

# 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

**Authors:** Hong Anh Doan<sup>1</sup>, Hung D. Nguyen<sup>2</sup>, Thanh M. Le<sup>2</sup>, Khang Q. Do<sup>3</sup>, Bang H. Nguyen<sup>4</sup>, Phong A. Nguyen<sup>5</sup>, Zoe Humeau<sup>1</sup>, Long K. Tran<sup>1</sup>, Bieu V. Nguyen<sup>1</sup>, Nga TT. Ngo<sup>1</sup>, Linh TT. Doan<sup>6</sup>, Huong TT. Phan<sup>6</sup>, Trang M. Ngo<sup>7</sup>, Kimberly E. Green<sup>1</sup>, Bao N. Vu<sup>1</sup>

**Affiliations:** <sup>1</sup>PATH, Hanoi, Vietnam; <sup>2</sup>Glink social enterprise, Ho Chi Minh City, Vietnam; <sup>3</sup>Galant clinic, Ho Chi Minh City, Vietnam; <sup>4</sup>Bien Viet, Hanoi, Vietnam; <sup>5</sup>My Home, Ho Chi Minh City, Vietnam; <sup>6</sup>Vietnam Administration for HIV/AIDS Control, Ministry of Health, Hanoi, Vietnam.

## 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 challenges, implement solutions, and measure their effect. This PDSA process is shown in Figure 1.

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

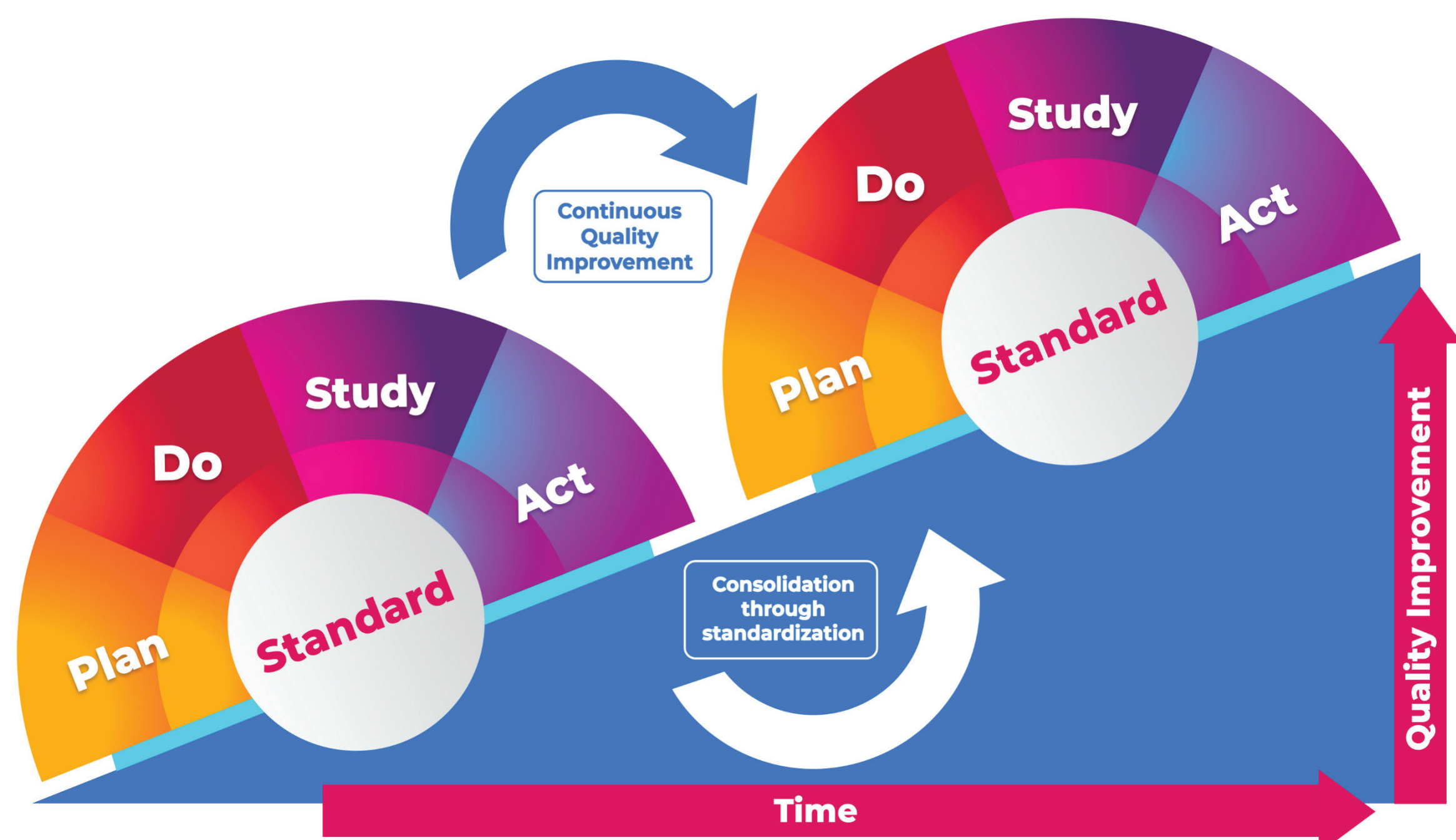


Figure 2 provides an example of a checklist used by supportive supervision teams during observations of PrEP clinics to assess the facilities and program management.

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

Continuous Quality Improvement (CQI) toolkits			
Domain	Method	Yes/No	Observations/Notes
<b>1. Facilities and infrastructure</b>			
Reception/waiting area with appropriate information, free condoms, comfortable (i.e. drinking water, hand sanitizer, wifi, floor mats, etc.)			
HIV counseling and testing areas: <ul style="list-style-type: none"> <li>Adequately equipped and</li> <li>Provides privacy</li> </ul>			
Doctor's clinical examination room: <ul style="list-style-type: none"> <li>adequately equipped and</li> <li>provides privacy</li> </ul>			
Adequate storage for test kits and PrEP medication			
Computer for recording client details and linkage with other sections			
Reliable electricity for the computer system with UPS back-up where possible (if no UPS, back-up may be paper-based)			
Running water available			
Toilet are clean and easy to find			
<b>2. Human resources and training</b>			
Adequate staff employed (receptionist, medical doctor, nurse, counselor, and pharmacist/ dispenser), all with clear visible name card			
Staff seems friendly and welcoming to clients			
Medical practitioner licensed in CO. Doctor has certificate in sexually transmitted			
All staff members and volunteers have received PrEP training within 2-3 months of recruitment			
All staff members and volunteers have received relevant ongoing refresher training			
<b>3. PrEP and related services</b>			
Clinic registered and licensed to provide PrEP services (where registration should be available)			
Clinic is providing PrEP and nPrEP services			
Minimum HIV, PrEP, and nPrEP clinical guidelines, flow charts, and SOPs available and in use			
Most registration, clinical records, and forms available and in use			
HIV SOPs and associated forms and job aids (additional to being available and in use)			
Checklists and procedures to identify zero-comers are in place			

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

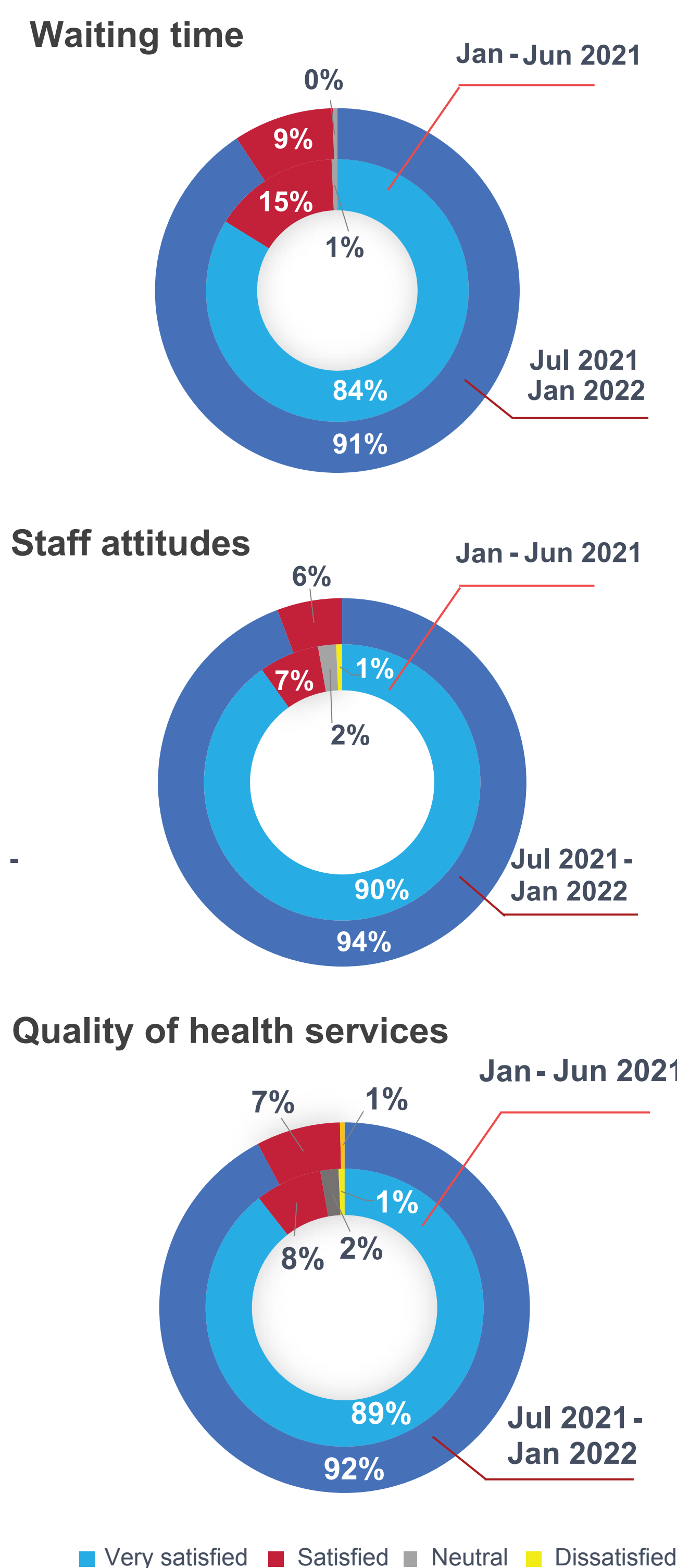
## LESSONS LEARNED

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.

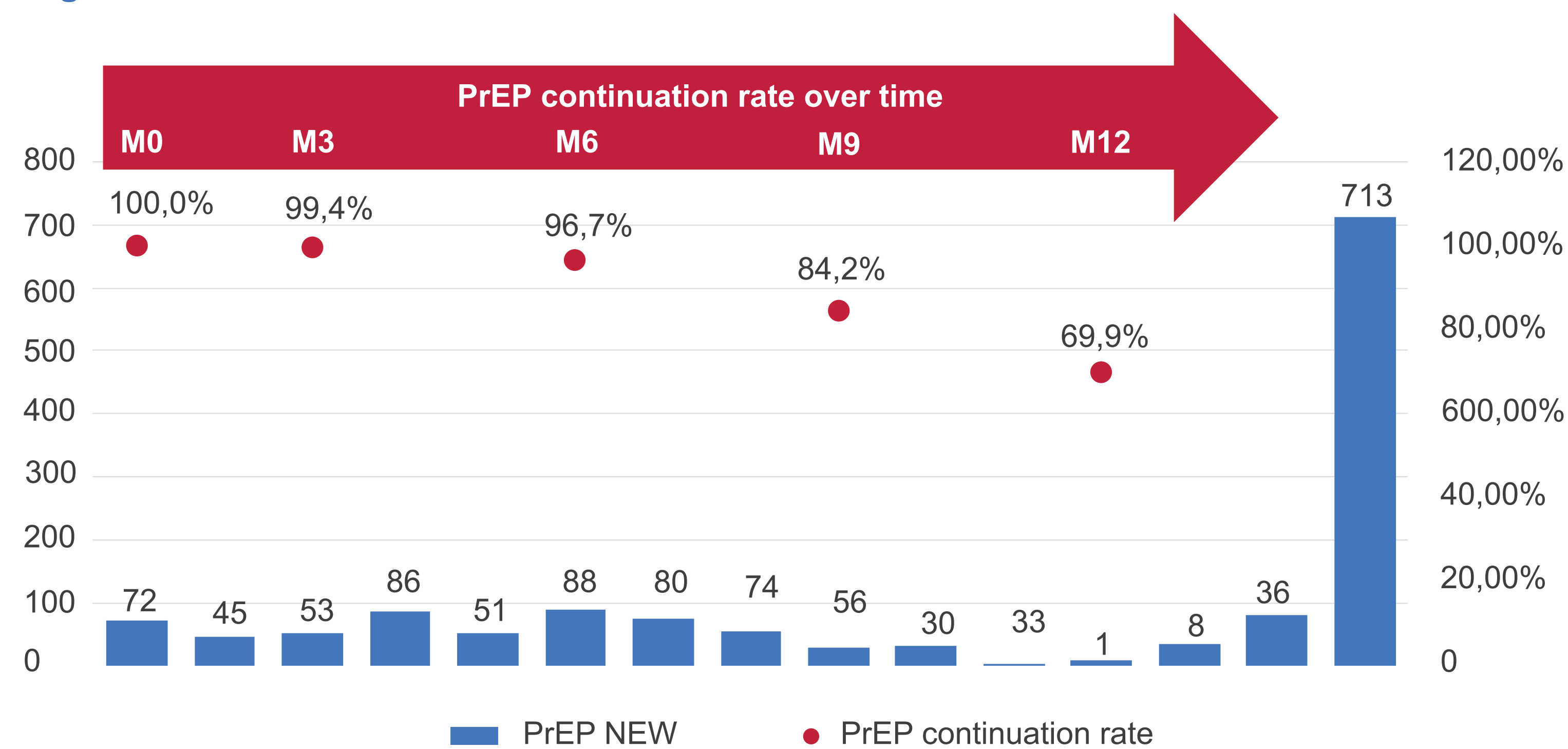
From September 2020 to October 2021, Glink Hanoi demonstrated a systematic medical record system, enhanced documentation of drop-out reasons and staff capacity to counsel clients, and established client feedback channels. Client feedback was increasingly positive: from January to June 2021, 84%, 90%, 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.<sup>1</sup>

**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

<sup>1</sup>Vietnam Administration for HIV/AIDS Control, Ministry of Health. PrEP program monitoring data. Hanoi, Vietnam: 2021.