Optimizing the quality of global HIV/AIDS programs: using an organizational-level science-based improvement approach

Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

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Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Washington DC

IHI QI Forum, Durban, South Africa | 20 February 2018
EGPAF Overview

EGPAF Globally

- 5,257 Health facilities supported
- 27,311,791 Pregnant women reached with PMTCT services
- 1,796,625 Women on ARV
- 923,226 Individuals receiving ART

EGPAF/Ariel has provided over 27 million women with services to prevent transmission of HIV

Activities
- Advocacy
- EGPAF Office
- Program Implementation
- Research
- Technical Assistance

Impact

- 301,969 Number of HIV Infections Averted
- 86,940 Number of Lives Saved due to ART

Source: www.pedaids.org (Data: June, 2017)
Improvement Science at program level

Plan, Do Study, Act (PDSA)

1. Plan
2. Review
3. Evaluate
4. Improve & Innovate
5. Learn

POA

Quality of Care

Healthcare service delivery improvement at site-level

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can result in improvement?

Proposals, Theories, Ideas

Learning from Data

Changes That Result in Improvement
**Program Optimization Approach (POA*)**

*POA means ‘cool’ in Kiswahili

**The POA process cycle is similar to the Plan-Do-Study-Act (PDSA) approach which is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a process (The Deming Institute)**

**Inputs**
- Design, goals, outputs, and results (including costs) of EGPAF-supported global/country programs and services (from global to site-level)
- Donor mission, goals, and strategy

**POA Process**
1. Planning for program optimization
2. Continuous, systematic review of programs and services
3. Program Evaluations, Assessments and Research
4. Program Improvement and Innovation
5. Program Learning: Documentation, Dissemination of findings and promising practices

**Cross-cutting themes:**
- Ownership
- Leadership
- Accountability
- Sustainability

**Outcomes**
- Optimized quality (efficient & effective) and outcomes of EGPAF programs
- Increased data (quality) for decision making
- Increased and well-documented evidence base
- Increased innovations in all Foundation programs
- Enhanced Foundation visibility, credibility and value

**Impact**
- Achieving desired health outcomes for clients and their families including prevention of new infections and AIDS-related deaths

*The POA process cycle is similar to the Plan-Do-Study-Act (PDSA) approach which is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a process (The Deming Institute)*
Key Features & Support

- Concept Note
- Workshop Planning Guide
- Global Optimization Priorities
- Optimization Planning Tool (OPT) with activity cost estimator (ACE)
- Quick Start Guide
- Decision Tree
- Monthly Newsletter
- Oversight Committee ToR
- Optimization Planning Checklist
- Activity Cost Estimator (ACE) standalone
- Readiness Checklist
- New Business Development Guidance
- Crossroads
How POA works — in practice

1. Smart planning using Optimization Planning Tool (OPT) or checklist

2. Analysis & Review

3. Assessments, Evaluations

4. Improvement & Innovation

5. Program Learning

Oversight (of optimization priorities)

Evidence-based decision making

Prioritization of optimization activities

Implementation
As of December 2017:
- 400+ staff trained on POA
- Country programs are working on 80 optimization priorities
- Approximately 50% of projects are operations-related

Example of Optimization Priorities

<table>
<thead>
<tr>
<th>Operational</th>
<th>Technical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimizing management of sub-grantees</td>
<td>Introducing HIV care Differentiated Service Delivery models</td>
</tr>
<tr>
<td>Improving staff retention</td>
<td>Improving viral suppression among HIV-positive clients</td>
</tr>
<tr>
<td>Increasing number of publications</td>
<td>Reducing equipment downtime at district laboratories</td>
</tr>
</tbody>
</table>

(Darker green color depicts higher level of implementation)
Early Results

**Improve on-time payments to partners (DRC)**

Results: 100% of purchase orders produced on time and 94% of health facilities paid on time; improved project burn rate

**Option B+ retention @ 12 months (Malawi)**

<table>
<thead>
<tr>
<th>% of people retained on care</th>
<th>Oct-Dec 2016</th>
<th>Jan-Mar 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedza</td>
<td>Mchinji</td>
<td>Mzimba North</td>
</tr>
</tbody>
</table>

**Partner Notification/Index Testing**

<table>
<thead>
<tr>
<th></th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index Clients Screened</td>
<td>0</td>
<td>0</td>
<td>206</td>
<td>432</td>
</tr>
<tr>
<td>Contacts identified</td>
<td>0</td>
<td>0</td>
<td>544</td>
<td>1169</td>
</tr>
<tr>
<td>Known Positive</td>
<td>0</td>
<td>0</td>
<td>89</td>
<td>148</td>
</tr>
<tr>
<td>Eligible</td>
<td>0</td>
<td>0</td>
<td>434</td>
<td>990</td>
</tr>
<tr>
<td>Tested</td>
<td>0</td>
<td>0</td>
<td>304</td>
<td>820</td>
</tr>
<tr>
<td>Positive</td>
<td>0</td>
<td>0</td>
<td>25</td>
<td>106</td>
</tr>
<tr>
<td>Linked</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>87</td>
</tr>
</tbody>
</table>
Early and looking forward

• **Challenges:** competing priorities; documentation, capacity, learning by doing

• POA will increasingly become an integral part of **how we do business**, making EGPAF a dynamic **learning organization** that implements evidence driven interventions as a standard.

• EGPAF will use this approach to continuously **study and enhance existing good practices** — **accelerating progress** toward our mission of ending pediatric HIV/AIDS.
Improvement science at global level: harnessing the power of quality improvement projects to drive service delivery improvements in multi-country HIV/AIDS programs

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Healthcare service delivery improvement at site-level

Elisabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

www.pedaids.org
Background

• Establishment of a Program Optimization and Service Quality Improvement (POSQI) unit
• 50+ fully dedicated QI staff
• Approaches:
  – supporting ministries of health to develop national QI strategies
  – training health care workers
  – introducing routine data reviews at multiple levels
  – monitoring site-level QI projects
  – implementing improvement collaboratives
  – engaging clients through community dialogues and satisfaction surveys
EGPAF's QI Program (December 2017)

| >500 EGPAF staff trained in QI | Trained ~8,500 HCWs on QI *(between January 2011-March 2017)* | QI implemented in >90% of EGPAF supported regions and districts | >25% of supported sites undertaking targeted QI projects |

EGPAF QI Collaborative Model for Providers

- Staff Trained in QI
- Implementation
- QI Learning Session 1
- QI Learning Session 2
- Supportive Supervision, Mentorship, Coaching by EGPAF and DHMT (monthly, quarterly)
- QI Storyboards, Change Packages
- End-line Assessment
- Collect, share and spread promising practices and changes

**Notes:**
- (between January 2011-March 2017)
- End-line Assessment

**Source:** www.pedaids.org
Key Milestones (Dec 2017)

- Over **1,261 sites** were implementing QI with more than **2,000 active QI projects**
- Total of **1,215 QI projects** were completed in 2017
- QI-Project Monitoring dashboard tracking **1,605 projects**
QI Projects by Clinical Area (n = 1,605)

- 23% and 21% of the projects are focused on care and treatment and early infant diagnosis respectively.

![Bar Chart]

- Other/Unspecified: 23%
- Nutrition: 5%
- Cervical Cancer: 2%
- Family Planning: 1%
- PMTCT: 14%
- Early Infant Diagnosis: 21%
- Care and Treatment: 23%
- HIV Counselling and Testing: 11%
QI Projects by Client Group (n = 1,605)

- Majority of projects focus on infants (N=328), pregnant women (N=164) and children (N=177). The average project length was seven months.
Lessons and Way Forward

• Critical that countries and partners **scale-up promising, evidence-based practices** that streamline care and are more person-centered (DSD)

• Scale up of QI efforts is a critical piece for meeting these objectives, in particular **implementation of QI projects**

• QI projects enable QI trained HCWs to improve services using evidence, track their data more closely, **work as a team towards set objectives**, meet the needs of their clients and become adept at knowing which systems or processes work best for them

• As QI grows in Africa, it is important that Ministries of Health and implementing partners introduce **novel technologies to ensure even more efficiency** in implementation, analysis, monitoring and evaluation of improvement work.