Kick–Off Workshop

5–6 June 2013
Königin Louise Hotel, Berlin

– Workshop Report –

On 5-6 June 2013, the kick-off workshop for Quality Action took place in Berlin, Germany. Associated and collaborating partners met to familiarise themselves with the concepts and structure of the project, to build collaborative links and plan their next steps.

The kick-off workshop was for official partners (see also the list of participants at the end of this document), but the content and materials can be useful for all stakeholders who want to participate along the way or keep informed about progress. This report documents the workshop and provides all relevant materials as hyperlinks. It can also be downloaded from the Quality Action website at www.qualityaction.eu.

The workshop was the first meeting of all signed-up partners since the project had officially commenced on 1 March 2013. The event marked the beginning of this three-year Joint Action between 25 associated and 16 collaborating partners from 25 Member States. Such a complex collaboration depends on a common understanding of the concept and structure of the project, building and maintaining personal and organisational relationships and a shared sense of purpose, direction and responsibility.

The Quality Action steering group, made up of the leaders of the eight work packages and the European Agency for Health and Consumers as the EU agency managing this co-funded project, planned an agenda (http://www.equitychannel.net/uploads/Kick-OffAgenda_final.pdf) to get the project off to a good start. The steering group aimed to encourage as much interaction and participation as possible while giving participants all necessary information to understand their own role in the project. Many work package leaders and other partners contributed as presenters, facilitators and organisers.

In place of a detailed list of acknowledgements, the coordinator of Quality Action, the German Federal Centre for Health Education (BZgA), takes this opportunity to thank everyone who contributed to writing the project submission, negotiating the funding contract and collaboration agreement and to planning, preparing conducting, documenting and evaluating the kick-off workshop. The evaluation of the event confirms that it was an effective and enjoyable transition from theory to practice for Quality Action.

Table of contents

Kick-off workshop objectives

The steering group articulated a set of objectives for the kick-off workshop to reflect the needs of different groups of contributors to Quality Action and to create the best possible conditions for the project to succeed. The objectives listed below also form the basis of the workshop evaluation.

By the end of the Kick-Off Workshop, <u>all participants</u> will know about
- the underlying concept of the project
- the benefits of applying QA/QI tools
- the role of each WP, the project timeline and project outputs
- their role in dissemination and providing data for evaluation

By the end of the Kick-Off Workshop, <u>collaborating partners</u> will
- be clear about the process and guidelines of participating in the project
- have an overview of the training component and selecting country experts
- have an overview of the tools and selecting them for practical application

By the end of the Kick-Off Workshop, <u>associated partners</u> will
- know about the project deliverables and milestones
- know what their work package leaders expect of them
- have an overview of the training component and selecting country experts
- have an overview of the tools and selecting them for practical application

By the end of the Kick-Off Workshop, <u>work package leaders</u> will
- have received feedback on how to make their work accessible to associated and collaborating partners
- know what their partners expect of them
- know what their partners can contribute to the work package

The overall facilitator for the workshop, David Hales, introduced these objectives after an interactive welcome activity at the beginning of the workshop.

Day 1, Wednesday 5 June2013

Keynote addresses

The official component of the workshop included keynote addresses, two formal presentations and a panel discussion. The keynote addresses demonstrate the commitment of the German government to continue its support for quality improvement in Europe and of the coordinating partner organisation BZgA to facilitate the successful implementation of Quality Action. The two formal presentations offer an overview of the concept and structure that underpin the project. Partners can use these presentations to introduce Quality Action to new stakeholders and audiences among their networks.

The panel discussion offered participants insights into the practical experience of people who are active in HIV prevention and have used QA/QI tools in their work.

Keynote address: Ines Perea, German Ministry of Health (BMG)

Ines Perea expressed the pleasure of the MOH in opening this workshop in Berlin as the next step in the important work on quality in HIV prevention in Europe. After the first conference on the topic in 2008, the Ministry was able to assist and make additional funds available to support more rapid progress through a core group, the IQ^{hiv} initiative, convened by BZgA, AIDS Action Europe and the WHO Regional Office for Europe.

IQ^{hiv} adapted existing quality improvement tools to HIV prevention, held several introductory 'Roadshow' workshops across Europe and published a website with information and materials.

In 2012, the MOH supported the second conference on Quality in HIV Prevention in Berlin. With the opportunity to expand the work through the mechanism of a European Joint Action, the German Ministry committed further financial support to the development of the proposal.

Ines Perea concluded by acknowledging the contributions of all involved to move this initiative on quality in HIV prevention within 5 years from the first meeting in 2008 to a three-year, EU co-funded, Europe-wide project to disseminate the ideas and methods, and to integrate them into the EU response to HIV.

Keynote address: Prof Dr Elisabeth Pott, Federal Centre for Health Education (BZgA)

Prof Pott highlighted the fact that for the last 25 years, the Federal Centre for Health Education (BZgA) has been conducting the national prevention campaign "Don't give AIDS a chance", which targets the general population in Germany. The collaboration between BZgA and the NGO peak body Deutsche AIDS-Hilfe (DAH), also a partner and work package leader in Quality Action, was made possible by an early political decision to form a strategic partnership between public health officials, affected populations and academics.

Prof Pott said that the BZgA's most important goal remains keeping new HIV infections in Germany at a low level and to reduce them further. In this context BZgA focused on improving the quality of health promotion, including HIV prevention from the beginning.

After convening the conferences in 2008 and 2012 together with WHO Europe and AIDS Action Europe, a group of Member State representatives asked BZgA to lead the development of a proposal for a potential EU-wide project, which has now become 'Quality Action'.

Professor Pott expressed BZgA's pride in serving as coordinator for this key initiative on quality improvement in HIV prevention in Europe.

Presentation: Quality Action – Concept and Methods, Matthias Wentzlaff-Eggebert (BZgA)

This presentation introduced the concepts and methods of Quality Action. They are designed to increase the effectiveness of HIV prevention using practical Quality Assurance (QA) and Quality Improvement (QI) tools.

This diagram represents the concept:
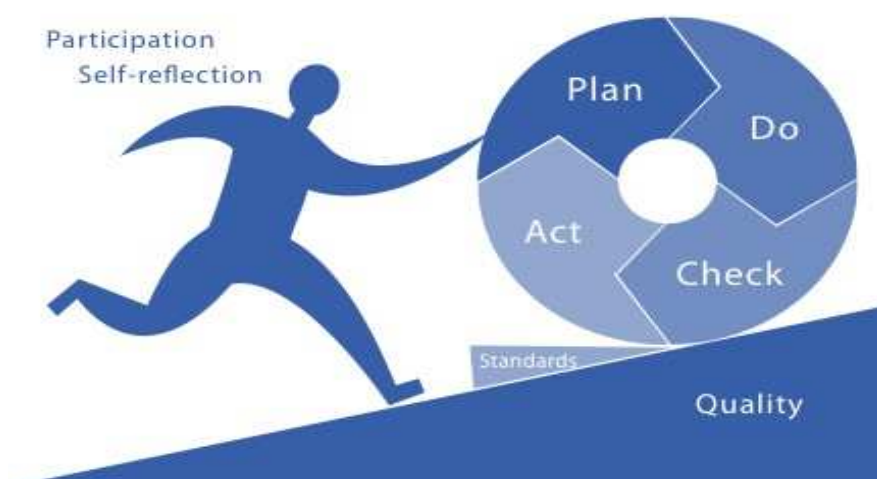
'It's not enough to do the right things (best practices), we need to do the right things right (quality).' Quality improvement does not mean focussing on mistakes and shortcomings in the work – mostly it is about recognising how well we do things already and why. The diagram illustrates the process of quality improvement: quality is an upward slope. Any prevention activity, project or program can be described as a continuous cycle of planning, doing, checking, then acting – familiar to many as the 'public health action cycle' or from project management, action research and similar models. Quality improvement can be applied to any and to all phases of the cycle.
Participation and self-reflection are the engines that push quality upwards: they are catalysts and key principles in this approach.

Participation is important because no single point of view is likely to give an accurate picture of the context in which a HIV prevention activity operates, nor an accurate picture of the activity itself.

The participation of the target group is especially important – if the project does not respond to the needs of the clients as perceived from the clients' point of view, it is unlikely to be as effective as it could be.

Assuming we have always tried our best given the circumstances, self-reflection means stepping back to critically examine how well it actually worked.

Standards that emerge from local quality improvement practice ensure that the project does not roll back down the quality slope when the staff changes or short project funding cycles interrupt continuity. How widely applicable the emerging standards are depends

on the context – HIV prevention is complex and highly dependent on local circumstances.

One participant highlighted an important distinction: Quality Action's approach as a self-directed process based on the principles of self-reflection and stakeholder participation is very different from any form of imposed steering, controlling, rating, or ranking that many organisations would be opposed to.

The full presentation is available for download at the Quality Action web site: http://www.qualityaction.eu/meetings.html (see presentations).

Discussion Panel: Practical experiences of applying QA/QI in HIV prevention

During this open exchange of stories and experiences, Cor Blom from SOA AIDS Netherlands, Isabell Eibl from AIDS Help Vienna (AHW), Karl Lemmen from Deutsche AIDS-Hilfe (DAH), Viveca Urwitz from the Swedish Institute for Communicable Disease Control (SMI) and Matthias Wentzlaff-Eggebert from the Federal Centre for Health Education (BZgA) shared some of their successes, challenges, failures and learning from their work on quality.

Here are some excerpts from their contributions to illustrate the diversity of experience and some of the benefits of focusing on quality:

> Self-reflection and support, not control, are vitally important to the personal motivation of staff working in prevention projects.

> Inviting the participation of illiterate migrants in the project design multiplied the successes of a prevention campaign.

> In the 1990s there was no structure to ask questions like 'what are we actually doing?' or 'how many members of the target group do we reach?' – with a simple tool like *Succeed* this important dialogue could have been facilitated easily.

> An environment without shame or fear of being seen as incompetent of failing is a prerequisite for quality improvement.

> The real benefits come about when quality is addressed to improve the project rather than just to satisfy donors.

> The panellists also agreed that with practical tools now available, implementing quality improvement will become easier.

Presentation: Quality Action – Project Structure, Matthias Wentzlaff-Eggebert, Federal Centre for Health Education (BZgA)

This presentation introduced the project structure of Quality Action. Project funding for this European Joint Action (a funding instrument of the European Commission to encourage collaborative projects among many member states) comes from the 2008–2013 Public Health Programme of the European Commission (2012 Work Plan). The Executive Agency for Health and Consumers (EAHC) is the project manager and administers the contract. The project has EU co-funding of 1.5 Million Euro (42%) and a partner contribution of 2.0 Million Euro (58%) for the project duration March 2013 to February 2016.

The project unites 25 associated and 16 collaborating partners from 25 countries. Among the associated partners there are 12 government and 13 non-government organisations, 11 from western and 7 from eastern parts of Europe. The Federal Centre for Health Education (BZgA) in Germany, an authority in the portfolio of the German Federal Ministry of Health is the coordinating partner.

All Joint Actions include three basic, overarching work packages to cover basic project management functions: Coordination, Dissemination and Evaluation. The content-specific work packages correspond to the Joint Action's objectives. Each of the project's five content-specific work packages targets one of the key elements of the project concept as it is represented in the diagram below:
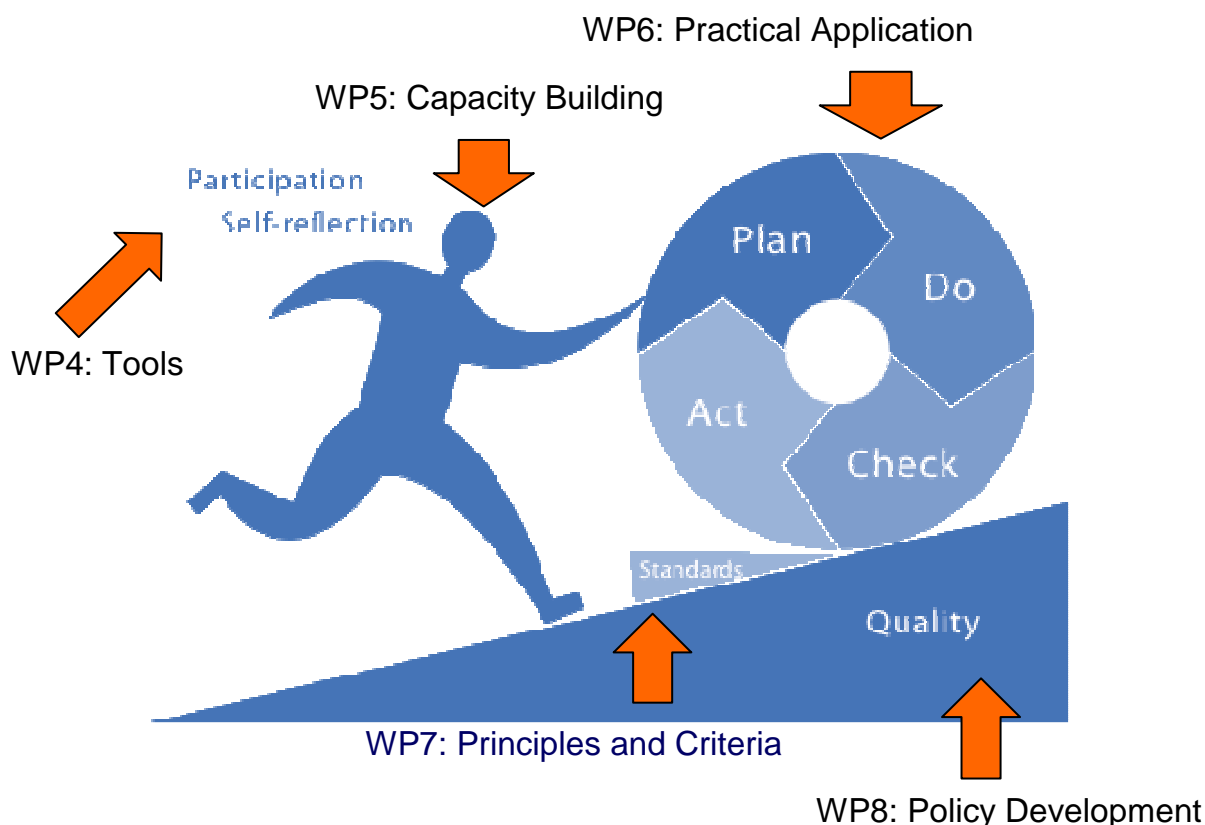
> Five core work packages share the specific activities of Quality Action:
> - tools
> - capacity building
> - practical application
> - quality principles and criteria
> - policy development
>
> Three 'horizontal' work packages support and complement them:
> - coordination
> - dissemination
> - evaluation

The coordinator and the steering group planned the day 1 activities of the workshop to provide participants with overviews of the project timeline, the quality assurance and improvement tools it promotes and the underlying concepts. Keynote speakers reminded participants of the origins of the initiatives that led to Quality Action, the significance of the project for Europe and beyond and expressed the official support the project receives from Germany, the host country for the workshop.

The following sections summarise the purpose, main points and main results of the day's proceedings. Detailed content, including posters and presentations, can be found at http://www.qualityaction.eu/meetings.html.

Group activity: Project roadmap

Nine small groups of participants (each comprising participants either from the same country or region, or from a group of countries with relevant commonalities regarding HIV) explored the main steps of the project. Posters described each step and the activities that participating countries could expect at each of these stages in the project. This activity offered the opportunity to list questions that participants would like to find answers to over the course of the kick-off workshop. Each group discussed how they might implement each project step in their regional context.

The posters describe the Quality Action steps from the point of view of a participating country, organisation or HIV prevention program or project (http://www.equitychannel.net/uploads/QualityActionProjectRoadmap.pdf). Below are summaries of each step.

Step 1: Recruiting country-based experts
June 2013 – January 2014

In order to train at least 60 trainers/facilitators in Quality Assurance/Quality Improvement (QA/QI), groups discussed criteria for recruitment, including personal mandate, regional representation and experience in project work, administration or at the management level.

Work package 5 (Capacity Building) will develop a final list of criteria to assist in recruiting participants for training. Criteria will include experience in HIV prevention, skills in training, coaching, facilitation and project management as well as knowledge of planning, monitoring and evaluation. Excellent networks and a good reputation among HIV prevention stakeholders will be essential so that the 60 trainers/facilitators can lead the use of tools in their own organisation, provide technical assistance to others, link them to external help and even train additional trainers.

Step 2: Recruiting projects and programs to apply QA/QI tools
June 2013 – March 2014

Participating countries will select least 80 programs and projects across Europe to use the QA/QI tools as part of Quality Action. The goal is that the mix of participating HIV prevention programs and projects will target key populations according to the EU communication and action plans (e.g. men who have sex with men, people who inject drugs, sex workers, people living with HIV, migrants from high-prevalence countries). Work package 6 (Practical Application) will develop criteria and a communication and support structure to assist in recruiting the programs and projects that will use the tools.
The challenge will be to motivate programs and projects to participate in Quality Action and use the QA/QI tools despite the constraints of day-to-day work. Participants thought that starting with the currently participating organisation and using existing networks, others could be motivated to use the tools as a way to show the quality of their own work and to become part of a benchmarking movement for quality in HIV prevention.

Some of the potential benefits include increased satisfaction of staff and stakeholders, easier planning, monitoring, evaluation and reporting, better team building and more stakeholder participation.

Step 3: Selecting QA/QI tools
by February 2014

Work package 4 (Tools) will make the three existing QI tools *Succeed*, Quality in Prevention (QIP) and Participatory Quality Development (PQD) available and develop two more: a quality improvement tool designed specifically for overall HIV prevention programs at the national and sub-national strategic level and a specific quality assurance

tool. QA works well for interventions that follow a standard routine, e.g. Voluntary Counselling and Testing (VCT), needle exchange programs, etc.

The decision of which tool or tools to use will depend on the type of participating program/projects, on the trainers/facilitators available for technical assistance, the timeline of the selected projects and the needs and preferences of staff/stakeholders.
Work package 4 (Tools) will assist the selection process with a guide that describes the main characteristics of each tool.

Step 4: Regional training part 1
April 2014 – May 2014

The first part of training the 60 trainers/facilitators will take place in four locations nearest to the participating countries - in Amsterdam (this location has since been changed to Dublin for logistical reasons), Barcelona, Ljubljana and Tallinn. It will facilitate networking among participating projects and organisations and include a meeting with work package 6 (Practical Application) to assist in organising the implementation after the training. Expected is a rapid scale-up in each country in form of a cascade that reaches many organisations. The e-learning package developed by work package 5 (Capacity Building) will assist in the 'train-the-trainer' approach, provide more in-depth knowledge on QA/QI concepts as well as a space to share experiences, advice and answers to emerging questions. Feedback and discussions after part 1 will help identify topics for part 2.

Step 5: Using the QA/QI tools
May 2014 – January 2015

During this phase, partners and all others who have been recruited to participate apply tools to at least one of their own programmes or projects. Participating countries are expected to include their national/regional HIV prevention program.
The time required will depend on the chosen tool and how many stakeholders participate. Ideally, the QA/QI tools are used in regular cycles (e.g. once every year) or as a continuous process. Quality improvement can be institutionalised by including it in the

national HIV plan and raising awareness of quality issues. All participants will provide feedback on enablers and barriers to implementation and the collated results of their quality improvement activities will identify common factors, principles and criteria of quality in HIV prevention. Highlighting the benefits of quality improvement will support the future dissemination of the approach.

Step 6: Regional training part 2
November 2014 – December 2014

The second part of the training will consist of follow-up sessions on each tool, based on exchanging experiences and lessons learnt. As part of these sessions, work package 3 (Evaluation) will consult the trainers/facilitators to collect feedback and work package 7 (Principles and Criteria) will also meet with the groups to discuss emerging quality factors, principles and criteria. Trainers/facilitators may also begin to train others in their country or region and expand the use of the tools. Quality improvement can also be discussed and awareness for the challenges raised at local and regional meetings and scientific conferences.

Participating countries and organisations can further disseminate the outcomes and products of Quality Action and build local structures to integrate it into HIV prevention for the long term. Where opportunities exist, a focus on quality can be written into HIV prevention strategies, policy and action plan documents at the European, regional and member state levels.

Step 7: Feedback and data collection
June 2013 – September 2015

Collecting feedback and results will allow Quality Action to identify the enablers and barriers to using QA/QI tools in HIV prevention: What has worked in one country, but not in another? What specific improvements have been identified? How have the tools been adapted to local needs?
Learning from each other, identifying challenges and checking to what extend Quality Action has fulfilled its objectives will clarify the future potential of the approach.
Work package 3 will collect data using a survey on the starting environment, case studies (stories), informal feedback, questionnaires, interviews and focus group discussions (combined with part 2 of the training).
The results of applying the tools to a range of HIV prevention programmes and projects across Europe will inform the task of work package 7 (Principles and Criteria) to identify common factors for quality in HIV prevention.

Step 8: Products and Sustainability
by February 2016

Quality Action will produce core materials for applying quality improvement in practice, a Charter for Quality in HIV Prevention, a policy kit and a range of reports.
The core materials will include the revised versions of the five QA/QI tools, guidance to selecting the appropriate tool for each application, the introductory QA/QI training module, individual training modules for each tool, the e-learning package and a booklet with case studies.

Work package 7 (Principles and Criteria) will produce a Charter for Quality in HIV Prevention using literature review and feedback from partners. The Charter will contain agreed quality principles and criteria for HIV prevention and rationales and recommendations for their future use.

Work package 8 (Policy Development) will prepare a policy kit with resources for policy makers and strategic planners. It will contain a glossary of terms/definitions and recommended policy statements and strategic actions. WP8 will also conduct a policy review and support quality improvements through policy papers.

Quality Action will publish various reports including a technical report, a process and outcome evaluation report and a practical application report.

In order to sustain achievements, planning should start well before the end of the project. The process for signing on to the Charter may also offer fundraising opportunities for future activities.

World Café: The existing three tools

In the 'Getting to know the Quality Action tools' World Café, experts presented introductions to each of the three existing tools. They introduced participants to the background, history and structure of each tool and offered opportunities to try out excerpts in the form of short case studies.

All three tools have been developed using a rigorous scientific process of knowledge-based design, field-testing, revision and publication. Each tool was developed for particular settings and purposes and each is suitable for different kinds of applications. Short descriptions and fact sheets for QIP (http://www.equitychannel.net/uploads/FactsheetQIP.pdf), PQD (http://www.equitychannel.net/uploads/FactsheetPQD.pdf), SUCCEDD (http://www.equitychannel.net/uploads/FactsheetSUCCEED.pdf), Program Tool (http://www.equitychannel.net/uploads/FactsheetNewTools.pdf) and PWID (http://www.equitychannel.net/uploads/FactsheetNewTools.pdf) enable users to choose the appropriate tool for any HIV prevention setting.

All three tools build on the versions already available on www.iqhiv.org and the versions to be used in Quality Action will be available for download at www.qualityaction.eu for use in this project.

Succeed: an easy-to-use, evidence based Quality Improvement questionnaire

Succeed is an easy-to-use tool designed to help HIV prevention projects assess their objectives and analyse their ability to meet them with sound, high quality activities. It allows project personnel and if required, representatives from the target group and other important stakeholders to jointly review the work and improve it during project implementation. Although relatively simple, *Succeed* is based on scientific research about success factors in the field of health promotion. It has been specifically adapted for use in HIV prevention. It can be used to review existing interventions or to review a plan for a new one. The process can be completed within a day or two, depending on how much detail you want to include, and whether and how many stakeholders participate.

Quality in Prevention (QIP): Comprehensive Quality Improvement by external expert assessment

QIP is a comprehensive quality improvement tool for health promotion and prevention projects. It uses external experts to assess a detailed documentation form filled in by the project. The questionnaire can also be used as a guide for the self-assessment of projects, programmes or strategies. Trained external reviewers assess the quality of the project's structures, processes and outcomes according to set criteria across 22 evidence-based quality dimensions. Completing the documentation form will take from some hours to several working days, depending on how well you have documented your project already and to what extent you choose to involve stakeholders.

Participatory Quality Development (PQD): QI with a focus on target group involvement

PQD is an integrated set of tools designed to help improve work practices. It relies heavily on the local knowledge of stakeholders and helps them use it, reflect on it and extend it. PQD includes a selection of participatory and evidence-based methods and processes that are tailored, feasible and useful for HIV prevention projects. The methods and processes originate in different fields of health and social science theory and practice, and the toolkit has been used in general health promotion as well as in HIV prevention.

PQD focuses on strong and meaningful participation of target groups as well as other stakeholders in prevention interventions. The overall design of the PQD toolkit allows you to select the tools that best meet your needs.

The Quality Action project will offer an introductory training to PQD, which will introduce key concepts: community participation in the development, implementation and evaluation of HIV prevention programmes. The attending trainers/facilitators will then teach and implement some of the tools from the PQD toolkit locally.

The PQD handbook is available online at http://pq-hiv.de/en and further references and scientific evidence for this tool can be found at International Collaboration on Participatory Health Research (ICPHR) http://www.icphr.org/ or the Participatory Health Research Working Group section at the "Cooperation for Sustainable Prevention" web site http://www.knp-forschung.de/?uid=5e734732cba80c1cf3d764cff8dad264&id=Seite3206 (choose German or English on home page).

Work package 4 (Tools) provides practical methods and processes for self-reflection and participation.

Work package 5 (Capacity Building) empowers the people who do the prevention work to engage with the topic of quality and apply it to their projects/programmes.

Work package 6 (Practical Application) recruits projects and programmes in Europe to participate in Quality Action.

Work package 7 (Principles and Criteria) analyses the results of quality improvement activities and documents them for future reference and dissemination.

Work package 8 (Policy Development) advocates for quality as a common goal and incorporates it at the structural level.

The full presentation can be found at http://www.qualityaction.eu/meetings.html.

'World Café' Activity: Introducing work packages 4, 5, 6, 7 and 8

The 'World Café' format allowed participants to visit three work package stations and to participate in 30-minute introductions at each of them. Work package leaders discussed details of their work plan, responsibilities and how they plan to achieve the objectives. Details of each work package are described in the respective fact sheet (http://www.qualityaction.eu/work.html).

WP4: Tools

WP4 produces five practical and knowledge-based QI/QA tools for HIV health promotion and prevention in Europe, including guidance and training materials. The three existing, evidence-based tools *Succeed*, QIP and PQD, and two new tools: a quality assurance tool for the area of harm reduction and prevention interventions targeting people who inject drugs (PWID) and a tool designed specifically for improving quality in HIV prevention programmes at the national and sub-national strategic level.

Some points and comments from the discussion:
- Good communication between WP4 and WP6 will be essential to prepare for the implementation of the new tools and any changes to the old tools.
- The timely translation of materials will be crucial for rapid implementation. However, since all tools might be subject to changes after the implementation, the translations might have to be revised in year three.
- An agreed terminology list is needed for translations.
- Translations are only needed for tools actually used in a country.
- The new tools will only be produced as hard copies for the pre-test phase; the others will be available in electronic format for download.

Specific comments on the new tools included:
- Keep the program tool short.
- Government and civil society should both benefit from the programme tool.
- 'Agreed, accepted and expected' are usually good criteria for standards when there is no published research.
- The tool for interventions targeting PWID should be short, easy, and cover a range interventions.
- Communicate enough context to evaluate the new tools.
- Consult the advisory group on new tools, they can give feedback and comment on drafts.

Other comments from participants:

- The tools are different in some ways, but equal in many more aspects: *Succeed* is not as 'simple' as it might look; QIP might do a good job for smaller countries who would like to get external feedback within the JA, and the success of PQD really depends on the involvement of all stakeholders. But *Succeed* and QIP can also be applied in a participative way.
- Most important are the criteria for selecting tools: with clear instructions at the beginning about what kind of tool is appropriate for which kind of project, how much time it would take and the resources needed.
- Tool needs to be really user-friendly, like a checklist, tailored to our needs, easy to use.
- Do not require a lot of resources: it shouldn't be an academic exercise.
- Tools must be easily accessible on the Internet, free of charge.
- NGOs would be concerned about the use of external experts in one of the tools (QIP) if anonymity cannot be guaranteed when sending the documentation form for anonymous review. In small countries, everyone will know which organization is leading the initiative, and reviewers from that country might be biased.
- Tool users would like to get feedback from others using the tools: outcomes of evaluations should be made available online to enable users to compare tools.

WP5: Capacity Building

WP5 deliverables include a training module on core quality assurance and quality improvement methods in English to complement the specific training modules on individual tools developed by WP4. This introductory training module will consist of a facilitator's manual, presentations and hand-outs of core materials. WP5 will collaborate with partners to develop guidelines for selecting the trainers/facilitators to be trained from participating countries. It will organise the regional training workshops part 1 and

part 2, develop the e-learning package to provide ongoing training to those working in the field and collaborate with WP4 and WP6 (exchanging lessons learned to update tools and training modules) as well as WP3 (collecting evaluation questionnaires and passing on informal feedback). At the end of the project, at least 60 trained trainers/facilitators will have core knowledge about QA/QI plus specific knowledge and skills related to the tools provided by WP4.

Some thoughts from participants:
- Getting the right people to attend the training will be crucial.
- Selection guidelines should consider the following: candidates should already be trainers or facilitators, be people who actually have the time to train and apply the tools, have language skills in English and the local language(s) needed, have experience in HIV prevention, have the appropriate mandate (being respected and accepted by others in HIV prevention), have a good overview of prevention projects and key players in their country, be good motivators, have access to networks and must have an affiliation to an institution working in HIV prevention.
- Selecting trainers/facilitators should also focus on local epidemiological priorities.
- Encourage countries to carefully select tools for application so that not all trainers/facilitators are trained in the same tool.
- How to motivate people to participate in training and use the tools: emphasise that the tools are useful and can solve problems, certificates of attendance for trainers/facilitators, a kind of 'quality seal' for use on organisations' websites if they commit to regularly using the tools, ongoing quality assurance of the service the trainers/facilitators provide in each country, communicate that tools can do more than improve quality (they are also useful for planning and documenting projects and programmes).
- People need information and support ahead of the training so they can choose the right tool for themselves.
- Work packages 4, 5 and 6 have a wide overlap: a functioning communication structure seems essential and has to be established in order to achieve efficient progress and to quickly organise the collaboration.
- WP5 and 6 seemed slightly contradictory with regard to the criteria for those to be trained as trainers/facilitators: While the WP 5 discussion outlined that chosen experts must be able to train and also implement the tool they have been trained in, the WP6 discussion stressed that they have to be first of all the ones who implement the tools and that being trainers on the local level is more of an added bonus and might not be achievable in all cases.
- It is very important for the sustainability of the project activities to develop a pool of experts who can both train and implement.
- The 'Project Road Map' started with the recruitment of experts. But in order to be able to do that you have to do some preparations first. You need to develop a country profile or country strategy that addresses these questions: Which projects do we have? Which tools will give us added value? Which tools do we want to implement? What training do we need? Which possibilities are there for regional coordination? And then you can make an informed choice on who to send to the training.
- Recruiting country-based experts to be trained: some participants were of the opinion that they themselves and some other medical staff and/or epidemiologists would become these trainers/facilitators. However, candidates should also be experienced trainers and must have links to the key populations/prevention projects and programmes in order to prevent that officials who are high up in the hierarchy and who are not trainers are selected.

- Participation needs commitment. In order to get this you probably will need to do some awareness-raising: Why would it be interesting/useful for our country/region/city/ organisation/project to participate? This awareness raising will have to start now. It would be helpful to have a central document that states what you will get out of participating in Quality Action. What's in it for me? What are the advantages?

Questions on sustainability:
- How do we ensure QI and QA continues after Quality Action? How can we ensure the tools are actually used?
- Trainers implement tools – are they under some sort of contract in advance of attending the training?
- We don't want competition between those applying tools in the countries – all should work together.
- Can we sustain expertise in regions through networks?
- Someone who knows the tools should help people with problems and with making the right choices.
- Include QA/QI in annual reviews – there should be guidelines for sustainability.
- Facilitate mutual support and exchange between those who attended training together.

WP 6: Practical Application

WP6 will coordinate and support the practical application of QA/QI tools by at least 80 HIV prevention projects/programmes throughout Europe. All activities aim to enable and assist these applications.

WP6 will develop criteria to assist in choosing a suitable QI/QA tool for each project/programme in a supportive environment, and to support the work of

stakeholders. This will include assistance with planning for the phase of applying tools (in coordination meetings at the end of each training workshop part 1) and communication mechanisms to use for peer support during the application phase (web-based). WP6 will be the contact point for questions in the process and will collect feedback on the process of practical application.

Some comments from participants:
- Variety provides the best learning experiences – so, ensure variety in applications, tools, geographical areas, key populations, and levels of applications in a country.
- The word 'criteria' for selecting trainers/facilitators to attend the training and projects/programmes to apply tools is rather strong, a better term to use is 'guidance'.
- Guidance (Criteria) should be adapted on a country level.
- Recommend a checks and balances in the selection process: at least two organisations should be involved in selecting the experts and projects.
- It is important to find ways to enable all interested stakeholders to participate. It is not yet clear how experts and applications/projects will be interconnected.
- Trainers/facilitators (experts) need to be able to apply the tool at least once after the training.
- Offer continuous availability of assistance during the practical application phase (on different levels, country, region, project).
- Collect 'real life stories' during the process to enable learning experiences.
- Determine the need of national/regional coordinating groups.

WP 7: Principles and Criteria

WP7 will collect and analyse data from the results of practical applications, identify and document quality principles and criteria, produce an agreed Charter for Quality in HIV Prevention, give scientific advice to the project and publish scientific papers.
WP7 develops general quality principles and criteria from the results of practical application of QA/QI tools, refines them in light of relevant literature and consults with

partners to produce an agreed 'Charter for Quality in HIV Prevention', to be submitted to and accepted by member states and civil society through the HIV Think Tank and Civil Society Forum.

WP7 will collect data using desk review, survey instruments developed in consultation with WP6 participants and through focus groups conducted in combination with the four regional WP5 training workshops part 2. WP7 will also liaise with WP6 to include their findings on political, structural, financial and social enablers and barriers to quality prevention. This work and other significant results will also form the basis for scientific publications led by this WP. The WP will make relevant scientific evidence and information available to partners through regular research updates at meetings and through networking.

It will develop and maintain links to and exchange with relevant European initiatives (e.g. research initiatives, such as ECDC's behavioural and second generation surveillance toolkit, QA/QI activities of EMCDDA, EMIS and intervention projects such as COBATEST, SIALON, Everywhere, H-Cube, Sunflower, IMPACT, and will pursue emerging synergies. The WP will convene a Scientific Reference Panel (SRP) that reviews current research on the practice of HIV prevention in relation to the Joint Action's focus on quality.

Comments from participants:

- Certain principles already exist – define the gaps
- Use existing literature on quality in Health Care with regard to the client perspective
- The challenge will be the balance between broad principles and detailed criteria. The level of detail can only be set after results are collected.
- What perspective do we take: the client or the funder perspective?
- Charters are different for different target groups and are communicated in different ways – yet there must be consistency.
- The process of acceptance or formal adoption can take place on various levels and support can come from various quarters, e.g. people in the field, ministries, ECDC, EMCDDA, Think Tank, CSF and WHO/EURO.
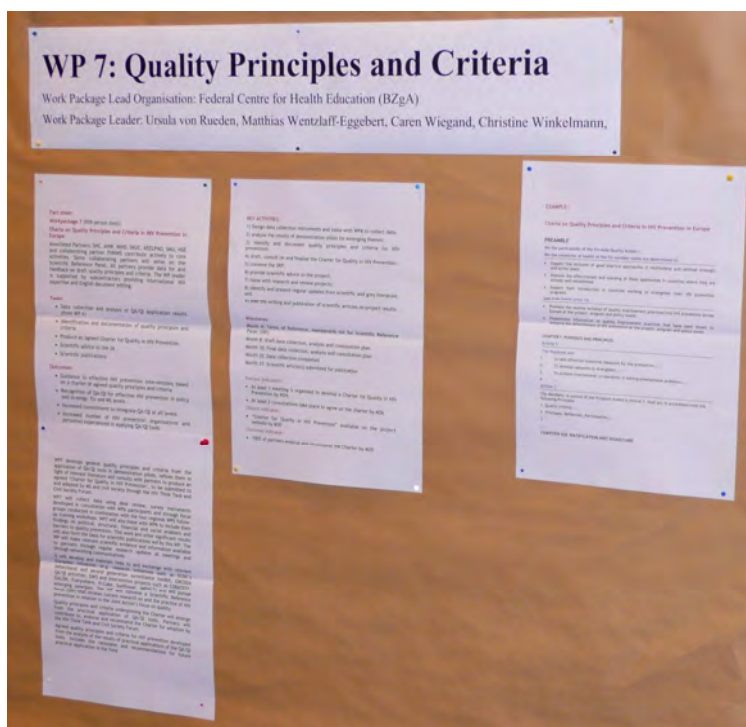
WP 8: Policy Development

WP8 will conduct an integrated set of activities to assess and improve the policy environment for incorporating Quality Assurance/Improvement into HIV prevention in Europe. Activities will build on existing policies, plans and initiatives at national and sub-national levels.

Key activities include a desk/literature review of existing QA/QI policies, developing and testing a glossary of key terms and definitions, agreeing on a set of recommended policy statements and strategic actions, developing policy briefs and participating in key public health events to meet policy makers and present findings and products of Quality Action.

Some comments from participants:

- How to maintain QA/QI in your country: include it in the national strategy and action plan, involve your M&E and project management units. Try to make it a standard activity of HIV prevention. First integrate it into a programme that is already functioning well. Highlight QA/QI at national conferences and World AIDS Day (WAD) events.
- Consider exploring the opportunities for local funding mechanisms. The EAHC could write support letters.
- WP8 should produce a policy kit for ministries and institutions with core materials, including tangible products and outcomes.
- WP8 needs to know in which countries new national programmes/strategies are currently planned.
- Check whether QA/QI is already part of your national or regional strategy. This makes it easier to follow up on it, or to show why initiative is needed in this area.
- Several countries are currently writing new HIV policies. Support partners from these countries with some basic statements about QI/QA.
- In the WHO/EURO European Action Plan for HIV/AIDS 2012–2015 (endorsed by 53 Ministries of Health/member states), quality improvement is included on Page 11, second paragraph and Page 33, 3.4 – 'Improving quality: to improve the quality of HIV services, by defining and funding quality improvement systems in national HIV strategies and action plans, promoting participatory quality development in HIV prevention, treatment, care and support and advocating for programmes to be designed in accordance with the expectations of clients, recognising the particular vulnerabilities of key populations at higher risk in the European Region.'

Day 2, Thursday 6 June 2013

Introducing WP2: Dissemination, Cristina Chiotan and Yoline Kuipers, EuroHealthNet (EHN)

As part of developing dissemination materials, WP2 is responsible for the Quality Action logo and corporate identity. WP2 presented and discussed three draft designs and will use the feedback to develop the final version.

Further activities of this work package include the dissemination strategy, a stakeholder analysis, designing and maintaining the website and stakeholder platform, preparing dissemination materials, information exchange with other networks and agencies, publishing and promoting the project results and organising the concluding conference. WP2 plans to publish an internal newsletter 4x/year and an external newsletter 2x/year. A short leaflet sized to fit into a normal business envelope will be ready in September 2013, including a list of partners involved, a description of the project, the activities/work packages and contact information. For the full presentation on WP2 see http://www.equitychannel.net/uploads/Quality_Action_WP2_kick-off_workshop.pdf.

Comments from participants:
- WP2 better start a Facebook page for Quality Action now (with basic information to start with), so everyone can 'like' this. If all the participants of the conference will 'like' it, this will lead to an enormous increase in the visibility of Quality Action. We need this now to support national implementation.

Introducing WP3: Evaluation, Dr Bea Vuylsteke, Institute of Tropical Medicine Antwerp (ITM)

WP3 will evaluate Quality Action and check whether the planned outputs and the expected outcomes are achieved; if the chosen approach is fit for purpose, used and supported by the stakeholders and how the stakeholders evaluate the tools. The evaluation will also comment on the future potential of the methods used. WP3 will also facilitate the Steering Group in the application of a QA/QI tool to the Joint Action project itself.

WP3 will use on-line questionnaires, qualitative interviews, pre-tests of new tools, training evaluations, pre- and post-tests of participants, the evaluations of the applications, the story boards, the project reports, questionnaires, interviews, focus group discussions, activity and output reports and other data collected by the project for the evaluation.

The guiding principles for the evaluation comprise participation, non-invasive data collection, use of existing data and user-friendly questionnaires, confidentiality and anonymity.

The full presentation is available via
http://www.equitychannel.net/uploads/Quality_Action_WP3_kick-off_workshop.pdf.

Comments from participants:
- Need feedback and data collection to report back at national level one year after a training workshop in order to understand what factors facilitated the actual use of the tools, what where the barriers were and whether stakeholders intend to use the tools again.

Small group activity: Project 'Mind Map' – summarising what we know and answering remaining questions

In nine small national/regional groups, the participants summarised the workshop for themselves and made a visual representation of their next steps in the form of 'Mind Map'. This creative group activity was also an opportunity to note any remaining questions and use the 'Help Desk' organised by WP1 to find the answers.

The following photos of these mind maps document how the complex undertaking of the 'Quality Action' project can be broken down into feasible steps at the local level.

Mind Map Group 1 (Italy and Greece)

Mind Map Group 2 (Netherlands, Luxembourg, Belgium)

Mind Map Group 3 (UK and Ireland)

Mind Map Group 4 (Germany)
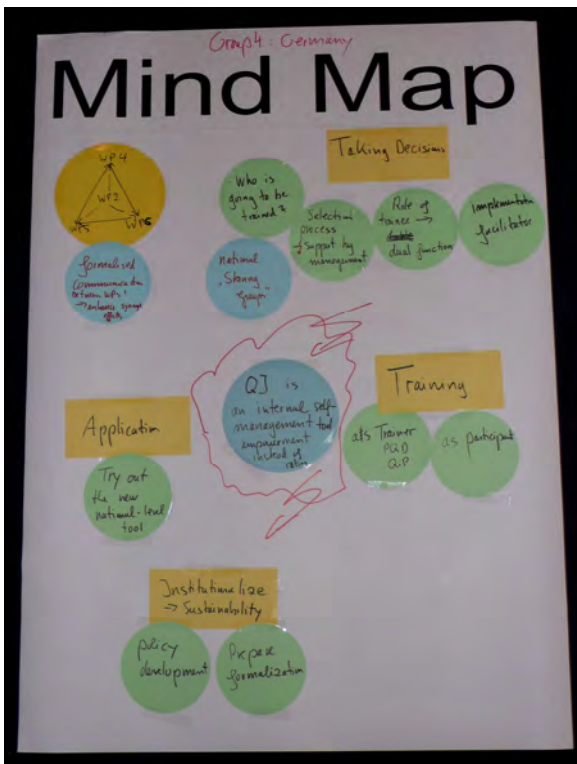
Mind Map Group 5 (Belgium, Luxembourg, Sweden, Denmark, Portugal)

Mind Map Group 6 (Bulgaria, Netherlands, Slovenia, Croatia, Romania, Poland, Slovakia, Belgium)

Mind Map Group 7 (Lithuania, Sweden, Estonia, Iceland, Norway)
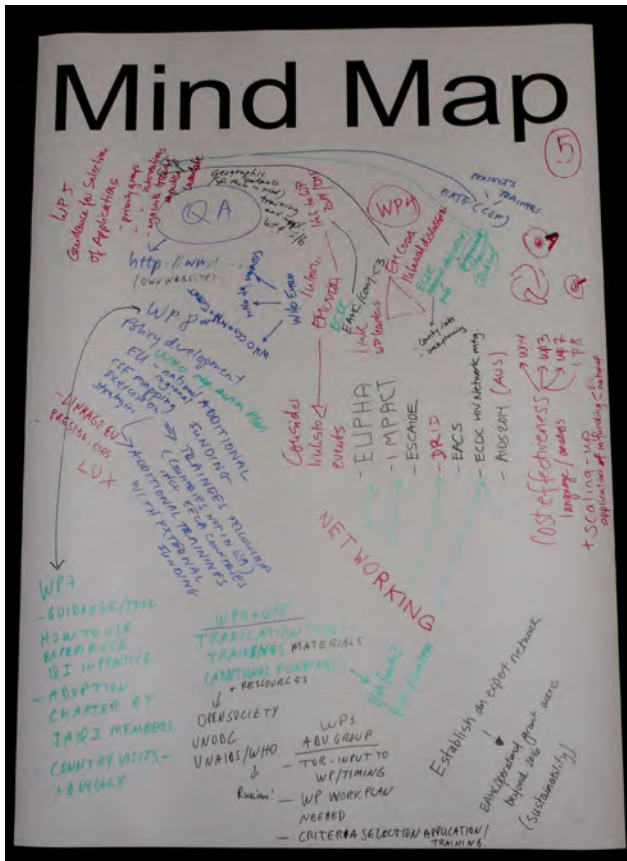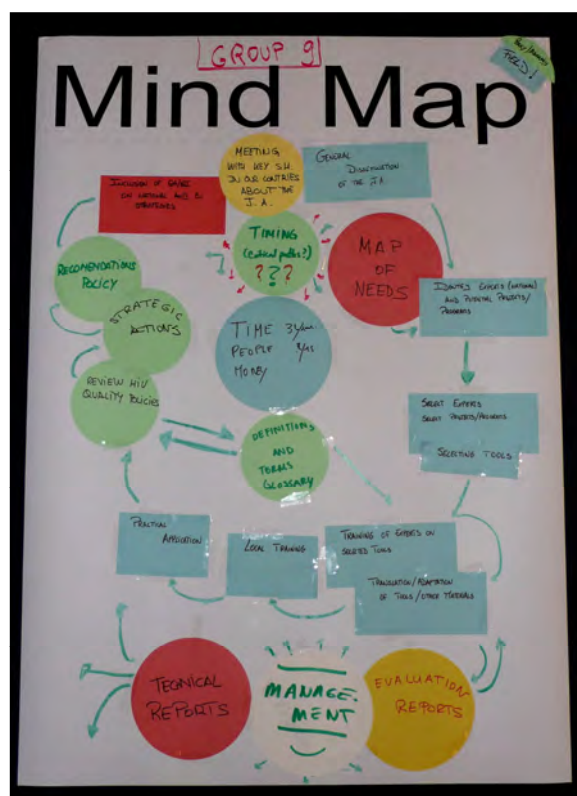

Mind Map Group 8 (Austria, Switzerland)

Mind Map Group 9 (Portugal, Spain)

General comments and suggestions from participants:

- From the experience of other Joint Actions, a summary sheet for every work package with the partners' details, the goals, the indicators and milestones of the WP was useful. This helped a lot to have an overview of each WP. In the process of the project some points did change, but this did not matter.
- Scaling-up and fast dissemination will be a challenge because resources are weak for this part: therefore it will be very important to anchor QI in institutions responsible for health promotion in general and to develop continuing training programmes.
- The current economic constraints can be used as motivation for QI, but are not the ultimate reason for it – maybe a catalyst we could use to create momentum. However, QI must keep going whatever the economic situation.
- Do you motivate people to participate by offering certificates/certification? A certification process may be very important.
- Define the expected situation in general after the end of the Quality Action, e.g.: QA/QI is incorporated in policy, it is incorporated in quality cycles of organisations/projects, it is a condition for grants, etc.
- The responsibility on country level is to find the appropriate structures for collaboration.

Evaluation of the Kick-Off workshop

WP3 conducted an evaluation of the kick-off workshop using a questionnaire that participants could fill out on paper or access online.

The evaluation concluded that the kick-off workshop reached its objectives and was rated positively by all participants. Most participants rated their knowledge about the concepts of the project and their own role in the project as high and were confident to carry out the tasks assigned to them. The kick-off workshop also generated enthusiasm for the project. The interactive methods used in the workshop, such as 'World Café' and 'Project Road Map', were much appreciated and are promising tools for future workshops.

Here are some quotes from participants collected separately from the evaluation:

'The workshop was extremely helpful to clarify the concepts and next steps. Please share the presentations, mind maps and photos of the conference as quickly as possible.'

'It was one of the best organized kick-off meetings I have attended, one of the few after which I have full clarity as regards to the role of my organisation in the project and its timeline.'

'IQ^{hiv} and Quality Action are really one of the best professional things I have experienced in the past years!'

List of Participants

Last name	First name	Country	Institution
Al-Baghdadi	Sayneb	Germany	Federal Centre for Health Education, BZgA
Amort	Frank	Austria	University of Applied Sciences – FH Joanneum
Bagyinszky	Ferenc	Belgium	European AIDS Treatment Group, EATG
Block	Martina	Germany	Catholic University of Applied Sciences Berlin
Blom	Cor	The Netherlands	Stichting Aids Fonds – STOP AIDS NOW! – Soa Aids Nederland, SANL
Caplinskas, Prof. Dr.	Saulius	Lithuania	Centre for Communicable Diseases and AIDS, CCDA
Castillo Soria	Olivia	Spain	Ministry of Health, Social Services and Equality, MSSSI
Chiotan, Dr.	Cristina	Belgium	EuroHealthNet, EHN
Cosmaro	Maria Luisa	Italy	Lega Italiana per la Lotta contro L'AIDS, LILA ONLUS
De Mesmaeker	Chantal	Luxembourg	Aidsberodung Croix–Rouge luxembourgeoise
de Schutter	Martine	The Netherlands	AIDS Action Europe, AAE
Delpech	Valerie	United Kingdom	Public Health England, PHE
Dirnberger	Philipp	Austria	Aids Help Vienna, AHW
Donoghoe	Martin	Denmark	WHO Regional Office for Europe
Eibl	Isabell	Austria	Aids Help Vienna, AHW
Eldin, Dr.	Nazih	Ireland	Health Service Executive, HSE
Fontaine	Johann	Germany	Department for Health and Consumer Protection, BGV
Frank	Mirjam	Germany	Federal Centre for Health Education, BZgA
Gaynor	Janet	Ireland	Health Service Executive, HSE

Gurinova	Alexandra	Germany	German AIDS Service Organisation, DAH
Hales	David	USA	Consultant
Hansdotter	Frida	Sweden	Swedish Institute for Communicable Disease Control, SMI
Hassani	Sepideh	Austria	Aids Help Vienna, AHW
Hauksdóttir	Sigurlaug	Iceland	Centre for Infectious Disease Control Directorate of Health
Ideström, Dr.	Monica	Sweden	Swedish Institute for Communicable Disease Control, SMI
Ippolito, Dr.	Guiseppe	Italy	National Institute for Infectious Diseases "Lazzaro Spallanzani", INMI
Karaahmed	Bahtiyar	Bulgaria	Bulgarian Ministry of Health
Klumb	Silke	Germany	German AIDS Service Organisation, DAH
Konte	Vasileia	Greece	Hellenic Centre for Disease Control and Prevention, KEELPNO
Kuipers	Yoline	Belgium	EuroHealthNet, EHN
Kurbatova	Aljona	Estonia	National Institute for Health Development, NIHD
Laukamm-Josten, Dr.	Ulrich	Germany	PHC Public Health Consult GmbH
Lemmen	Karl	Germany	German AIDS Service Organisation, DAH
Leskovšek, Dr.	Evita	Slovenia	National Institute of Public Health
Lex	Sabine	Austria	Aids Help Vienna, AHW
McKevitt	Elizabeth-Ann	Ireland	Health Service Executive, HSE
Mendāo	Luís	Portugal	GAT
Menel-Lemos	Cinthia	Belgium	European Commission Executive Agency for Health and Consumers
Myrberg	Arild Johan	Norway	Norwegian Directorate of Health
Nardone	Anthony	United Kingdom	Public Health England, PHE

Nideröst, Prof. Dr.	Sibylle	Switzerland	University of Applied Sciences Northwestern Switzerland, FHNW
Palummieri, Dr.	Antonio	Italy	National Institute for Infectious Diseases "Lazzaro Spallanzani", INMI
Pavlic, Prof.	Jasmina	Croatia	Croatian National Institute of Public Health
Perea	Ines	Germany	Federal Ministry of Health, Germany, BMG
Pharris	Anastasia	Sweden	European Centre for Disease Prevention and Control, ECDC
Pott, Prof. Dr.	Elisabeth	Germany	Federal Centre for Health Education, BZgA
Predescu	Mioara	Romania	National Institute for Infectious Diseases, INBI
Puljiz	Mario	Croatia	HELP udruga za pomoc mladima
Pylli	Magda	Greece	Hellenic Centre for Disease Control and Prevention, KEELPNO
Rodriguez Ortiz de Salazar	Begoña	Spain	Ministry of Health, Social Services and Equality, MSSSI
Romero Rivera	Eunice	Spain	SIDA–STUDI
Seery	Deirdre	Ireland	The Sexual Health Centre, SHC
Simões	Daniel	Portugal	GAT
Simon	Roland	Portugal	European Monitoring Centre for Drugs and Drug Addiction, EMCDDA
Skonieczna	Aleksandra	Poland	Social AIDS Committee, SKA
Solinc	Miran	Slovenia	Drustvo, SKUC
Staneková, Prof. Dr.	Danica	Slovakia	Slovak Medical University
Staub	Roger	Switzerland	Federal Office of Public Health, BAG
Urwitz	Viveca	Sweden	Swedish Institute for Communicable Disease Control, SMI
van den Eynde	Sandra	Belgium	Sensoa
van Empelen	Pepijn	The Netherlands	University of Maastricht

Vierneisel	Carolin	Germany	German AIDS Service Organisation, DAH
von Rüden, Dr.	Ursula	Germany	Federal Centre for Health Education, BZgA
Vuylsteke, Dr.	Bea	Belgium	Institute for Tropical Medicine, ITM
Wawer	Iwona	Poland	National AIDS Centre
Weber	Christoph	Germany	Federal Centre for Health Education, BZgA
Wentzlaff–Eggebert	Matthias	Germany	Federal Centre for Health Education, BZgA
Wiegand	Caren	Germany	Federal Centre for Health Education, BZgA
Winkelmann, Dr.	Christine	Germany	Federal Centre for Health Education, BZgA