

Towards Quality HIV Care: The Development of Standards as a tool to Improve and sustain Quality HIV Services

Authors: Melanie Pleaner¹, Winnie Moleko¹ and Maria Sibanyoni¹

¹ RHRU (Inner City Programme, Primary Health Care Quality Improvement Project), University of Witwatersrand, Jhb, South Africa

Introduction

The RHRU HIV Standards have been developed as a tool to strengthen the quality of HIV services in primary health care facilities. The standards focus on the systems, infrastructure and resources required to provide basic, essential, quality HIV services, with specific focus on increasing access, scaling-up and supporting the provision of antiretroviral treatment. The standards are designed to support the implementation of the Comprehensive HIV and AIDS Care, Management and Treatment Plan for South Africa.

The standards provide an important starting point for South Africa to define what quality, comprehensive, integrated HIV services should comprise of at health care facilities, with a specific focus on primary health care

Process used to develop the standards



Literature/ document review and adaptation

- The Standards for quality HIV care: a tool for quality assessment, improvement, and accreditation (WHO, 2004) and the standards developed for the NAFCI programme: Going for gold (RHRU, 2004).
- Complemented by a literature search into other contemporary HIV/AIDS standards both international and local standards.
- National treatment guidelines and protocols have been used to shape and frame the criteria.

Piloting, testing and expert input and reviews

- A process of piloting and testing the standards at health facilities, observations and discussions at clinics; interviews and feedback from practitioners +
- an ongoing internal review process within RHRU + an external review process comprising of key people with specialist knowledge in HIV systems and quality improvement.

What is the purpose of the standards?

The standards have been developed to:

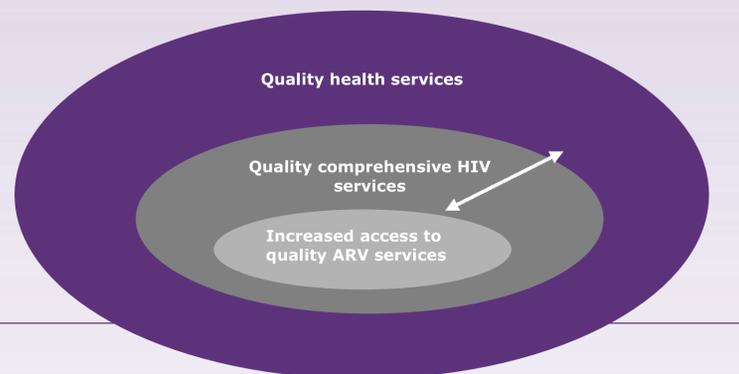
- support the rapid roll-out of ART and expansion of HIV services, and to strengthen the role of primary health care facilities thereof
- ensure that ART is provided within the broader context of quality, comprehensive, integrated HIV, TB and sexual and reproductive health services.

To this end, the standards have been designed to provide a framework to assist primary health care facilities to:

- identify the systems, infrastructure and resources required to provide quality HIV services
- assess their services, identify gaps, and work towards their improvement
- provide a bench mark for primary health care facilities to work towards expanded HIV service provision, and where possible ART accreditation.

Standards and Quality Improvement

It is intended that the standards will provide a tool for self-assessment as part of an ongoing quality improvement process. In this context, improvements need to focus on the provision of HIV services within the broader context of quality health care.



The RHRU HIV Standards

Structure of the HIV Standards:

- The **standards** are expressed as a statement of the ideal
- The **criteria** provide greater detail concerning the ways in which this standard may be met
- Each criterion has a **list of questions** which explore the basic requirements necessary to meet the criteria, and cumulatively, define ways in which the standard can be met. The questions also provide a checklist to identify areas which may require further improvement.

Summary of Ten HIV Standards

Service focal point	Standard
MANAGEMENT SYSTEMS	Standard 1: Management systems are in place to support the effective provision of HIV services
ACCESS	Standard 2: Comprehensive HIV services are available and accessible
RIGHTS OF CLIENTS, WITH SPECIFIC FOCUS ON PEOPLE LIVING WITH HIV	Standard 3: The clinic has policies and processes that support the rights of clients, with specific focus on people living with HIV
PREVENTION	Standard 4: The facility provides preventive services as part of a broader comprehensive HIV and AIDS prevention, management, care, treatment and support package
COMPREHENSIVE HIV AND AIDS SERVICES	Standard 5: The facility provides comprehensive HIV and AIDS care, management and treatment
ARV TREATMENT	Standard 6: Antiretroviral Treatment is available to all eligible clients according to national guidelines
CONTINUITY OF CARE	Standard 7: Continuity of care is provided as part of a comprehensive HIV package, and is responsive to clients' needs and rights
INFORMATION, EDUCATION AND COMMUNICATION	Standard 8: The facility provides information, education and communication to promote HIV, TB and SRH prevention, care, treatment and support to clients, family members and the community
TRAINING	Standard 9: Systems are in place to ensure staff have the knowledge, attitude and skills to provide comprehensive and effective HIV services
DRUGS, EQUIPMENT, SUPPLIES AND ENVIRONMENT OF CARE	Standard 10: The facility has drugs, supplies, equipment and a physical environment necessary for and conducive to the provision of effective HIV services

For whom have the standards been written?

- The standards could be used by health care providers and management involved in the development, training and/or provision of SRH, TB and HIV services. These could include:
- Primary health care quality improvement teams; HIV/AIDS coordinators; Quality Assurance coordinators; Training coordinators; Facility managers; ARV project managers; supervisors, district/regional management teams
 - DOH partners (e.g. NGOs) assisting with the strengthening of HIV services and ARV roll-out.
 - People involved in advocacy work, and clients who use the services.

Aims

What do we hope to achieve through the implementation of the standards?

Increase and expand

- access to and utilization of services

Strengthen:

- the integration of HIV services with other services (sexual and reproductive health and TB services)
- the capacity of primary health care facilities to support the provision of ARVs, including primary health care initiation and management thereof the integration of HIV and AIDS services, so there is a closer continuity of care between prevention, management of HIV, ART and chronic wellness management
- the referral links between different levels of care so that primary health care facilities provide a solid base for upward and downward referral to secondary and tertiary facilities. In this regard, the standards strive to strengthen the network of downward and upward referral sites to support current ARV provision, and provide a framework to pilot primary health care and nurse-initiated models of ARV provision.

Prevent:

- missed opportunities for HIV prevention missed opportunities for HIV prevention, treatment & diagnosis
- missed opportunities for ART eligibility and referral
- delayed access to ART when clients may have severe immunodeficiency and are extremely sick

Encourage:

- provider-based HIV testing and active HIV case-finding
- clients to know their status, and manage their lives accordingly
- innovative and creative ways to speed up access to ART (for example: combining VCT with CD4 counts where HIV is diagnosed)

The Standards are available in the following publication which is in the process of being developed:
 A Handbook of HIV Standards: A resource to strengthen HIV services at Primary Health Care Facilities.
 For further information contact RHRU Inncity Program c/o Melanie Pleaner (Technical Advisor) mpleaner@mweb.co.za



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