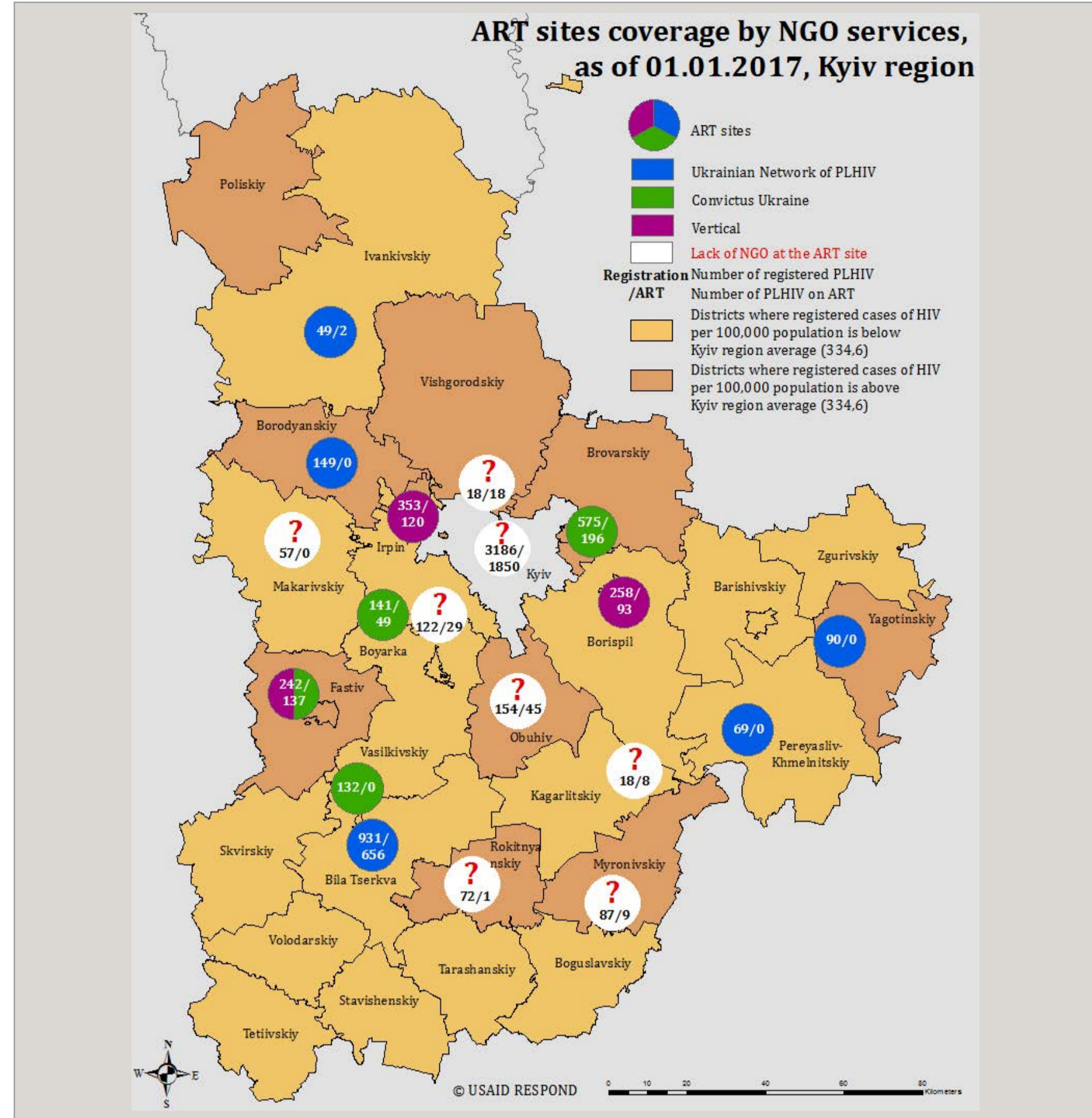
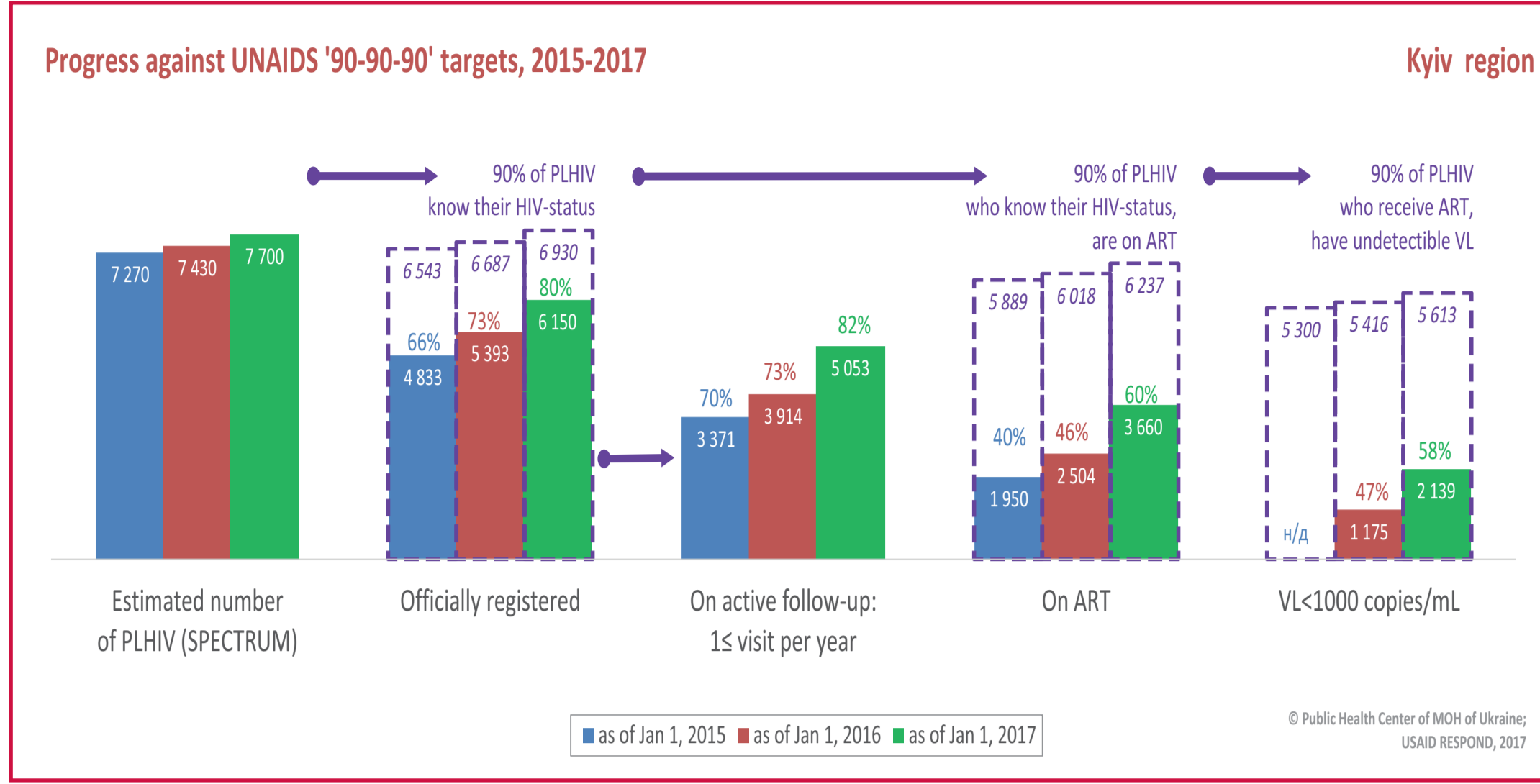


Quality Improvement Collaborative to Strengthen HIV-Services in the Kyiv Region, Ukraine

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



Collaborative Scale:

- 19 QI sites out of total 24 ART sites in the region
- Five NGO partners: 'Network 100% 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:

- Lack of motivation for specialty physicians and PHC providers to provide HIV testing services (HTS) to key populations
- Delays in rapid HIV test kit supplies
- Stigma and discrimination towards PLHIV
- Poor awareness on HIV infection among the general population

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
- Double coding during HTS to ensure identification of PWID
- Task shifting on HTS between doctors and nurses
- Medical provider-initiated HTS
- External quality assessment of HTS with rapid tests

NGO Interventions:

- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'
- 'PWID Sexual Partner Health' – NGO 'Convictus Ukraine'
- Interventions for MSM within the Global Fund project – NGO 'Alliance.Global'
- Supplies of rapid HIV tests for ART sites and specialty healthcare services – AHF

LINKAGE TO CARE GAP

Reasons for the Gap:

- Understaffing of ART sites
- Poor patient motivation
- Lack of NGO presence at some ART sites
- Poor access to HIV services in some localities in the region (shortage of ART sites)
- Long waiting time for confirmatory ELISA result

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
- Transporting biomaterial to the lab more frequently
- Return lab results (CD4 and viral load) to ART sites through the Internet
- Provide reminder text messages, phone calls or letters to patients
- Provide active home visits by medical and social service providers
- Register 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:

- Understaffing of the Trust Offices/ART sites
- Poor access to medical services due to inadequate transport connection between the territories in the region
- Poor patient adherence to ART
- Possible inconveniences related to the ART regimen (frequency, number of pills)
- Excessive work load on ART site physician

QI Changes:

- Initiate and manage ART at ART sites
- Transfer ART patients from AIDS Centers to local ART sites
- 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:

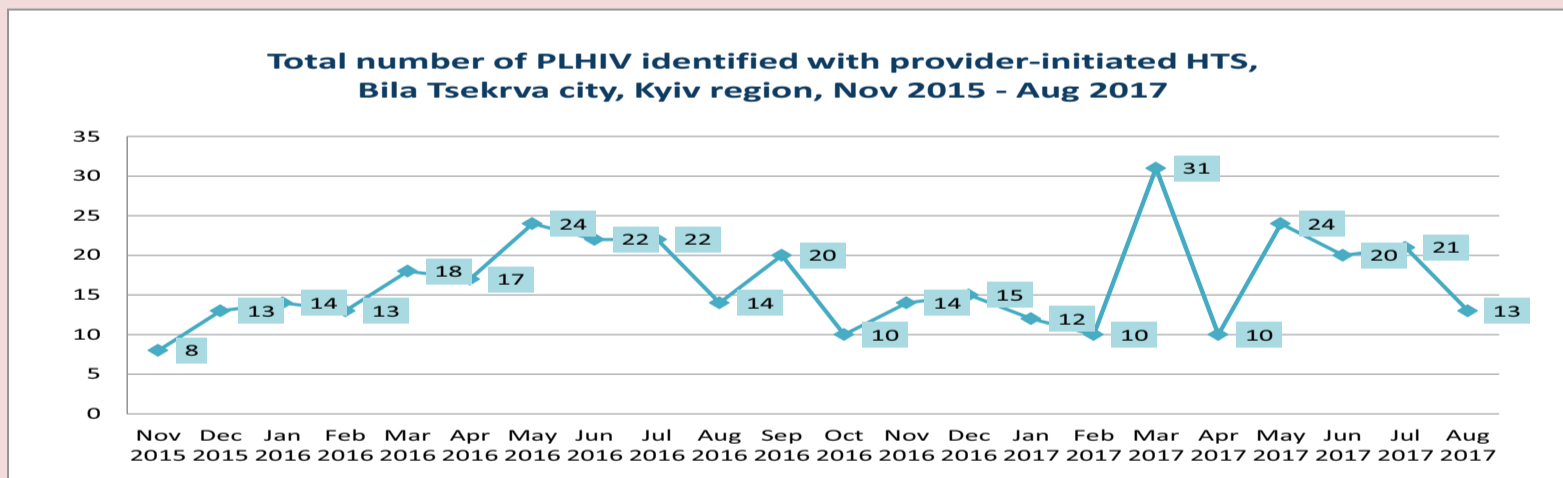
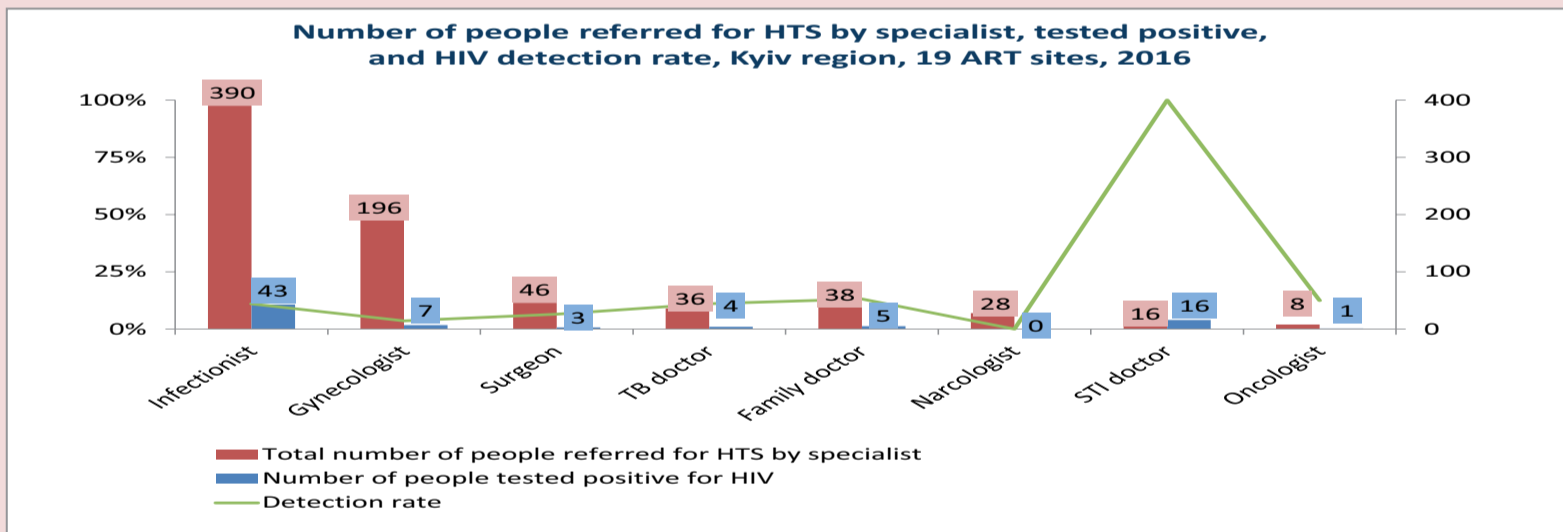
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'

SUCCESSFUL QI CHANGES IN HIV TESTING

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

Activities:

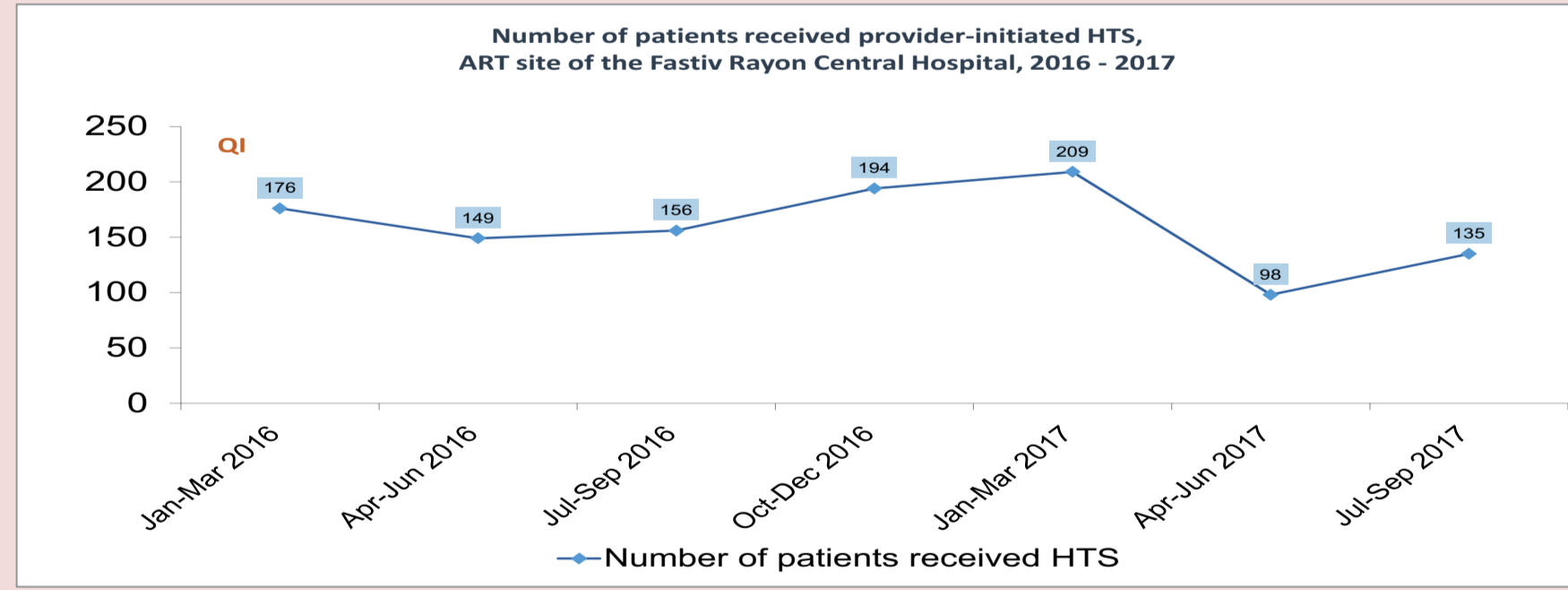
- Training for specialty physicians on HCT and using of rapid tests
- Providing specialty physicians with job aids on HTS
- HTS with rapid tests by specialty physicians
- Quality monitoring of HTS with rapid tests
- Monthly quality assessment of HTS with rapid tests performed by specialty physicians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



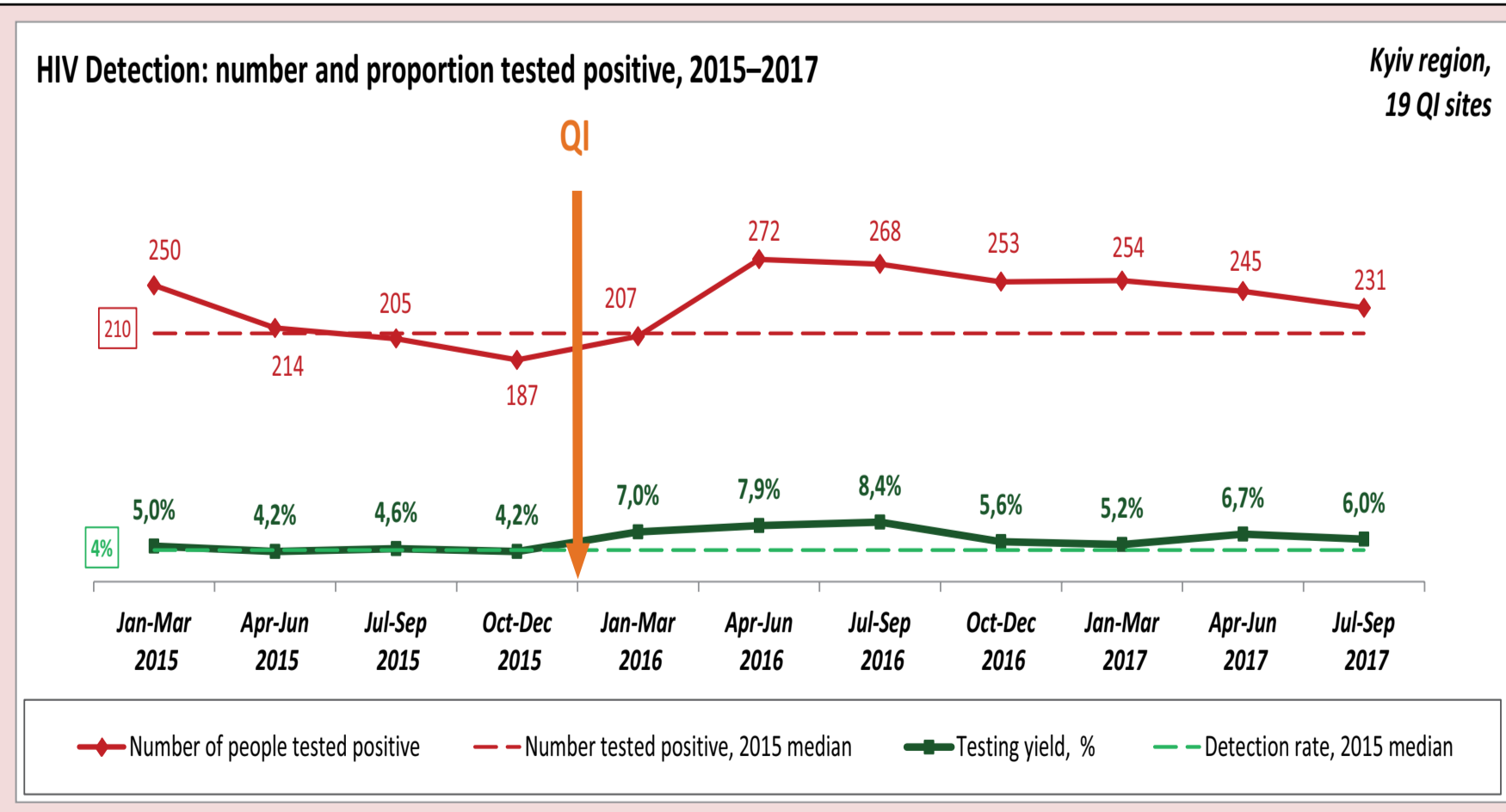
MEDICAL PROVIDER-INITIATED HTS

Activities:

- Training for healthcare practitioners on clinical indications for HTS, risk behavior screening, and HCT
- Healthcare practitioners provided with job aids to conduct risk behavior screening
- Developing/updating local protocols and patient pathways to ensure the role of specialty physicians in HTS



IMPACT OF THE HIV TESTING CHANGES AT THE REGIONAL LEVEL

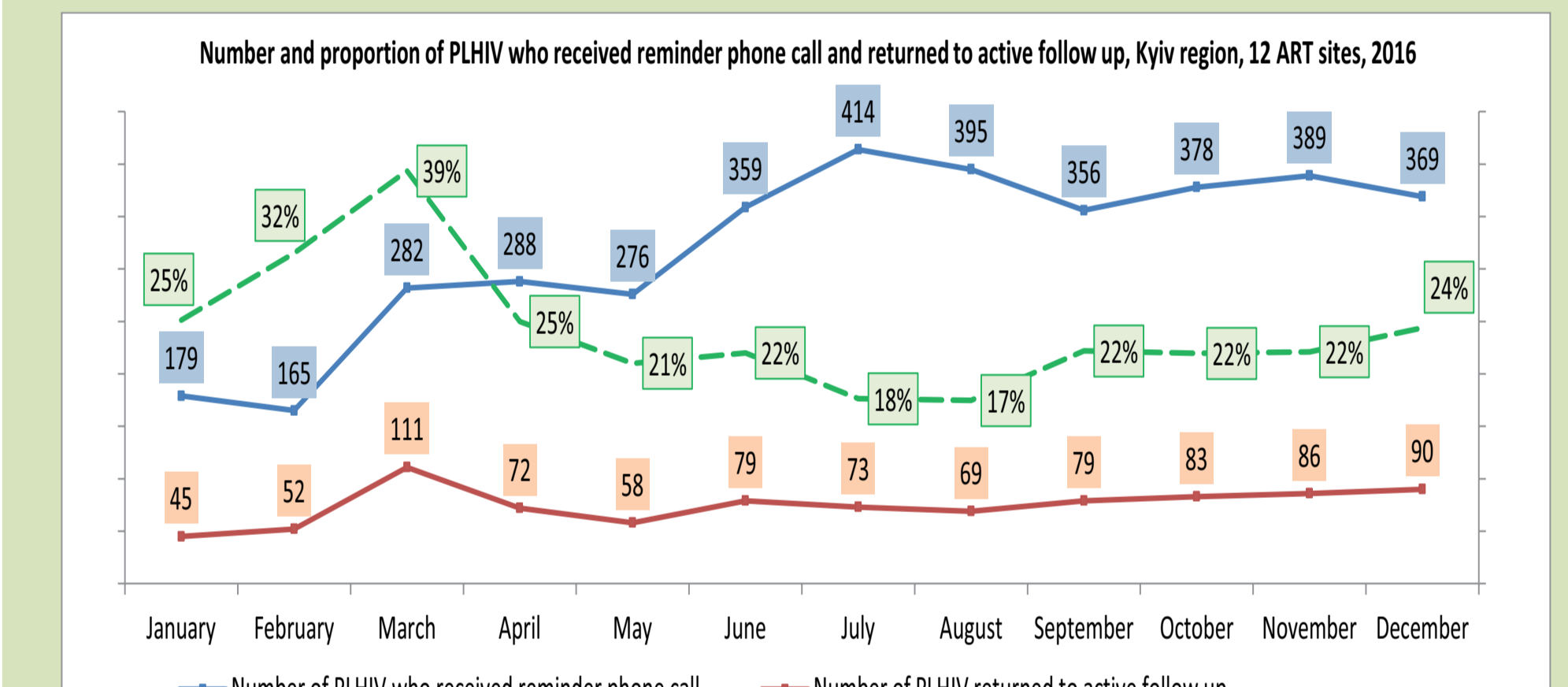


SUCCESSFUL QI CHANGES IN LINKAGE TO CARE

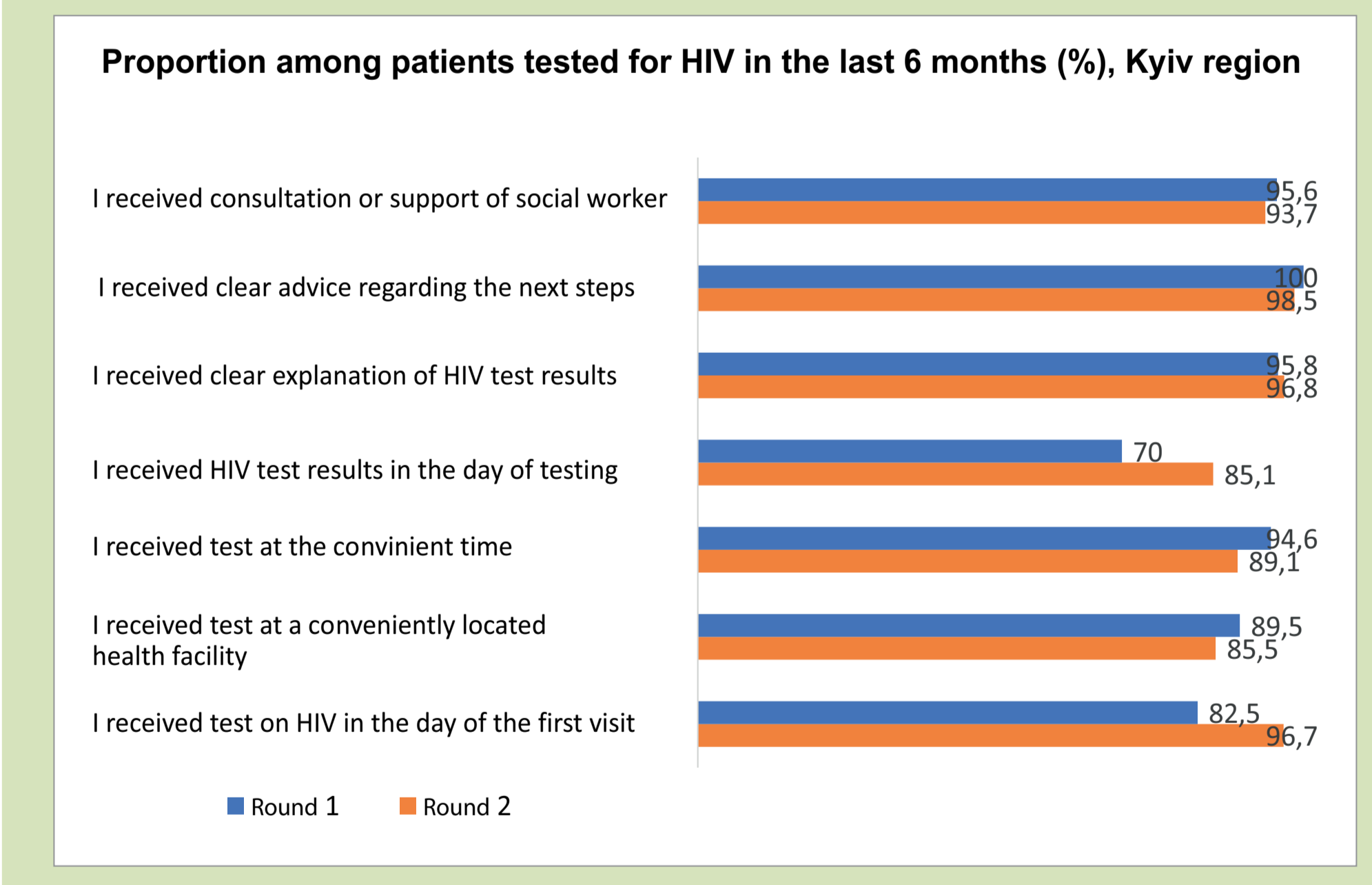
PROVIDE REMINDER TEXT MESSAGES, PHONE CALLS OR LETTERS TO PATIENTS

Activities:

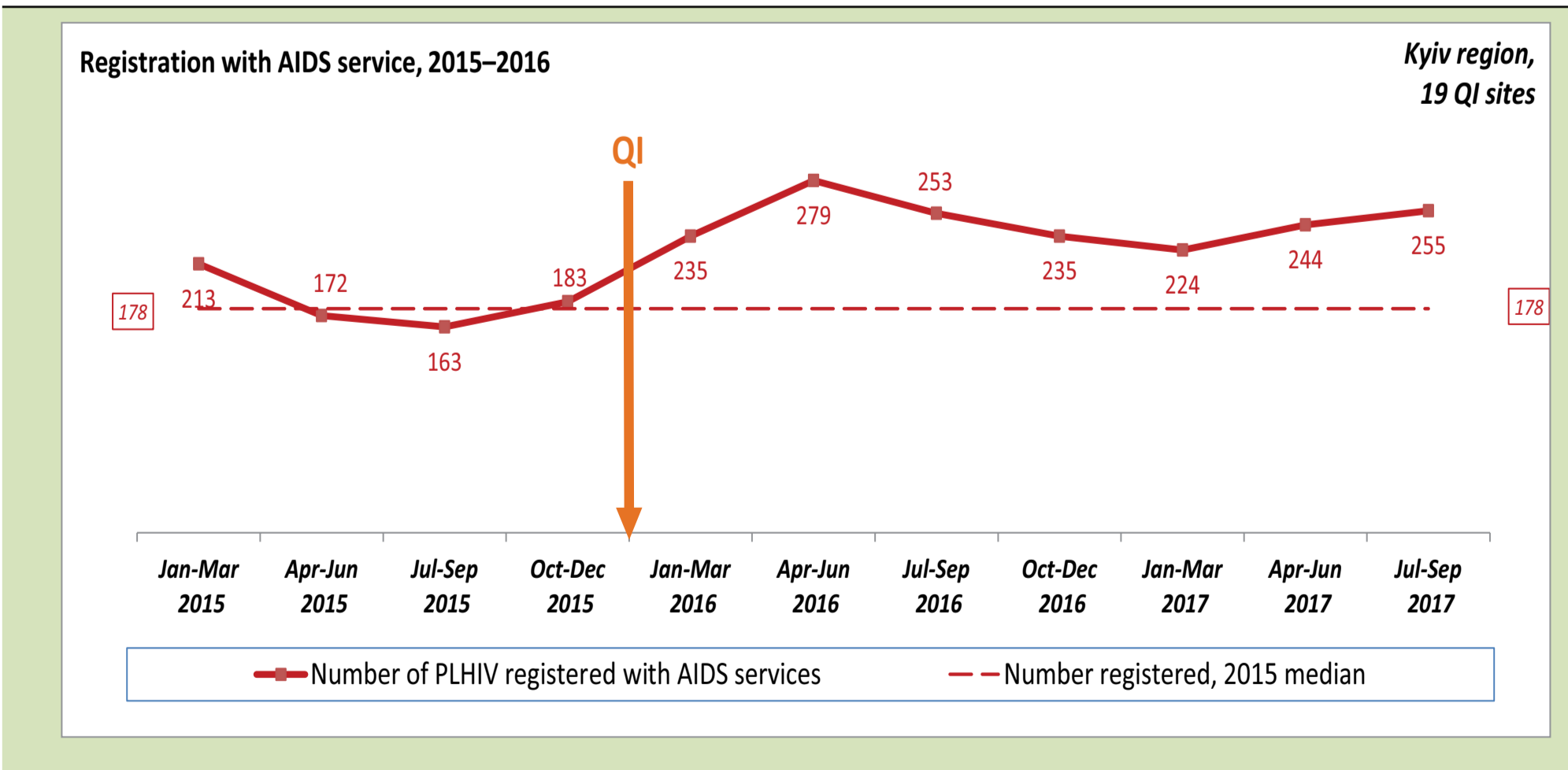
- Introduced a calendar form to schedule patient appointments and a reminder system (via text messages/phone calls/reminder letters)
- Monthly monitoring of the reminders made and the patients who visited the doctor after being reminded
- To officially approve the reminder procedure, an item on phone calls/text messages to the patient was added to the informed consent form



PATIENT SURVEY RESULTS FROM 19 ART SITES IN THE KYIV REGION, JANUARY 2016 (141 PEOPLE) AND JULY 2017 (204 PEOPLE)



IMPACT OF THE LINKAGE TO CARE CHANGES AT THE REGIONAL LEVEL

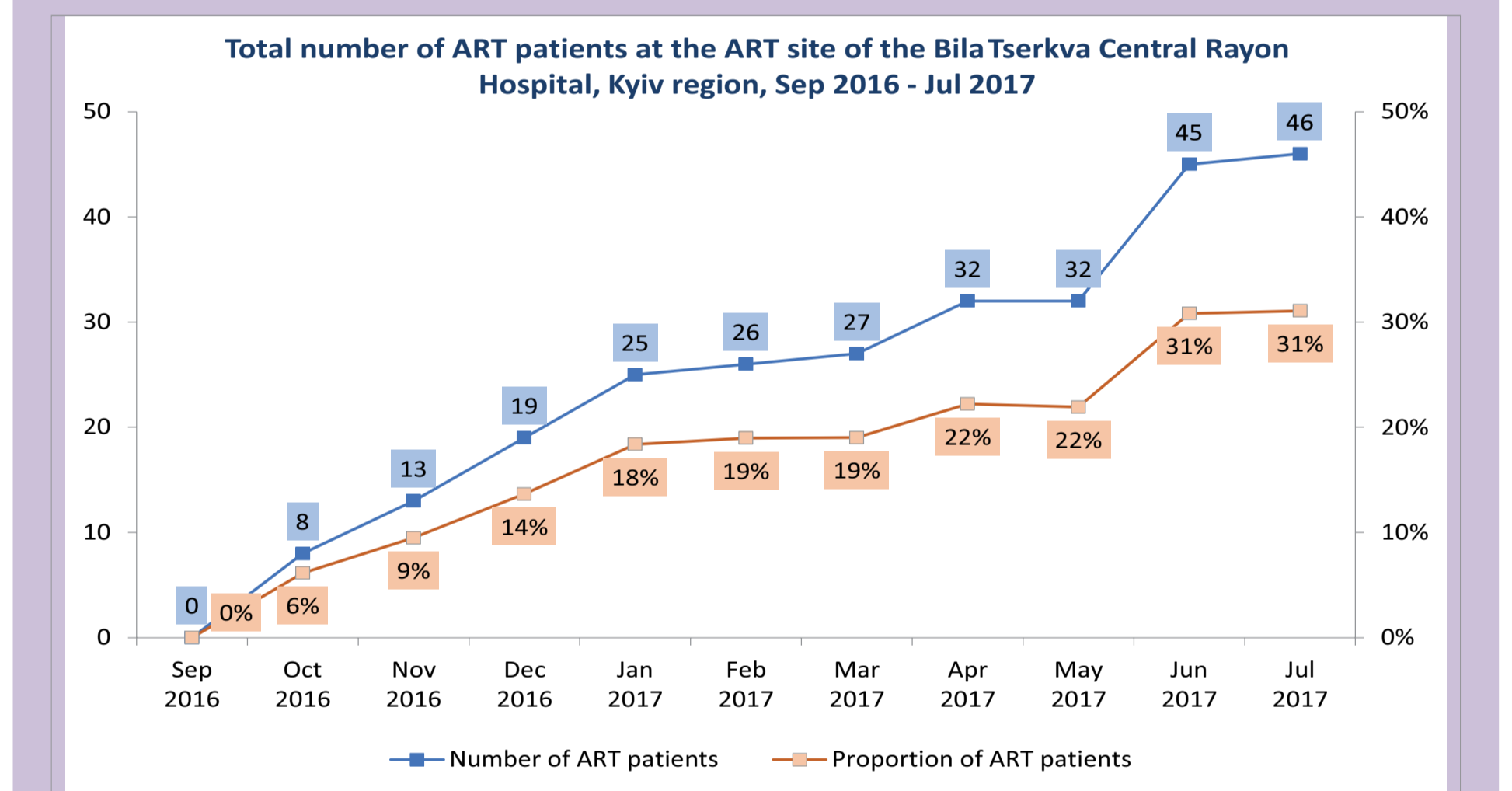


SUCCESSFUL QI CHANGES IN TREATMENT

INITIATE AND MANAGE ART AT ART SITE

Activities:

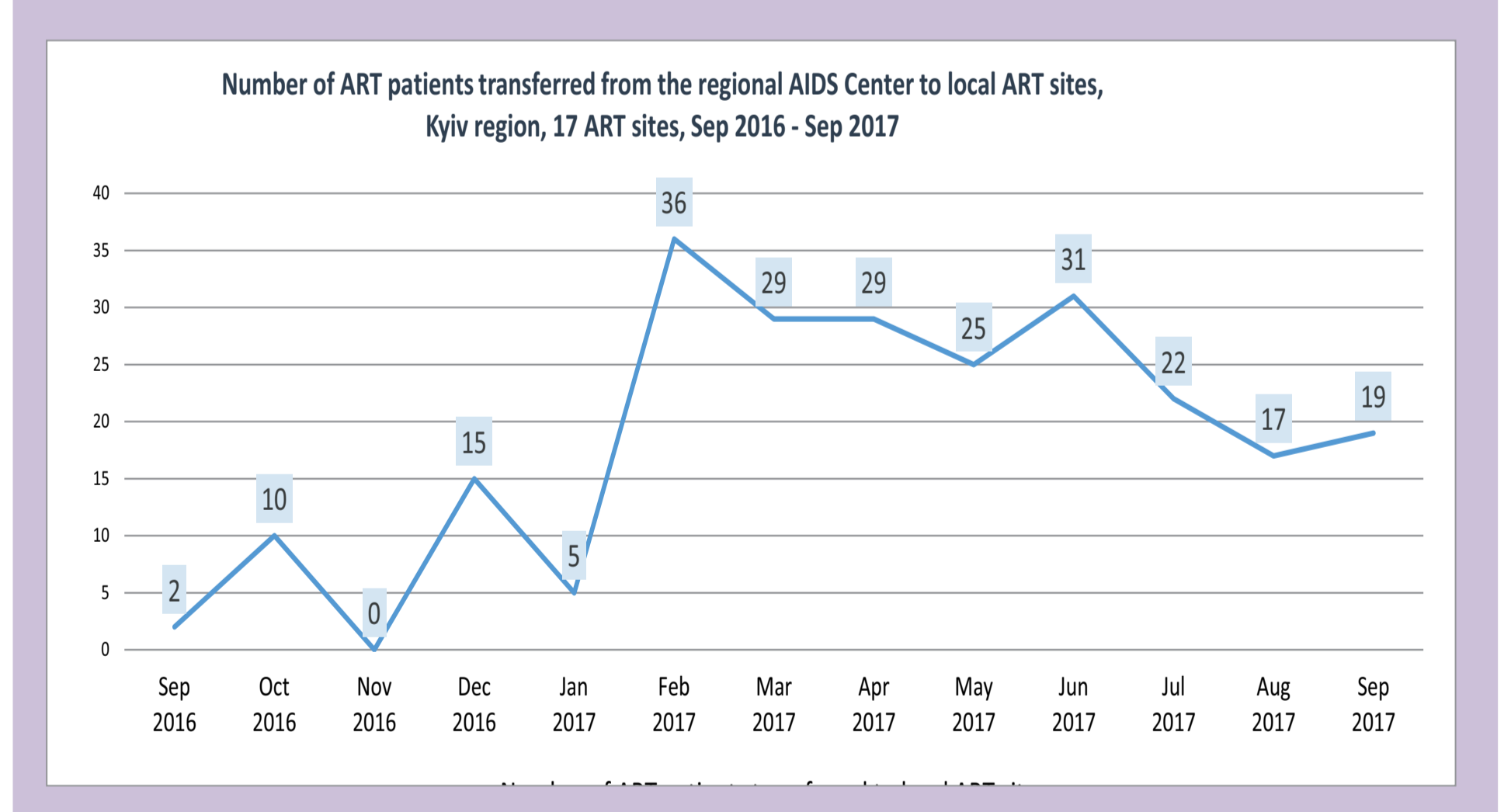
- Training for infectious disease doctors of ART sites on initiation of ART, preventing/overcoming side effects, and record keeping
- Doctors from the regional AIDS Center assigned to provide mentor support to infectious disease doctors from ART sites on complicated cases and record keeping
- New ART sites opened
- Developing a plan of ARVs supplies to ART sites
- All the newly diagnosed PLHIV are initiated on ART, complicated cases discussed through the Skype conferences/phone calls



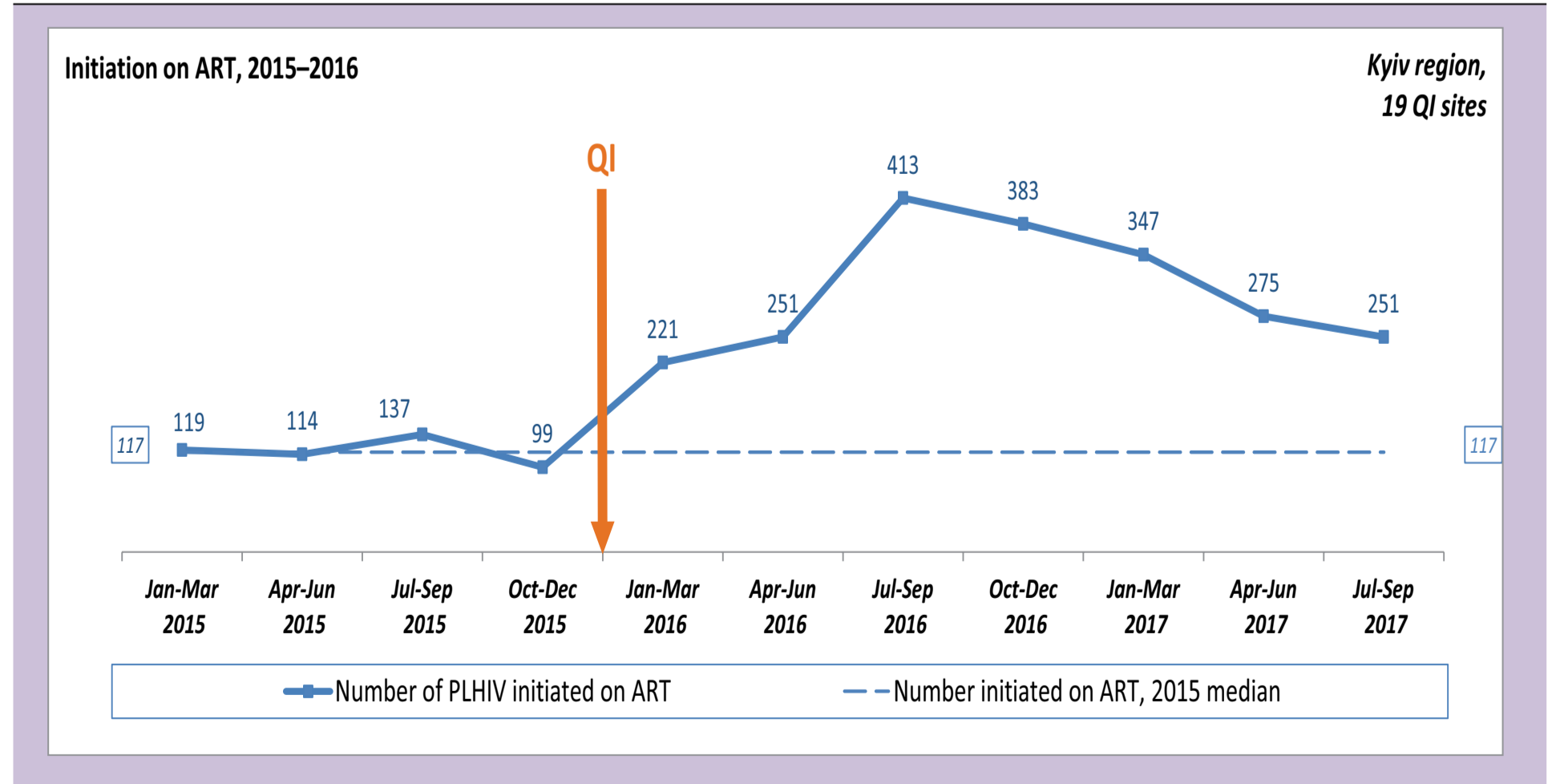
TRANSFER ART PATIENTS FROM AIDS CENTERS TO LOCAL ART SITES

Activities:

- Analyzing the registry of patients within the regional AIDS Center and identifying those who may be transferred to local ART sites
- New ART sites opened
- 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

- During collaboration with the USAID RESPOND project, the number of the QI sites has increased from 13 to 19
- Specialty physicians began to provide HTS at the following ART sites: Obukhiv, Bila Tserkva, Irpin, Vasylykiv, and Vyshhorod
- ARVs dispensing through the pharmacy network (Kyiv-Svyatoshyn district, cities of Boyarka, Fastiv, and Brovary)
- All the ART sites developed local protocols with described patient pathway
- Introduced system of returning patients lost to follow up back to care

CHALLENGES

- Understaffing of the ART sites
- Lack of motivation for specialty physicians and PHC doctors to provide HIV testing services
- Delays in rapid HIV test kit supplies
- Difficulties with transporting biomaterial to the laboratory
- Patient prejudice to ART and unwillingness to receive treatment at place of residence
- Lack of NGO presence in some districts

NEXT STEPS

- Promote the signing of the QI Charter – 2020
- Continue training of healthcare practitioners on ART basics, HTS, and decrease of stigma and discrimination among physicians and general population
- Ensure quality assurance in the following areas: risk behavior screening, HTS, and adherence to treatment
- Motivate NGO to expand service coverage over the Kyiv region ART sites

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

Kyiv region, 18 QI sites

