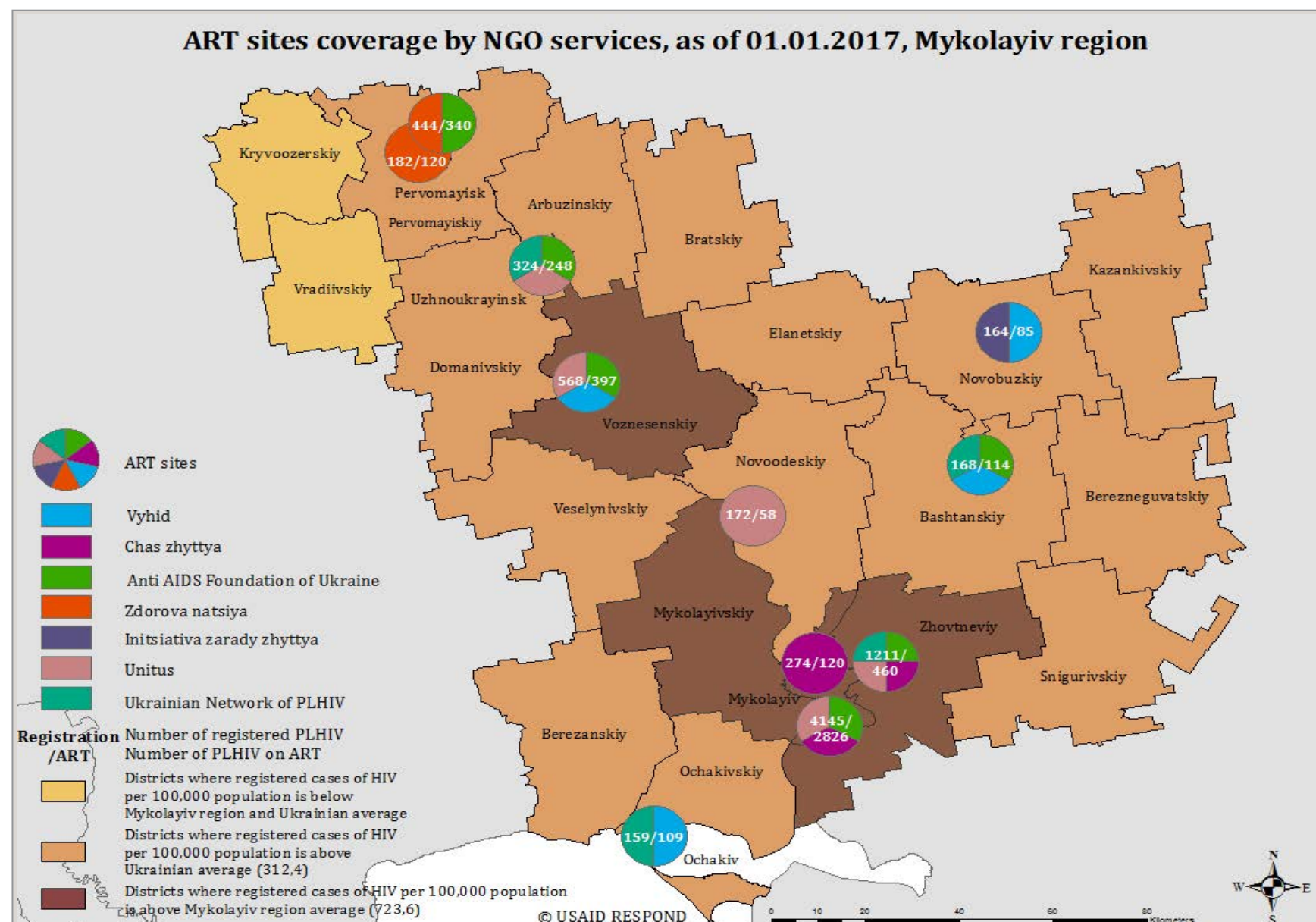
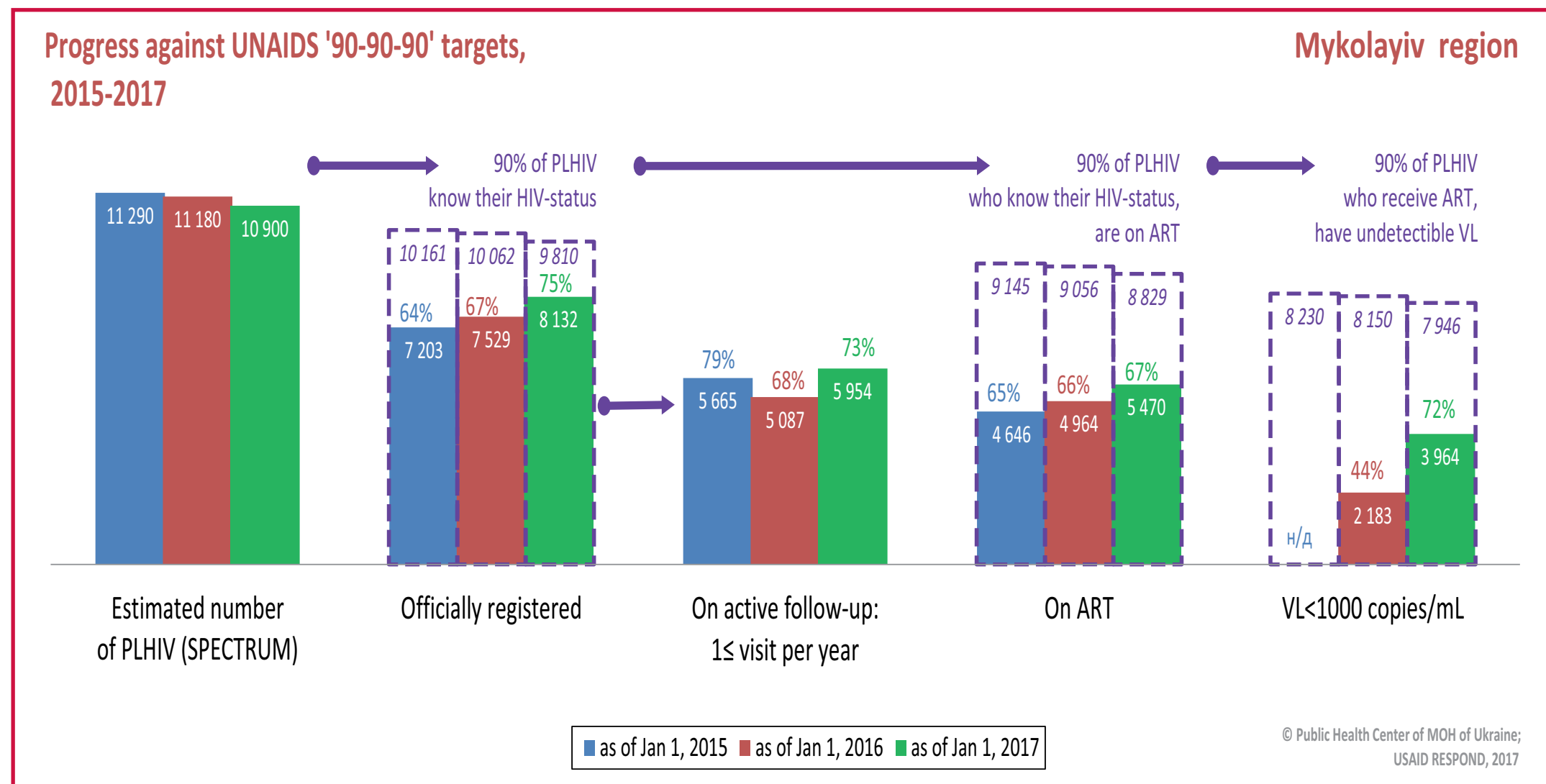


# Quality Improvement Collaborative to Strengthen HIV-Services in the Mykolayiv Region, Ukraine

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



## Collaborative Scale:

- Ten QI sites out of the total 12 ART sites in the region
- Five NGO partners: 'Network 100% Life', 'Vykhid', 'Zdorova Natsiya', 'Chas Zhyttya', 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 quality of HIV counseling by physicians
- Shortage of staff and facilities providing HIV testing services (HTS)
- Long waiting time for HIV test results
- Lack of motivation for physicians to provide HIV testing services

### 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
- 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

### NGO Interventions:

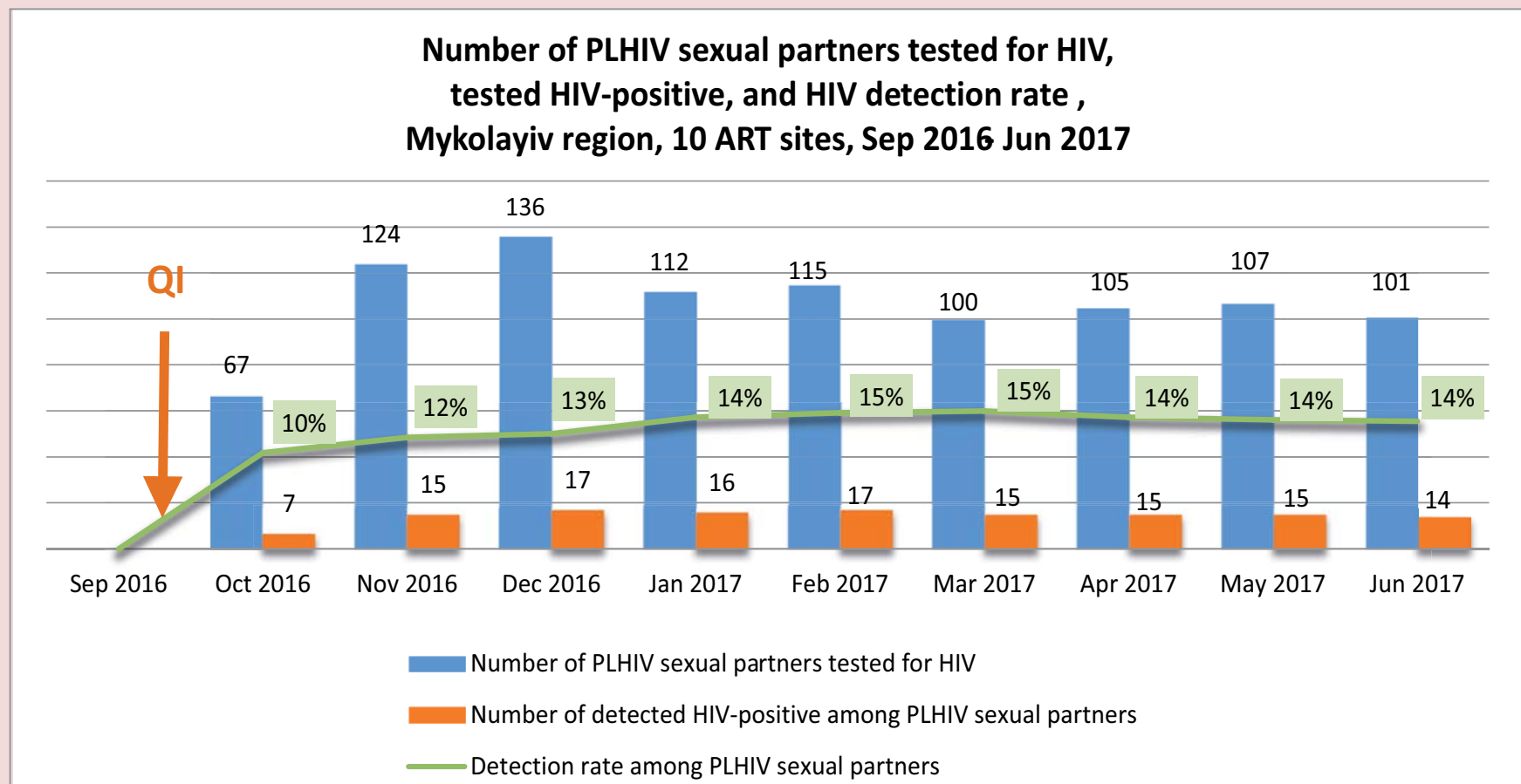
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'
- 'PWID Sexual Partner Health' – NGO 'Vykhid'
- Supplies of HIV rapid tests for ART sites – AHF

## SUCCESSFUL QI CHANGE IN HIV TESTING

### HTS FOR SEXUAL PARTNERS OF PLHIV

#### Activities:

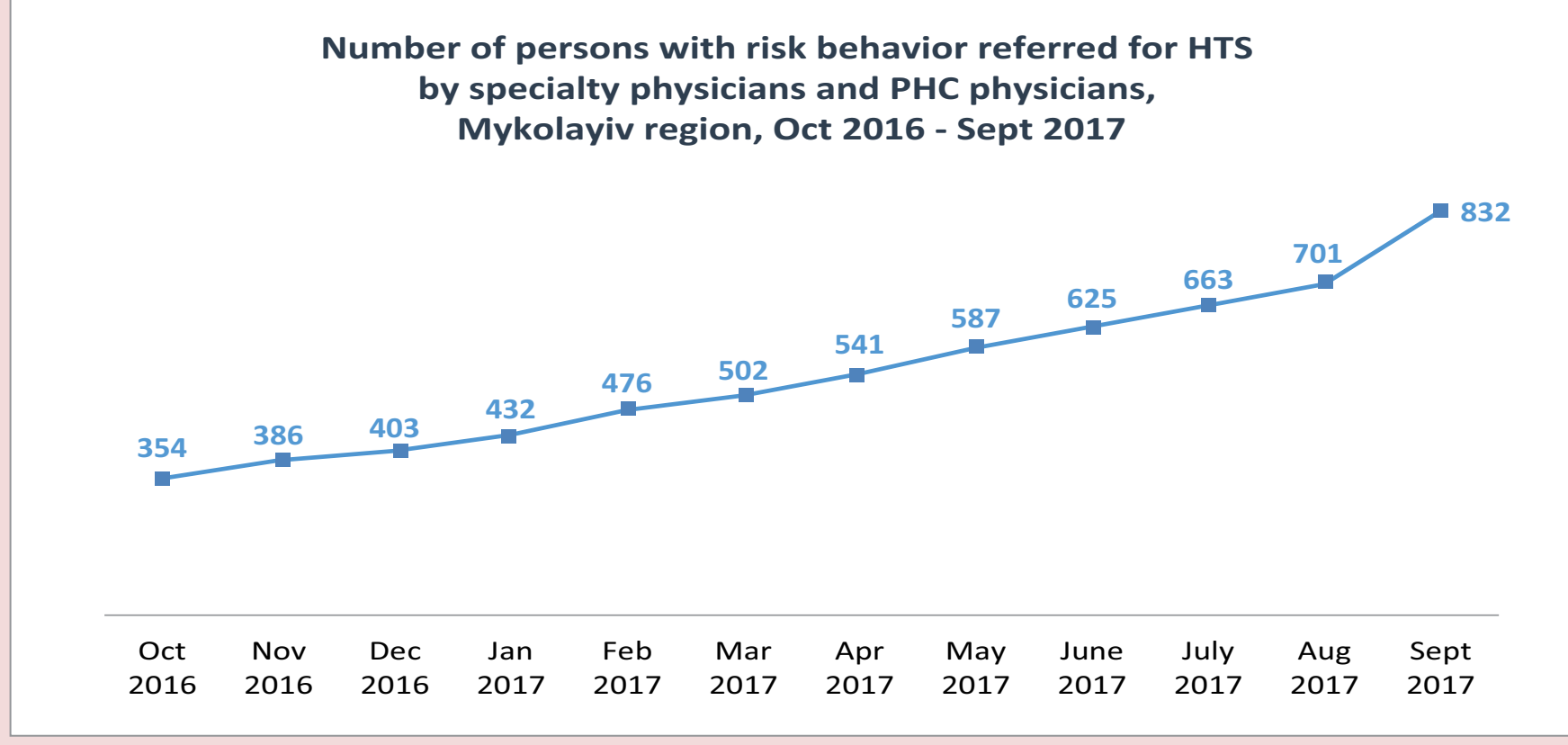
- Training for ART site staff on engaging PLHIV sexual partners to HTS
- Analyzing the PLHIV register to identify those whose sexual partners have not received HTS
- Motivational counseling for PLHIV to bring their sexual partners for HTS to the ART site
- HTS for PLHIV sexual partners and monthly monitoring of the total number of partners testing and the proportion testing positive for HIV
- Analysis of the data by local QI team and planning of the next steps



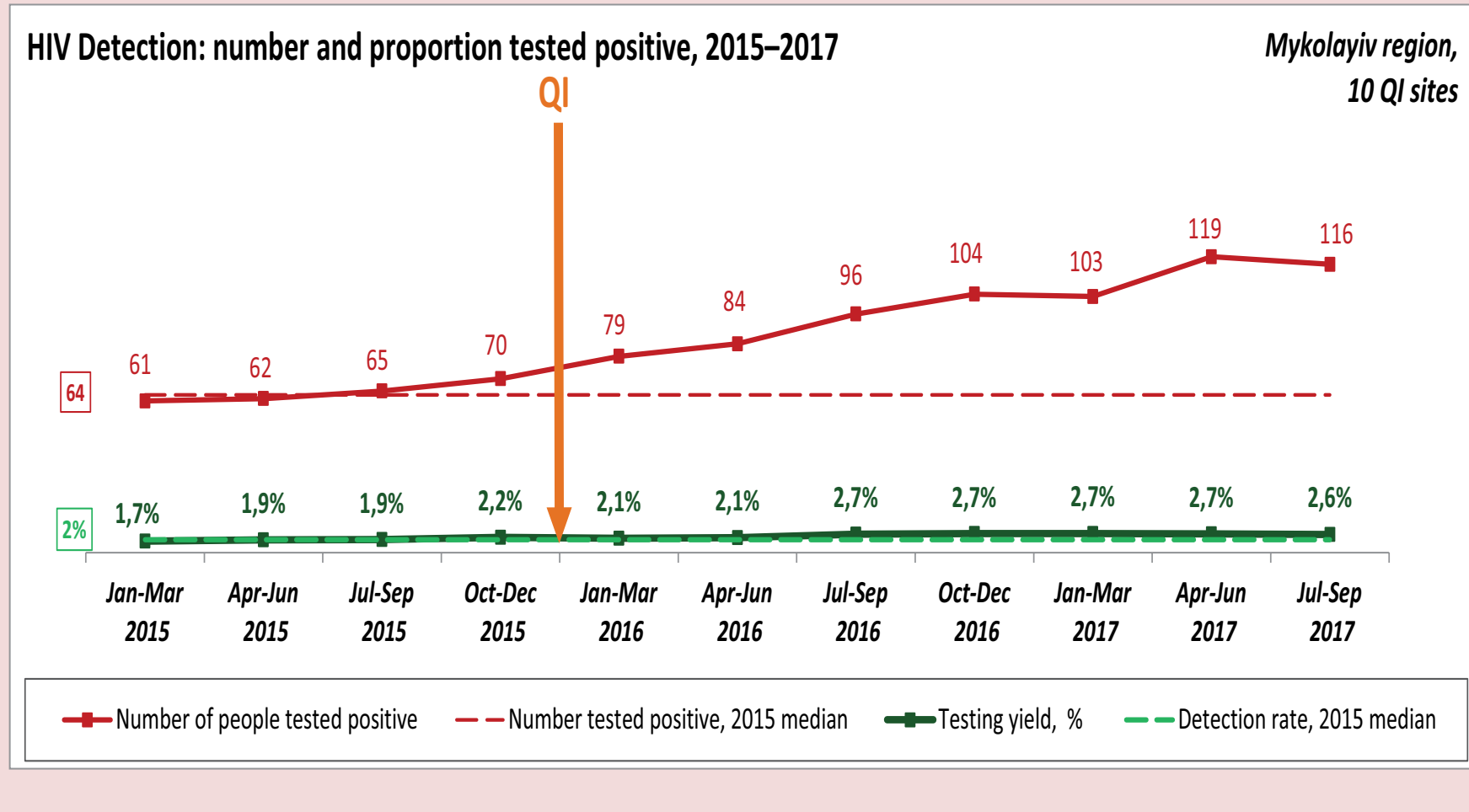
## HIV RISK ASSESSMENT BY SPECIALTY PHYSICIANS AND/OR PHC PROVIDERS

#### Activities:

- PHC providers and specialists received job aids to conduct risk behavior screening
- PHC providers and specialists received training on HTS
- Patients with risk behaviors were offered to get HIV testing at the Trust Office or by specialty physicians/PHC doctors if rapid tests were available



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



## LINKAGE TO CARE GAP

### Reasons for the Gap:

- Shortage/lack of infectious disease doctors at the district level
- Shortage of viral load/CD4 cell tests
- Patient unwillingness/low motivation to seek medical care
- Fear of HIV-related stigma and discrimination, especially in remote/rural districts

### 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
- Provide reminder text messages, phone calls or letters to patients
- Provide active home visits by medical and social service providers
- Engage PHC physicians into care for PLHIV
- Register in-patient PLHIV with AIDS service before they are discharged from the hospital

### NGO Intervention:

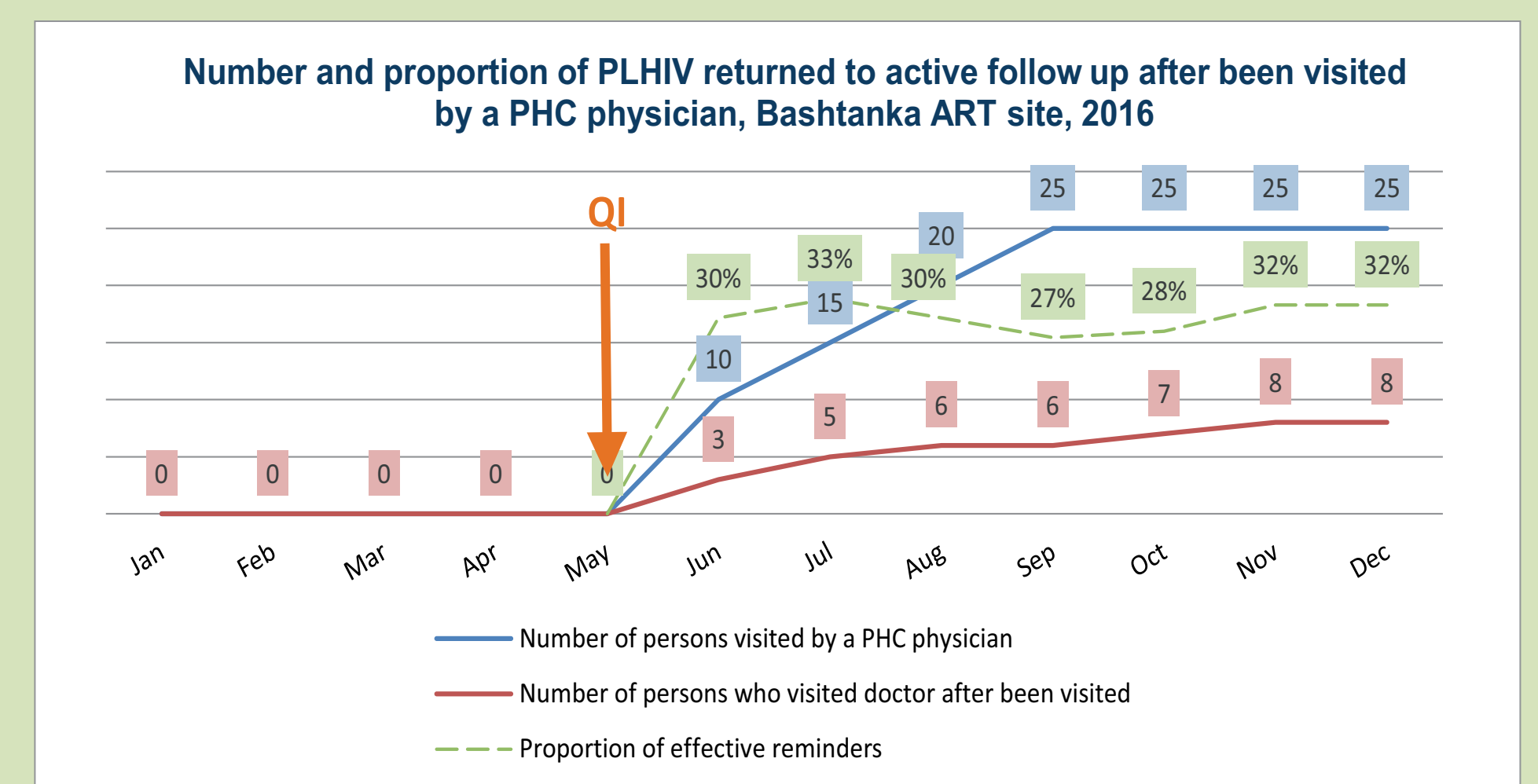
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'

## SUCCESSFUL QI CHANGE IN LINKAGE TO CARE

### ENGAGE PHC PHYSICIANS INTO CARE FOR PLHIV

#### Activities:

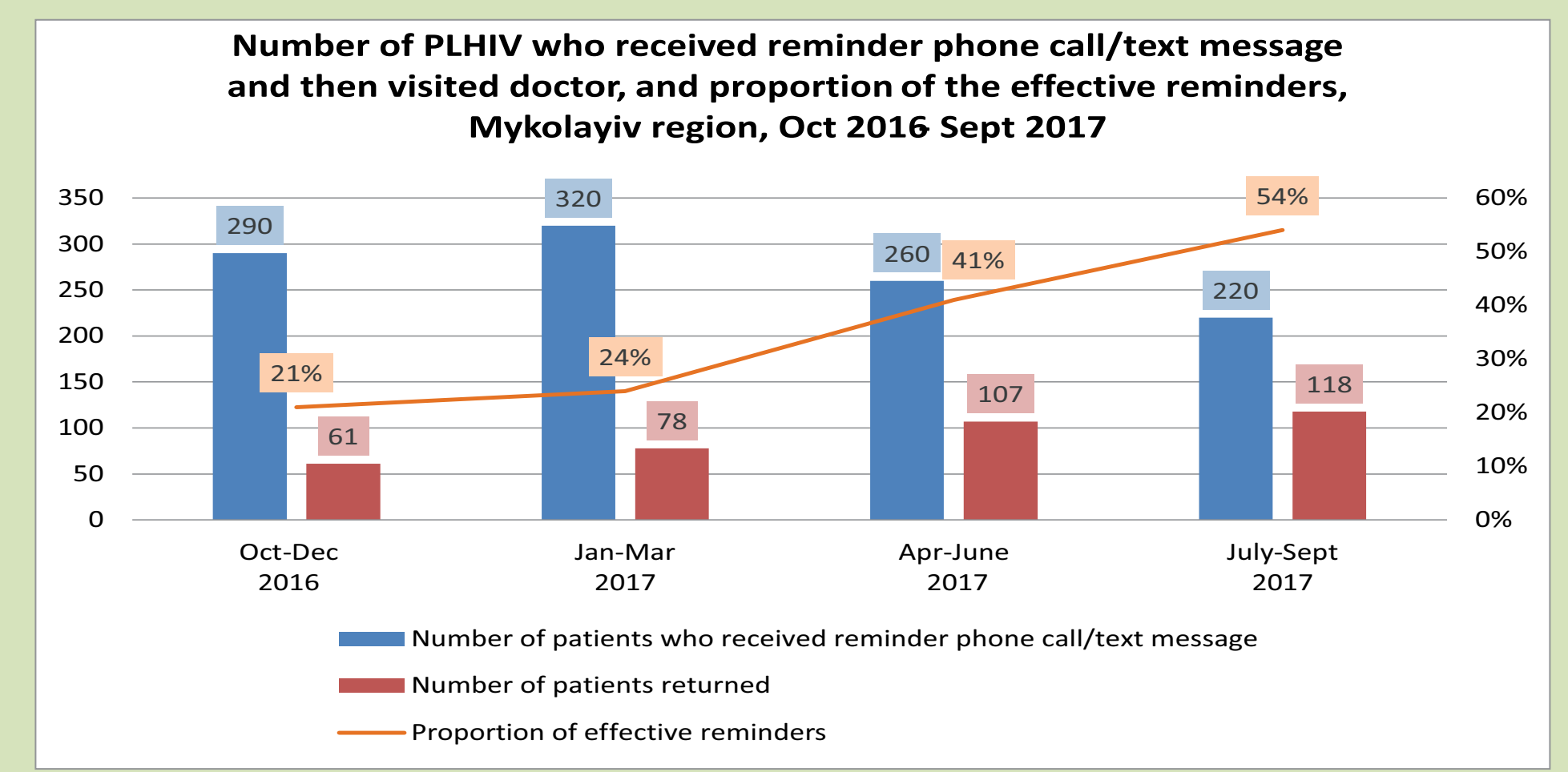
- Informed consent form has been modified with an item on transferring patient information to the social or medical service provider in case of the positive HIV test result and consent for active home visiting for further social support at the place of residence
- Monthly analysis of the patient register to identify patients lost to follow-up (LTFU)
- Analysis of various reasons for patients to be lost for follow up and possible solutions by local QI team



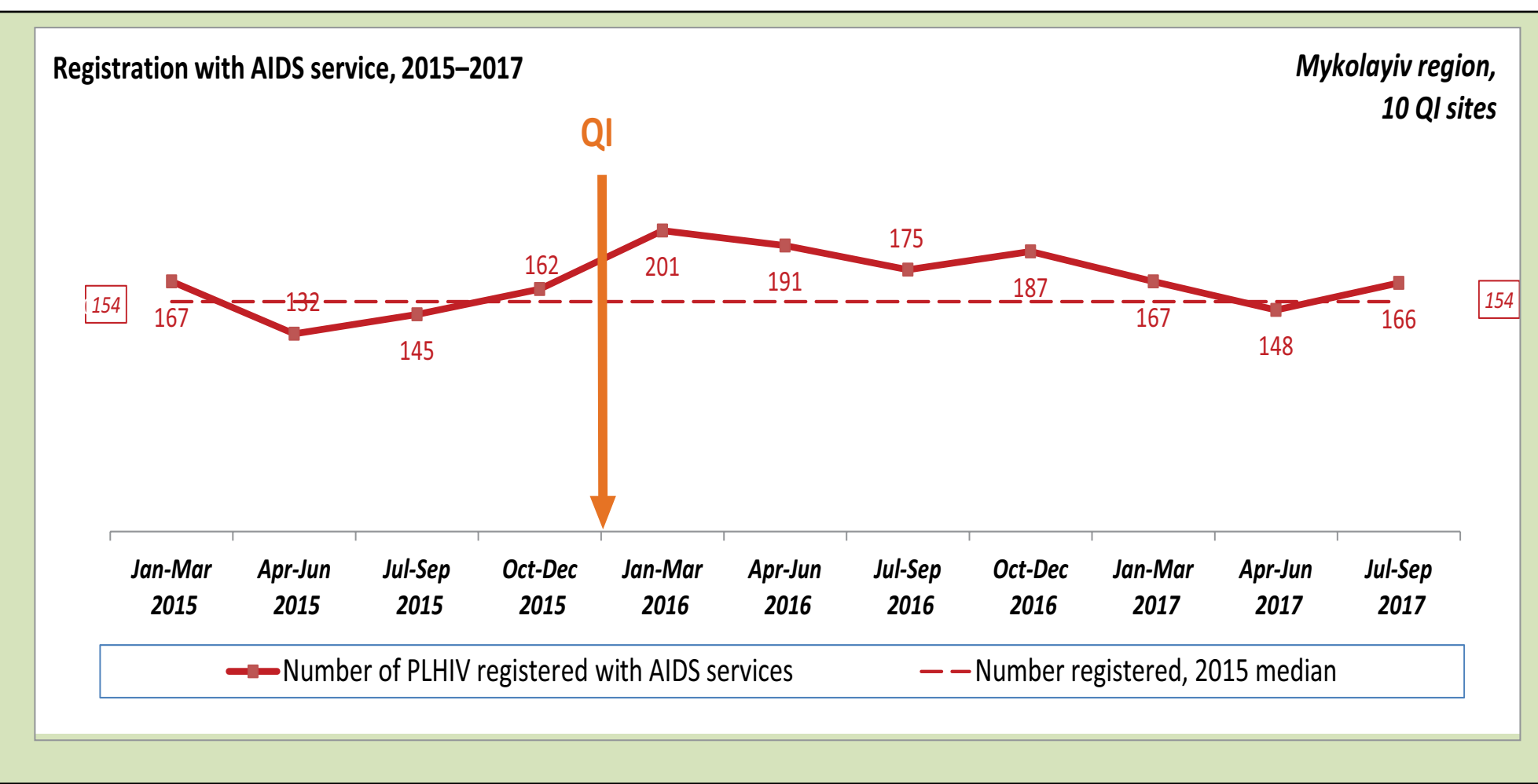
## PROVIDE REMINDER TEXT MESSAGES, PHONE CALLS OR LETTERS TO PATIENTS

#### 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



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



## TREATMENT GAP

### Reasons for the Gap:

- Shortage of infectious disease doctors at the district level
- Shortage of ART sites and their understaffing
- Shortage of drugs to treat opportunistic infections
- Excessive centralization of services
- Poor patient adherence to ART

### QI Changes:

- Transfer ART patients from AIDS Centers to local ART sites
- Manage ART stock at ART site
- Optimize ART dispensing practices/Dispense three to six-month supply of ART
- Follow-up visits once in 12 months
- ART dispensing by a PHC medical provider at the district level
- Provide phone calls and home visits to patients who missed their appointments at ART site (quality assurance)

### NGO Interventions:

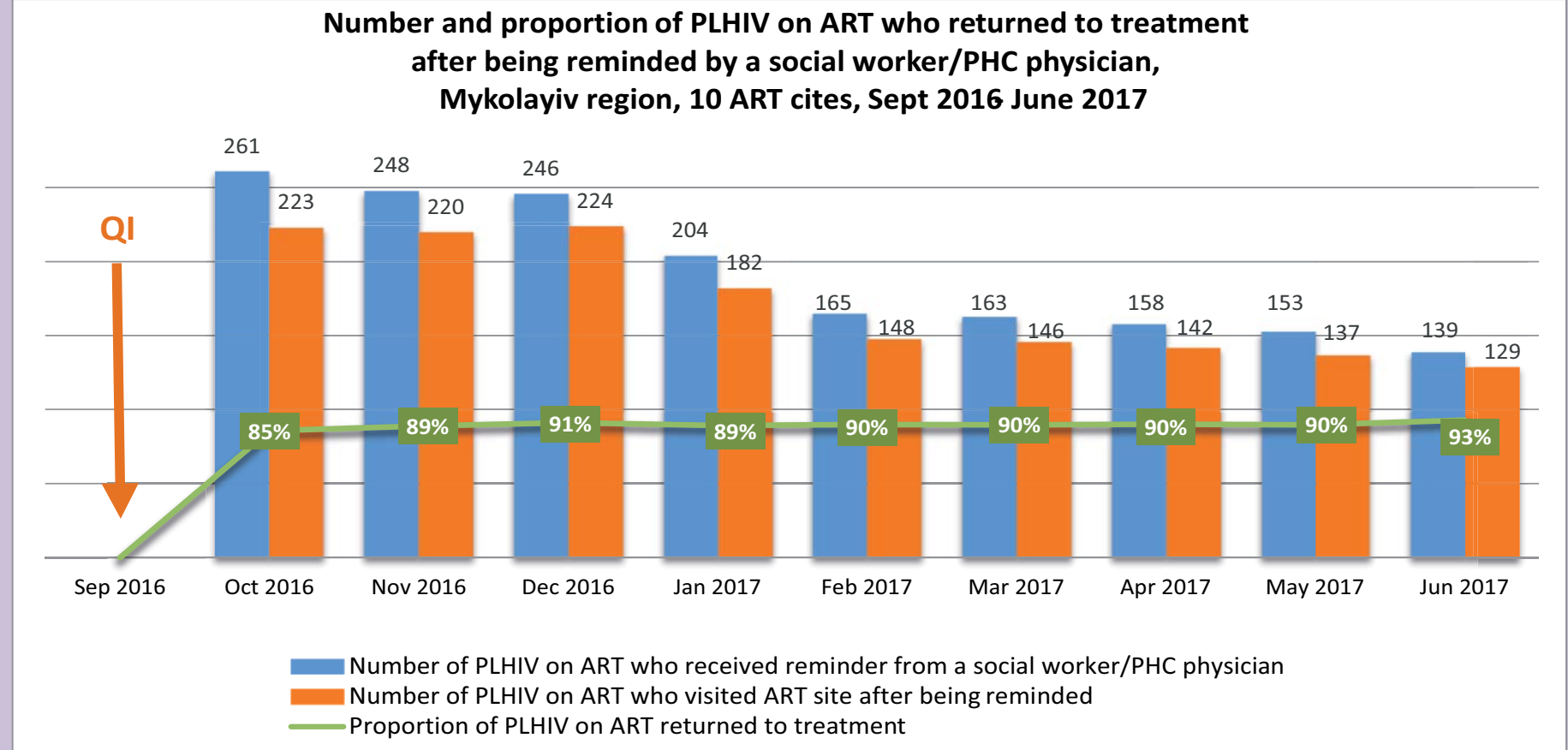
- 'PLHIV Partner's Health' – NGO 'Network 100% of Life'
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Network 100% Life'

## SUCCESSFUL QI CHANGES IN TREATMENT

### PROVIDE PHONE CALLS AND HOME VISITS TO PATIENTS WHO MISSED THEIR APPOINTMENTS AT ART SITE

#### Activities:

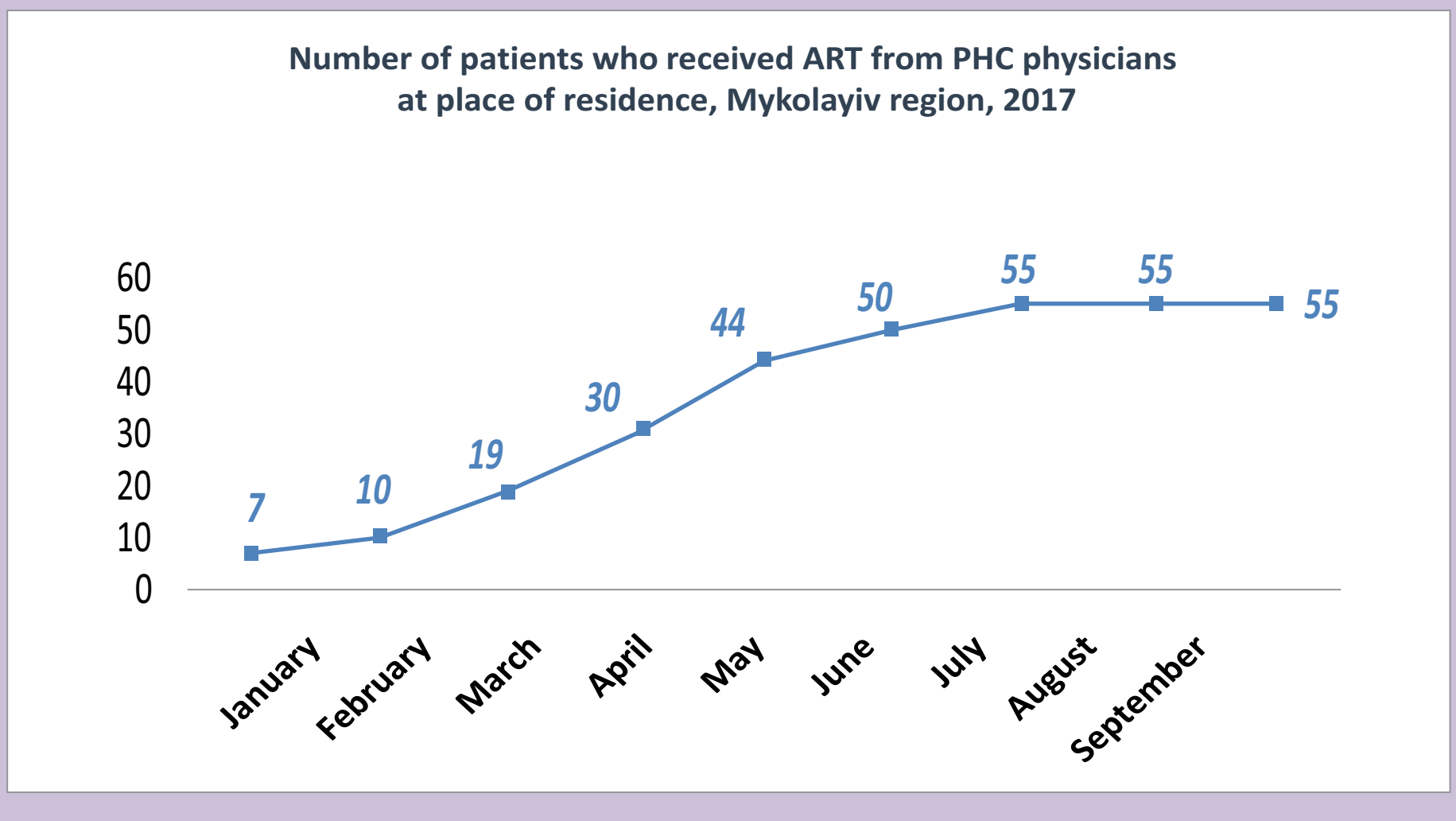
- Every ART site keeps a list of ART patients who missed their appointments for more than seven days and had consented for social support and home visiting services
- Transfer these lists to NGO social workers or PHC physicians every 10 days to make patient reminders/home visits
- Local QI teams analyze the data on LTFU patients returned to care and plan the next steps
- Collect data on monthly process indicators on LTFU and returned to care patients



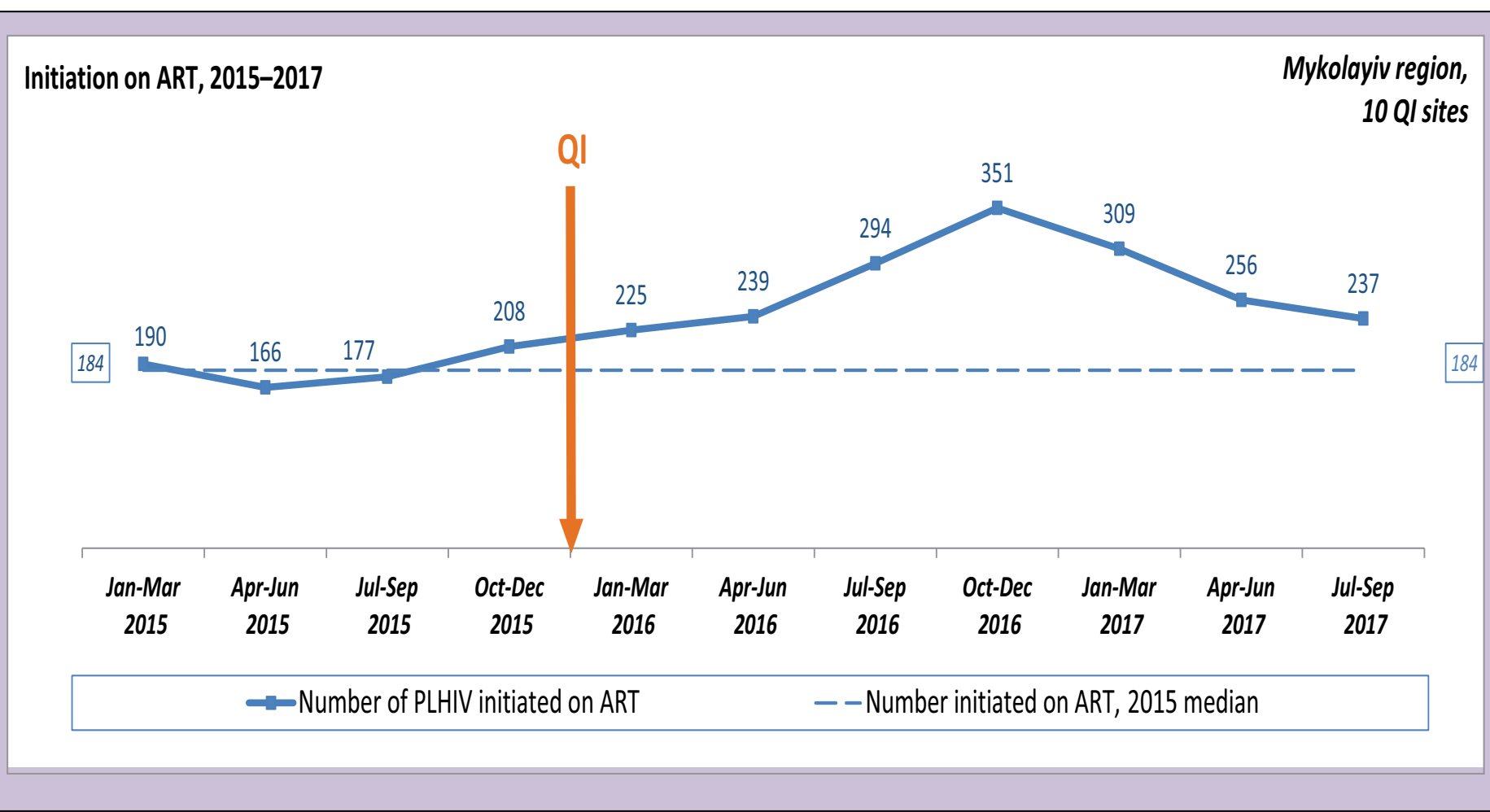
## ART DISPENSING BY A PHC MEDICAL PROVIDER AT THE DISTRICT LEVEL

#### Activities:

- Identified criteria for dispensing ART to patients at their place of residence and the number of such patients, subject to their prior consent
- Delegated HIV services and ART dispensing to PHC physicians through an executive order. PHC physicians involved in ART dispensing received training on assessment of adherence to treatment



## IMPACT OF THE TREATMENT CHANGES AT THE REGIONAL LEVEL



## ACHIEVEMENTS

- Every healthcare facility in the region has developed and approved an algorithm for communication between ART sites and facility administration, specialty physicians, PHC practitioners, and NGOs
- Developed and approved a local protocol and a patient pathway to ensure treatment and care for PLHIV
- Implemented QI changes that improved HTS efficiency, contributed to an increased proportion of PLHIV registered with AIDS service, PLHIV on ART, and PLHIV with undetectable viral load
- Local QI teams led by their coaches ensure sustainability of both the QI approach and effective QI changes
- PHC physicians get involved into providing services for PLHIV. For instance, 22 PHC Centers dispense ARVs to 55 PLHIV at the district level

## CHALLENGES

- Remoteness of ART sites from patient places of residence hinders timely registration with AIDS service and initiation on ART
- Lack of motivation among PHC physicians to provide home visits and dispense ARVs to PLHIV
- Some patients refuse social support at the local level because of fear of HIV status disclosure
- Shortage of rapid tests at ART sites, specialty physicians, and PHC Centers
- Not enough ART courses to effectively initiate all PLHIV on treatment

## NEXT STEPS

- Extending the PHC facilities network to provide HIV services
- Finding opportunities for financial incentives to PHC physicians for providing HIV services on the district level
- Counseling PLHIV on the importance of medical and social support at the local level
- Cooperating with NGOs, involving social workers and psychologists to improving PLHIV adherence to treatment

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

### Mykolayiv region, 10 QI sites

