

BUILDING QUALITY IMPROVEMENT CAPACITY TO ACHIEVE THE GOALS OF HIV SCALE-UP

SOUTH AFRICA, TANZANIA

Background

The rapid scale-up of HIV care and treatment services in sub-Saharan Africa has enabled millions of people living with HIV to initiate antiretroviral therapy (ART). As a result, HIV-related deaths and new HIV infections have fallen dramatically. Much more remains to be accomplished, however, and ambitious goals continue to drive the global HIV response. The UNAIDS 90-90-90 initiative calls for 90% of people to be aware of their HIV status, 90% of those with HIV to be on ART, and 90% of those on ART to achieve viral suppression by the year 2020. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) goal of an AIDS-free

generation has been re-emphasized in PEPFAR 3.0, which aims for sustainable epidemic control. The plan to eliminate mother-to-child-transmission of HIV is another ambitious endeavor.

Achieving these goals will require more than addressing the major challenge of expanded coverage. While policymakers and program managers still face intense pressure to increase the number of adults and children accessing HIV services, the quality of HIV programs must also be enhanced both to achieve long-term impact and optimize the use of resources in an era of plateauing global funding for HIV. In response, PEPFAR has adopted a quality strategy that strives to insti-



tutionalize the ability of countries to continually improve HIV programs in order to sustain reductions in morbidity, mortality, and HIV transmission. This effort to accelerate quality improvement (QI) activities at the country level has highlighted the need to enhance the capacity of both ministry of health and U.S. Government (USG) field staff to design, oversee, and monitor QI initiatives.

Project Overview

From March 2013 to March 2015, ICAP collaborated with the Centers for Disease Control and Prevention (CDC) and its Center for Global Health Division of Global HIV/AIDS to design, deliver, and evaluate an innovative QI training course designed for staff of ministries of health in PEPFAR partner countries and their USG counterparts.

Baseline Needs Assessment

In early 2013, ICAP collaborated with CDC to design a rapid needs assessment, building on ICAP's past experience delivering training courses to USG field staff (including in-person and distance education courses on HIV surveillance and health systems strengthening). The assessment included two surveys and a series of key informant interviews, which revealed widespread interest in QI training among CDC staff. Respondents also reported quality challenges in all PEPFAR program areas in their respective countries, including HIV prevention, HIV testing and counseling, prevention of mother-to-child transmission of HIV, adult and pediatric care and treatment, and data quality.

Table 1: QI Course Structure

Phase	Modality	Description
1	4.5-day, face-to-face foundational workshop	The initial workshop provides participants with an introduction to quality and QI, QI principles, key QI tools (such as root cause analysis, fish bone diagrams, process maps, driver diagrams, prioritization matrices, family of indicators, and run charts). It also allows country teams to spend significant hands-on time applying QI tools to their quality challenge. Participants leave the workshop with a QI project proposal to share with key in-country stakeholders.
2	4-5 interactive, hour-long webinars conducted over the course of three months (and ongoing feedback on team projects)	In each webinar, presenters lecture for 30-40 minutes and then open the virtual "floor" to questions and comments. All webinars are recorded and links to the recordings are distributed to participants and posted on the course website.
3	Three-day, face-to-face concluding workshop	During the concluding workshop, participants present their country-specific QI project during a poster session and provide one another with peer feedback. They also participate in QI-related panel sessions and learn additional, advanced QI tools (including pareto charts and QI collaborative methodology).

Table 2: Overview of Course Participants

	Number of Participants	Participating Countries	Participating Organizations
Year 1	51	11 countries: Cameroon, DRC, Ethiopia, Malawi, Mozambique, Nigeria, Tanzania, Rwanda, South Africa, Swaziland, and Uganda	<ul style="list-style-type: none"> • 55 percent from CDC • 45 percent from ministries of health
Year 2	30	6 countries: Kenya, Lesotho, Malawi, South Africa, Uganda, Zambia	<ul style="list-style-type: none"> • 70 percent from USG organizations • 30 percent from ministries of health
TOTAL	82	14 distinct countries	

Box: Key Evaluation Findings, Course Year Two

- Over 90 percent of respondents indicated that the course achieved all of its objectives.
- 57 percent of respondents rated the overall course as excellent and the remaining 43 percent rated it as very good (36%) or good (7%).
- Learners' knowledge increased significantly following the Phase One workshop (average test scores rose from 60 to 90 percent).
- 100 percent of participants said they were likely (29%) or very likely (71%) to apply what they learned in their work setting.

Course Development and Structure

Drawing on the needs assessment results, ICAP collaborated with CDC to develop a five-month, three-phase training course to provide participants with a comprehensive introduction to QI concepts, methods, and tools (see Table 1). To enable participants to apply new knowledge and skills in a hands-on, practical way, the course design includes a QI project that country teams work on throughout the five-month course, addressing a contextually-relevant, HIV-related quality challenge of their choosing.

Course Implementation and Evaluation

ICAP conducted the three-phase Introduction to Quality and QI Course for the first time between November 2013 and March 2014, with phase one and three workshops convened in Tanzania. Fifty-one participants from 11 countries attended the course, most of whom were working at the central level in their respective countries at the time (see Table 2). In order to increase the faculty-to-participant ratio—and the opportunities for south-to-south exchange—country teams were divided into two cohorts, with both in-person trainings offered separately to each cohort.

To assess the course's strengths and weaknesses, ICAP conducted a robust evaluation after year one of the course. Results indicated that participant satisfaction with each phase was high and that most participants felt the phases had met all learning objectives. ICAP used participant feedback and its own experience implementing each of the course's three phases to improve the curriculum before moving into the course's second year.

The second iteration of the course was conducted from November 2014 to March 2015, with phases one and three convened in South Africa and thirty professionals from six countries participating (see Table 2). Evaluation of the course's second year demonstrated concrete evidence of increased knowledge and showed that participants both enjoyed the course and felt it achieved its learning objectives (see Box).

What Was Achieved

In the first two years of the course, 81 people from 14 countries received training and 17 distinct teams developed projects to address pressing quality challenges in their respective countries. The program demonstrated the feasibility and effectiveness of using a mixed approach (combining in-person workshops with distance learning components) to improve the capacity of working professionals in resource-limited settings to design, oversee, and monitor HIV-related QI initiatives.

Lessons Learned and Way Forward

Lessons learned from implementing the Introduction to Quality and QI Course include:

- The course should be scheduled to minimize conflicts for potential participants, such as the PEPFAR Country Operational Plan (COP) preparation process.
- Clear guidance should be provided to potential participants regarding ideal team size and participant qualifications in order to increase the likelihood of QI project implementation and facilitate the diffusion of QI initiatives.
- QI courses for working professionals should be designed to maximize time for hands-on work, exchange among participants, and interactive question and answer sessions.
- Creating a forum for current participants and course alumni to share their experiences and progress—and to provide one another with peer support—could be a way to further supplement learning.

As a result of its success, ICAP has received funding to conduct the QI course for a third and fourth year. To further improve the course, ICAP has moved the course to a summer-fall schedule, is integrating more PEPFAR-focused, up-to-date case studies into the content, and is featuring more alumni as both presenters and faculty.