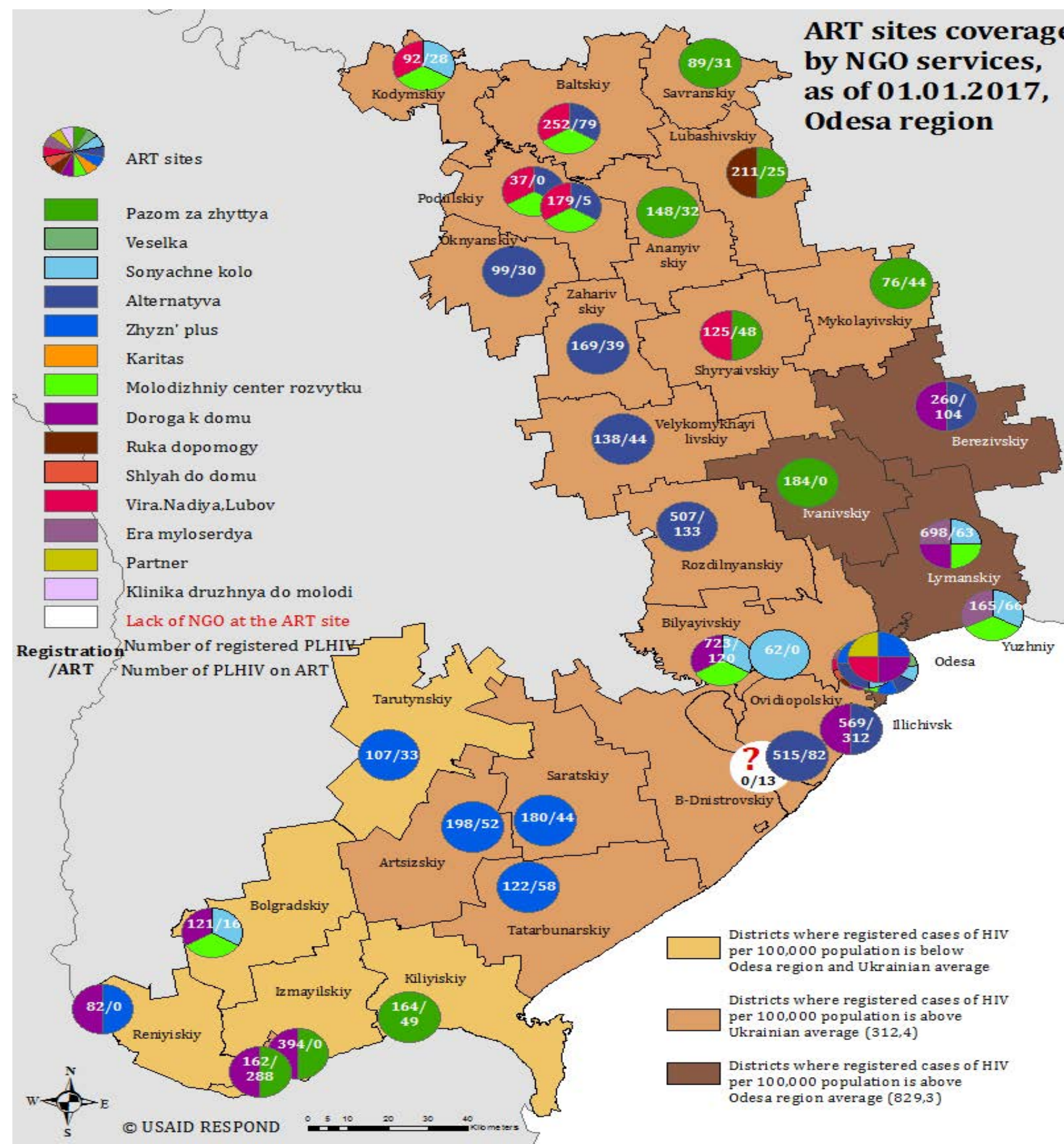
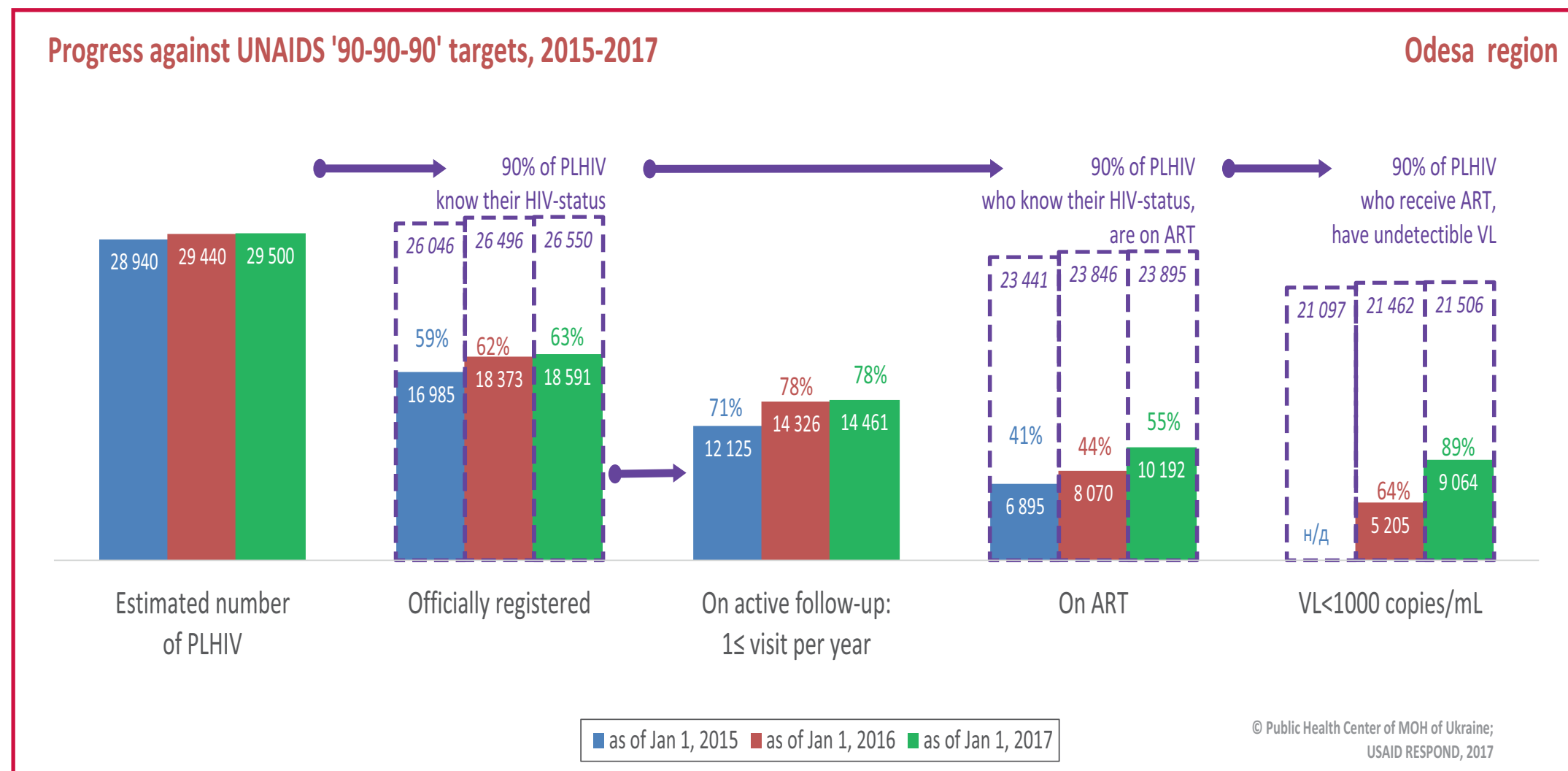


Quality Improvement Collaborative to Strengthen HIV-Services in the Odesa Region, Ukraine

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



Collaborative Scale:

- 51 QI sites out of the total 52 ART sites in the region
- Five NGO partners: 'Razom za Zhyttia', 'Doroga do Domu', 'Alternatyva', 'Alliance.Global', 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 provider-initiated HTS
- Shortage of the rapid HIV test kits in the region
- Long waiting time for HIV test results

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

NGO Interventions:

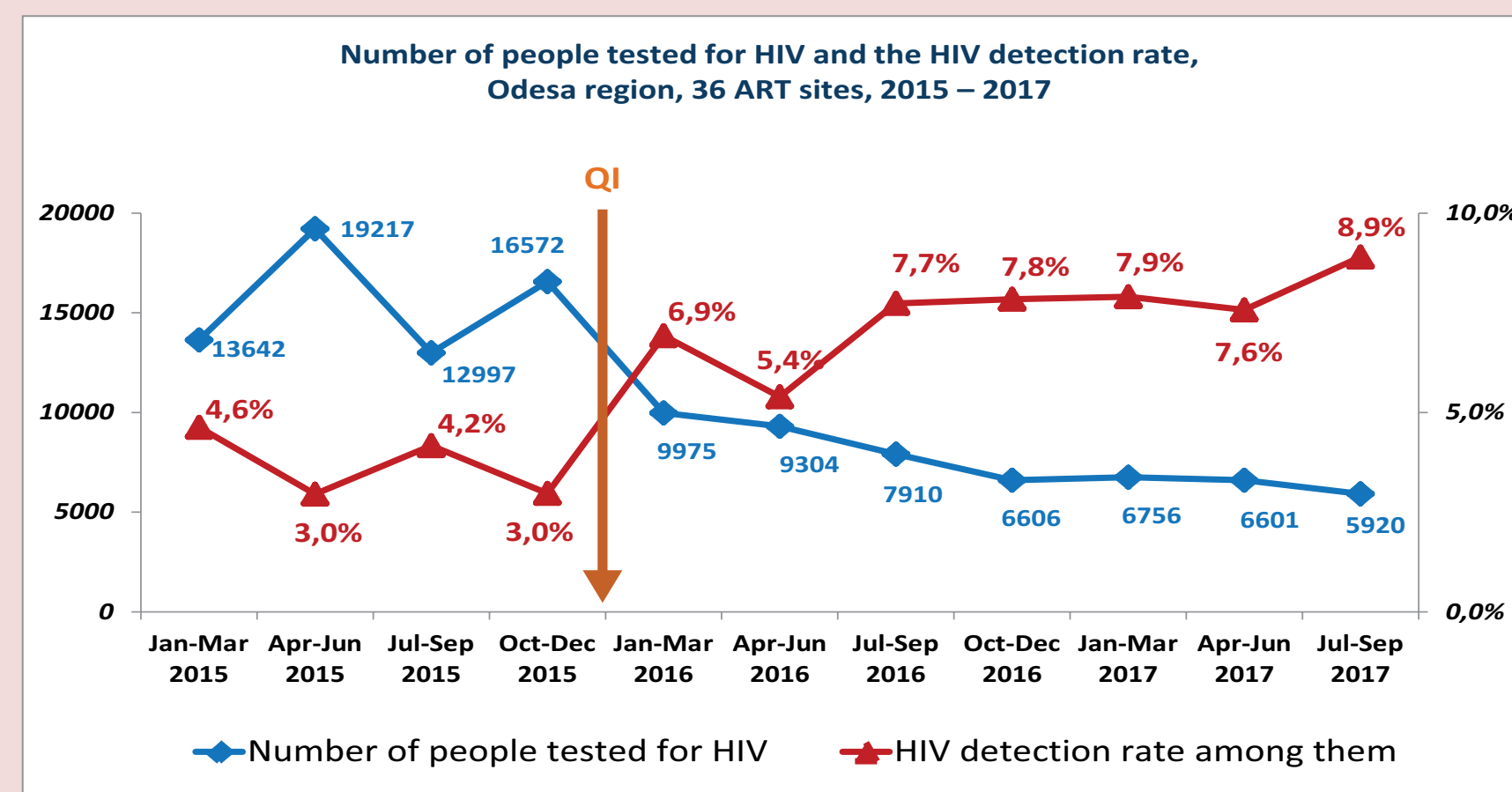
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Alternatyva'
- 'PWID Sexual Partner Health' – NGO 'Doroga do Domu'
- 'Reach-Test-Treat intervention: model for enrolling MSM to HIV services' – NGO 'Alliance.Global'
- Supplies of HIV rapid tests for ART sites – AHF

SUCCESSFUL QI CHANGES IN HIV TESTING

HIV RISK ASSESSMENT BY SPECIALTY PHYSICIANS AND/OR PHC PROVIDERS

Activities:

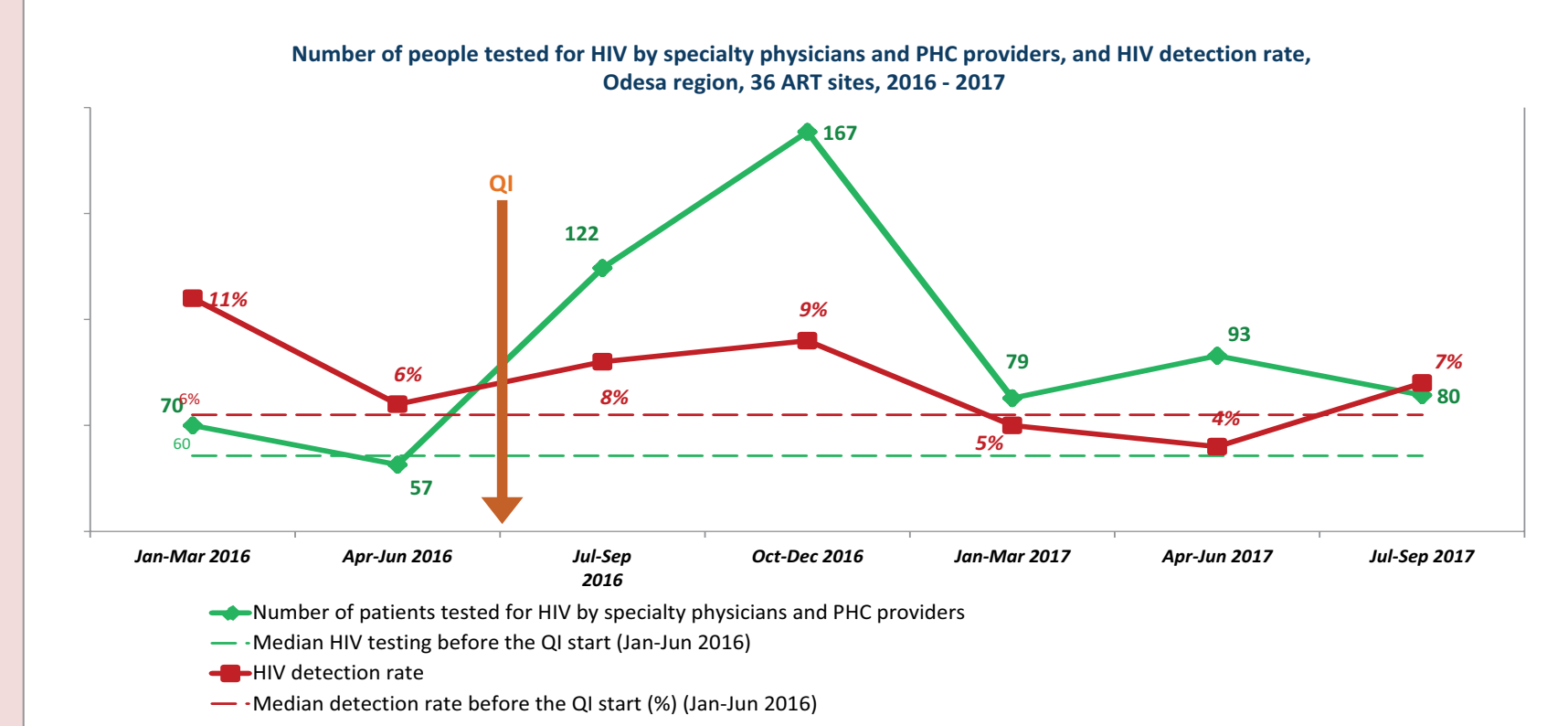
- Developing and introducing the job aids to conduct risk behavior screening
- Training on the risk behavior screening for specialty physicians and PHC providers
- Analysis of risk behavior screening cases



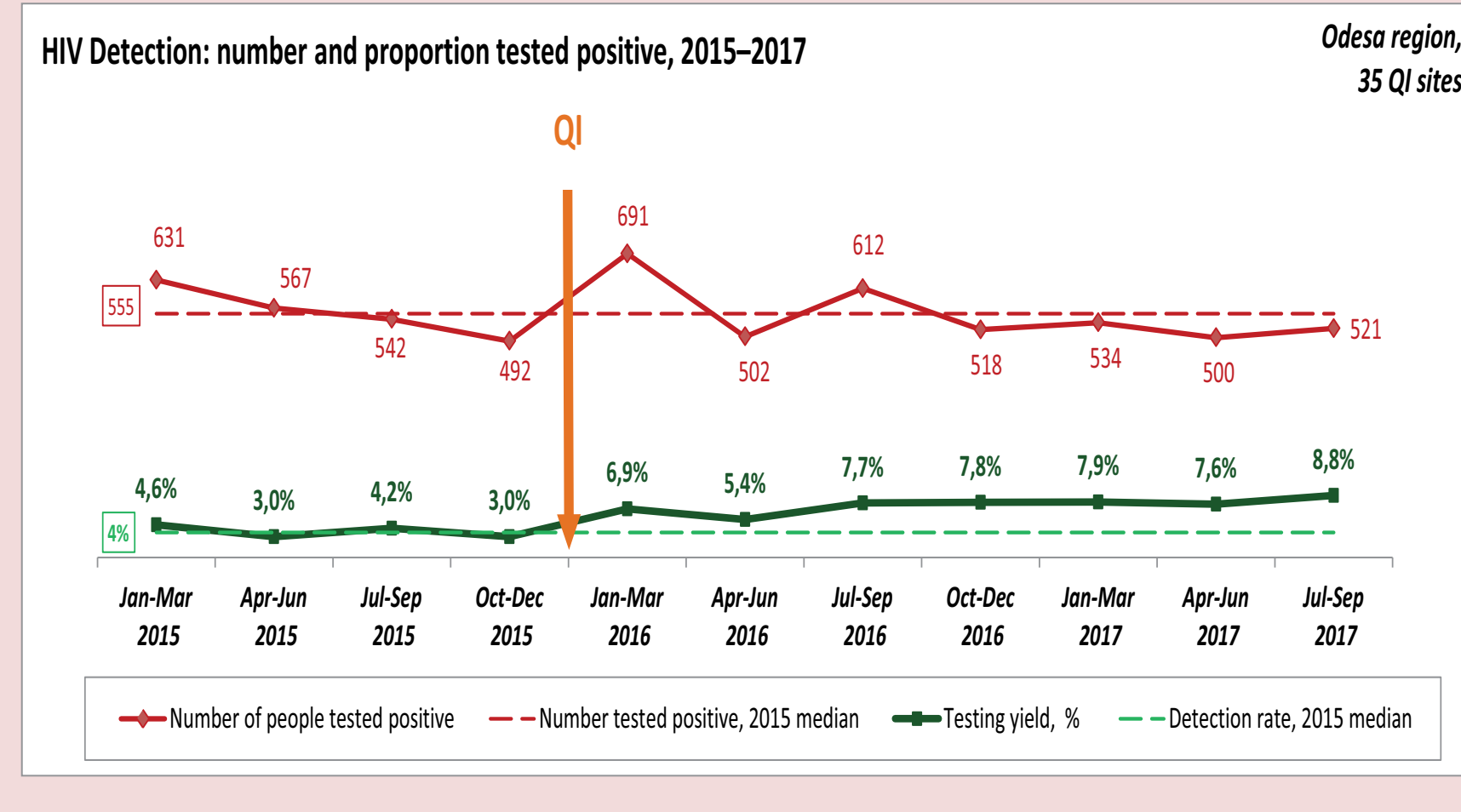
HIV TESTING WITH TWO RAPID TESTS OR ELISA BY SPECIALTY PHYSICIANS AND/OR PHC PROVIDERS

Activities:

- Training for doctors and nurses on HCT with rapid tests
- Introducing provider-initiated HTS with rapid tests
- Procurement of rapid HIV tests from local budgets, ELISA tests from the regional budget, supplies of rapid tests from the AHF
- Changing the route of blood sample transporting
- Providing HTS with rapid tests by PHC providers



IMPACT OF THE HIV TESTING CHANGES AT THE REGIONAL LEVEL



LINKAGE TO CARE GAP

Reasons for the Gap:

- Long waiting time for confirmatory ELISA results (especially at the district level)
- Inconvenient working hours of the lab making confirmatory HIV testing
- Difficulties with transporting blood samples from ART sites to the AIDS Center
- Shortage of viral load/CD4 cell test kits
- Poor coordination between the healthcare facilities
- Disrepair of equipment for lab tests

QI Changes:

- Administer the required lab tests (confirmatory ELISA, CD4 and blood chemistry) over one patient visit to the Trust Office/ART site
- Return lab results (CD4 and viral load) to ART sites through the Internet
- Transporting biomaterial to the lab more frequently
- 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 Interventions:

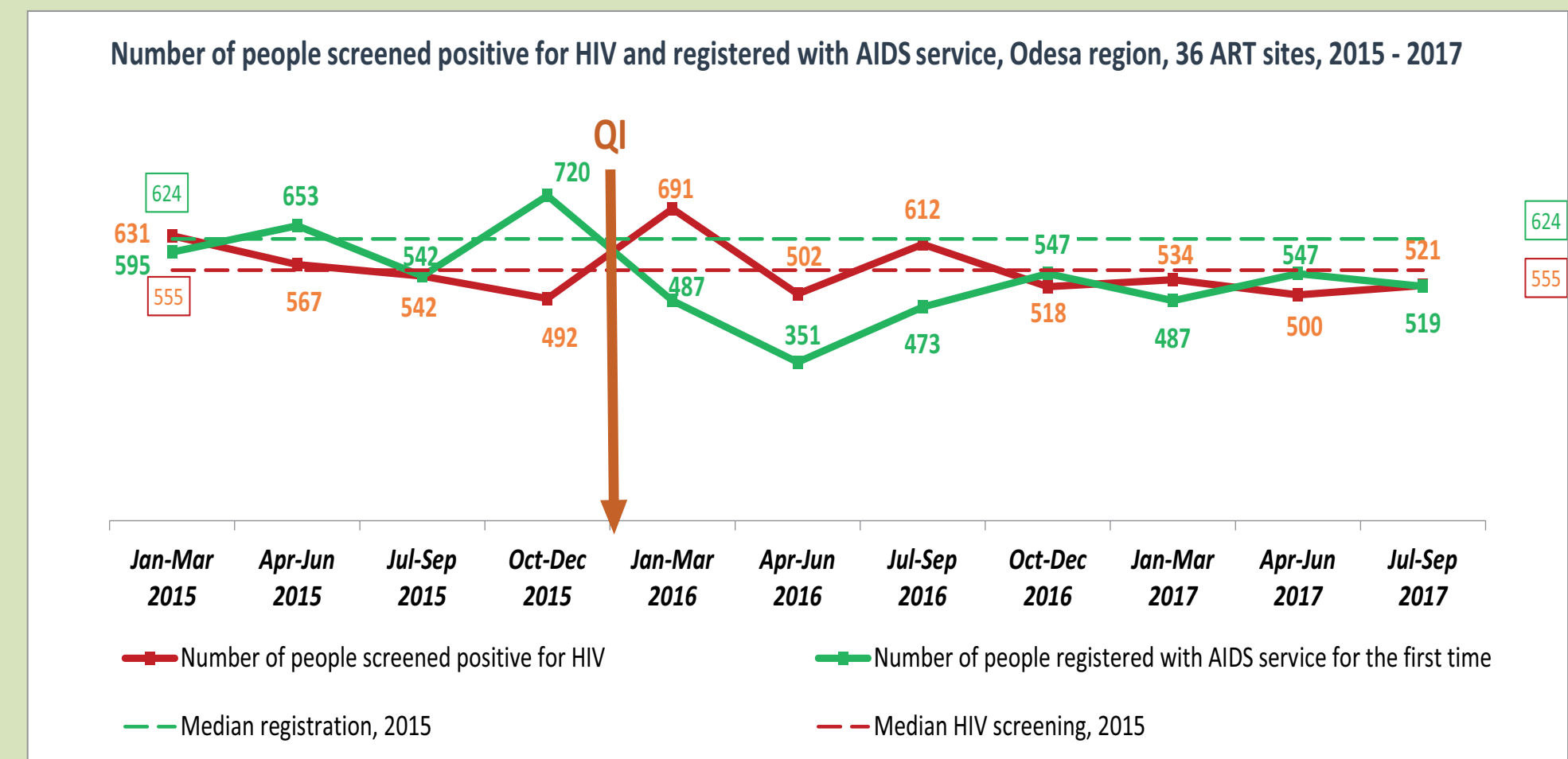
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Alternatyva'
- 'TB is Curable' – NGO 'Razom za Zhyttia'

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:

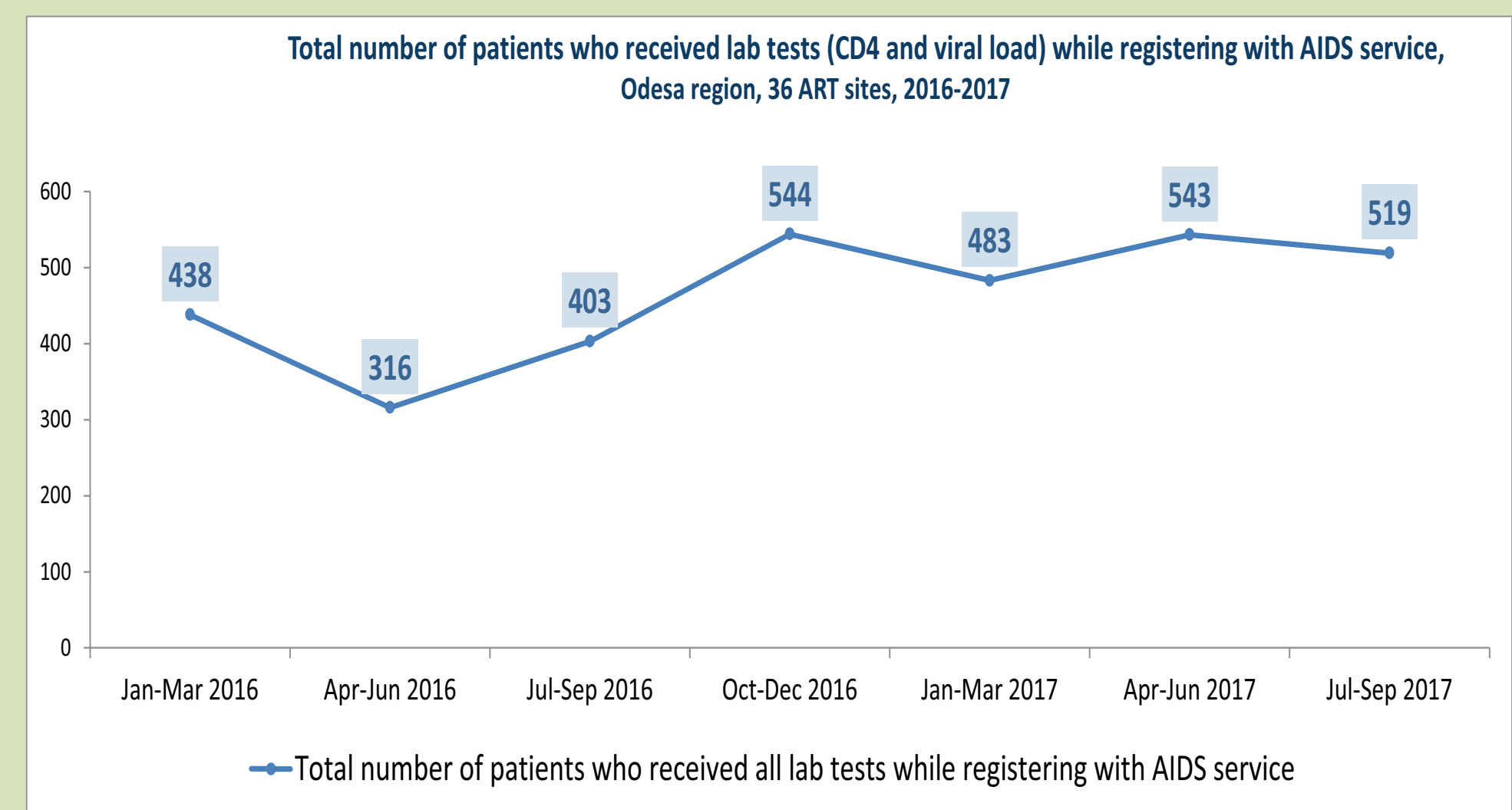
- Providing HTS (2 rapid tests + ELISA) during one patient visit
- Administering the required lab tests during one week
- Changing the route of blood sample transporting



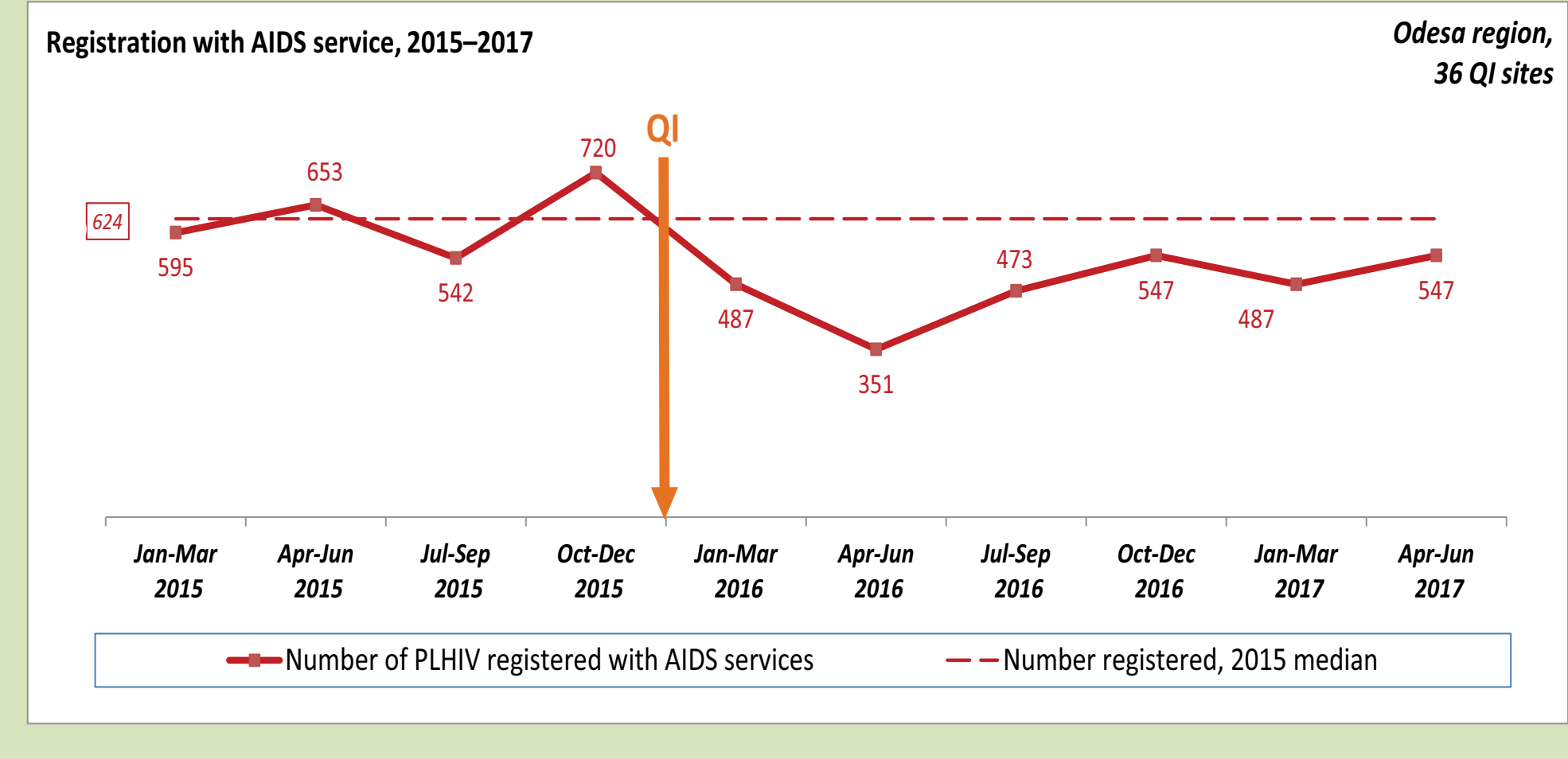
RETURN LAB RESULTS (CD4 AND VIRAL LOAD) TO ART SITES THROUGH THE INTERNET

Activities:

- Introducing algorithm of returning lab test results to ART site through the Internet
- Encoding and sending lab test results to ART site on the second or third day after the blood draw
- Monthly monitoring of the change efficiency by the local QI team



IMPACT OF THE LINKAGE TO CARE CHANGES AT THE REGIONAL LEVEL



TREATMENT GAP

Reasons for the Gap:

- Not enough ARVs to cover all patient who require treatment
- Absence of ART sites in five districts of the region
- Additional examination for initiation on ART is not available
- Doctors work part-time only at some ART sites,
- Lack of motivation as well as knowledge and skills among ART site doctors to initiate and manage ART patients
- Selective approach to ART initiation - only for patients with potentially 'good adherence'
- Patients may need excessive time and money to travel to the AIDS center because of extent of the region
- Patients' fear of the HIV-related stigma and discrimination in remote districts

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
- ART dispensing by a PHC medical provider at the district level

NGO Intervention:

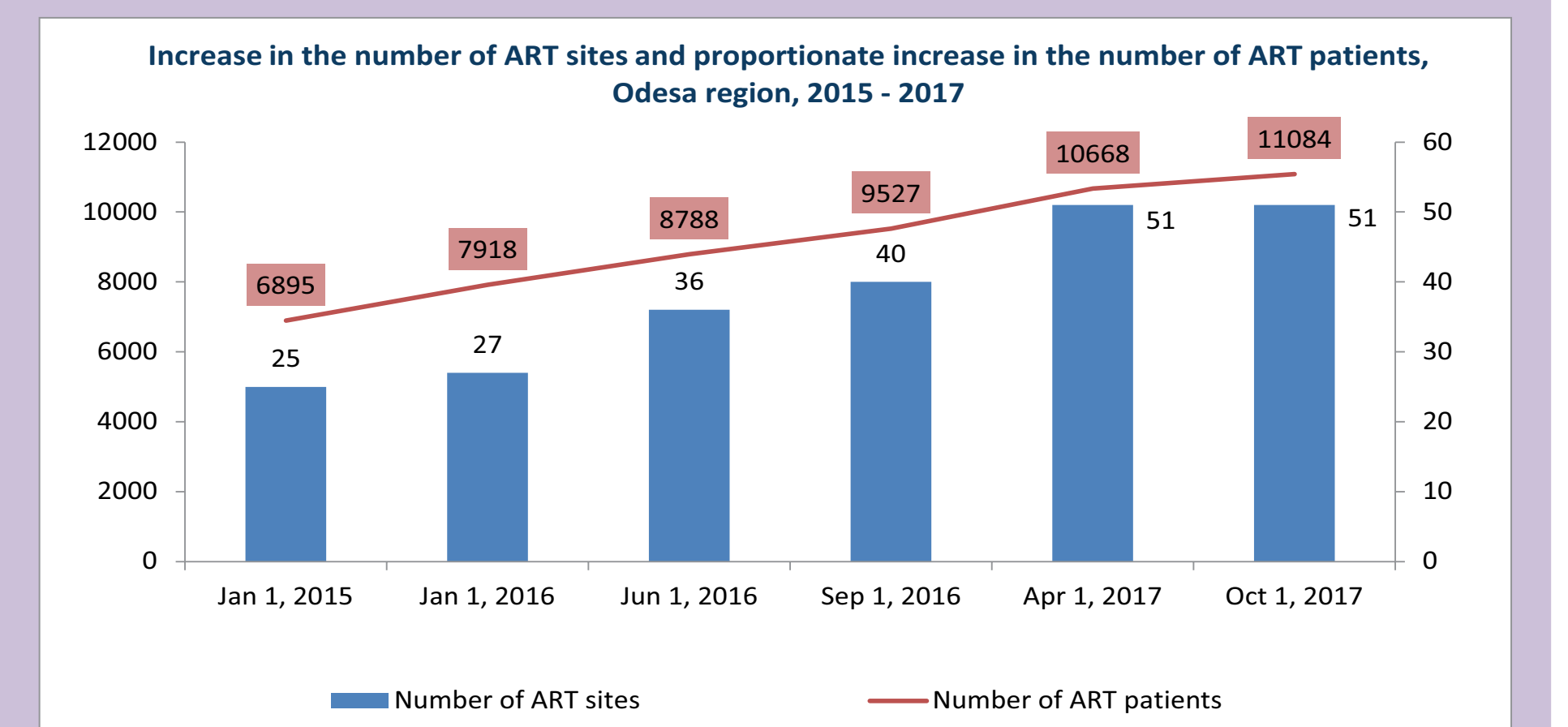
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGO 'Alternatyva'

SUCCESSFUL QI CHANGES IN TREATMENT

INITIATE AND MANAGE ART AT ART SITE

Activities:

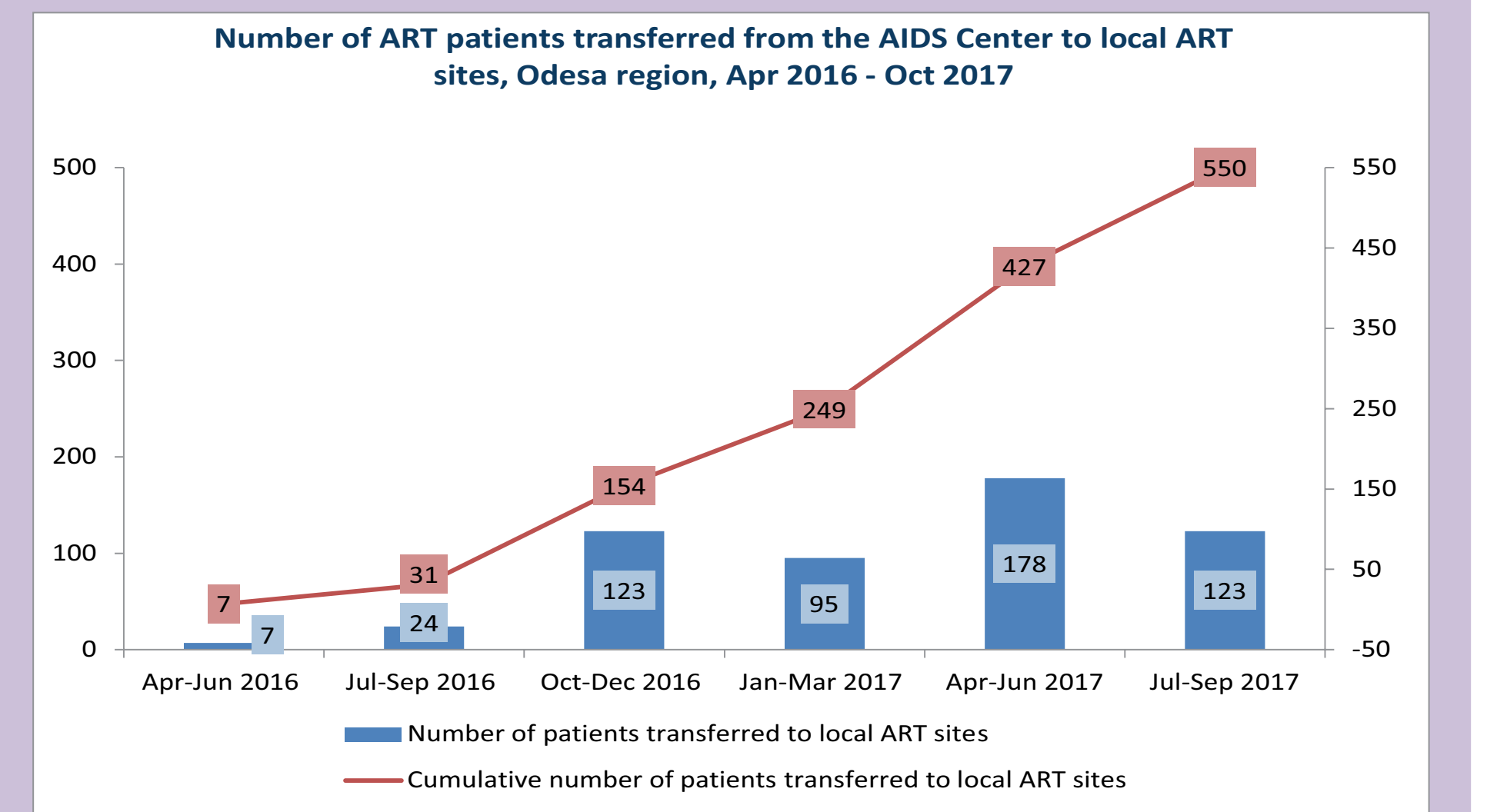
- Opening the new ART sites in the region
- Training on ART initiation and management of ART cases for infectious disease doctors
- Assigning mentor from the regional AIDS Center to provide mentor support to infectious disease doctors at ART sites
- Initiation all PLHIV on ART



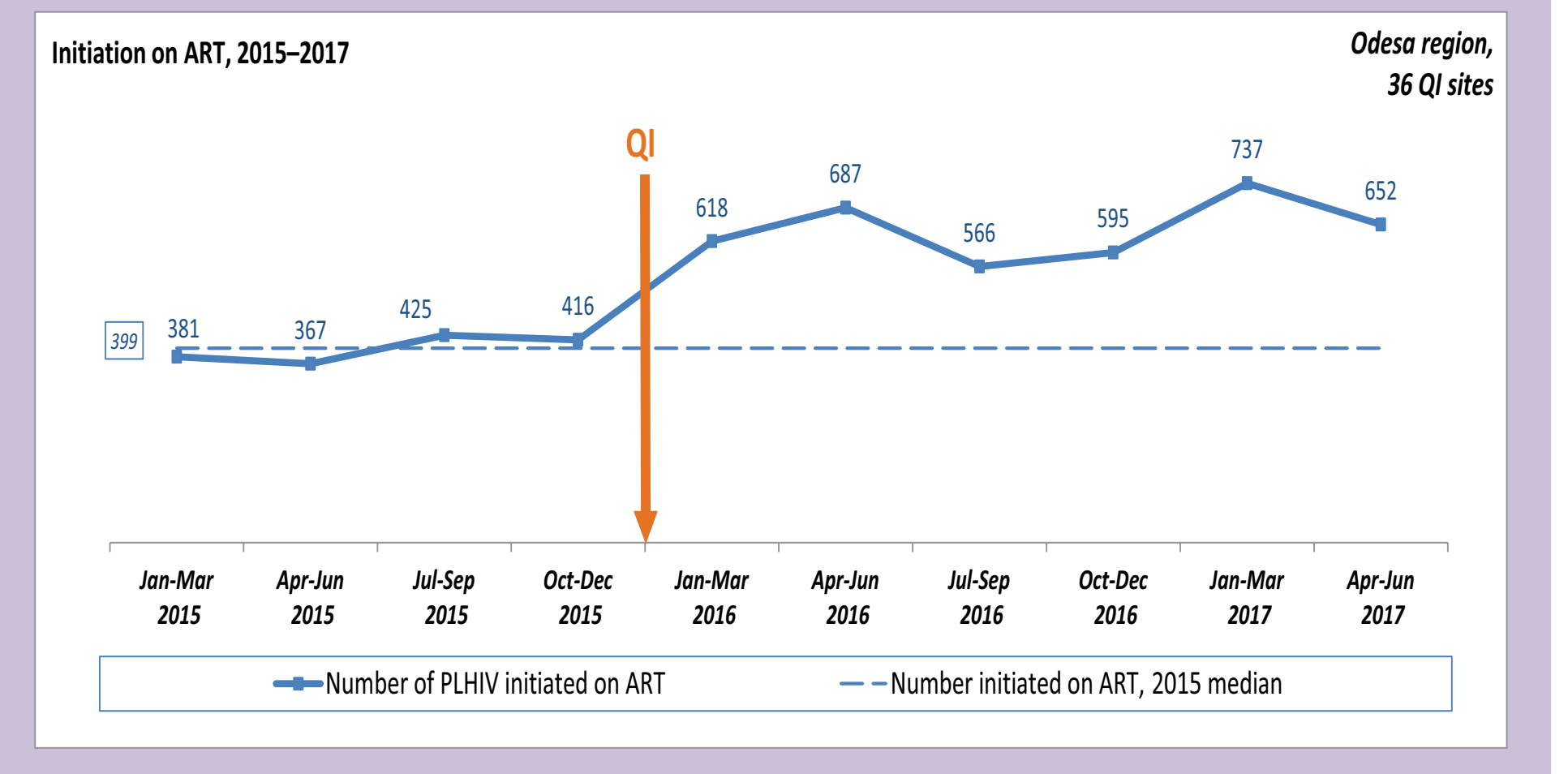
TRANSFER ART PATIENTS FROM AIDS CENTERS TO LOCAL ART SITES

Activities:

- Analysis and verification of patient registries between the regional AIDS Center and local ART sites
- Making the lists of ART patients who may be transferred to local ART sites
- Obtaining patient consent on transfer to local ART site
- Transfer patient documentation and ARVs to local ART site



IMPACT OF THE TREATMENT CHANGES AT THE REGIONAL LEVEL



ACHIEVEMENTS

- Treatment targets set by PEPFAR achieved
- The QI Charter – 2020 is finalized and signed
- Continued effort to introduce social worker positions at ART sites
- Prepared decree on involving OB/GYN service to HIV testing
- Purchased rapid tests (25,000 pcs) for healthcare facilities of the city of Odesa and districts of the region
- Approved decree on external quality assurance while providing HTS with rapid tests
- PHC facilities provide HTS with rapid tests

CHALLENGES

- Understaffing of some ART sites
- Excessive workload on physicians at some ART sites

NEXT STEPS

- Introduce HIV screening with rapid tests among women of reproductive age in the antenatal clinics and in case of a positive HIV test result of their sexual partners
- Introduce supervisions while conducting provider-initiated HTS
- Introduce the external quality assurance while providing HTS with rapid tests

