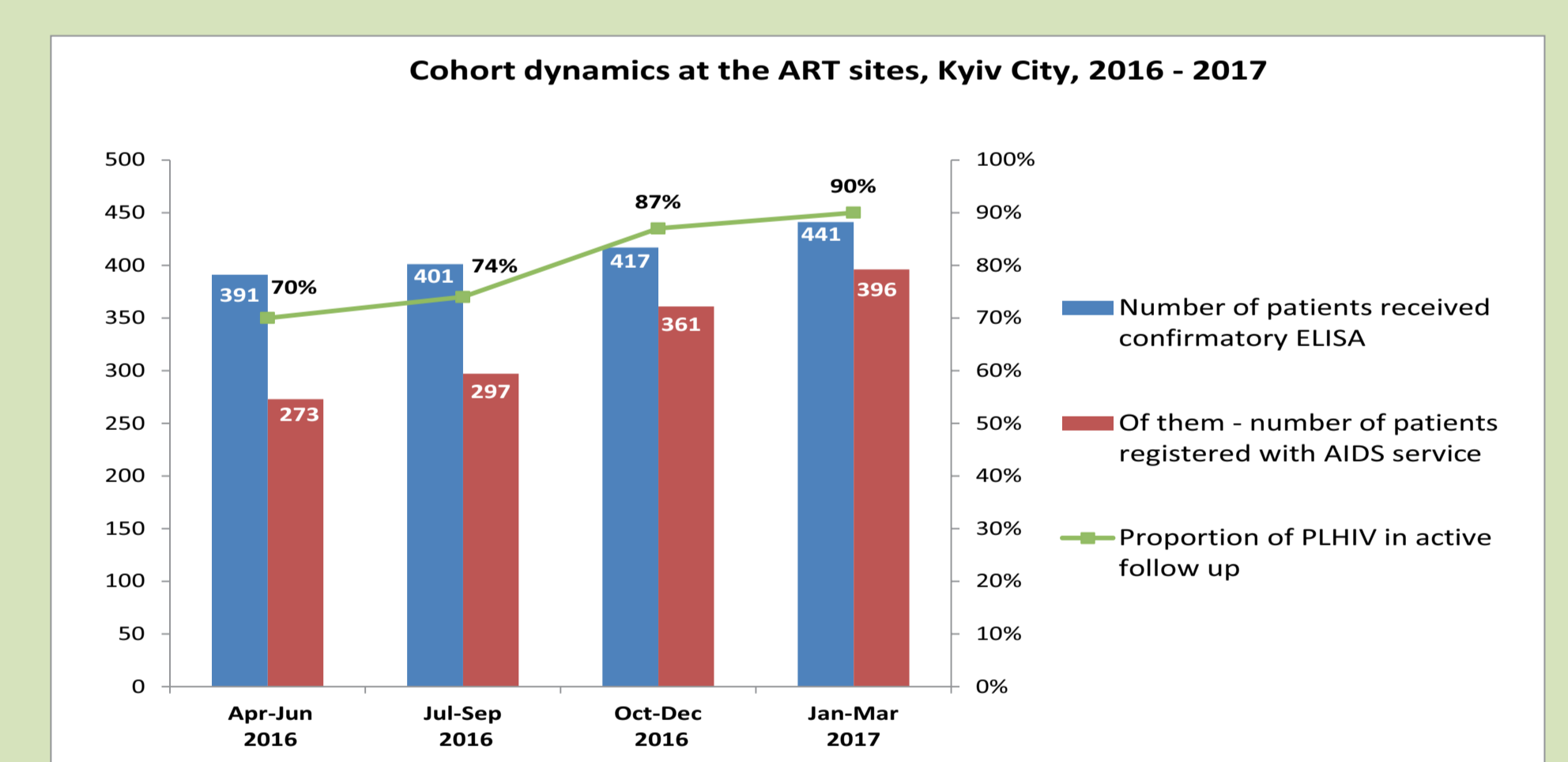
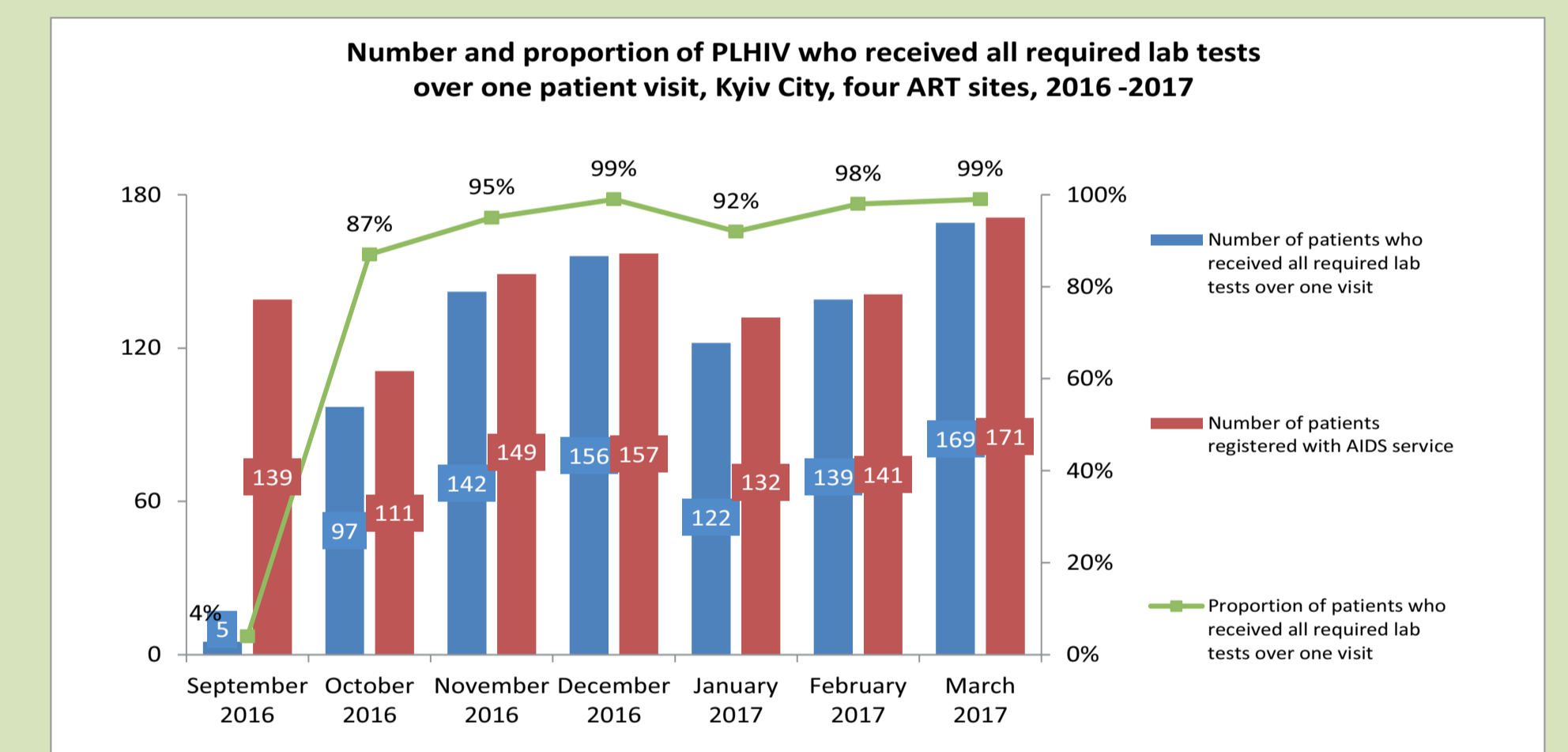
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% of Life'

SUCCESSFUL QI CHANGE IN LINKAGE TO CARE

ADMINISTER THE REQUIRED LAB TESTS OVER ONE PATIENT VISIT TO THE TRUST OFFICE/ART SITE

Activities:

- Three hours increase in working time for blood draw: 8 am – 1 pm instead of 8 am – 10 am
- Modified local protocol/patient pathway to administer all the required lab tests over one patient visit
- Ensuring that patients who are registering with AIDS service avoid lines
- Ensuring that all lab tests are free for a patient



TREATMENT GAP

Reasons for the Gap:

- Shortage of the ART sites
- Limited ARVs quota for Kyiv City
- Poor patient adherence to treatment
- Excessive workload at ART sites (over 1,000 patients per one doctor)
- Long waiting time to see a doctor(long lines)

QI Changes:

- Initiate and manage ART at ART sites
- Transfer ART patients from AIDS Centers to local ART sites
- Identify and treat PLHIV in discordant couples
- Manage ART stock at ART site
- Provide phone calls and home visits to patients who missed their appointments at ART site (quality assurance)
- Optimize ART dispensing practices/Dispense three to six-month supply of ART

NGO Intervention:

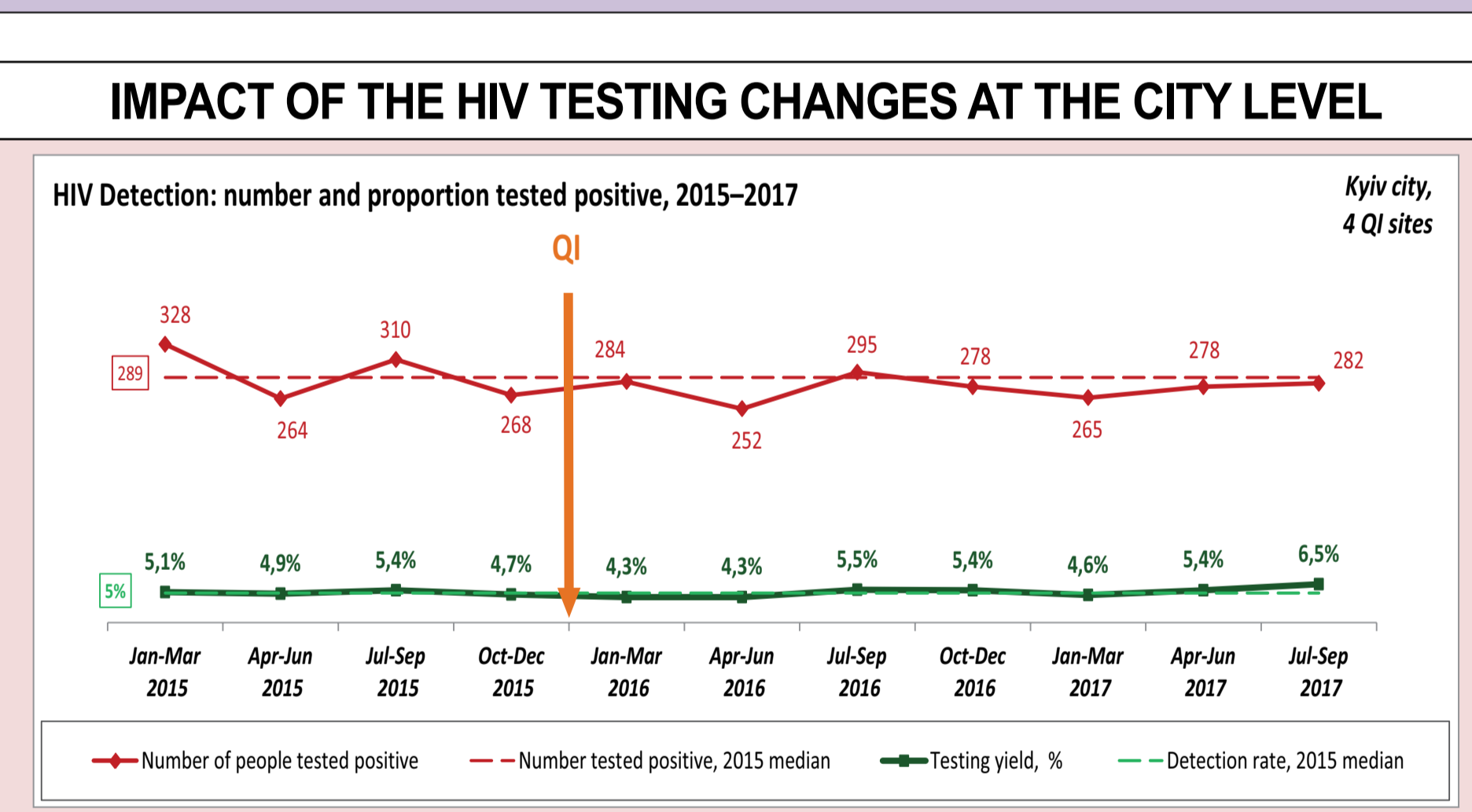
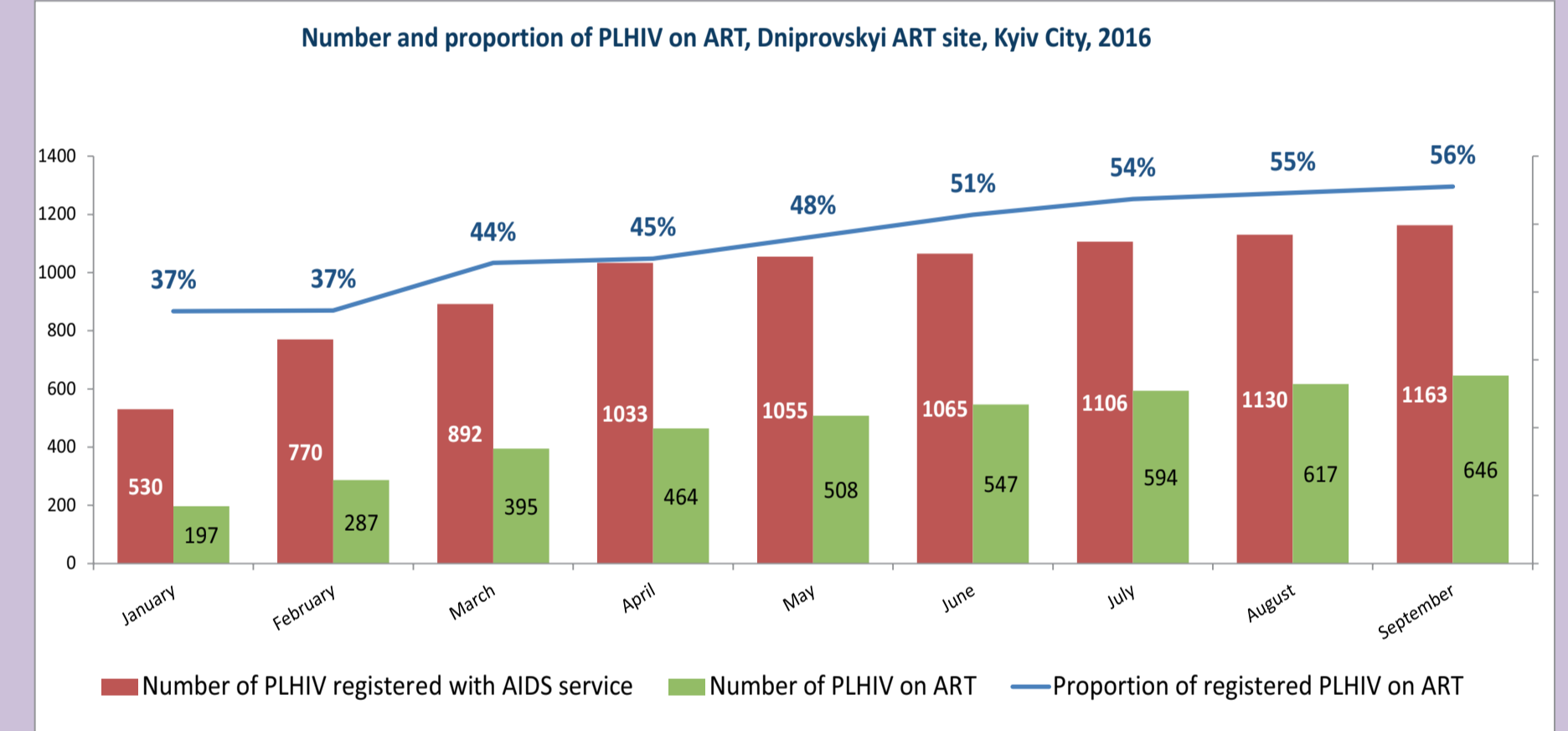
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% of Life'

SUCCESSFUL QI CHANGE IN TREATMENT

TRANSFER ART PATIENTS FROM AIDS CENTERS TO LOCAL ART SITES

Activities:

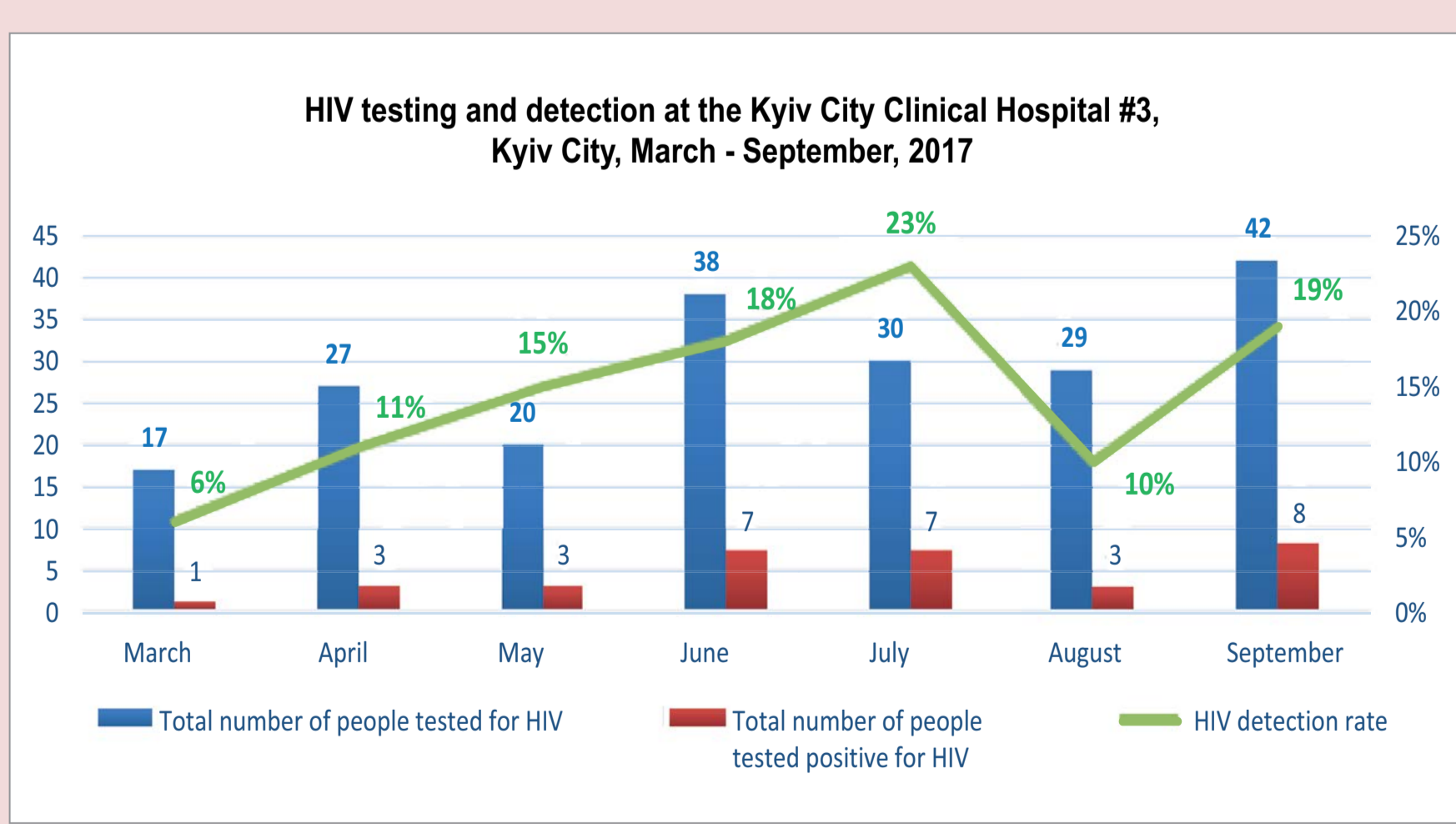
- Opening new ART site in the Dniprovskiy district of Kyiv City
- Training for the ART site staff on ART initiation and management
- Updating local protocols
- Develop a package of documents needed to transfer consent ART patients to local ART sites
- Transferring ART patients to local ART sites



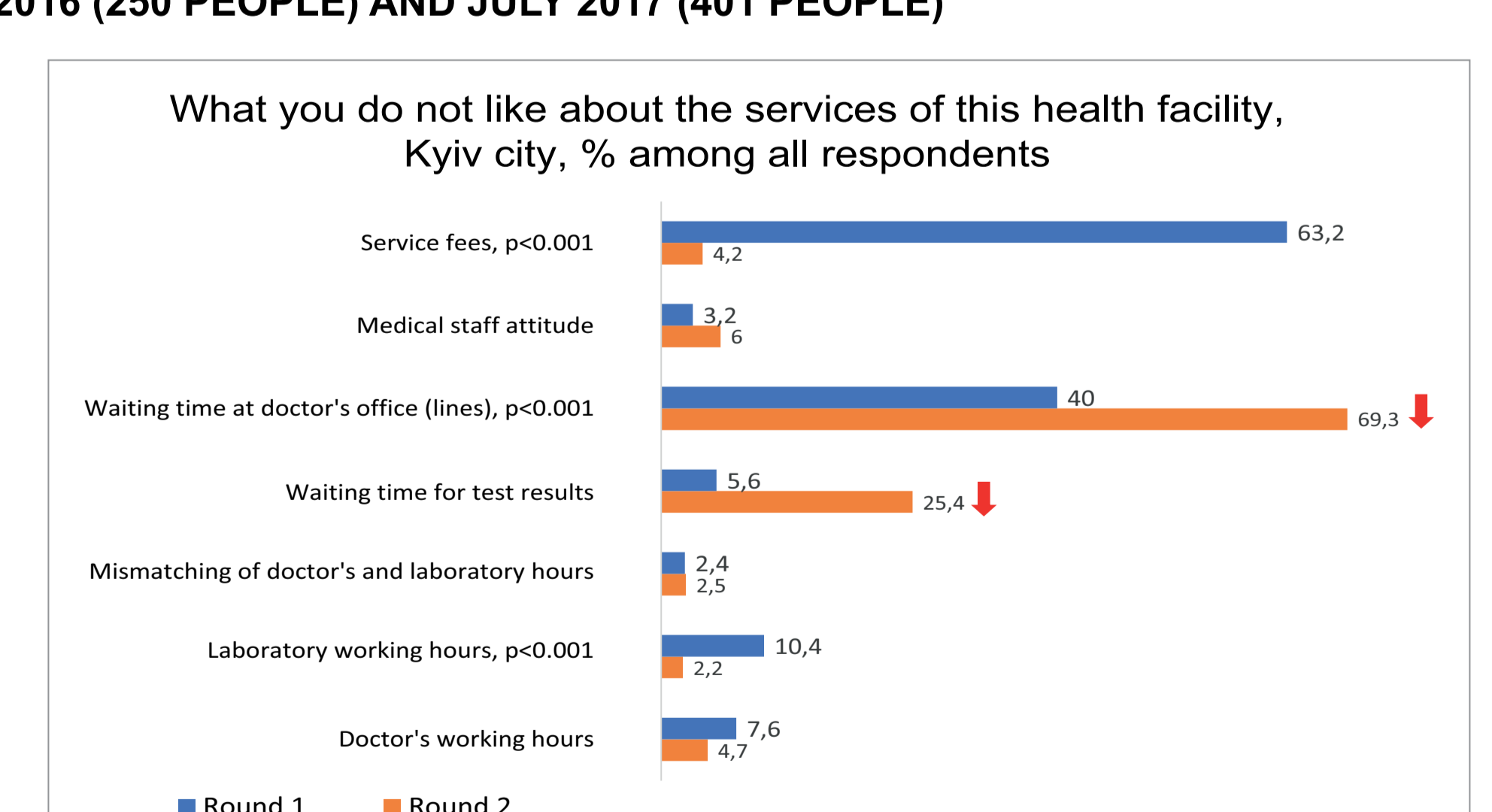
HCT FOR IN-PATIENTS WITHIN THE FIRST THREE DAYS OF HOSPITALIZATION

Activities:

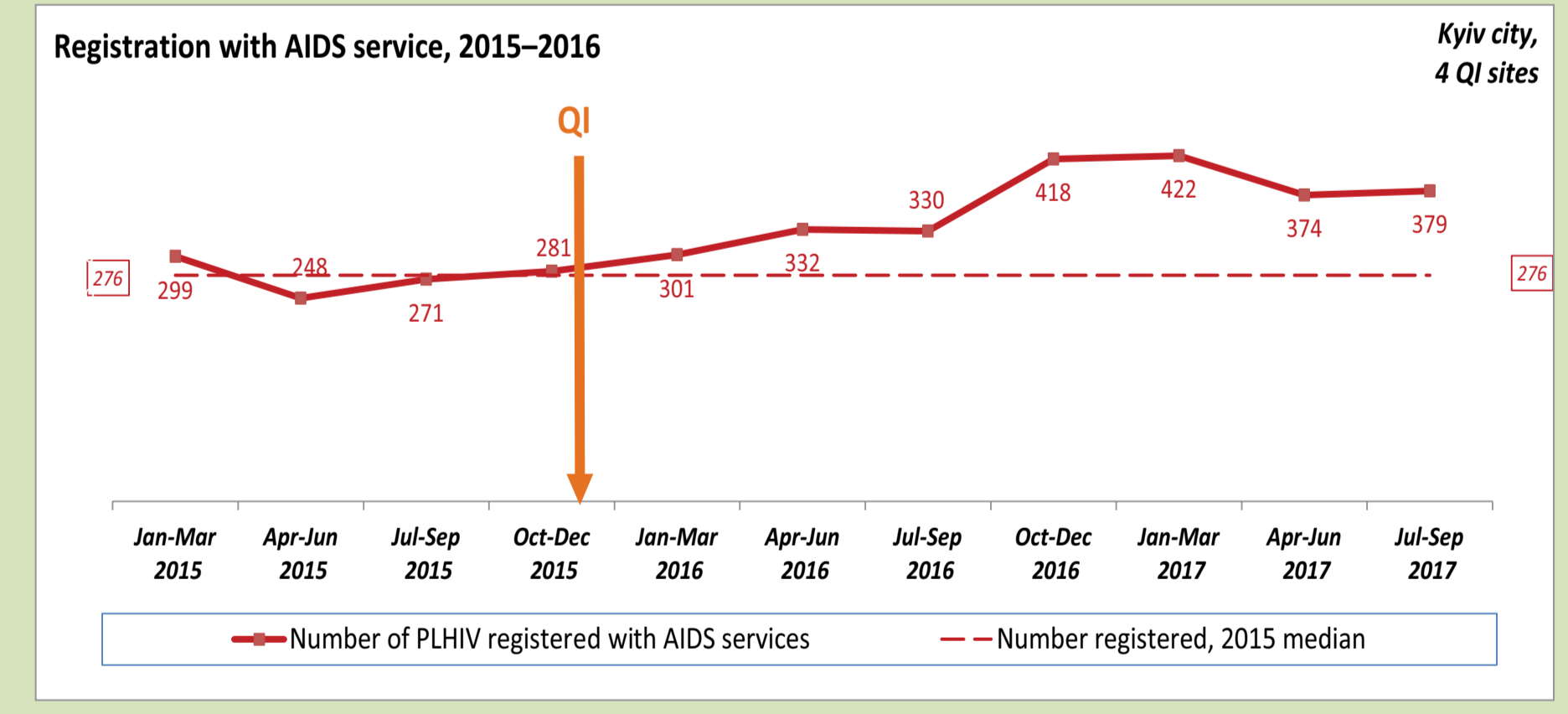
- Since May 2017, the clinical hospitals # 2, 3, 7, 10, and 11 (5 out of total 16 clinical hospitals in Kyiv City) have joined local QI team in Kyiv City
- The AIDS Center specialists conducted on-site trainings for physicians in these hospitals
- Approved decree on HTS provision in each of these hospitals
- Developed and approved patient pathway for HTS
- Implemented new HIV testing model, namely:
 - risk behavior screening during hospitalization to all in-patients of these hospitals
 - HTS with rapid tests or ELISA within the first three days of hospitalization for those screened positive for risk behavior/clinical indications
 - registering HIV positive cases with AIDS service and encoding a patient tested positive with six-digit code



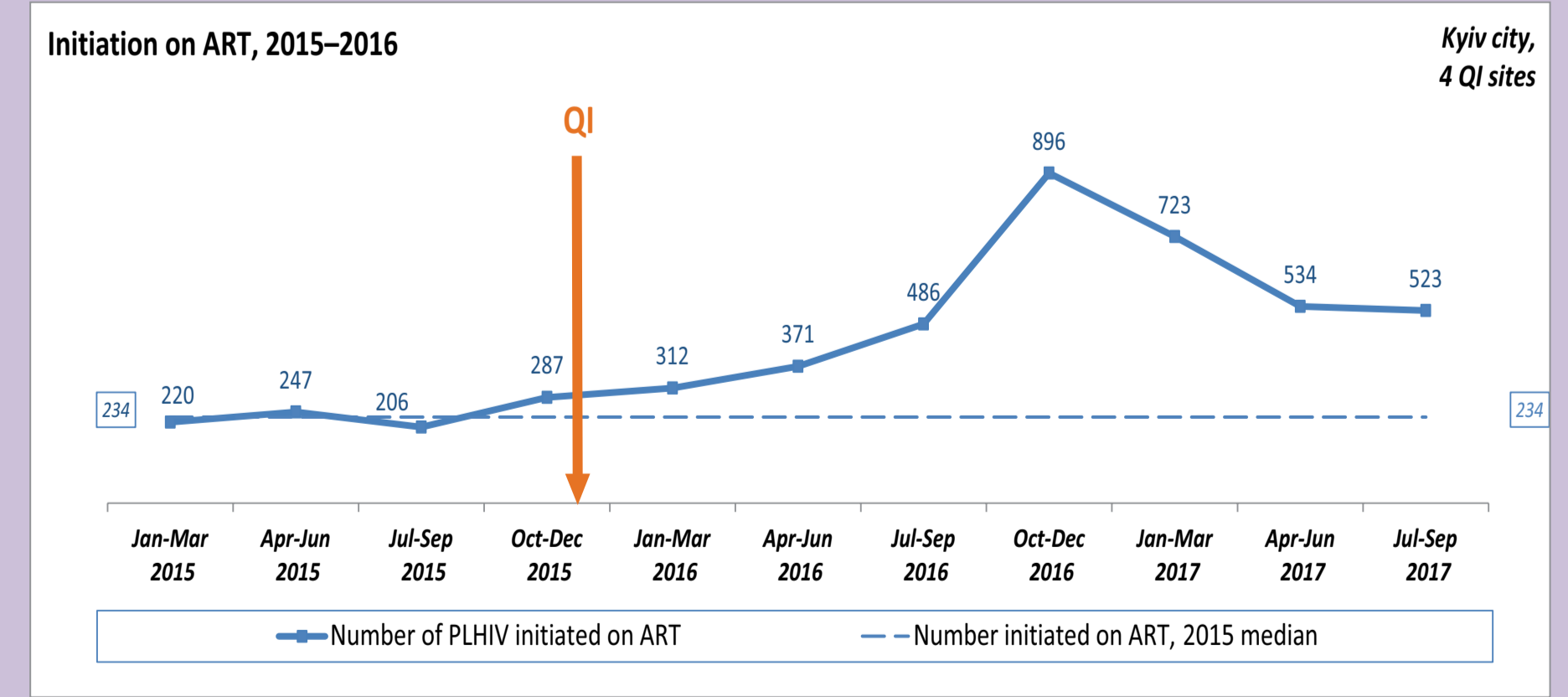
PATIENT SURVEY RESULTS FROM FOUR ART SITES IN KYIV CITY, JANUARY 2016 (250 PEOPLE) AND JULY 2017 (401 PEOPLE)



IMPACT OF THE LINKAGE TO CARE CHANGES AT THE CITY LEVEL



IMPACT OF THE TREATMENT CHANGES AT THE CITY LEVEL



ACHIEVEMENTS

- Increased treatment coverage resulted from the following factors: (1) optimized patient pathways; (2) provision with ARVs in full; (3) active patient linkage to treatment; and (3) HTS and linkage to care for discordant couples.
- HTS with rapid tests introduced in all healthcare facilities participating in the Collaborative
- Increased involvement of specialty physicians in providing HTS according to the risk behavior or clinical indications screening
- Increase in HIV testing and patient registering with AIDS service
- Heads of local Health Departments engaged in QI Collaborative
- All required lab tests administered over one patient visit to the Trust Office/ART site

CHALLENGES

- Delays in ARVs and rapid HIV test kits supplies
- Understaffing of PHC facilities and infectious disease clinics in Kyiv City
- Poor HIV detection rate of HTS with rapid tests provided by PHC doctors
- Excessive workload at ART sites

NEXT STEPS

- Promote setting up local QI teams in all Kyiv districts
- Start implementing QI changes in all Kyiv districts
- Implement activities to increase public awareness on HIV infection (including clinical indications and risk factors)

