Building up quality of PrEP services offered by key population-led clinics through a continuous quality improvement approach: A case study of Glink Hanoi clinic in Vietnam

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BACKGROUND

HIV pre-exposure prophylaxis (PrEP) has been scaled-up in Vietnam through public, private and key population (KP)-led clinics. With this expansion, it is vital to ensure PrEP services are of quality and meet national standards and client expectations.

DESCRIPTION

The USAID/PATH Healthy Markets project and Vietnam Administration for HIV/AIDS Control of the Ministry of Health (MOH) piloted PrEP in 2017 and defined a collaborative continuous quality improvement (CQI) system in PrEP clinics. A number of standardized tools, forms, and checklists were developed and vetted by clinic, community and MOH stakeholders to help CQI teams (consisting of PrEP providers, community representatives and provincial CQI coordinators) pause-and-reflect on PrEP service quality. These CQI teams conduct Plan-Do-Study-Act (PDSA) cycles every quarter to pinpoint quality improvement areas.

Figure 1. Plan-Do-Study-Act (PDSA) cycles for continuous quality improvement of PrEP services.

Figure 2 provides an example of a checklist used by supportive supervision teams during observations of PrEP clinics to assess the facilities and implement solutions, and measure their effect. This PDSA process is shown in Figure 1.

Figure 2. Example of a program management and facility review checklist tool used during CQI visits.

We provide a case study of Glink Hanoi, a KP-led clinic delivering PrEP since 2020.

LESSONS LEARNED

Glink’s first CQI session was conducted by clinic staff, technical program officers and community workers in September 2020 who identified three areas for improvement: (i) sufficiently completing client medical records; (ii) properly documenting reasons for drop-out; and (iii) effectively establishing client feedback channels. These were reflected in Glink’s action plan, with staff assigned to oversee each follow-up action. Subsequent CQI visits were conducted in January, June, and October 2021 to review progress and identify priorities for continuously improving services.

From September 2020 to October 2021, Glink Hanoi demonstrated a systematic medical record system, enhanced documentation of drop-out reasons and staff capacity to counsel clients, and established client feedback channels. Client feedback was increasingly positive: from January to June 2021, 84%, 90%, and 89% clients reported high satisfaction and 0%, 1%, and 1% reported dissatisfaction with waiting time, staff attitudes, and service quality, respectively. From July 2021 to January 2022, 91%, 94%, and 92% reported high satisfaction with these same quality indicators and 1% reported dissatisfaction with service quality (n=387), as shown in Figure 3.

From October 2020 to November 2021, Glink Hanoi recruited 713 new PrEP clients (Figure 4), with 99% continuing on PrEP after three months despite severe COVID-19 social distancing. This is a significantly higher PrEP continuation rate compared to the national average in 2021 of 70% after three months.1

Figure 3. Client satisfaction levels at Glink Hanoi, January – June 2021 versus July 2021 – January 2022.

Figure 4. New PrEP enrolments at Glink Hanoi, October 2020 – November 2021.

CONCLUSIONS

Our results demonstrate that applying regular collaborative CQI-PDSA cycles can help clinics identify gaps in PrEP services and actively improve quality. Strong CQI systems enable KP-clinics like Glink to play a leading role in Vietnam’s PrEP program. In December 2021, the Vietnam Administration for HIV/AIDS Control adopted Healthy Markets’ CQI-PDSA approach as part of the national quality improvement guidelines that are now being applied among all PrEP clinics nationwide. This will be critical for improving PrEP service quality, uptake, and adherence in support of Vietnam’s 2030 HIV elimination goals.

References