

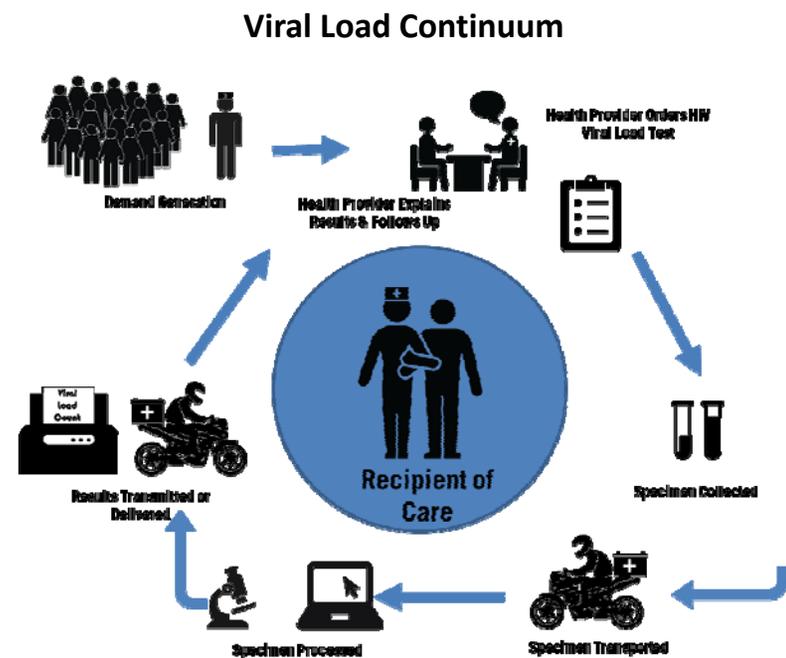
# Quality Improvement Collaborative methodology (QIC)

ICAP Mozambique COP 18 Planning



# Background and Problem

- Viral Load (VL) monitoring initiated in Mozambique in June 2015
- However, there are challenges faced along the VL cascade, with low VL monitoring coverage, as well as low rates of VL suppression
- National 12 month retention rate for pregnant women is 64%
- National mother – child transmission rate is ~8%
- EID coverage at 2mos is 69%



El-Sadr et al. JIAS, 2017

# Solution: QI Collaborative Approach

Select Improvement Aim



Convene expert meeting  
Identify best practices  
Develop aim statement,  
Indicators, data SOPs



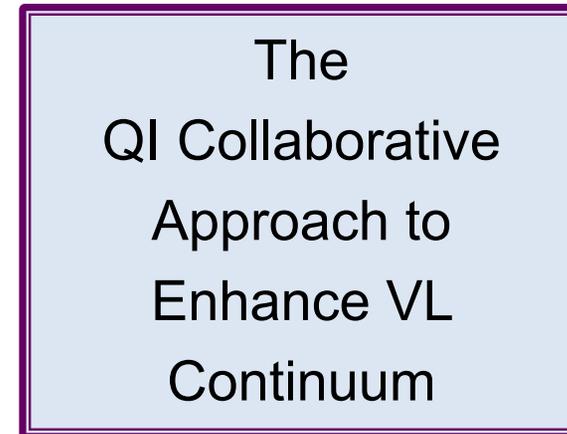
Select/prepare sites



Learning  
Session 1



*Action Period 1*



Scale up and spread



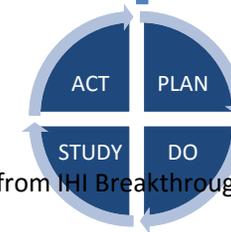
“Harvest” of successful  
interventions, tools, resources

Learning  
Session 4



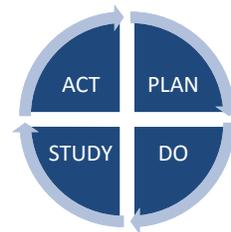
Learning  
Session 3

Adapted from IHI Breakthrough Series



*Action Period 3*

Learning  
Session 2



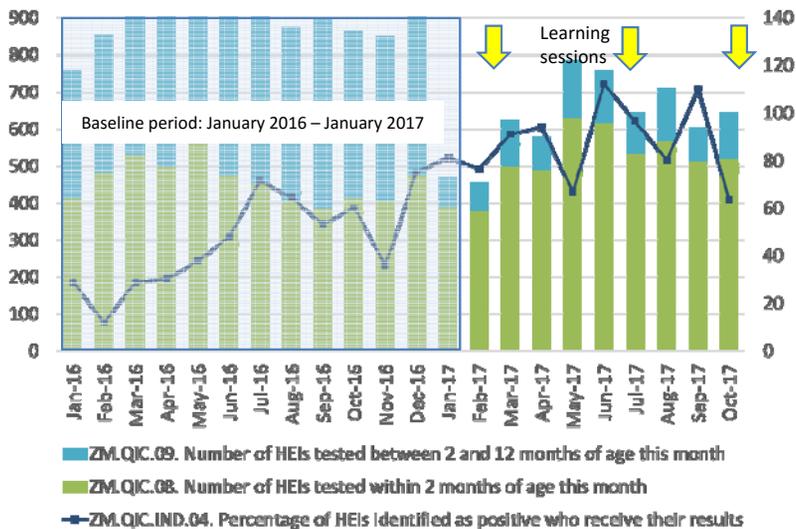
*Action Period 2*

# Results

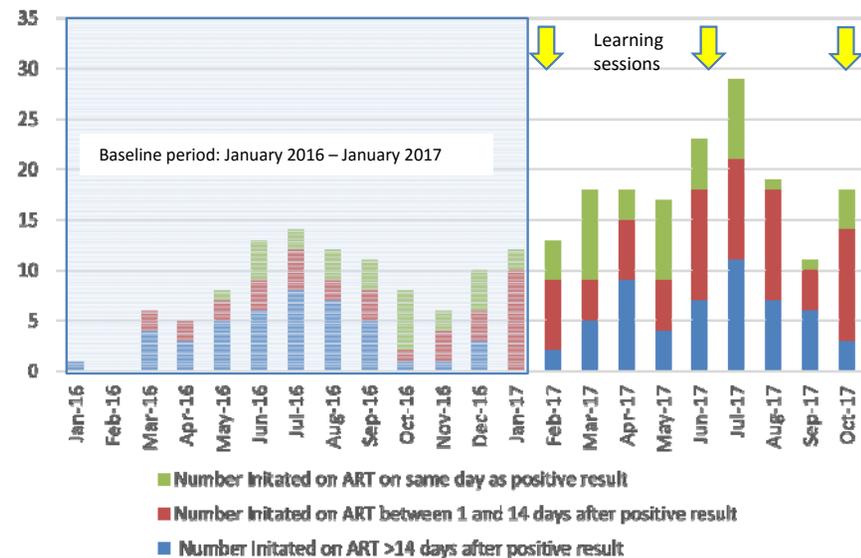
## ICAP-supported Zambia QIC focused on EID

- Implemented in 15 priority HF
- *Aim: Improve the % of all HIV-infected infants initiating ART within 2 weeks of being identified via EID testing from 23% to 90% between Mar 2017 - Feb 2018*
- Preliminary results

EID coverage < 2m – 54% (Jan17) – 80% (Oct 17)



ART initiation within 2 weeks – 23% (Jan17) to 83% (Oct 17)

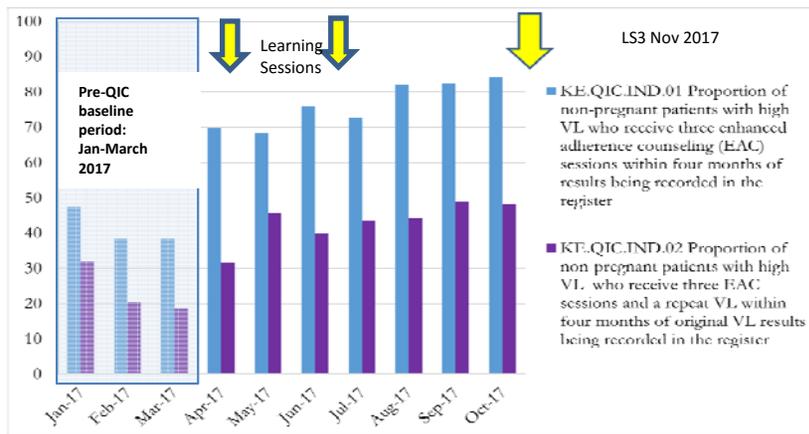


# Results

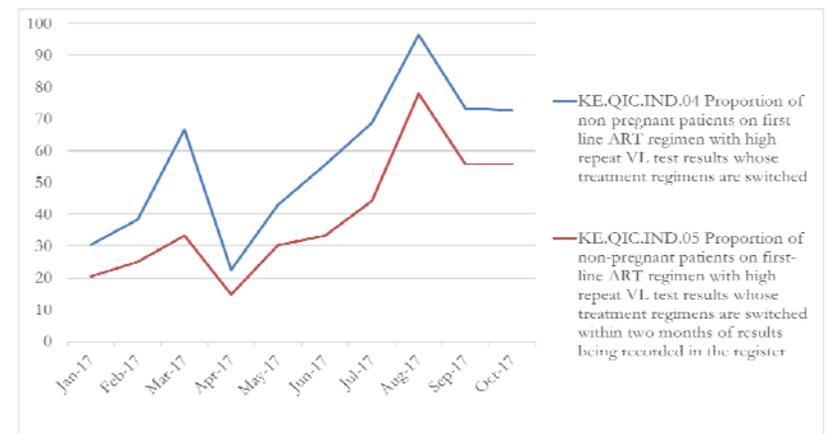
## ICAP-supported Kenya QIC focused on VL

- Implemented in 30 high-volume priority HF in Siaya county (high HIV burden county)
- *Aim 1: Increase the proportion of clients with unsuppressed viral load who have completed the 3 enhanced adherence counselling sessions (EAC) within 4 months from 18% to 90% from April 2017 to March 2018*
- *Aim 2: Increase the proportion of clients with a repeated high viral load switched to second line treatment from 36 % to 90% within 4 months, from March 2017 to March 2018*
- Preliminary data

% of clients with 3 EAC within 4 months of results  
**18% (Mar 17) to 84% (Oct 17)**



% of clients switched to 2nd line  
**36% (Mar 17) to 73% (Oct 17)**



# COP 18 Proposal

- To implement QIC methodology supported by ICAP in both Nampula and Zambezia provinces
- QIC involving both provinces, including high volume and priority HF, focusing on VL continuum
- The implementation of QIC will allow HF teams to assess key challenges, focus on an aim, identify innovative interventions and share experience to promote the needed change

# Implementation Plan

- Engage staff at health facilities (HF)
- HF agree on the same aim statement, indicators, and data collection processes
- Multidisciplinary teams established at each HF and supported to identify contextually appropriate interventions
- HF convene quarterly to compare progress, share challenges, successes and diffuse innovations
- Outputs include:
  - standardized training materials and toolkits
  - monitoring and evaluation (M&E) tools and approaches
  - a “change package” of harvested successful interventions
  - enhanced local capacity for QI methods
  - local champions of the QIC approach

# Expected Impact

- Direct effects:

Enhanced viral load continuum

Increase in VL coverage

Increase in VL suppression

- Indirect effects:

Enhanced health care worker capacity

Streamlined VL continuum steps with no gaps

Enhanced patient literacy