



## Meeting of the Scientific Reference Panel and work package 7

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### Quality Action and work package (WP) 7

The leaders of other work packages who were present at the meeting (*Carolin Vierneisel from Deutsche AIDS Hilfe for WP6 'Practical Application', Anthony Nardone from Public Health England for WP8 'Policy Development'*) and the coordinator of Quality Action (*Matthias Wentzloff-Eggebert from the Federal Centre for Health Education on behalf of WP5 'Capacity Building'*), briefly updated the group on the state of affairs in Quality Action.

### Quality Action

- Quality Action is a three-year project (03/2013 - 02/2016)
- In the first year we concentrated on preparatory work, on developing and adapting the five tools as well as the training materials
- In the second year we concentrate on capacity building and the practical application of the tools
- In April and May 2014, four European-level training workshops took place (training part I). Those who participated in the training (the 'trainers/facilitators') now apply the tools to HIV prevention projects and programs
- Participation of the training was equally for the different tools
- The feedback of the training workshops was very positive and trainers/facilitators are enthusiastic to apply the tools
- By the end of 2014/beginning of 2015, four follow-up training workshops (training part II) will be conducted
- WP5 is currently preparing an e-learning module which provides guidance for the programme/project implementers and will be made between the two and outside training workshops (only for those tools that have been tested already, i.e. QIP, Succeed, PQD)
- WP 6 supports the trainers/facilitators (see above comments) in applying the tools to HIV prevention projects and programs
- WP 6 developed a participation guide which provides guidance through the whole process of applying a tool (e.g. how to choose trainers/facilitators, how to choose projects or programs)
- Those who apply a tool are asked to produce a case study (e.g. including general results, benefits and recommendations), a template will be provided

- WP8 is currently doing a review on QA/QI policies in Europe
- WP8 will also use information collected by WP3 (Evaluation) using “the starting environment” questionnaire

### **Work package 7**

*Ursula von Rűden (BZgA)* gave a brief overview of work package 7 (*please also refer to the presentation*). The main tasks of WP7 are to

- Convene the Scientific Reference Panel (SRP) - 06/2013
- Develop a data collection, analysis and consultation plan - 02/2014
- Agree on WP7-specific indicators for data collection - 6/2014
- Conduct a literature review on quality in HIV prevention - 06/2014
- Conduct focus groups with trainers/facilitators at the follow-up regional training workshops – 10/2014 and 01-02/2015
- Analyse the results of the practical applications of the five QA/QI tools - from 04/2015 on
- Develop quality principles and criteria and produce an agreed Charter for Quality in HIV prevention – first final version: 11/ 2015 (translated and revised version: 02/2016)
- Write scientific articles – ongoing; all articles submitted by 11/2015

### **Quality principles and criteria: how specific do they need to be and how general are they allowed to be?**

The members of the Scientific Reference Panel (*Aryanti Radyowijati (ResultsinHealth)*, *Graham Brown (Australian Research Centre in Sex Health and Society, La Trobe University)*, *Johann Fontaine (Department for Health and Consumer Protection Hamburg)* and *Gerjo Kok (University Maastricht)* gave brief statements on the guiding question before the discussion was opened to the whole group.

- The existing generic principles (e.g. empowerment) that need to be followed should be illustrated in the context of HIV prevention
- There should be a good mix of HIV-specific principles but also more general principles (e.g. from public health)
- It might be necessary to have specific principles according to the type of intervention, taking into account specific features and contextual factors etc.
- The level of specificity may differ for different players (e.g. policy makers, administrators, service providers, clients) (*please also refer to Johann Fontaine’s presentation*)
- The question could also be reversed: How specific are quality principles and criteria allowed to be and how general do they need to be?
- When thinking about quality principles and criteria in HIV prevention, interactions at the programme levels should be taken into account, including mutual influences (synergy) in terms of quality (‘How can the quality of one program increase the quality of another project?’). These can be analysed using a ‘systems’ approach.
- In Quality Action do we question whether intervention is evidence-based, i.e.
  - What are the objectives of the projects applying the tools?
  - What are their activities?
  - How do project implementers think that their activities reach their objectives?

This logic framework is included in the tools and is taken into account when applying the tools. This was perceived as not clearly written, so perhaps we could think of ways to have this aspect more explicitly.

- The primary goal of Quality Action is not only to check whether selected intervention and methodology is 'right' for the situation, but primarily whether the intervention is planned and carried out in the 'right' way ('not just doing the right things, but doing the right things right')
- Through Quality Action we intend to increase availability evidence on application of quality principles and its possible contribution to the outcome of interventions
- The tools help reflect in a structured fashion on what we are doing and how we are doing it
- Projects implemented are often reluctant to be monitored and evaluated in a controlling (top-down) manner. Application of QA/QI tools, when applied according to the principles of voluntariness, participation and self-reflection can be a very useful way to improve this situation and in collaborating with all relevant stakeholders.

### **Interim report on the literature review**

*Frank Amort from the Institute of Health- and Tourism Management (Austrian University of Applied Sciences, FH Joanneum) is currently conducting a literature review with the aim to identify and synthesise literature on approaches, applications, guidelines and tools that intentionally influence the quality of HIV prevention work and processes in a positive direction.*

Frank Amort briefly presented the interim results of the literature review (*please also refer to the presentation*).

- Ideally, through the literature review we should be able to identify quality principles and criteria for HIV prevention
- Only few publications on the topic could be identified with the current research strategy (mainly literature from the USA), which nevertheless is an important and valuable result
- The QA/QI tools being used in Quality Action have been developed using various sources of evidence and therefore the literature list that exists for each tool might help in finding further useful resources.
- BZgA will share with Frank Amort the search strategy that was used for a previous literature search of the IQ HIV initiative,
- NGOs that may have applied QI/QA often did not publish articles in the scientific literature and therefore obtainment of grey literature might be of specific importance (e.g. the Clearinghouse, Aids Action Europe)
- Through the collective results of the practical application work using five different QA/QI tools in the Quality Action we intend to elaborate on and add to existing quality principles and criteria from the literature.
- The search should not be widened to general principles and criteria in public health as they are widely known used, including for the development of QA/QI tools.

### **Conclusions:**

- Frank Amort will add to his review the literature that have been collected during the tools development
- He will invest more time in the interpretation of the current literature listed than in finding further literature

- The mind maps he developed could also be used in the focus groups WP7 will conduct with Quality Action training participants at the training part 2 workshops in October 2014/Feb 2015.
- Frank will continue with the literature review until the summer and will share the results as a final draft with the SRP and WP7
- The colleagues of the SRP and WP7 will be invited to take part in a process of grouping and clustering the identified quality criteria

### **Evaluation framework**

*The Institute of Tropical Medicine in Antwerp is responsible for the evaluation of Quality Action. Bea Vuylsteke briefly outlined the evaluation plan and data collection instruments (please also refer to the presentation).*

- WP3 in collaboration with WP7 will develop specific indicators/evaluation questions to be included in quantitative and qualitative evaluation instruments in order to derive quality principles and criteria based on collected data
  - ‘What do we need to know from participating projects and programs (before and after practical application of QA/QI tools) in order to develop quality principles and criteria?’
- Of most interest for the generation of principles and criteria are the quantitative ‘application process and outcome questionnaires’ which will be filled in by all those who are applying a QA/QI tool
  - The goal is to have at least 80 practical applications across Europe and WP3 aims to have at least three people per application who will fill in a questionnaire
- Furthermore, WP7 will include relevant indicators and questions in the topic guide for the focus groups which will be conducted during the EU-level training workshops part II
  - The focus groups could be used to discuss principles and criteria we have already derived
  - WP8 would like to have input into the focus group discussion of the Schiff tool
- The case studies (WP6) will be a further source of data for qualitative evaluation
- The application questionnaires will only be completed *after* the applications. In the starting environment questionnaire, there was already a question how quality is *currently* perceived and this can provide some baseline data.
- It was suggested that the ‘outcome application questionnaire’ could also ask for specific plans to improve quality in the future

### **Group activity**

After this brief information from WP3, participants split into four small groups and discussed WP7-specific indicators and questions to be included in the data collection instruments.

The small groups developed and presented the following indicators/questions (the table is a result of sorting and grouping the input, done by Aryanti Radyowijati (Thanks!) after the workshop):

Specific indicators and questions to be included in the data collection instruments:

Indicators	Possible questions
Changes observed after applying the QI/QA tools	
At the level of implementer	What kind of changes have you experienced as implementer after applying the QI/QA tools? Does the tools application help you to identify your strength and weakness?
At the level of project/programme planning/design	Does application of the tool improve the project's planning process: <ul style="list-style-type: none"> <li>- Link with theory/theoretical framework in designing the intervention (evidence based)</li> <li>- Improved needs assessment (need-based)</li> <li>- Improved selection of target group,</li> <li>- Improved the definition goal/objectives (practice-based)</li> <li>- Improved certain aspect of project design: human right basis</li> </ul>
At the level of project implementation	Does application of the tool improve the project's implementation? <ul style="list-style-type: none"> <li>- Increased in coverage/reach of target group</li> <li>- Increased in participation of priority groups in the project</li> <li>- Reach the objectives set at for the project, including specific objective for specific target group</li> <li>- Identification of supportive environment for the project</li> <li>- Improve network, cooperation or sustainability of the project</li> </ul>
At the level of organization of the project	Does application of the tool improve the following aspects of the organizations: <ul style="list-style-type: none"> <li>- Identify barriers and enabler in application of the tools</li> <li>- Professional performance of the staff</li> <li>- Commitment to QA/QI (self-reflection and organizational learning)</li> <li>- Collaboration and participation between the project staff</li> <li>- Identify opportunities to sustain application of the tools</li> </ul>
Other changes	<ul style="list-style-type: none"> <li>- Does application of the tool improve synergy between projects or programmes?               <ul style="list-style-type: none"> <li>o Is there other project that would benefit from quality improvement of your project?</li> <li>o Which other project/programme needs to be of good quality to make your project effective?</li> </ul> </li> <li>- Does application of the tools help you identify strengths/weaknesses of the project, your team and or your organization?</li> <li>- Which part of the tool application most useful? And or created most discussions or decisions?</li> <li>- What has not changed? Why?</li> <li>- What have you learnt that you think will be useful for others in HIV prevention?</li> <li>- Would you recommend the QA/QI process to other programmes and why?</li> </ul>

## **Charter for quality in HIV prevention**

The group was asked to share experiences with existing Charters and recommendations for the Quality Action Charter for Quality in HIV Prevention.

### **Target group**

- The Charter and its content is relevant for governmental organisations as well as non-governmental organisations
- One idea was to have separate charters or chapters for each target group, It has been suggested to include service providers as a separate target group as well as clients and patients
- As Quality Action is an EU-wide project, the EU policy needs to be taken into account
- It would be helpful to involve the target groups into the development of the Charter from the beginning
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- As Quality Action is a collaboration between the EU and member states, we expect all participating member states to sign the Charter
- We expect that the Think Tank and the Civil Society Forum members will sign the Charter and will further disseminate it in their countries
  - But we also aim that the Ministries themselves (and not only their representative in the Think Tank) signs the Charter
  - Also Think Tank and Civil Society Forum members should be involved early in the development process for the Charter

### **General discussion**

- One example of a comprehensive and widely signed charter is the code of good practice and we might think about getting in contact with the developers of this charter
- It has to be decided whether to include in the Charter the minimum standards for quality in HIV prevention or the maximum possible quality? (the latter might set standards too high)
- How does the Charter for Quality in HIV Prevention differ from the Policy kit exactly?:
  - The Charter lists quality principles and criteria for improving quality in HIV prevention
  - The Policy kit assists policy makers to include QA/QI into their programs by providing background information and suggested policy statements and key actions for strategic documents and plans
- A scientific paper with a consensus statement on the principles and criteria (refer to STROBE statement as an example) should be published

### **Incentives to sign the Charter**

- Signing the Charter includes a voluntary commitment to improve quality in HIV prevention
- Signing the Charter should have an image factor (better reputation of their work)
- Being part of an EU-wide initiative by signing the Charter could have an image factor (particularly for smaller countries)
- Those who signed could be provided with an electronical signet and/or website banner they can use for their website and publications

- Signing the Charter ideally could stand for committing to a QA/QI process (e.g. commit to apply QA/QI every two years to their projects) but within the limited time frame of Quality Action we wouldn't be able to verify if they were really doing so
  - An example is the charter on workplace health promotion, which regularly verifies if the signatories still adhere to the principles and/or have started actions
- The Charter might be more widely signed if signing is not linked to conducting concrete tasks within a set timeframe
- Signing the Charter could be the basis for inclusion and access to technical guidance on QA/QI