MAINTAINING AND IMPROVING QUALITY OF CARE WITHIN HIV CLINICAL SERVICES

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HIV TREATMENT

World Health Organization

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Objective

The objective of this brief is to consolidate WHO guidance to support the implementation of high-quality HIV services through approaches to policy, strategy and service delivery, to suggest considerations for selecting measures of high-quality services and to provide case examples of quality management in HIV services in low- and middle-income countries.

Audience

Policy-makers and HIV programme managers at all levels in low- and middle-income countries; health-care providers; donors; implementers; people living with HIV; and civil society representatives.

HIV testing and care continuum (2018)

Source: UNAIDS/WHO estimates

BACKGROUND

In September 2015, the United Nations General Assembly set an ambitious goal of achieving universal health coverage by 2030 (Sustainable Development Goals target 3.8, ensuring that health services are "of sufficient quality to be effective") and to end AIDS as a public health threat by 2030 (target 3.3).

Although significant progress has been made towards ending AIDS as a public health threat, with 23.3 of the 37.9 million (62%) people living with HIV receiving antiretroviral therapy (ART) by the end of 2018, many gaps in service access and quality remain. These span the care cascade from primary prevention interventions such as pre-exposure prophylaxis (PrEP), HIV testing, ART access and initiation, retention and adherence access to viral load testing and comprehensive chronic care. Since just over half of people living with HIV (53%) have suppressed viral loads, many risk transmitting HIV to uninfected people. Finally, equity and human rights gaps remain: key populations are underserved, experience persistent stigma and discrimination and are subject to criminalization, violence and other human rights abuses (2).

To address these gaps and reach global targets, HIV programmes must establish and maintain systems for ensuring a high level of quality in service delivery, within the framework of universal health coverage and supported by national quality policies and strategies. Three seminal 2018 publications (1,3,4) have highlighted the implications of inadequate quality. Between 5.7 and 8.4 million deaths are attributed to poor-quality care each year in low- and middle-income countries, accounting for up to 15% of overall deaths in these countries (3).

Quality of care is defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (1) and needs to be assured within HIV programmes to achieve global goals, realize the 90–90–90 targets and reduce HIV mortality and incidence.
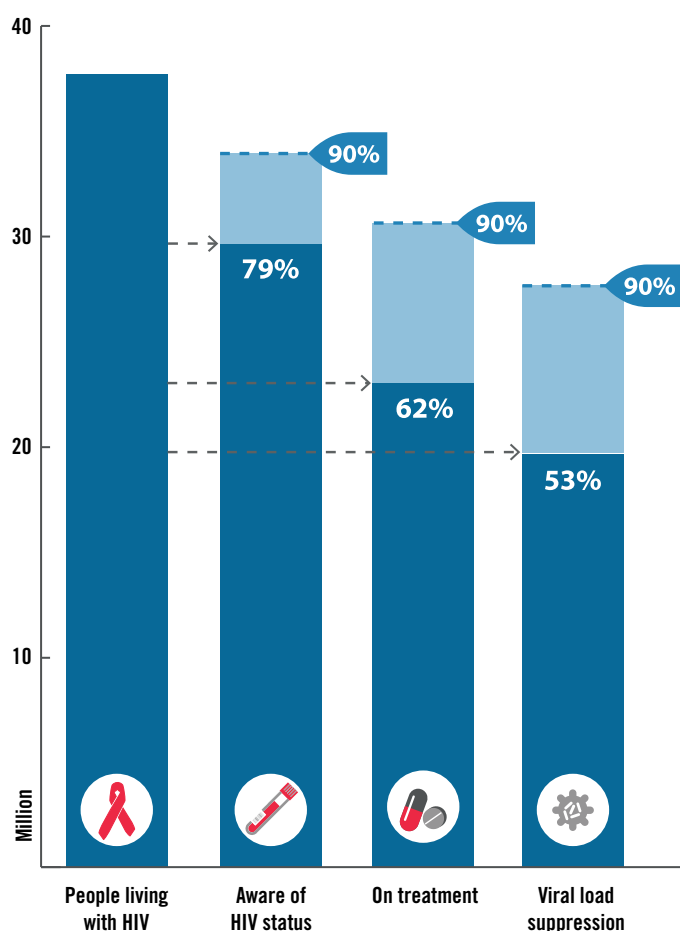
WHO TECHNICAL PRODUCTS ON DELIVERING HIGH-QUALITY HIV SERVICES

In 2018, WHO issued a handbook to support low and middle-income countries in developing national quality policies and strategies in the context of universal health coverage (5) and has published a report with the OECD and World Bank (1) "Delivering quality health services: A global imperative for universal health coverage" that includes a quality call to action (Fig. 1).

Within HIV guidelines, WHO has issued recommendations on quality standards (5), quality HIV testing (6) and improving the quality of HIV clinical services (7).

This technical brief aims to (1) consolidate recent WHO guidance on quality within HIV programmes; (2) highlight national efforts to strengthen the quality of HIV services, including integration with broader national initiatives on quality; and (3) discuss future considerations for improving quality of HIV services and the sustainability of these efforts.

Fig. 1. The call to action

Box 6.1 **High-level actions by key constituencies for quality in health care**

All governments should:
- have a national quality policy and strategy;
- demonstrate accountability for delivering a safe high-quality service;
- ensure that reforms driven by the goal of universal health coverage build quality into the foundation of their care systems;
- ensure that health systems have an infrastructure of information and information technology capable of measuring and reporting the quality of care;
- close the gap between actual and achievable performance in quality;
- strengthen the partnerships between health providers and health users that drive quality in care;
- establish and sustain a health professional workforce with the capacity and capability to meet the demands and needs of the population for high-quality care;
- purchase, fund and commission based on the principle of value;
- finance quality improvement research.

All health systems should:
- implement evidence-based interventions that demonstrate improvement;
- benchmark against similar systems that are delivering best performance;
- ensure that all people with chronic disease are enabled to minimize its impact on the quality of their lives;
- promote the culture systems and practices that will reduce harm to patients;
- build resilience to enable prevention, detection and response to health security threats through focused attention on quality;
- put in place the infrastructure for learning;
- provide technical assistance and knowledge management for improvement.

All citizens and patients should:
- be empowered to actively engage in care to optimize their health status;
- play a leading role in the design of new models of care to meet the needs of the local community;

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Box 1. How does WHO define quality health services?

Quality health services must be:

- effective: providing evidence-based health-care services to those who need them;
- safe: avoiding harm to people for whom the care is intended; and
- people-centred: providing care that responds to individual preferences, needs and values.

In addition, to realize the benefits of quality health care, health services must be:

- timely: reducing waiting times and sometimes harmful delays for both those who receive and give care;
- equitable: providing care that does not vary in quality on account of age, sex, gender, race, ethnicity, geographical location, religion, socioeconomic status or linguistic or political affiliation;
- integrated: providing care that is coordinated across levels and providers and makes available the full range of health services throughout the life-course; and
- efficient: maximizing the benefit of available resources and avoiding waste.

Source: Why quality universal health coverage? (8).

WHAT DO QUALITY HIV SERVICES LOOK LIKE?

Quality HIV services include the reliable delivery of clinical care across diverse community and facility settings that are integrated with other services such as maternal, newborn and child health services (9) at the national, subnational, district and facility levels and are people-centred.

Delivery of quality services depends on all the building blocks of health systems, including optimized management, funding, human resources for health, information systems and procurement of high-quality drugs, laboratory supplies and commodities.

In accordance with the 2016 WHO consolidated HIV treatment guidelines (7), quality HIV services should:

- provide people-centred care;
- offer safe, acceptable and appropriate clinical and non-clinical services; and
- promote the efficient and effective use of resources (5).

In additional, HIV services should focus attention on:

- positive user experiences and attention to the patient voice (10);
- measuring and reducing stigma and discrimination, especially in the health system (11); and
- promoting and sustaining a culture of quality in the programmes and organizations delivering services (12).

QUALITY MANAGEMENT: DEFINING TERMS

Countries, programmes and organizations use a wide variety of terms related to systems and processes related to the quality of care. The overview of terms presented here introduces key concepts rather than universally agreed definitions. Indeed, in the reality of country programmes related to quality and HIV, many terms presented here are used interchangeably or interpreted differently. Efforts to address quality should not be hindered by differences in models, approaches or language, and stakeholders should attempt to create a shared understanding of the activities required to improve quality across a system or programme.

Box 2. Quality management: defining terms

Quality management refers to all activities of the overall management function that determine quality policies, objectives and responsibilities and that implement them by such means as quality planning, quality assurance and quality improvement.

- **Quality planning** includes overall quality objectives, priority indicators, governance, organizational structure, selection of health service personnel, allocation of resources, monitoring and evaluation and design and oversight of quality improvement and assurance initiatives.

- **Quality assurance**, in the context of delivery of health services, refers to a range of activities related to systematic assessment and monitoring, intended to ensure that services are fulfilling stated requirements for quality. These include measuring performance against standards; performing external evaluation (such as accreditation); Site Improvement Through Monitoring System visits at sites of the United States President's Emergency Plan for AIDS Relief (PEPFAR); quality assurance checklists for HIV rapid tests; and supportive supervision.

- **Quality improvement** is a specific method designed to continually improve performance as part of a routine process, generally applied by health facility teams within a national quality improvement programme, designed to test changes in programme services, continually measure the effects of these changes and use data to address gaps to improve clinical performance and health outcomes over time.

Sources: Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care (13) and Juran & Godfrey (14).

There are numerous definitions of quality-related terms globally in various settings; these were selected in consultation with experts from the HIVResNet Working Group on Prevention of HIV Drug Resistance and Quality of Care.
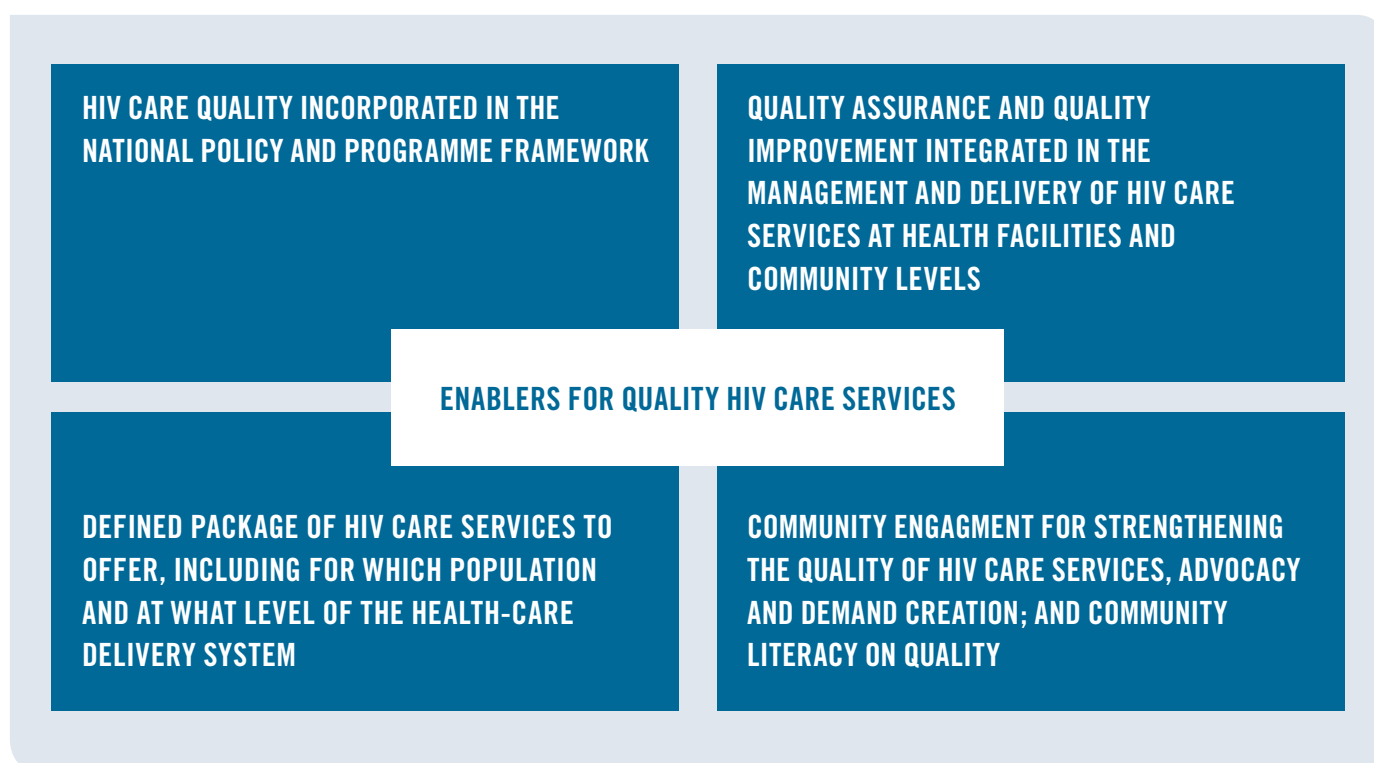
National HIV programmes should ensure quality management (1,3,4,13,15) through necessary structures, functions and processes to support the delivery of quality HIV services.

QUALITY PLANNING:
HOW SHOULD NATIONAL PROGRAMMES ENSURE QUALITY HIV SERVICES?

1 INCORPORATE QUALITY CONCEPTS INTO THE NATIONAL HIV POLICY, STRATEGIC PLAN, STRATEGIC INFORMATION FRAMEWORK AND OPERATIONAL AND SERVICE DELIVERY PLANS.

Quality of services should be assured at all health system levels, from national programme management to service delivery, within monitoring systems and as part of a continual process to improve health and clinical outcomes (Fig. 2) (7).

Fig. 2. Enablers of quality HIV services

HIV CARE QUALITY INCORPORATED IN THE NATIONAL POLICY AND PROGRAMME FRAMEWORK

QUALITY ASSURANCE AND QUALITY IMPROVEMENT INTEGRATED IN THE MANAGEMENT AND DELIVERY OF HIV CARE SERVICES AT HEALTH FACILITIES AND COMMUNITY LEVELS

ENABLERS FOR QUALITY HIV CARE SERVICES

DEFINED PACKAGE OF HIV CARE SERVICES TO OFFER, INCLUDING FOR WHICH POPULATION AND AT WHAT LEVEL OF THE HEALTH-CARE DELIVERY SYSTEM

COMMUNITY ENGAGMENT FOR STRENGTHENING THE QUALITY OF HIV CARE SERVICES, ADVOCACY AND DEMAND CREATION; AND COMMUNITY LITERACY ON QUALITY

Source: Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach – second edition (7).

2 ENSURE THAT THESE ELEMENTS ARE SUPPORTED BY A CLEARLY ARTICULATED NATIONAL DIRECTION ON QUALITY, AS DESCRIBED BY THE WHO HANDBOOK FOR NATIONAL QUALITY POLICY AND STRATEGY (13)

A national quality policy and strategy represents an organized effort by a country to promote and plan for improving the quality of care across the health system and can support leadership and ownership of quality HIV efforts by national health authorities, ensuring integration with both broader national health planning and other disease- or population-specific programmes.

The national quality policies and strategies handbook outlines a non-prescriptive approach to developing policies and strategies to support high-quality health programmes and services. This includes focusing on eight interdependent elements that can help countries to set their national direction on quality of care (Fig. 3).

Fig. 3. Eight core elements to produce a national quality policy and strategy

THE EIGHT ELEMENTS OF NQPS

NATIONAL HEALTH PRIORITIES

LOCAL DEFINITION OF QUALITY

STAKEHOLDER MAPPING & ENGAGEMENT

SITUATIONAL ANALYSIS

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