Improvement Collaboratives Led by Ministries of Health to Achieve Global 90-90-90 Targets*

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BACKGROUND

- Ensuring that HIV services are of high quality is critical to achieving UNAIDS' 90-90-90 targets, but numerous studies indicate that the quality of HIV services remains suboptimal in many settings.

- Quality improvement (QI) approaches have been used with significant success to address gaps in areas as varied as maternal and child health, reproductive health, infection control, and HIV service delivery.

- An improvement collaborative (IC) is a specific QI approach that aims to achieve large-scale improvements through monthly feedback of performance data, rapid-cycle tests of change, and frequent peer exchange (**Fig. 1**).

- Despite evidence demonstrating the short-term effectiveness of ICs, little work has been done to build capacity in local health systems to sustain, spread, and implement ICs independent of donor support.

Fig. 1. Basic structure of improvement collaborative
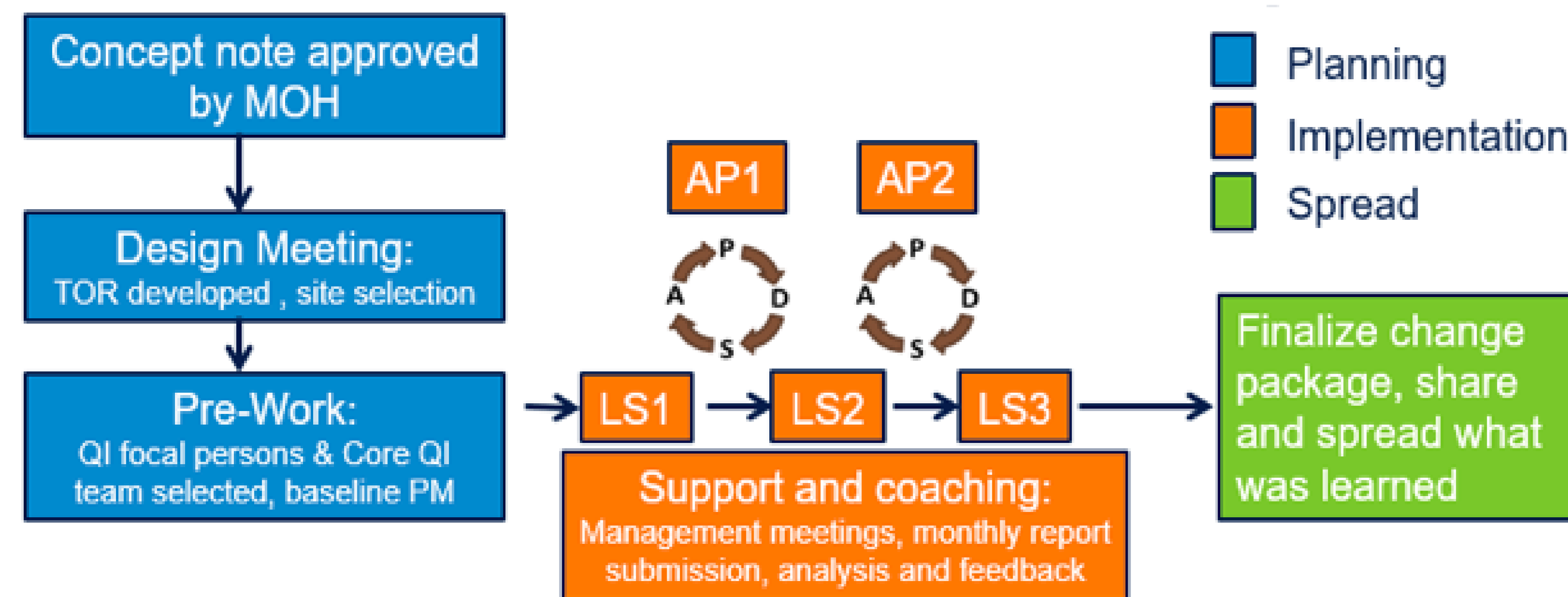
APPROACH

- With funding through the Health Resources and Services Administration (HRSA) as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), UCSF-HEALTHQUAL partners with Ministries of Health (MoH) and in-country NGOs to implement ICs in Namibia and Zimbabwe to accelerate achievement of epidemic control.

- ICs address significant gaps in HIV service delivery related to UNAIDS' 90-90-90 targets identified through epidemiologic and program monitoring data.

- To ensure long-term sustainability of improvement activities, HEALTHQUAL-supported ICs are led by MoHs from the onset and are integrated into existing structures, activities, and programs.

RESULTS – NAMIBIA

- The **Namibia Project for Retention of Patients on ART (NAMPROPA)** was implemented by the Ministry of Health and Social Services across 24 facilities in 3 high-burden regions between 2016-2018 to improve loss to follow up (LTFU), viral load (VL) monitoring, and VL suppression (VLS). **NAMPROPA sites provide ART services to 1/3 of all PLHIV in Namibia's public sector.**

- Average monthly rates of LTFU improved by **5%** from Q1 to Q4 **(Fig. 2)**; average monthly rates of VL monitoring improved by **11%**; and rates of VLS improved by **10% (Fig. 3)**.
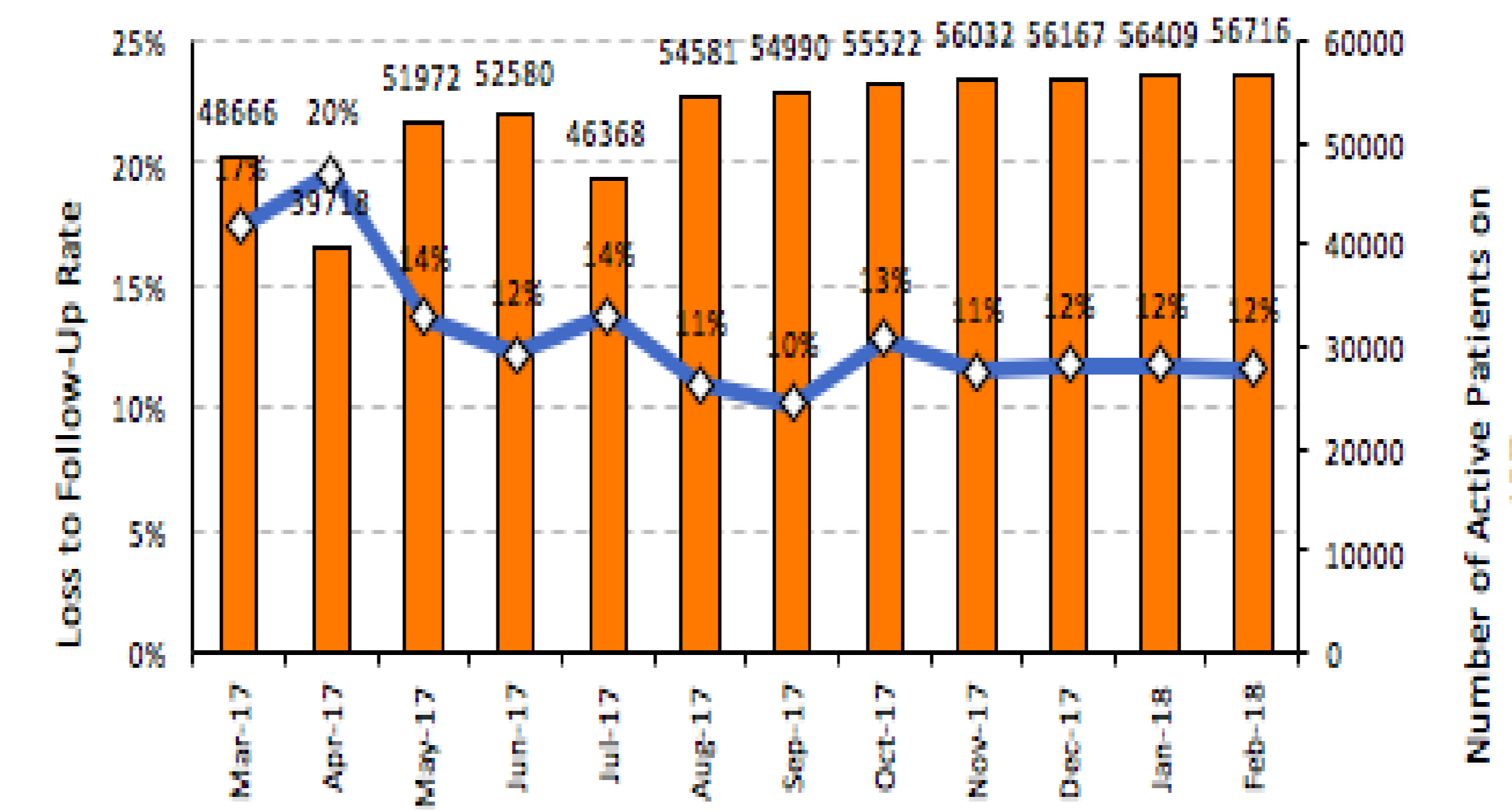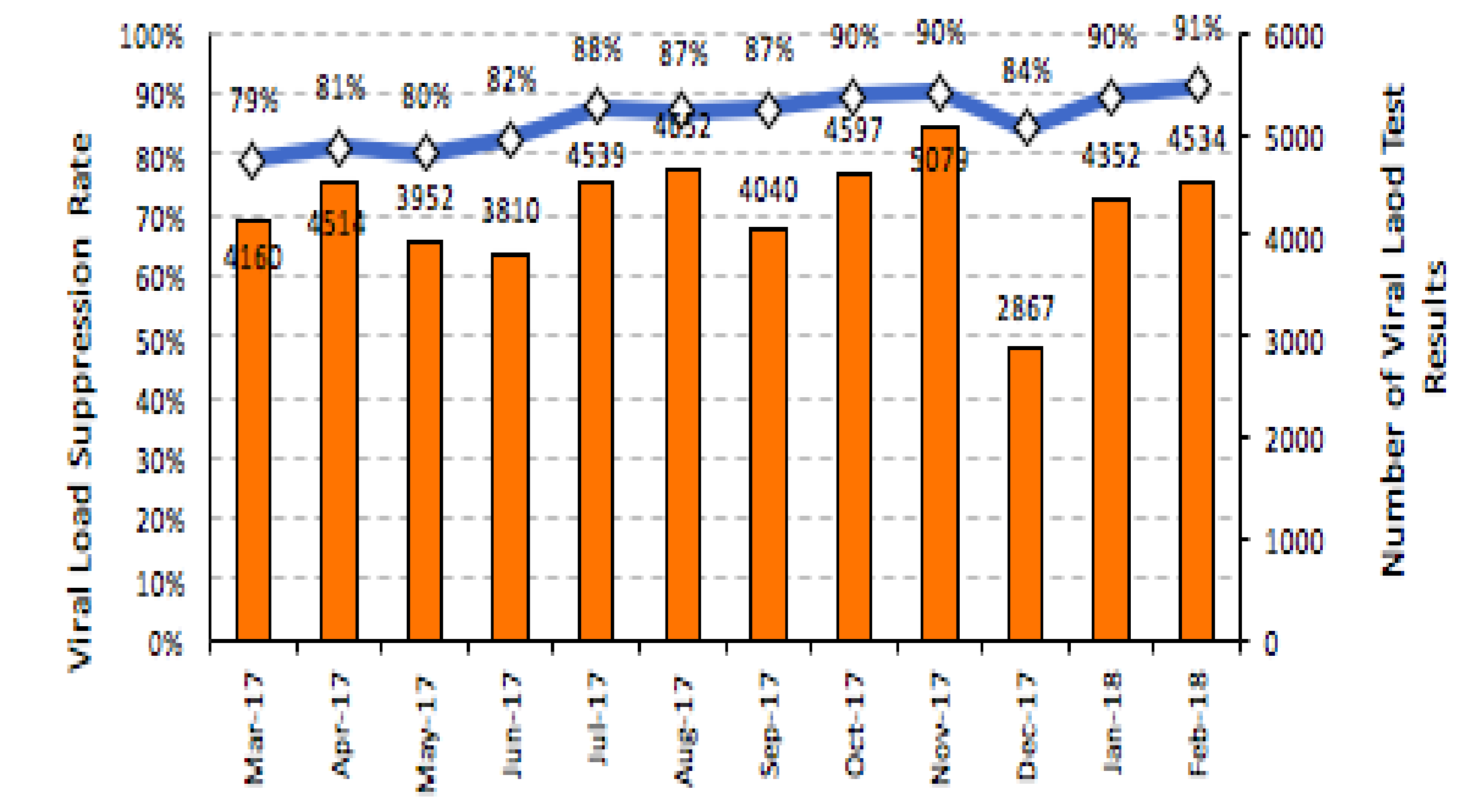
Fig. 2. Monthly rates of LTFU

Fig. 3. Monthly rates of VLS

RESULTS – ZIMBABWE

- The **ART4ALL Collaborative** was led by the Ministry of Health and Child Care and implemented across 27 facilities in Harare, Epworth, and Chitungwiza, Zimbabwe, between 2016-2018 to improve same-day treatment initiation, early retention in care, VL monitoring, and VLS. **>18,000 newly diagnosed patients presented to ART4ALL sites during implementation.**

- Average monthly rates of same-day initiation improved by 23% **(Fig. 4)**; VL monitoring at 6 months post-initiation improved by **18% (Fig 5)**; and early retention in care improved by **8%.**
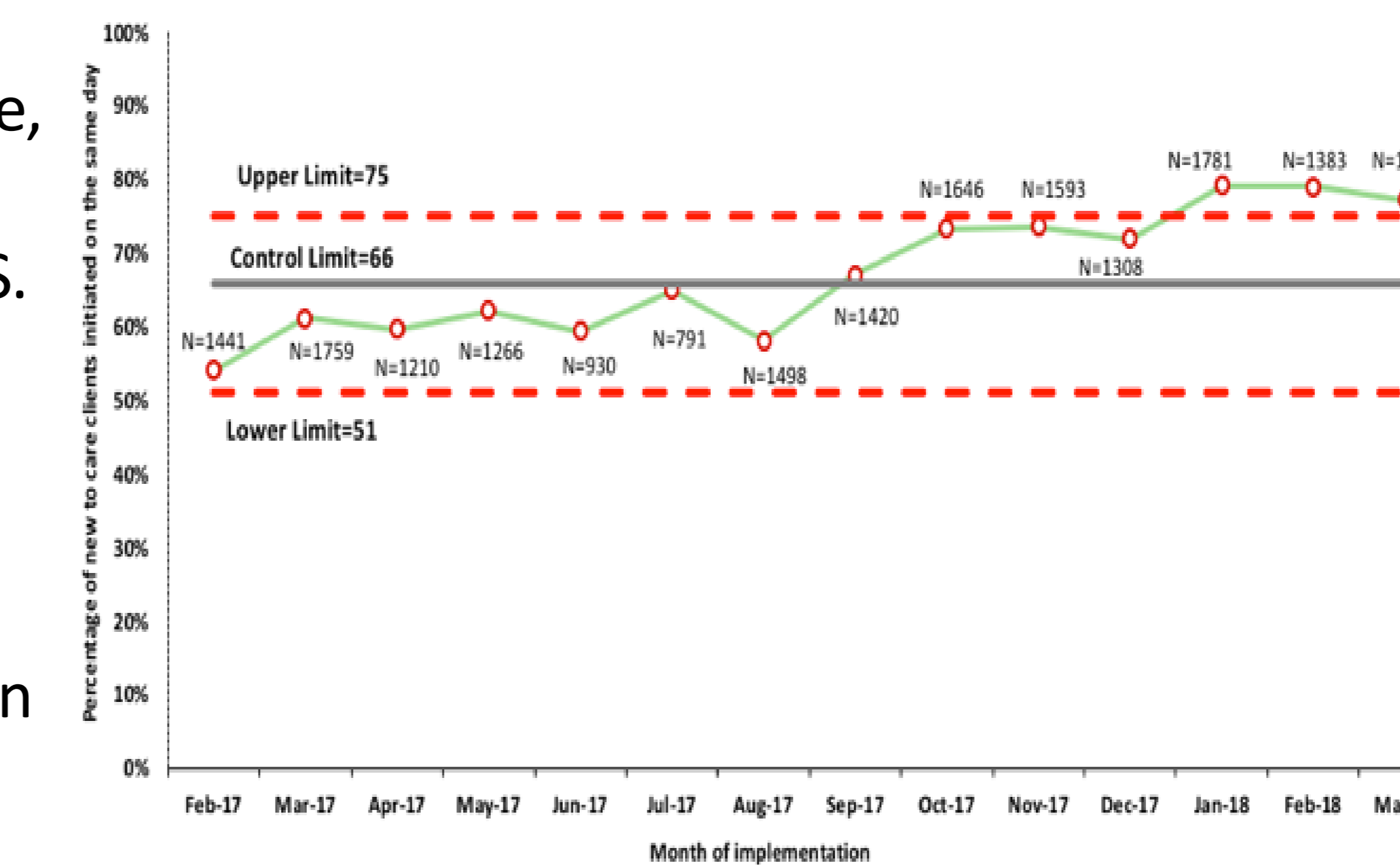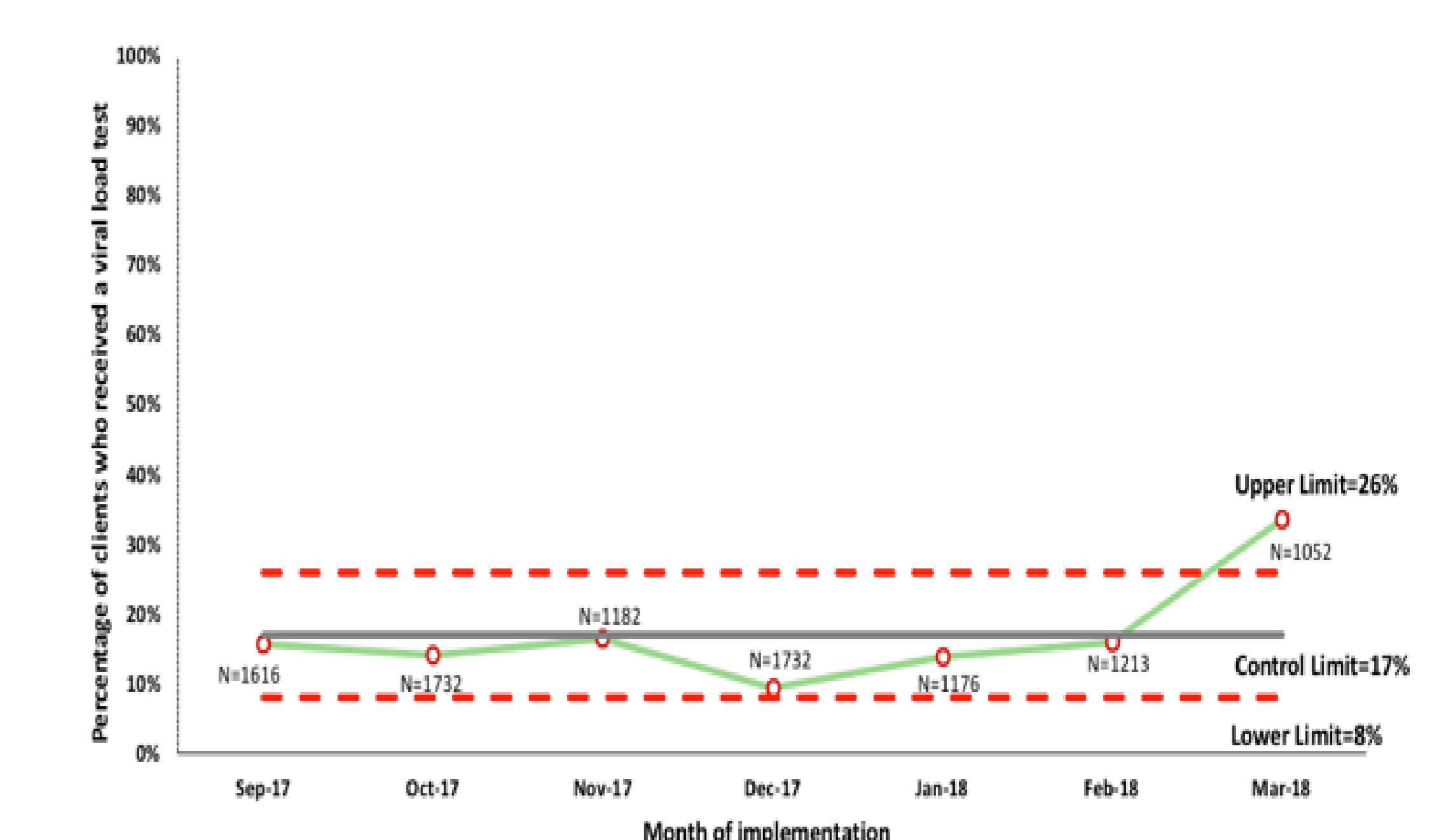
Fig. 4. Monthly rates of same-day initiation

Fig. 5. Monthly rates of post-initiation VL monitoring

CHALLENGES

- Limited material resources and familiarity with the IC model at national level to layer IC onto existing quality activities and spread best practices and evidenced-based interventions to non-participating sites.

- Limited capacity of facility-level data systems to generate accurate, meaningful performance measurement data.

- Limited capacity of facility and district cadres to independently visualize performance measurement data and apply QI methods to identified gaps.

- Limited opportunity for peer learning and exchange outside initiative-supported activities.

CONCLUSIONS/LESSONS LEARNED

- ICs offer an effective approach for MoHs to identify gaps in HIV treatment outcomes, apply data-driven methods to improvement of identified gaps, and accelerate progress toward achievement of 90-90-90 targets.

- Embedding ICs within existing public health structures, programs, and activities provides a pathway to sustain improvements following the withdrawal of donor support.

- Adopting an adaptive—rather than prescriptive—approach to implementation requires thoughtful negotiation of feasibility and fidelity. Scholarly work is needed to understand the components of ICs that may not be crucial for programmatic success.