



Quality Action Conference 2016

DOING THE RIGHT THINGS RIGHT

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Berlin, Germany

Conference Report



Quality Action
Improving **HIV** Prevention in Europe



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Conference Report

Introduction

The Quality Action Conference 2016 was the concluding event of Quality Action, the EU co-funded 'Joint Action on Improving Quality in HIV Prevention' involving 45 partner organisations from 26 Member States, and took place in Berlin, Germany on January 26 – 27th 2016. The event provided the opportunity to take stock of the latest developments in improving quality in HIV prevention and brought together representatives from governmental and non-governmental organisations to share their experiences in applying practical quality improvement tools. The audience comprised more than 100 participants from across Europe, reflecting one of Quality Action's main achievements, an interconnected community of quality improvement practitioners.

Ines Perea from the German Ministry of Health, Dr. Heidrun Thaiss, Director of the BZgA, and Matthias Wentzlaff-Eggebert from the Federal Centre for Health Education (BZgA, Germany), coordinating partner of Quality Action, welcomed participants and officially opened the conference, emphasising the importance of preventing the spread and health consequences of HIV infection and the role of Quality Action in increasing the effectiveness of HIV prevention using practical quality improvement tools.

Day 1

What have we achieved? What does the future hold for HIV prevention?

Keynote speaker, Prof Kevin Fenton from Public Health England, opened the first session of the conference. He provided an overview of the current state of the HIV epidemic in Europe, including the challenges we face in HIV prevention, such as the need for a shift from a purely emergency-based response to a targeted and culturally competent approach and the gaps in data reporting in some countries. He then introduced Public Health England's current approach to mainstreaming quality and shared his insights into the challenges and opportunities encountered by his organisation. He highlighted the importance of integrating regular discussion of and action on quality at all levels of the organisation, e.g. making it a regular topic from staff supervision through to meetings of the executive team. How to encourage an open analysis of failures became a central discussion topic after his presentation. Prof Fenton concluded his address by asserting that we do have the means to end the HIV epidemic in our lifetime, and encouraging everyone to reflect on their role in making this happen. He urged us to ask ourselves not only whether we are doing the right things right, but also whether we are doing the right things at the right scale.

To conclude the first session, Matthias Wentzlaff-Eggebert presented the background, core concepts and main activities of Quality Action. He underlined key structural factors such as a balance of government and non-government organisations as partners, also within countries. This balance was a key to the success of Quality Action, reflecting the fact that HIV prevention works



best in partnership and with the participation of all relevant stakeholders. As project coordinator, he also mentioned how differences across the European region in the contexts in which HIV prevention takes place and the resulting local needs were also taken into consideration in implementing the project.

Quality Action Results and HIV policy recommendations

Christiana Nöstlinger and Bea Vuylsteke from the Institute of Tropical Medicine in Antwerp, Belgium, opened the second session with an overview of the evaluation results of Quality Action. Using both quantitative and qualitative methods, the evaluation focused on the tools, the training workshops, the tool application process and its outcomes. The presenters reported that respondents who were trained were satisfied with the tools and their applicability (they also provided critique and suggestions for improving the tools), that their skills and confidence in using them increased over the course of the Quality Action training and that it created mutual trust and fostered networking. The presenters complemented their presentation with illustrative quotes from the qualitative evaluation. They reported that more than 75% of participants deemed their application of a quality improvement tool a success and that they were generally satisfied with the facilitation provided by the trained facilitators. Respondents also said that reflecting on an organisation's activities and partnerships outlined a clear path to improvements and that using the tools increased the evidence-base of projects and programmes. More than 75% of respondents reported that using the tools improved the selection of the target group and increased reach and coverage as well as their participation, all of which are core indicators for Quality Action. The presenters concluded by stating that while a majority of respondents think that quality improvement will remain a key element of their organisation's future activities, the change process comes with challenges and the long term impact would be interesting to investigate.

Valerie Delpech from Public Health England and John Ryan, Acting Director of Public Health in the European Commission's Directorate for Health and Consumer Policy, discussed the role of policy in HIV prevention. Valerie Delpech stressed the need to create a strategy for each country that can be adapted to local settings, not just national contexts. The right prevention interventions are now available, she said, and quality improvement can document how they can be implemented effectively and so contribute to bringing about the cultural shifts and political commitments needed to employ them everywhere. She concluded by saying that, to increase the impact and reach of the work of Quality Action and to strengthen the network that it created, we needed to continue to document it as an important form of evidence and publish it in the relevant scientific literature of the field.

John Ryan began by emphasising that prevention is one of the main areas of action in the current HIV/AIDS policy framework of the European Commission. He also acknowledged the disproportionately small investment in prevention in the area of health and reminded the audience that 47% of those with a CD4 count at the time they are diagnosed with HIV are diagnosed late. He then proposed that the results of Quality Action could strengthen the case for a greater focus on prevention in general by contributing to improving prevention through raising its quality to maximise



effectiveness, strengthening the capacity (training, tools) of organisations involved in prevention, improving organisational processes to ensure their reach of key stakeholders (vulnerable groups), planning and implementing evidence-based interventions and generating and sharing best practice across Europe.

PANEL 1: Integrating quality improvement at the policy and programme levels

The first panel discussion, moderated by conference chairs Aryanti Radyowijati from ResultsInHealth and Teymur Noori from the European Centre for Disease Prevention and Control (ECDC), reviewed the different HIV prevention strategies in countries participating in Quality Action.

Arild Johan Myberg from the Norwegian Directorate of Health explained that Norway had switched from an HIV prevention plan that consisted of two vertical strategies involving the same stakeholders to a horizontal and more comprehensive plan, which will focus, in the next five to ten years, on migrants, men who have sex with men (MSM) and people living with HIV. The Quality Action tools will be more important than ever in this modified plan, he stated.

Matthias Gnädinger from the Federal Office of Public Health of Switzerland (BAG) offered the example of the Swiss 2011-2017 HIV/STI programme, which includes three levels: the first is targeting the general population, the second includes efforts focusing on key populations, and the third level addresses diagnosis and treatment. After some funding reductions in recent years, HIV prevention still remains well supported in the Swiss Federation.

How can we ensure sustainability at the political level? According to John Ryan, we need to advocate for quality improvement at the governmental level, primarily by showing the progress and results of the work we are doing. It is important to demonstrate how HIV epidemics have changes as a result of different types of interventions, Valerie Delpech added.

The Charter for Quality in Prevention

A high point of the first day of the conference was the official launch of the Charter for Quality in Prevention, introduced by Ursula von Rügen from the Federal Centre for Health Education in Germany (BZgA), who presented the rationale behind the Charter, its development and its guiding principles. Based on an extensive literature search on quality criteria in HIV prevention and on the analysis of the application of the five practical tools used in Quality Action, the Charter calls for self-reflection, participation and collaboration, transparency, innovation, passion and commitment, and supportive environments as guiding principles in HIV prevention, and also lists key quality criteria for all phases of prevention work.

The launch was an opportunity to invite partners to sign the Charter, and to disseminate, support and encourage more people and institutions to integrate quality improvement into HIV prevention.



Quality improvement in HIV prevention practice

The third session introduced the Quality Action tools, capacity building and enablers and barriers for successful applications of the tools.

Viveca Urwitz, formerly from the Public Health Agency of Sweden, stressed that the Quality Action tools consist of “the compiled evidence of good practice”, and explained the criteria for selecting quality improvement tools for use in Quality Action. A tool selection guide based on a decision algorithm or ‘tree’ was also designed to help stakeholders find the right tool to address their specific needs.

Deirdre Seery from the Sexual Health Centre in Cork, Ireland, explained that the training workshops, the capacity building component that is essential to quality improvement, not only trained participants in the use of the tools, but helped to build a Quality Action network across Europe that includes people working on the governmental and the non-governmental level, in large and small organisations, and in projects addressing all key populations and using all intervention types. Deirdre Seery also stressed the participatory and collaborative nature of the training workshops, which gave all participants a sense of ownership. She cited a participant from a workshop in Barcelona who said: 'My highlight is to be part of something alive, where I feel like I can also be a creator'.

Carolin Vierneisel from Deutsche AIDS Hilfe in Germany further emphasised the role of a sense of ownership of the tools. She explained how a clear support structure, mutual support and sharing solutions to commonly encountered problems between participants using the tools was one of the key enablers of successful applications of quality improvement tools to prevention practice.

PANEL 2: Participants' perspectives

Deirdre Seery facilitated the second panel discussion, which brought together NGO and GO representatives from five countries who participated in the training workshops and applied tools to their HIV prevention projects and programmes.

Apostolos Kalogiannis from Praksis in Athens, Greece attended Quality Action training at the European level as well as workshops organised at the national level in Greece. He highlighted how the interactive nature of the workshops helped to build networks not only across Europe, but also within countries. He affirmed that the added value of the workshops in Greece was that they encouraged different organisations to start working together under the coordination of a national focal point.

Aljona Kurbatova from the National Institute for Health Development in Estonia explained that the flexible and modular structure of the workshops generated a sense of confidence that enabled participants to bring home the expertise they gained and to disseminate quality improvement tools by designing their own national training activities.

Sandra Van den Eynde from the NGO SENSOA in Belgium stated that, driven by personal



involvement, participation, passion and support from management, a group of highly motivated professionals was formed who embedded quality improvement in the organisation as a central pillar of project management.

Contributors from the audience picked up on the importance of flexibility and adaptation in getting started with quality improvement. They emphasised the importance of remaining open to new insights and innovative ideas throughout the process and to embrace change and improvement as ‘the new normal’.

A poster exhibition showcased individual, organisational and national quality improvement initiatives undertaken by Quality Action partners. The posters ranged from national training reports, detailed descriptions of the process of applying a tool and suggestions for prioritising and taking action on recommendations arising from quality improvement activities to diagrams describing the structure of national quality improvement networks. The posters documented a wealth of transferable learning and recommendations for all stages of integrating quality improvement into HIV prevention practice as well as acknowledging the remaining challenges for tools, training, practical application and policy work.

The first day of the conference concluded with a ceremony of awarding certificates to all delegates who had attended Quality Action training.

A joint dinner for all delegates provided the opportunity to celebrate their achievements, follow up on discussions and strengthen their professional relationships and friendships across the Quality Action partnership.

Day 2

Quality improvement in practice, sustainability and networking

The opening session of the second day of the conference was co-chaired by Lella Cosmaro from AIDS Action Europe, the HIV Civil Society Forum and the Italian NGO Lega Italiana per la Lotta contro l’AIDS, and Roland Simon from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It focused on enablers for sustainable quality improvement.

The keynote address given by Prof Michael Wright from the Catholic University of Applied Science in Berlin focused on the principles and practice of including the participation of relevant stakeholders, especially target groups in quality improvement activities and prevention programmes more generally. Prof Wright challenged some of the assumptions commonly made about vulnerable groups without direct knowledge of their needs and stressed the importance of true stakeholder participation for good quality HIV prevention.

“But how can we make sure that participation is integrated in each step of the process?” Prof Wright offered some concrete recommendations, including working in a partnership of funders, practice, communities and academics; working in and with communities on all aspects of planning,



implementation, and evaluation; seeing participation as a goal — not as a means to an end; finding local solutions to local problems; focusing on and developing local knowledge; building on what people know (or think they know) and learning together what works here and now; and being part of a developmental process.

This keynote address was followed by an interactive World Café session that offering the audience to further discuss the use of the five Quality Action tools developed or adapted as part of Quality Action: Shift, PIQA, Succeed, QIP and PQD. An additional station introduced the Australian W3 Project – a collaborative research and community sector initiative using a systems approach to quality improvement based at the Australian Research Centre in Sex Health and Society at LaTrobe University in Melbourne. The World Café format allowed small groups of participants to get an insight into the experiences and outcomes of applying each individual tool and provided an opportunity to exchange lessons learnt.

David Hales, tool developer and member of the Quality Action Advisory Group led the discussion on Shift, a programme-level tool focussing on stakeholder processes and developed as part of Quality Action. According to Matthias Gnädinger from the Federal Office of Public Health in Switzerland, who had applied *Shift* as the mid-term assessment of an existing HIV prevention programme, the tool was a useful instrument to identify key points for change when reflecting on the progress of such a high-level strategy. Daniel Simões from GAT Portugal had been part of an application of *Shift* to improve the quality of a governmental harm reduction programme. He reported that the stakeholders using this structured approach to quality decided to change and restructure their programme, which had remained static for twenty years.

Cor Blom from SOA Nederlands in Amsterdam, The Netherlands, hosted the World Café for PIQA (Prevention for People who Inject – A Quality Assurance Tool), a quality assurance tool developed for health promotion and prevention targeting people who inject drugs. This tool is built on an existing instrument, evidence of best practice and existing quality standards. Participants highlighted how the tool helped them to thoroughly think through their projects and set priorities for improvement. They found the summaries at the end of each section of the tool particularly useful to identify strong and weak points and to draft an action plan.

Viveca Urwitz hosted the *Succeed* World Café. Participants liked the user-friendly format of the tool, designed to help them assess their HIV prevention projects' objectives and analyse their ability to meet these objectives with sound, high quality activities. This was the most widely used tool in Quality Action and participants exchanged their experiences with using it in different settings.

Ursula Von Rüden led the discussion on experiences with Quality in Prevention (QIP), a comprehensive quality improvement tool for health promotion and prevention projects, adapted to the context of HIV prevention. It uses external experts to assess a detailed documentation form filled in by the project. To use QIP in Quality Action was challenging, as it is very comprehensive and not easy to learn and apply, especially in smaller organisations and projects. However, those



who had used it reported that receiving feedback from external and independent experts was experienced as extremely helpful.

Sabine Lex from AIDS Help Vienna in Austria hosted the World Café on the Participatory Quality Development (PQD) tool, which consists of an integrated set of participatory methods designed to improve work practices. Participants saw it as an advantage that PQD relied heavily on the local knowledge of stakeholders and helped them using it, reflecting on and extending it. They also found the selection of participatory and evidence-based methods and processes included in PQD to be well-tailored, feasible and useful for HIV prevention projects.

Finally, Graham Brown from the Australian Research Centre in Sex, Health and Society at La Trobe University in Melbourne facilitated the World Café session on the 'What Works and Why (W3)' project. The W3 Project aims to understand what works and why in peer based approaches for combination prevention in HIV and hepatitis C, and has developed a systems-based framework of four key functions that are required for peer-led programmes to be effective in a constantly changing environment and to be able to demonstrate their results and impact.

Cristina Chiotan from EuroHealthNet, Belgium, concluded the fourth session, introducing the revised Quality Action website and future communication channels. The website is now structured to provide a 'roadmap' for prevention stakeholders seeking to get started with quality improvement as well as functioning as an accessible archive of all Quality Action products and resources. Cristina Chiotan also stressed the importance of taking an active role in the dissemination process and invited the audience to keep in touch and continue to communicate and practice quality improvement in their work.

Strategies for sustainability and outlook

The final panel discussion of the conference focused on national and international initiatives for sustaining quality improvement activities. Vasileia Konte (KEELPNO, Greece) explained how the national implementation of Quality Action in Greece had closely followed the training and support structures used at the European level and that all relevant HIV prevention stakeholders had been invited to participate from the beginning. A central Greek Quality Action team is now in place to train even more people who are interested in applying the tools. Daniel Simões from GAT in Portugal stressed the importance of effectively communicating the importance of quality improvement. Now that a lot of supporting materials and documents have been produced, we all have the opportunity to involve other people in integrating quality improvement in HIV prevention. Christine Winkelmann (Federal Centre for Health Education, Germany) stressed the need to define clear goals for the upcoming period and suggested promoting the Quality Action policy kit, ensuring the adoption of the Charter for Quality in HIV Prevention, and establishing and fostering linkages with countries, relevant institutions and national organisations.

During the closing discussion, a range of further suggestions and lessons learnt emerged, including the need to sustain activities at the national level and engage with governments to garner support and to remain flexible and embrace change.



Conclusion

It was a challenge for the Quality Action Conference 2016, the concluding event of this EU co-funded Joint Action on Improving Quality in HIV Prevention, to meaningfully present the core products, main results and key recommendations as well as the diverse range of practice-based learning and experiences accumulated by hundreds of participants from 45 partner organisations in 26 countries over a period of three years, and at the same time providing opportunities for further discussion, learning and networking in the space of one and a half days.

The contributions of keynote speakers, work package leaders, panellists, World Café presenters and the audience, apart from demonstrating their high level of motivation and commitment, showed that there is a solid foundation of consensus on quality principles and criteria, that quality improvement in HIV prevention is desirable and feasible, and that the approach, tools and resources developed by Quality Action are useful in practice. They also highlighted the remaining challenges, including documenting and publishing the evidence for the approach, the further development and adaptation of tools, fostering support and commitment at the organisational and national policy and strategic levels, integrating quality improvement activities when facing high and competing demands on time and resources, and sustaining the knowledge and expertise needed to do all of the above.

It is a recommendation of the organising team and the Quality Action partnership that progress on these challenges can be discussed at a follow-up conference focusing on quality improvement in the near future.

