



Quality Improvement Collaborative Leads to Continuity of HIV Treatment at 20 priority facilities in Burundi



P013

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INTRODUCTION

Burundi is accelerating progress to achieving UNAIDS 95-95-95 targets.

93% of people living with HIV know their HIV status, 93% are on antiretroviral treatment (ART) and of those, 86% are virally suppressed.

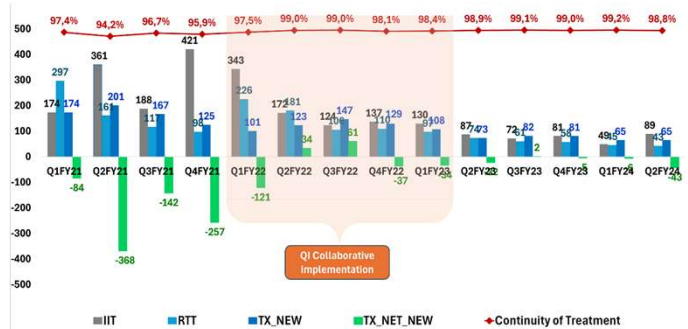
Interruption in treatment (IIT) for recipients of care (ROC) on ART remains an important quality challenge

The Quality Improvement Collaborative (QIC) approach has been shown to be effective in addressing chronic quality challenges.

RESULTS

- IIT was reduced from the baseline of 4% of current on ART with IIT (n=343 IIT/8744 current on ART) in Q1FY22 to 2% (172/ 8778) in Q2FY22, 1.4% (124/ 8839) in Q3FY22, 1.5% (137/ 8802) in Q4FY22, 1.4% (130/ 8768) in Q1FY23 during implementation and to 0.9% (87/ 8746) in Q2FY23 post intervention.
- There was a reduction in missed appointments from 7% (43/598) in week 6 of implementation to 1% (5/402) in week 39 of implementation with 98.1% ((8839+129)/8002) continuity on treatment at the end of the implementation phase (Q4FY22).
- On average 91.6% of patients who interrupted treatment were tracked and returned to care over the 12 months of implementation.
- In the 1.5 years (6 quarters) post intervention, the reduction in IIT has been continuously sustained

Figure 1. Waterfall analysis of HIV program retention and program growth



Note: IIT- Interruption on Treatment, RTT- Return to Treatment, TX_New- Number of clients who are newly enrolled on ART, TX_NET_NEW- TX_NEW minus the number of adults and children newly enrolled on ART within the quarter.

Figures 2,3,4 QIC team meetings including RoC on site, ANSS Kirundo, Kagari HC, Giteranyi Hospital



METHODS

- In collaboration with the PNLS/IST, Reaching Impact Saturation and Epidemic Control (RISE) Project, a USAID funded project, designed and implemented a 12-month QIC (January-December 2022) at 20 priority facilities in 5 provinces (n=8,774 RoC) to reduce IIT and improve continuity in care.
- IIT was defined as no clinical contact for 28 days or more after the last expected clinical contact.
- Data related to client tracing, missed appointments, and community engagement were collected at baseline (Q4FY21) and monthly and quarterly throughout implementation. 12 months of post intervention data was obtained to understand if the changes were sustained over time.
- RISE provided training on QI methods for root cause analysis, conducting tests of change, and analyzing progress on run charts for 75 health care workers followed by monthly coaching visits and quarterly learning sessions.
- Each facility QIC team included a RoC and worked to identify contextually appropriate interventions.
- Successful change interventions included: providing 4sessions of therapeutic education for newly clients with HIV, digital enrollment through a national unique ID number system, digital differentiated care enrollment for each client, SMS/call reminder before appointments for all new clients and clients with missed appointments, and early tracking of clients who missed appointment.

CONCLUSIONS

- The QIC demonstrated the potential for important local health facility improvements through structured collaboration and implementation of evidence-based strategies to improve continuity on treatment.
- The project highlighted the importance of knowledge sharing, coaching, continuous learning and community involved in achieving sustainable improvements.
- Further evaluation of the specific challenges and interventions targeted at key and priority populations are needed, especially for expanding client-centered care and differentiated service delivery approaches

ACKNOWLEDGEMENT

- RISE continues to address persistent challenges in monitoring of progress on implementation of change interventions and plotting of the run charts with ongoing QI support
- To sustain the QIC achievements, all QI teams include a client, community health worker and/or peer adolescent.
- RISE finalized the results with the package of changes to scale up more widely within Burundi through the MoH.

CONTACT INFORMATION

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