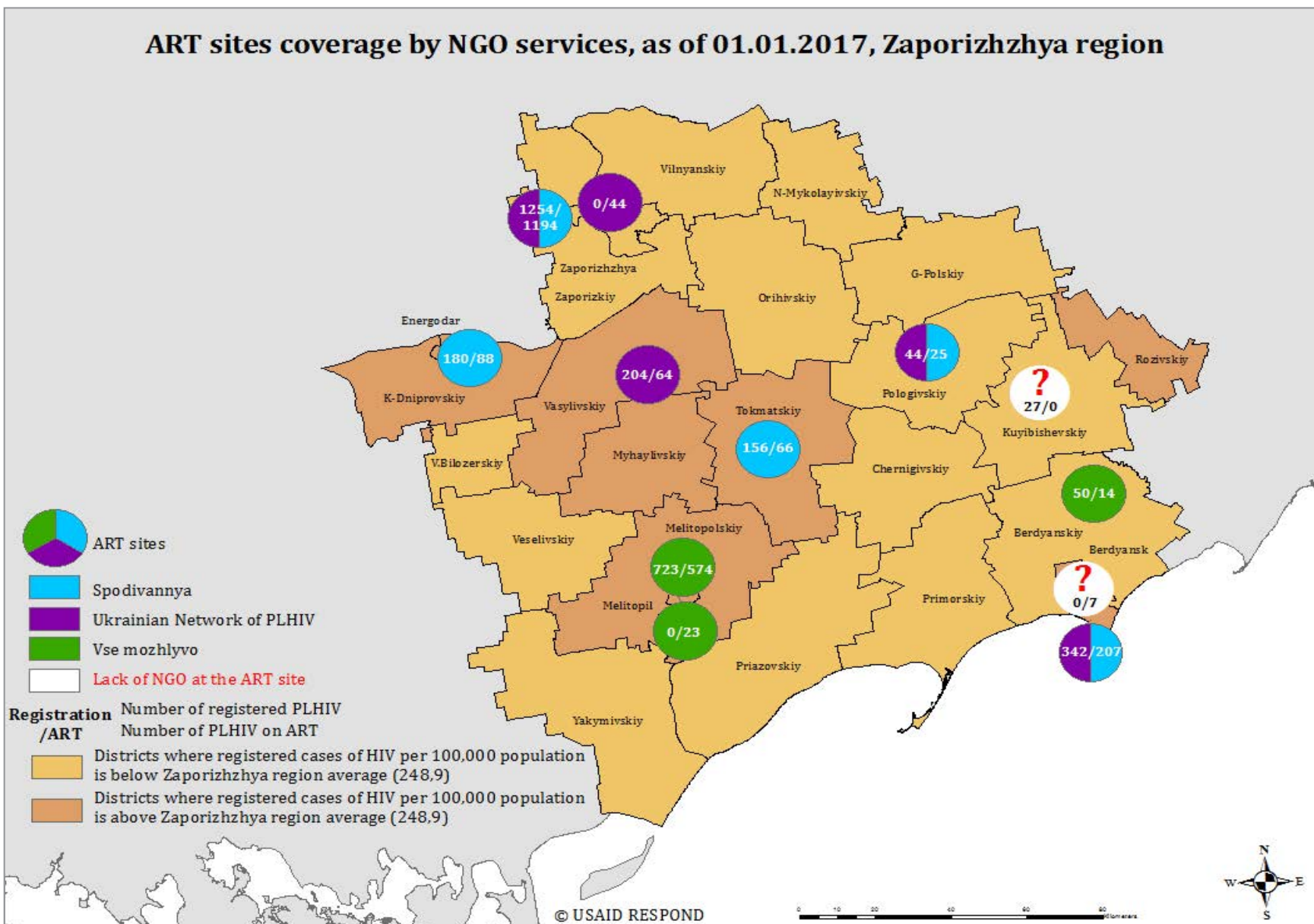
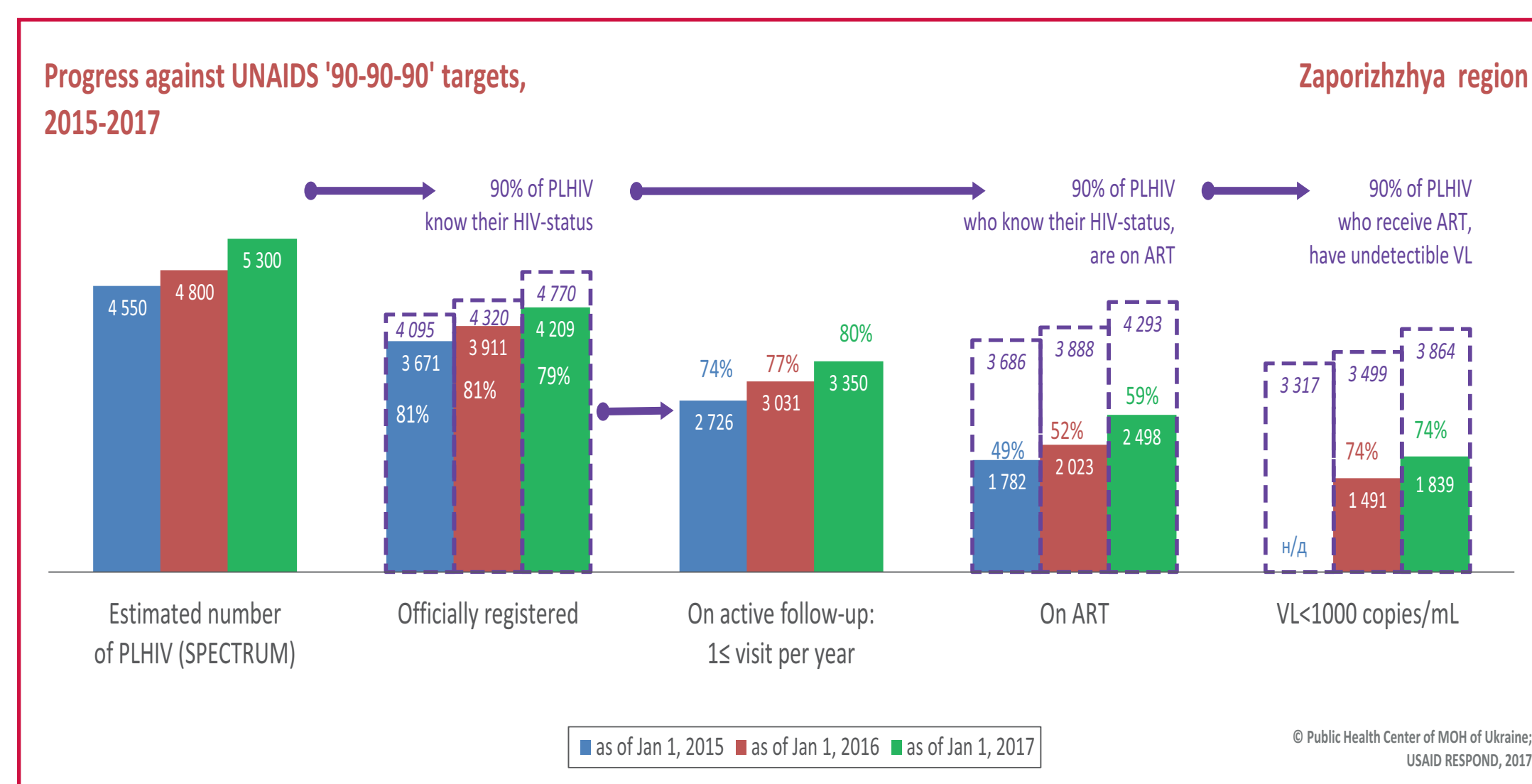


Quality Improvement Collaborative to Strengthen HIV-Services in the Zaporizhzhya Region, Ukraine

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



Collaborative Scale:

- All the 14 ART sites in the region participated in the Collaborative
- Four NGO partners: 'Vse Mozhlyvo', 'Network 100% of Life', AIDS Healthcare Foundation (AHF), and The Clinton Foundation
- Implementation Period: July 2015 – 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 HCT skills among healthcare providers
- Bad access to HCT at the remote/rural districts
- HIV-related stigma and discrimination in the society and among healthcare practitioners
- Limited access to key populations
- Limited working hours of blood draw offices
- Undetermined date of receiving HIV test result
- Untimely referrals of patients
- Shortage of rapid HIV test kits

QI Changes:

- 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

NGO Interventions:

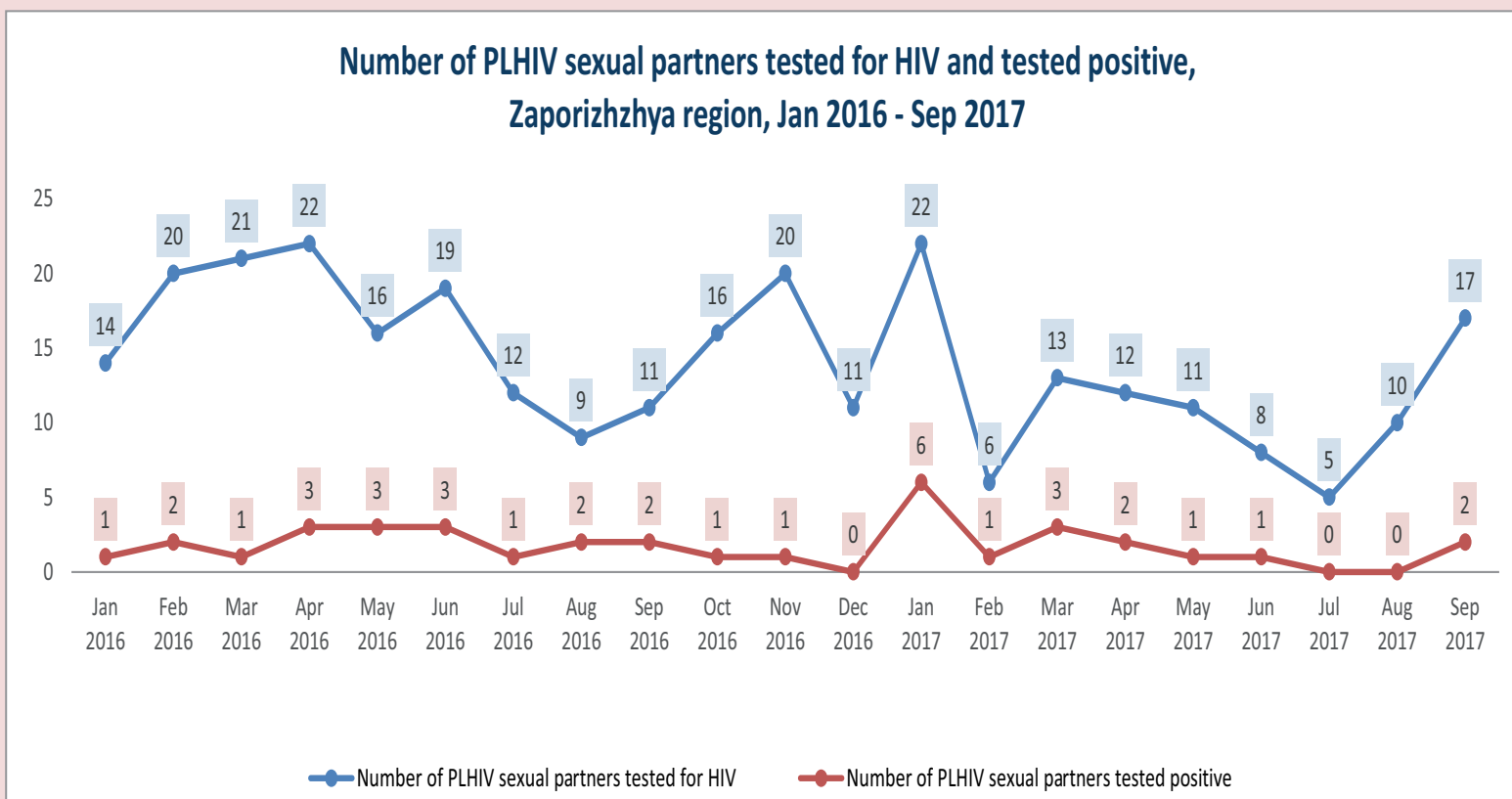
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGOs 'Vse Mozhlyvo' and 'Network 100% of Life'
- Supplies of HIV rapid tests for ART sites, Specialty services, and PHS centers – AHF and The Clinton Foundation

SUCCESSFUL QI CHANGE IN HIV TESTING

HTS FOR SEXUAL PARTNERS OF PLHIV

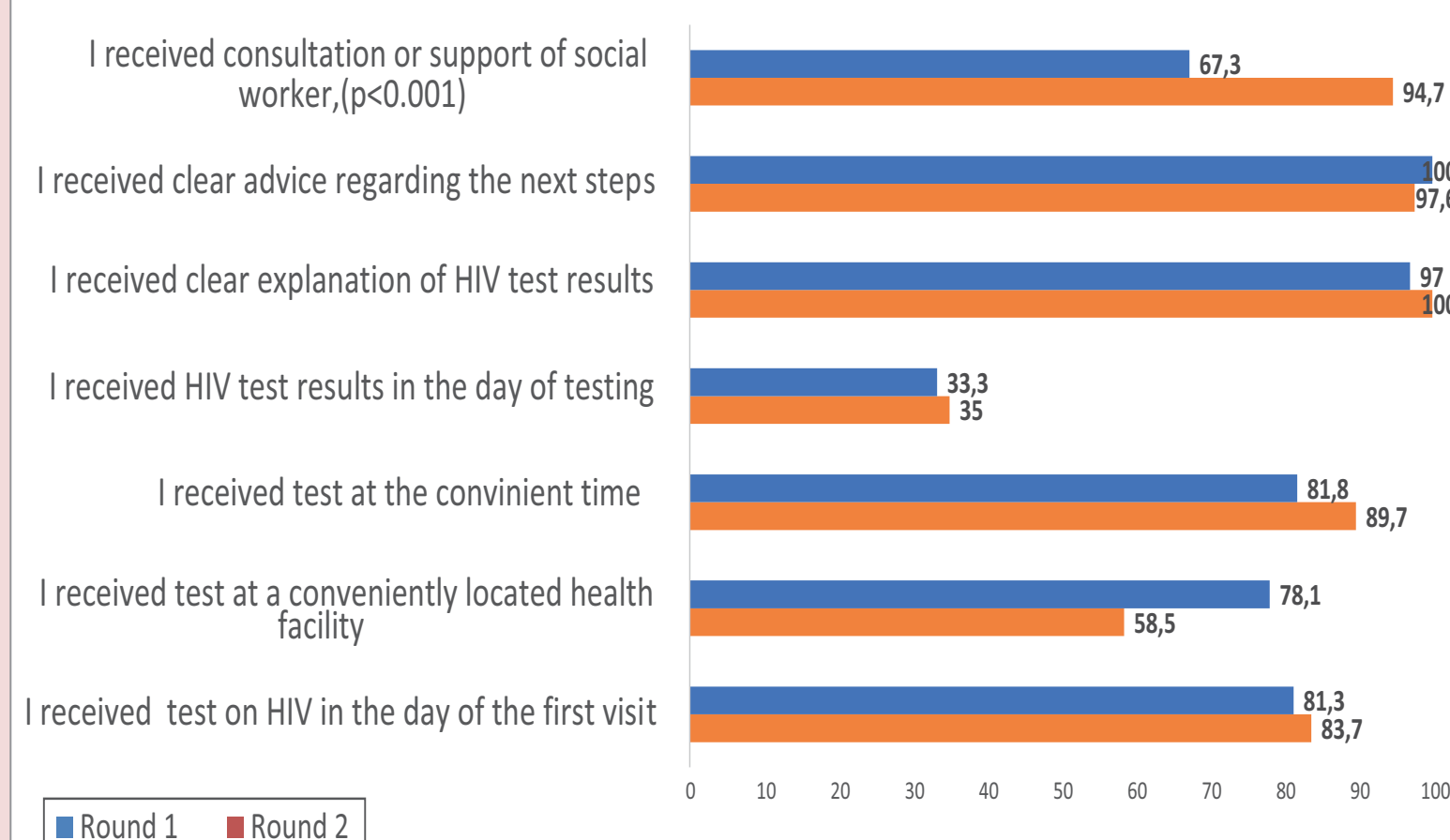
Activities:

- Analysis of patient medical charts aimed at identifying PLHIV sexual partners
- Training for ART site physicians on PLHIV status disclosure to their sexual partners
- HIV-related counseling for PLHIV sexual partners by ART site physicians and NGO social workers
- Referrals for PLHIV sexual partners from NGO social workers to ART sites for HTS
- HTS with rapid tests for PLHIV sexual partners
- Involving TB doctors and narcologists to HIV screening for PLHIV sexual partners

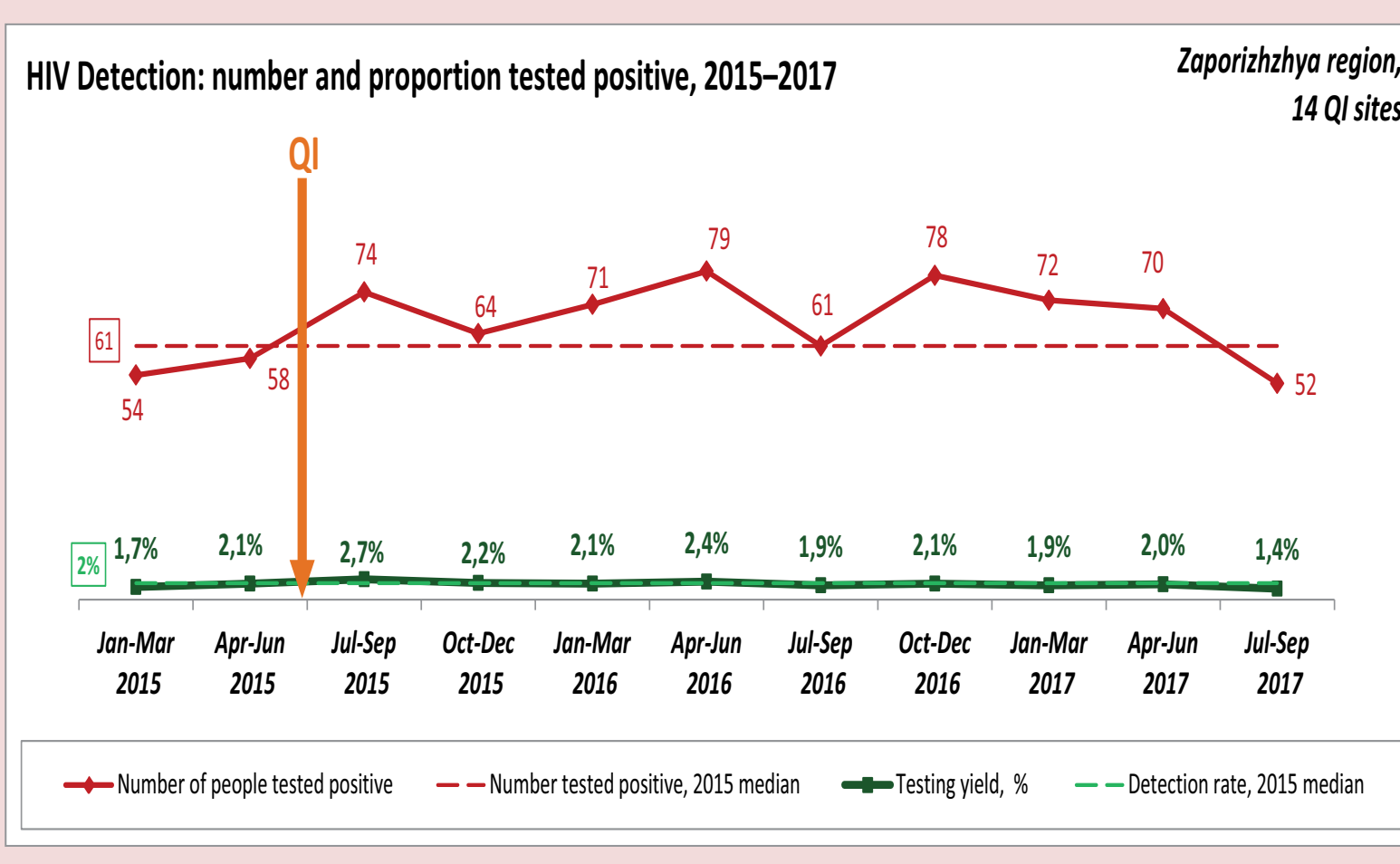


PATIENT SURVEY RESULTS FROM 14 ART SITES IN THE ZAPORIZHZHIA REGION, JANUARY 2016 (110 PEOPLE) AND JULY 2017 (145 PEOPLE)

Proportion among patients tested for HIV in the last 6 months (%), Zaporizhzhya region



IMPACT OF THE HIV TESTING CHANGES AT THE REGIONAL LEVEL



LINKAGE TO CARE GAP

Reasons for the Gap:

- Lack of the unified register of PLHIV on the regional level
- Lack of social support for patients
- Lack of NGOs in the remote/rural districts
- Poor quality of pre- and post-test counseling
- Lack of access to OST (opioid substitution therapy) in the remote/rural districts
- HIV-related stigma and discrimination in the society
- Intensive migration of the population
- Poor awareness on HIV/AIDS in the society
- Delays in supplies of CD4 test kits

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
- Conduct lab tests at local blood transfusion center
- 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

NGO Intervention:

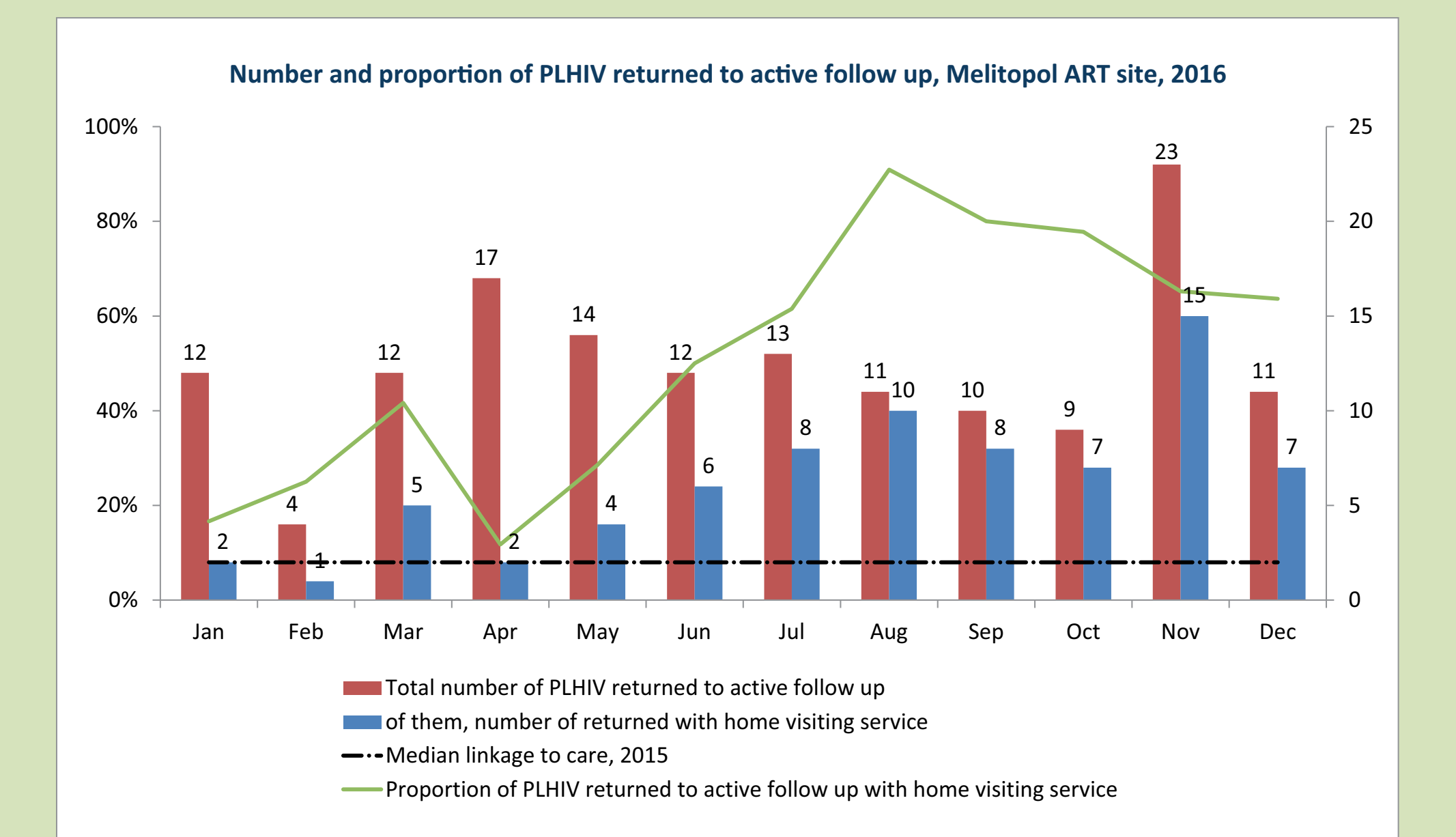
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGOs 'Vse Mozhlyvo' and 'Network 100% of Life'

SUCCESSFUL QI CHANGE IN LINKAGE TO CARE

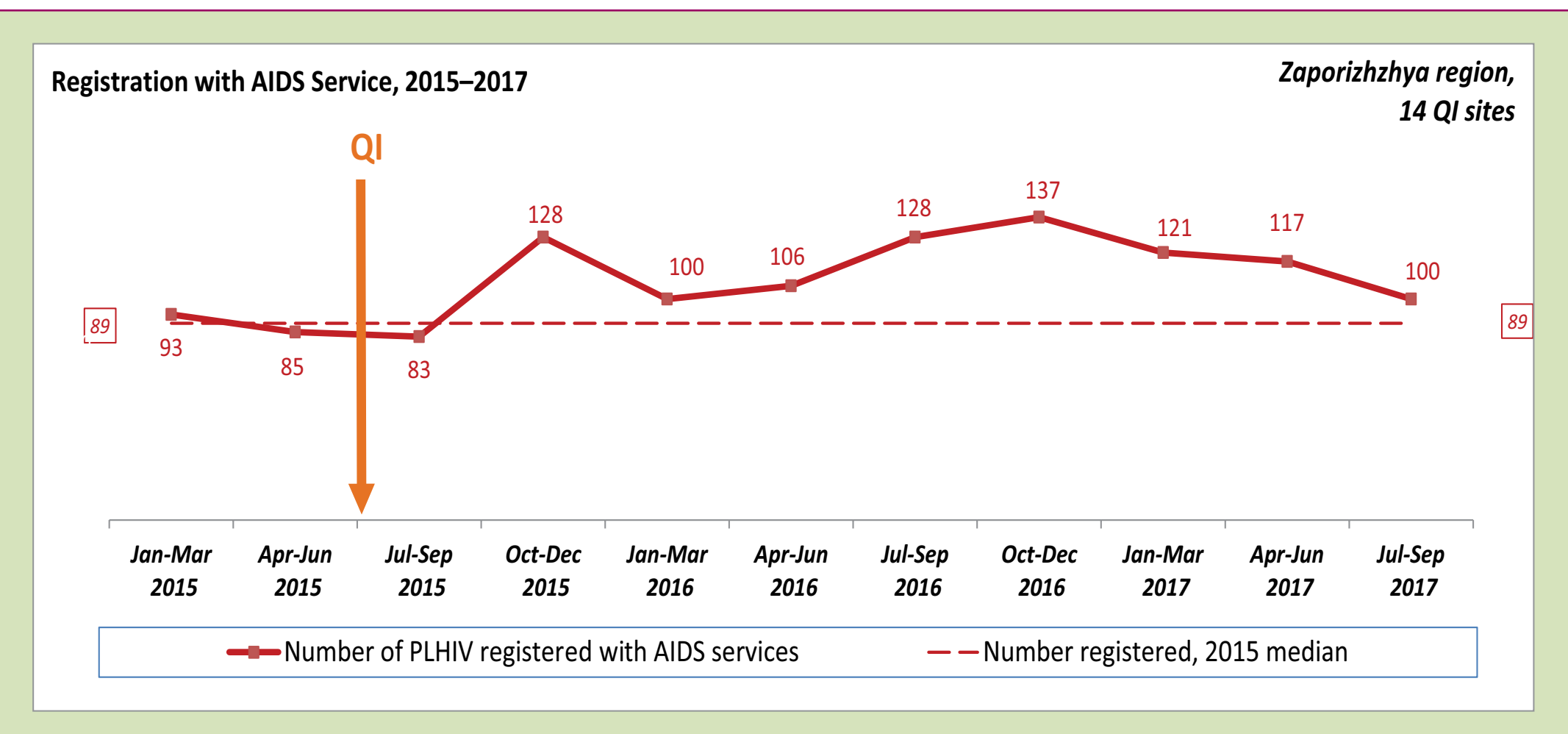
PROVIDE ACTIVE HOME VISITS BY MEDICAL AND SOCIAL SERVICE PROVIDERS

Activities:

- Extended workload and working hours of the home visiting nurse
- Providing home visiting nurse with information on patients lost to follow up or with access to STMA data base to get this information
- Conducting home visits at the PLHIV places of residence



IMPACT OF THE LINKAGE TO CARE CHANGES AT THE REGIONAL LEVEL



TREATMENT GAP

Reasons for the Gap:

- Shortage of ARVs
- Shortage of ART sites in the region
- Not approved national protocol for initiation on ART based on WHO recommendations
- Shortage of healthcare practitioners capable of initiation on ART

QI Changes:

- Initiate and manage ART at ART site
- Transfer ART patients from AIDS Centers to local ART sites
- Identify and treat PLHIV in discordant couples
- Manage ART stock at ART site
- Enroll PLHIV on ART within 60 days after diagnosis

NGO Intervention:

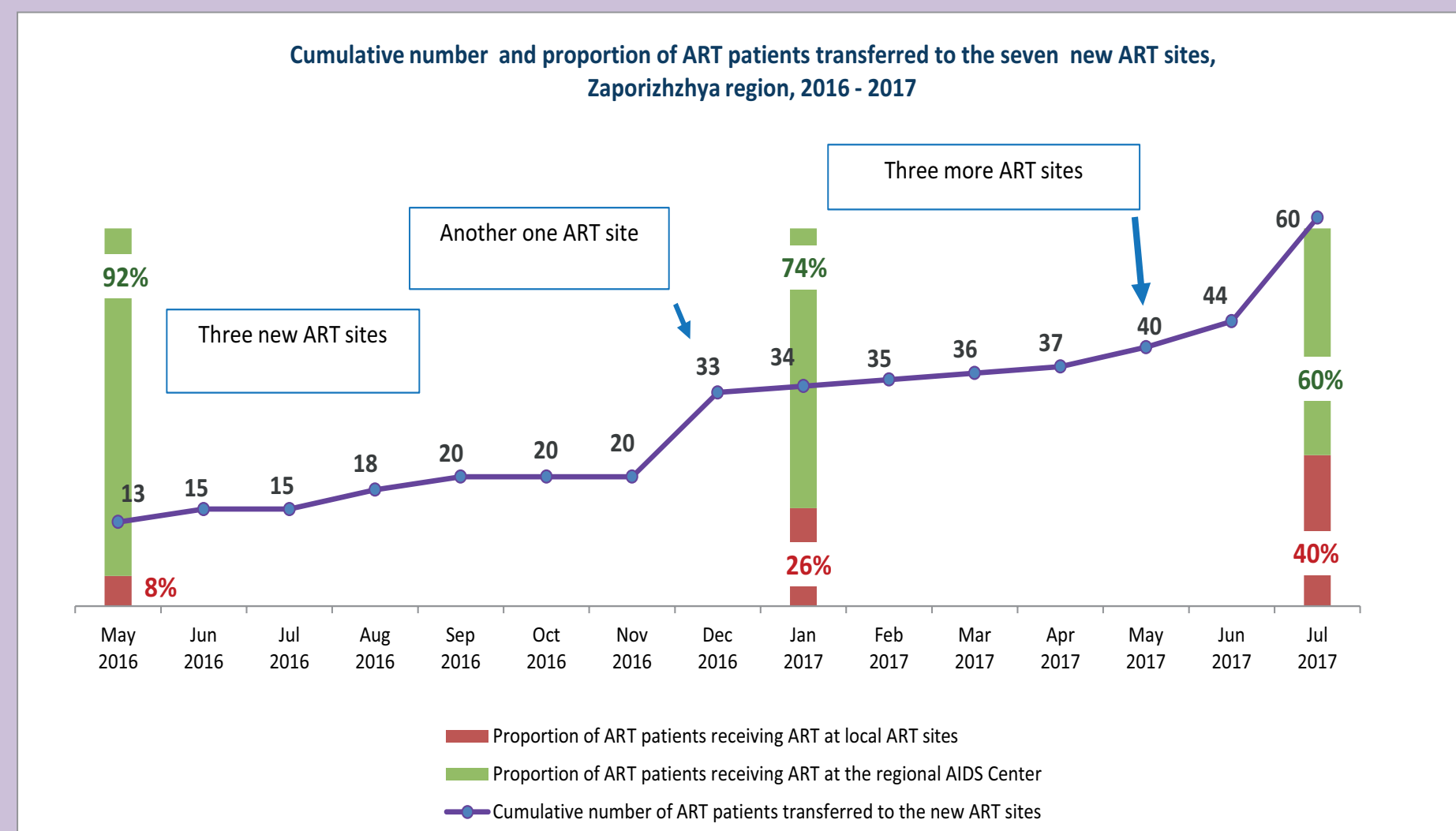
- 'Strengthening the Continuum of HIV Services at ART Sites' – NGOs 'Vse Mozhlyvo' and 'Network 100% of Life'

SUCCESSFUL QI CHANGES IN TREATMENT

TRANSFER ART PATIENTS FROM AIDS CENTERS TO LOCAL ART SITES

Activities:

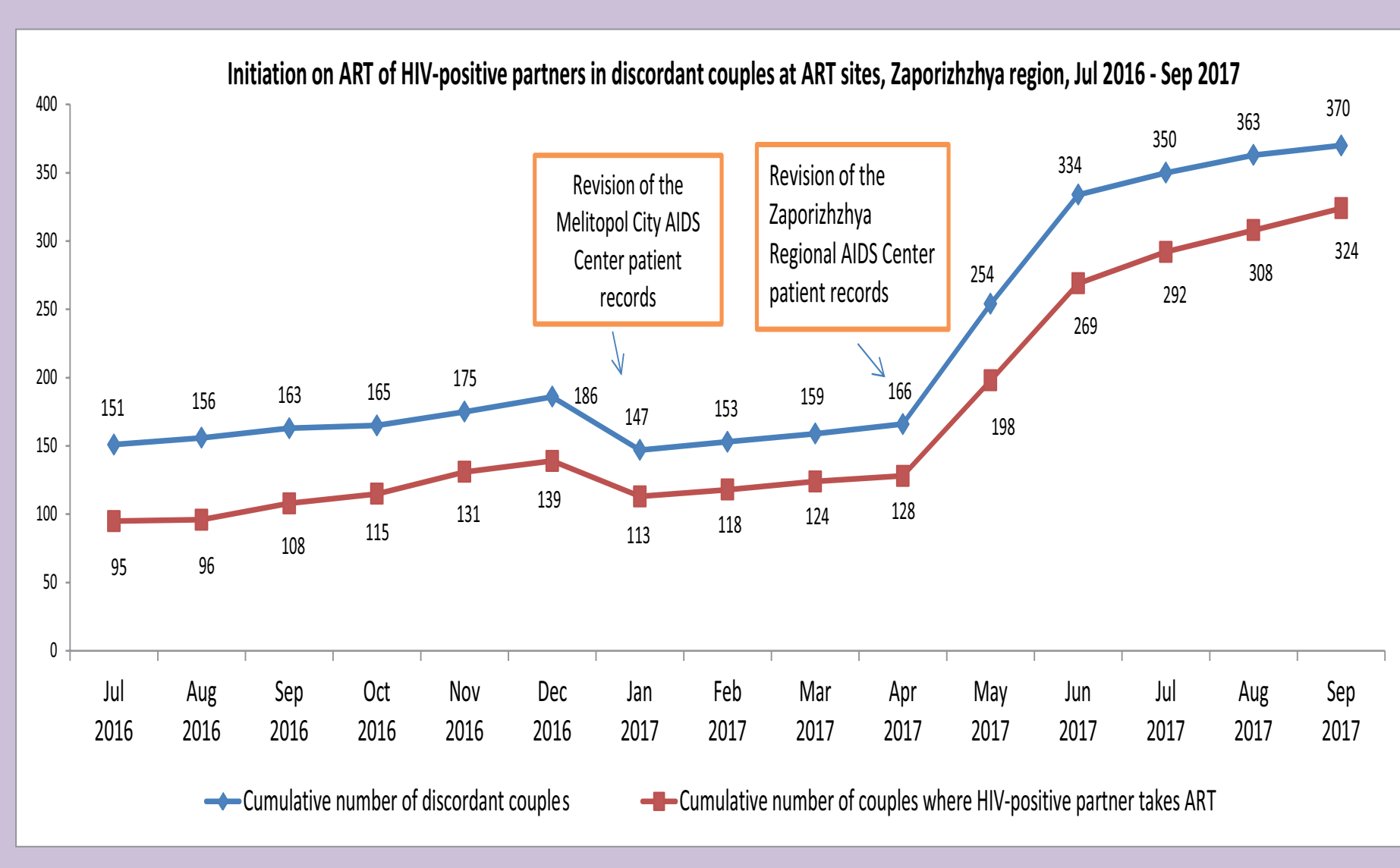
- Seven new ART sites opened: five in 2016 (Melitopol and Berdyansk TB hospitals, Bilmatskiy, Andriivskiy, and Pologivskiy districts) and two in 2017 (Mykhailivskiy and Kamyansko-Dniprovskiy districts)
- ART site staff trained on ART initiation and management
- Regional and local protocols updated for initiation and management of ART at local ART sites
- Consent ART patients transferred mostly from the Regional AIDS Center to local ART sites at patient places of residence.



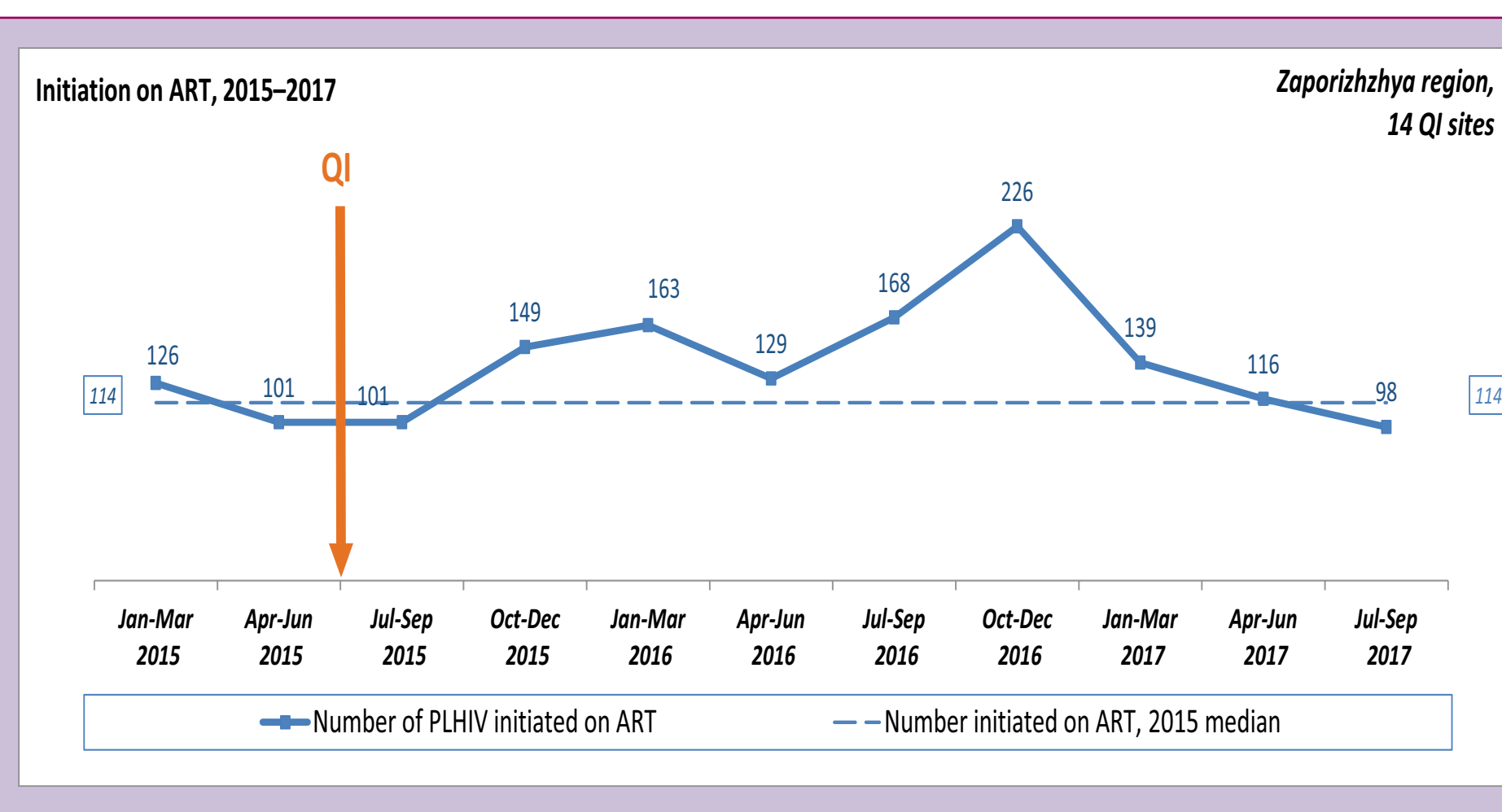
IDENTIFY AND TREAT PLHIV IN DISCORDANT COUPLES

Activities:

- Analysis of patient register and making the lists of discordant couples
- Updating the lists of discordant couples on the regular basis
- Calling for PLHIV sexual partners tested positive for HIV to visit the ART site
- Initiation on ART



IMPACT OF THE TREATMENT CHANGES AT THE REGIONAL LEVEL



ACHIEVEMENTS

- Seven new ART sites opened
- As of end of 2016, HTS with rapid tests has been provided in all the cities in the region and at 13 rural districts out of total 20
- PHC physicians have been engaged in providing HTS, they detect 49% of all the newly identified PLHIV
- Extended regional coverage by NGO services
- HIV rapid tests and vacutainers purchased from local budgets
- QI Charter – 2020 is signed

CHALLENGES

- On the regional level, decrease in treatment coverage resulted from the shortage of ARVs for new patients
- Delays in supplies of rapid test and ELISA testing kits
- Lack of clear schedules of ARVs supplies
- Lack of NGOs in most districts of the region
- Difficulties with involving specialty physicians to providing HTS
- Excessive workload on the doctors of the regional AIDS Center
- ART site physicians have poor counseling skills on status disclosure to PLHIV sexual partners

NEXT STEPS

- Continue transferring ART patients from the regional AIDS Center to local ART sites.
- Continue decentralizing HIV testing services and open new ART sites at the Orikhivskiy, Prymorskiy, Vilnyanskiy, and Veselivskiy districts
- Continue home visiting by medical and social workers

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

Zaporizhzhya region, 11 QI sites

