QUALITY IMPROVEMENT

Technical assistance to improve HIV programming throughout the cascade

Background

As the global response to HIV enters its third decade, the centrality of program quality to sustained outcomes is clearer than ever. Epidemic control depends on the quality and coverage of HIV services, and swift identification and mitigation of quality challenges are at the heart of effective HIV programs. Quality improvement (QI) is a systematic approach that uses the scientific method to analyze and improve health system performance based on appropriate standards of care. QI uses a specific methodology to continuously plan, implement, and adapt solutions that lead to improved outcomes.

ICAP uses a flexible, evidence-based, high impact approach to QI that is supportive of national guidelines and strategies.

What can QI accomplish?

ICAP collaborates with ministries of health and other stakeholders to develop and implement data-driven HIV programs and support QI in low-resource settings. ICAP uses a flexible, evidence-based approach to QI that is supportive of national guidelines and strategies, including two well-known methodologies: the Model for Improvement and its Plan-Do-Study-Act (PDSA) cycle, and the QI Collaborative (QIC) approach.

ICAP's QI approach emphasizes impact, sustainability and country ownership. It is consistent with national guidelines in partner countries and supports activities to:

- Increase access to HIV testing, prevention, and treatment services
- Improve linkages within and between programs
- Support retention in care and adherence to treatment for people living with HIV

Examples of QIC Collaboratives

ZAMBIA

ICAP and its partners designed and implemented a QIC at 25 health facilities to increase the proportion of adolescents living with HIV starting ART within two weeks of diagnosis. Interventions focused on health worker training, data quality, patient education, workflow processes and community engagement. ART initiation within 2 weeks of diagnosis improved from a median of 24% at baseline to a median of 95% during the final six months of the QIC.

KENYA

ICAP and its partners designed and implemented a QIC at 22 health facilities in Eastern Kenya to improve utilization of viral load (VL) results. Following training on QI methods and VL management, each health facility identified contextually appropriate interventions and applied QI methods to conduct rapid tests of change and analyze monthly progress. After 12 months, provision of enhanced adherence counseling (EAC) improved from 64% to 94% and provision of both EAC and repeat VL testing improved from 16% to 75%.

MOZAMBIQUE

ICAP and its partners designed and implemented a QIC at 30 health facilities in Nampula Province. Successful interventions included linking patients with nearby mentor mothers, modification of VL results management systems, and in-service training on adherence counseling skills. Three-month retention rates among all pregnant and breastfeeding women improved from 55% to 74% and VL supression improved from 55% to 70%.

PEPFAR

ICAP
Columbia University Mailman School of Public Health

Unrivaled Technical Assistance Capacity

ICAP has over 15 years of experience providing impactful and sustainable technical assistance, capacity building, and implementation support to ministries of health and other stakeholders in more than 30 PEPFAR-supported countries. ICAP's team of global and local experts combine forces to deliver state-of-the-art approaches to tackling complex HIV service development, scale-up, and quality issues around the world. ICAP offers:

- A world-class team of public health practitioners, clinicians, laboratory scientists, epidemiologists, social scientists, and health informatics experts
- Context-appropriate program design solutions to address HIV program implementations issues
- Rapid adaptation of training products that meet the needs of health workers and service providers
- Expertise in rapidly establishing processes and systems to collect and analyze HIV testing data
- Efficient set-up or adaptation of electronic data capture, management, and visualization systems
- Epidemiologic/geospatial analyses of recent infections to inform HIV policy and programming
- Technical guidance to define a public health response to recent infections at site, sub-national, and national levels to accelerate epidemic control
- Robust and agile program management and financial reporting processes to address PEPFAR and CDC reporting requirements

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