IMPROVING HIV TESTING AND COUNSELLING SERVICES

Why is quality HTC important?

The past decade has seen a rapid global scale-up of HIV testing and counselling (HTC) through a variety of approaches, including provider-initiated testing and counselling (PITC) as part of medical care, and client-initiated testing and counselling (CITC), often called voluntary counselling and testing (VCT). Service delivery points range from health facilities, specially designed stand-alone sites, mobile and outreach, to community- and home-based settings. While it is important to get more people tested and successfully referred to prevention, treatment and care services, it is vital that the speed of scale-up is not at the cost of quality.

While national programmes to improve quality are one way to improve standards, strategies to implement quality improvement (QI) at subnational levels are sometimes ill conceived or may not exist at all. This is surprising in view of the fact that official policies usually include quality as an explicit priority. While greater decentralization of responsibility and resources might allow enthusiastic districts to remedy this situation, providers need models of good practice to bolster morale and improve their quality of care. This technical briefing paper proposes QI as an approach that governments and programme implementers should consider in their attempts to systematically monitor, improve and evaluate HTC service delivery. We ask:

1. What is quality HTC?
2. How do we build quality into HTC scale-up?
3. Who is responsible?
4. How and what do we measure?
5. What are the key steps to getting started?

The answers we provide are based on experiences and results from quality assurance (QA) and QI programmes for HTC in different continents and settings. No answers apply equally to all situations. We welcome dialogue and ask readers to share their experiences in building quality into HTC scale-up.

What is quality HTC?

**Definition:**
Quality HTC can be defined as accessible HTC services that meet the needs of clients and providers, in an equitable and acceptable manner, within the resources available and in line with national guidelines.

Quality has different meanings for different stakeholders, for example, governments, service providers and individuals who request or are advised to have an HIV test. Some are more concerned about the performance of the system, some about the quality of the care delivered and some about the quality of care received. In reality, all three perspectives are important for HTC quality:

- Performance of the system
- Professional standards
- Client satisfaction.

The concepts of QI apply equally to all levels of the health system. At the national level, the vision for improving quality starts with planning and defining national standards. The subnational level takes on the national vision, using routine monitoring data to support facility efforts in monitoring, improving and evaluating quality. These five key stages of assuring and improving quality are illustrated in Figure 1.

**Figure 1.** The quality assurance cycle
A range of QA/QI methods have been applied in health care over the past two decades in middle- and low-income countries. Deciding on which one to use for HTC will depend on the country context, commitment of policy-makers and programme managers, as well as the complexity of problems that need to be addressed. Ultimately, countries must decide on their own vision and level of effort to systematically assure and improve the quality of HTC. This will normally be part of a wider national QA/QI programme for health services.

How do we build quality into HTC scale-up?

Global and government health policies often include statements on the quality of HIV service delivery. Such statements usually reflect a concern for ensuring that HIV services are both cost-effective and responsive to public needs. However, such statements remain fairly nebulous unless specific quality indicators and targets are agreed upon.

Performance-based funding is increasingly becoming a preferred model for global health partnerships and other donors. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) will be assessing proposals for the existence of a national HTC policy and guidelines in line with international standards. Applications to the Global Fund should include explicit reference to proposed QI initiatives including a budget for these activities.

Outline strategies for improving quality should be made clear at the national level, while detailed implementation plans are best left to managers and providers at the subnational level. Successful policy implementation requires continuity of resources and will not be sustainable on the basis of special funding or one-off budget allocations.

Building on existing experiences, a QI framework for HTC services shown in Figure 2 has been developed. This describes ten fundamental building blocks required to institutionalize quality HTC services within different contexts and settings.

Scaling up quality VCT services in Kenya

The commitment to the scale-up of voluntary HTC services by the Government of Kenya has been unprecedented in sub-Saharan Africa. However, with rapid scale-up of sites, there was recognition of the need to build quality into the design of VCT services at the outset. A registration, licensing and accreditation scheme was piloted using as a basis the national VCT guidelines and the Kenya Quality Model. Initially, stakeholders were cautious, fearing that sites may be closed down and scale-up hindered. However, by working closely together from the outset, Liverpool VCT, a Kenyan NGO and the National AIDS and STI Control Programme (NASCOP) played a key advocacy role in supporting the development of a national QA programme for VCT. A national QA team was established, made up of key stakeholders involved in VCT service provision, who developed and disseminated a national strategy for the QA of VCT. Following capacity building, supervision teams comprising national, provincial and district representatives including laboratory and counselling experts, have visited and supported sites across all districts in Kenya. Data collected from these visits are maintained in a formal register at NASCOP in exchange for free test kits. The national QA strategy, developed in 2005, has now been fully revised to include all approaches to HTC.

Figure 2. Quality improvement framework for HTC

National HIV programmes require leadership in driving the quality agenda and clarity in defining responsibilities for supporting QI activities at each level of the system. Building ownership and ensuring active participation among key stakeholders is pivotal for establishing a successful QI programme.
Communication between primary- and secondary-level facilities. Subnational-level managers should facilitate effective monitoring and improving quality using a team-based approach is fundamental to improving quality. The rapid worldwide scale-up of HTC services has resulted in a quality gap, with a paucity of data on what works and what does not in different settings. The national level should play a key role in identifying international, regional and country best practices, and in recognizing innovation, synthesizing lessons learned and disseminating best practices to all service providers.

Who is responsible?

Improving quality is as much a “people” issue as a “technical” one. To obtain a coherent, functioning quality management system that addresses national, subnational, facility and community concerns, it is vital that quality be monitored, improved and evaluated at each level with the active involvement of all stakeholders. To do this, roles and responsibilities should be well defined. Countries will have varied institutional structures; however, all will require a system for oversight, coordination and implementation of HTC. Facilities at the subnational level (regions and districts) should be encouraged to develop their own QI initiatives as part of their annual work plan with their own budgets. Care should be taken to ensure that initiatives are guided by national policies in line with nationally agreed standards and indicators of quality HTC.

The role of the national level is to advocate for the importance of improving quality, and facilitate this by:

- providing resources
- coordinating capacity strengthening
- formulating and updating national guidelines for HTC
- recognizing and sharing best practices.

At the subnational (regional and district) level, managers should monitor quality and provide support and mentoring to facilities. To support consistent goals to achieve quality across facilities, subnational-level managers should facilitate effective communication between primary- and secondary-level facilities.

At the facility level, an interdisciplinary QI team should be responsible for continuously monitoring, improving and evaluating quality. Each facility should have targets for its services in line with national standards. Teams should be able to allocate resources according to priorities and planned interventions. A QI programme that involves the community is far more likely to benefit the community. The QI team at facility level should ensure that a community representative is invited to be an active member of their QI team. Community members can be involved in advocating for quality, raising awareness of home-based, mobile, outreach and facility services, as well as monitoring quality, e.g. conducting exit interviews with service users.

How and what do we measure?

Quality of services is a dimension of performance of the system that delivers these services, and is usually expressed in terms of service providers’ compliance with evidence-based standards of care. Quality indicators for HTC would then measure the performance of service providers against explicit standards that define “good” counselling and testing processes. While the process of performing an HIV test can be easily described through a series of steps and instructions (procedures, protocols), counselling services are more difficult to standardize.

Measuring the quality of testing and counselling is important for ensuring that client needs are met and human rights observed. This is particularly relevant to HTC services working with most-at-risk populations where uptake needs to be maximized.

The expected results from HTC services, whether outputs or outcomes, do not depend only on providers’ performance but also on other factors that can be measured:

- Continuity of services: clients dropping out before all steps of the process are completed or clients lost to follow up are examples of measures of continuity of services (attrition).
- Client satisfaction: services might be technically excellent, but clients might dislike the way they are delivered (opening hours, location, staff attitude, cost, waiting times, etc.), hence decreasing their motivation to receive the services and potentially decreasing the effects of these services.
- Clients’ adherence to counselling advice: counselling sessions customized to each client’s situation is more
likely to address their needs effectively, but clients’ behaviour change is difficult to measure.

- It is important not to overload the health system with measures that will not be used for improvement, and teams involved in improving HTC services must be able to justify the rationale for the measurement system and indicators selected around a specific improvement aim and objectives.

### Example quality indicators

- Proportion of counselling sessions conducted that meet national guidelines
- Proportion of correct test results given
- Proportion of tested clients who return for follow-up testing and counselling
- Proportion of HIV-positive patients successfully enrolled in treatment and care
- Proportion of clients who know their HIV status

These example indicators can be routinely captured at facility level through the use of client exit interviews, review of lab registers and patient records, and results from proficiency testing.

### What are the key steps to getting started?

In many countries, the fundamental building blocks described in this framework will already be in place and can simply be strengthened and adapted to HTC services. A priority for all countries is to ensure national-level commitment while simultaneously encouraging the formation of QI teams, since it is at the point of service delivery where quality can be improved.

**It is important that QI of HTC is not introduced as a new vertical structure but integrated into existing structures for delivering health services.**

### Suggested activities for getting started at the national level

1. Map existing QI initiatives (including by NGOs and other stakeholders).
2. Consider where a task force should be placed (within the HIV programme or across services).
3. Set up a task force or mandate an existing task force with clear terms of reference.
4. Ensure that funding mechanisms and resources are available and sustained for strengthening human capacity and allocating staff time to QI activities.

### Suggested activities for getting started at the subnational level

1. Identify a small referral unit (10–20 facilities) where a complete set of HIV services is offered and managed by a single team.
2. Agree on clear aims and goals that can be accomplished over a predefined time frame according to community/population needs.
3. Understand the HTC processes that occur at all relevant service stages.
5. Use QI methods systematically to identify the root causes of process failure, and how to derive and test ideas for improving the system.
6. Commit to spreading changes throughout the system.

This initial phase should be used to improve local knowledge about best practices for HTC and to build the will of national leaders to rapidly scale up improvements to all regions, and use QI methods more widely for health system improvements.

### Improving HTC services: summary of lessons learnt

- Increased government and civil society participation in QI creates a broad base of stakeholders and advocates for improving HTC services.
- Clearly defined roles and responsibilities for QI at all levels of the health system are necessary for improving HTC services.
- Resources must be allocated for strengthening subnational-level capacity to support providers and monitor, improve and evaluate the quality of HTC services.
- Fostering a culture of shared learning, highlighting successes and exchanging best practices, can raise motivation and improve performance.
- Interdisciplinary QI teams represent the best mechanism for driving the process, since most quality problems cross traditional professional boundaries.
- Standards should reflect national policies, but annual targets should be agreed upon locally.
- QI activities should be factored into regional and district annual work plans.