



2nd Conference on Quality in HIV Prevention in the European Region

Improving Practice

Berlin, Germany, 23-24 April 2012



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ABSTRACT

The 2nd Conference on Quality in HIV Prevention in the European Region in Berlin on 23rd-24th April 2012 was hosted by the IQ^{hiv} initiative (jointly convened by WHO Europe, AIDS Action Europe and the German Federal Centre for Health Education) to report on and further develop recent activities in introducing Quality Improvement concepts to HIV prevention and promoting the use of practical Quality Improvement tools.

The conference aimed to raise the profile of Quality Improvement in HIV prevention among key stakeholders in Europe and further disseminate practical Quality Improvement tools. It furthered its aim by increasing the awareness of Quality Improvement as a catalyst for effectiveness in HIV prevention among decision and policy makers, program and project managers as well as implementers across Europe; by increasing the reach of quality improvement tools adapted for use in HIV prevention and by encouraging feedback to improve the work of the IQ^{hiv} initiative.

The meeting included introductory lectures, workshops on four existing practical quality improvement tools adapted for HIV prevention as well as interactive plenary and small group discussions on both policy development and practical implementation.

This report describes the methods and formats used in conference sessions, summarises the discussions, documents their outcomes and articulates the resulting conclusions and some specific recommendations for future work in this area.

The discussions confirmed Quality Improvement as a timely, appropriate and feasible approach to greater effectiveness in HIV prevention and highlighted its large potential if introduced carefully and systematically. Recommendations include delineating Quality Improvement clearly in relation to monitoring and evaluation by highlighting its unique characteristics and benefits, a holistic and participative approach to introducing Quality Improvement at the policy and implementation levels, stronger guidance on the selection of practical tools and the consideration of local political, structural and economic circumstances when introducing quality improvement activities to HIV prevention.

Contents

Introduction	1
Conference Aims and Objectives.....	2
Concept and Sessions	3
Discussion.....	4
Opening Remarks.....	4
Keynote Address.....	5
IQ ^{hiv} : Achievements to Date	8
Quality Improvement in HIV Prevention:	
Principles and Approaches.....	10
Parallel Workshops on Four Quality Improvement Tools:	11
Plenary: “Fishbowl” Panel Discussion.....	12
“World Café” Discussion Groups	15
Next Steps for IQ ^{hiv}	21
European Joint Action on Quality Improvement in HIV Prevention.	21
Conference Rapporteur’s Summary	22
Conclusions and Recommendations.....	23
Appendices	24
A Program	25
B Participants.....	27

Introduction

The IQ^{hiv} initiative grew out of the international “Strengthening Quality Assurance in HIV/AIDS Prevention in Europe” conference on quality and HIV prevention held in Berlin in October 2008, organised by the German Federal Centre for Health Education (BZgA) and WHO Regional Office for Europe and attended by more than 80 government, academic and civil society experts from 24 European countries.

The success of that conference, the first of its kind in Europe, led to an ongoing discussion and the launch of the IQ^{hiv} initiative in 2009.

The IQ^{hiv} initiative was jointly founded by a partnership of WHO/Europe, the German Federal Centre for Health Education (BZgA) and the European NGO AIDS Action Europe. In late 2010 it received a project grant from the German Federal Ministry of Health (BMG), administered by WHO/Europe, to progress its current work plan.

The IQ^{hiv} initiative is committed to a multi-sector partnership of non-government and community-based organisations (NGO/CBO), government organisations (GO) and academia in promoting quality improvement in HIV prevention.

To date, activities have centred on collecting, adapting, disseminating and evaluating three practical tools for quality improvement, the development of the initiative’s website (www.iqhiv.org) as its primary dissemination tool and the IQ^{hiv} “Roadshow” workshop as the main capacity building tool. The “Roadshow” workshops mainly consist of:

- An introduction to the focus on quality as a way to improve the effectiveness of HIV prevention
- A presentation to the principles and approach to quality improvement offered by the IQ^{hiv} initiative
- An introduction to one or more practical Quality Improvement Tools
- Small group work applying tools to a project introduced by participants as a case study
- Discussion and feedback to IQ^{hiv}

These interactive workshops are tailored to each audience in collaboration with local stakeholders, including translation where appropriate.

On a regular basis, IQ^{hiv} consults with stakeholders from government, academia and civil society to ensure that its work is relevant and useful. An email discussion list, discussion meetings and interactions with international experts are organised to support its work. The initiative is currently overseen by a core group of stakeholders, including representatives from each of the three founding partners.

(To learn more about IQ^{hiv}, go to the initiative’s website: <http://www.iqhiv.org>)

As the culmination of its recent activities in introducing quality improvement concepts to HIV prevention and promoting the use of practical quality improvement tools, IQ^{hiv} hosted the 2nd Conference on Quality in HIV Prevention in the European Region in Berlin on 23rd-24th April 2012.

Conference Aims and Objectives

After four years of promoting the topic of quality in HIV prevention, developing and adapting practical tools and holding “roadshow” workshops in several European cities it the time was right to convene another milestone meeting of key HIV prevention practitioners, program managers, policy makers and experts interested in the topic of quality in HIV prevention.

The conference aimed to showcase and report on the work of the last few years, build the capacity of the European HIV prevention sector to use quality improvement and encourage additional discussion, development and dissemination of practical approaches and tools.

At the beginning of planning the conference, the IQ^{hiv} Core Group articulated the following aim and objectives for the event:

Conference Aim

To raise the profile of quality improvement in HIV prevention among key stakeholders in Europe and further disseminate practical quality improvement tools.

Conference Objectives

- To increase the awareness of quality improvement as a catalyst for effectiveness in HIV prevention among decision and policy makers, program and project managers as well as implementers across Europe
- To increase the reach of quality improvement tools adapted for use in HIV prevention
- To receive feedback on and improve the work of the IQ^{hiv} initiative.

The conference presentations, the methods used in the interactive sessions and the discussion topics were chosen to further this aim and objectives.

Concept and Sessions

From very early on in the planning process the organisers decided to deviate from the commonly used abstract-driven conference style. The experience with presentations on quality improvement and the IQ^{hiv} “roadshow” workshops have shown that, while they grow from a strong theoretical base, the value and application of quality improvement are understood much better through practical examples and the open and informal exchange of professional experiences. IQ^{hiv} therefore opted for a highly interactive conference format to engage the more than 60 participants from 20 countries in small group work centred on practical quality improvement tools as well as facilitated discussions on a range of topics related to improving the quality of HIV prevention.

The conference still used keynote speeches and presentations for communicating basic concepts and principles in order to build common ground and stimulate discussions, but these were kept to a minimum and restricted to the morning of the first day of the conference.

Afterwards, participants were offered hands-on experience with four different quality improvement tools, namely the QUIET tool under development as part of the BORDERNET work project and the three IQ^{hiv} tools Succeed, QIP and PQD, which can be downloaded directly from the IQhiv website.

In order to provide enough time for interaction and exchange of experiences as well as opportunities to provide input into future work in this area, the conference concept included participatory plenary and break-out discussion sessions using the interactive open fishbowl and World Café methods.

Discussion

The following sections summarise the presentations and discussions in the interactive sessions of the conference. All formal presentations are provided in the appendix to this report.

Opening Remarks

Dr Christine Winkelmann (BZgA) welcomed participants, provided an overview of the IQ^{hiv} project and a summary of developments over the 4 years since the last conference in 2008.

Ines Perea from the German Ministry for Health (Bundesministerium für Gesundheit, BMG) first drew out some key features of the state of HIV prevention in Europe at the time of the 2008 conference:

- Uncertainty of political commitment and resources
- Concerns over high levels of stigma
- Recognition of the mismatch between the content of national strategies and their actual implementation
- Discussion about partnership
- Doubts whether money for HIV prevention actually goes where it is most needed and is spent there most effectively
- Uncertainty about the usefulness and motivation behind introducing Quality Improvement (QI) to HIV prevention
- Fears that donors could use QI to control or manipulate implementing organisations and community-based projects

She then reminded the audience of the recommendations put forward at that time and to what extent they have been put into practice:

- Establish a network to strengthen leadership in QI in HIV - IQ^{hiv} established with 10 active members who have driven the process
- Collect and share QI tools, projects etc online - there are now at least four practical QI tools tailored to HIV prevention
- Provide capacity building - the IQ^{hiv} "roadshow" workshop is available and has been held in several European cities
- Encourage cooperation between GO and NGO - IQ^{hiv} has enshrined this partnership approach in its Mission Statement and followed it in all its activities, including this conference.

Ines Perea concluded her remarks by expressing the hope and expectation that the use of QI will expand in future, through the currently proposed Joint Action (for details, see the summary of the presentation on this topic later in the conference) as well as other local and collective initiatives.

Silke Klumb, Executive Director, German AIDS Service Organisation (Deutsch Aids Hilfe e.V., DAH), then provided the important NGO perspective on the topic. She also acknowledged the tension between improving quality and stifling potential and increasing control (in a negative sense). She emphasised that, to relieve this tension, QI should be based on:

- A change in attitude towards more self-reflection on HIV prevention work
- A culture of openness among all stakeholders to enable learning from mistakes
- Identifiable, immediate benefits
- Helpful processes and tools, not merely more bureaucracy

A preference for participatory methods (see the version of the PQD tool also available on the website of Deutsche AIDS-Hilfe, www.aidshilfe.de)

Silke Klumb elaborated on the vital partnership of government, community - based and non-government organisations (CBO/NGO) as well as the affected communities. She reported that the Deutsche AIDS Hilfe has mostly positive partnership experiences, but that reports from other parts of Europe show this cannot be taken for granted.

The relationship must be maintained and kept strong based on trust and mutual support. There must be a constant exchange of options; NGOs change with the needs of the communities constantly, therefore governments must create an enabling environment and keep them engaged.

She concluded her remarks by stating that engaging with QI is about collectively implementing the whole package, not choosing individual components to further a particular agenda. The overarching question for all stakeholders remains: "Are we doing the right things in the right way?"

Keynote Address

The conference organisers invited Dr Bruno Bouchet from the Public Health and Health Systems Strengthening unit at Family Health 360 to give the keynote address. He had also spoken at the previous conference in 2008.

Dr Bouchet focused on the added value of QI to HIV prevention programs, covering the following questions:

- Where were we four years ago?
- What is new in prevention science?
- What is new in QI science?
- How do we apply the science?
- How do we assess prevention programs?
- What are the priority issues and recommendations?

The following is a summary of his remarks.

Quality Assurance has been used in preventive behaviour change interventions. However, it cannot improve the effectiveness of services whose efficacy has not been predicted. In 2008, UNAIDS published a document¹ to explain the role and function of quality improvement in HIV prevention.

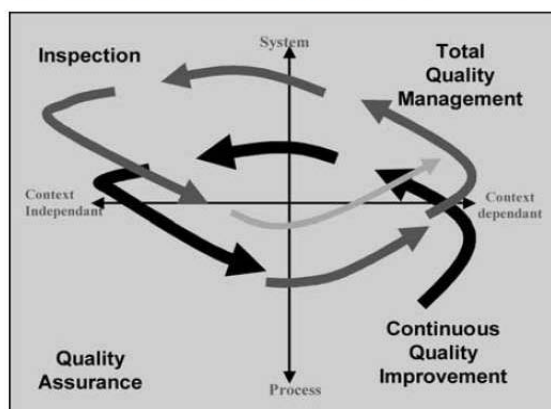
The term “combination prevention” first entered the discourse in 2010, accompanied by a greater focus on quality improvement. However, while combination prevention is widely endorsed in HIV/AIDS policy and discourse, it is rarely implemented.

A review of systematic reviews and meta-analyses of behavioural interventions shows that these clearly have an impact on behaviour, but few demonstrated a measurable impact on HIV transmission. Results from such studies are not easily generalisable because most only evaluate components rather than a whole package of interventions.

The above-mentioned UNAIDS discussion document - “Catalysing quality improvement in HIV Prevention proposed a three-dimensional quality improvement grid to locate four types of quality work (Inspection,

Total Quality Management, Quality assurance and Continuous Quality Improvement) within four quadrants delineated by two axes (system - process and context independent - context dependent).

The proposed Quality Improvement Grid



The systems-focused approach used at Family Health 360 is built on the principles of making changes in the system, working in teams, and using data for decision-making. The central idea of such a “Combination Quality Strategy” is to build service providers’ capacity across this QI grid, to design incentives for quality, to strengthen health systems and to scale up improvements.

¹ Magueres G, Ogden J. Catalyzing quality improvements in HIV prevention: reviews of current practice, and presentation of a new approach. Geneva: Joint United Nations Programme on HIV/AIDS; 2010.

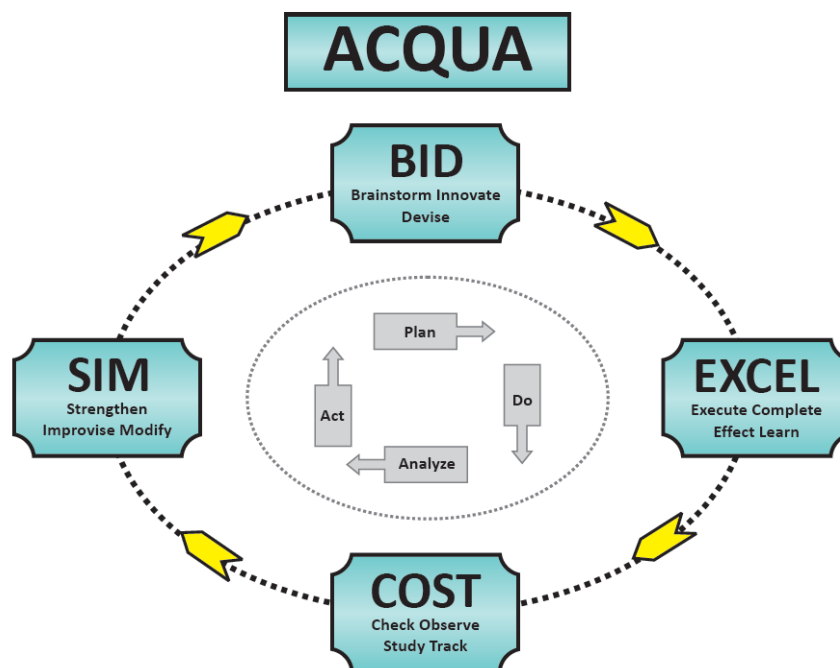
Scaling up QI is particularly important, because otherwise we merely end up with “islands of excellence in a sea of mediocrity”.

Assessments of HIV prevention should cover

- Objectives,
- Target population (MARPS are hardest to reach),
- Prevention strategy,
- Quality component, strategy and models,
- Results/Measures
- Service quality
- Coverage,
- Behaviour change,
- Health outcome (HIV transmission)
- Evaluation

What did we learn? What can we attribute it to? What research design do we need to find out?

Dr Bouchet then presented the Aastha program’s Continuous Quality Approach (ACQUA)² as a case study.



² <http://www.indiahiv.org/Pages/Aastha-Continuous-Quality-Approach--Cyclical-Quality-Improvement-for-Prevention-Interventions-with-High-Risk-Groups.aspx>

The speaker then proposed some key Questions for European HIV prevention programs to consider:

- Are the programs designed with the optimal combination of prevention interventions?
- Is the quality component strong, comprehensive, explicit and implemented as planned?
- Are programs measuring access to and utilisation of services, quality of these services, outcomes (behaviour change) and impact (HIV transmission)?

He concluded his keynote remarks with some recommendations for the audience to consider:

- Use the QI tools/models developed by IQ^{hiv} to design the quality component of HIV prevention programs (combination quality)
- Add an “evaluation research” component to large-scale combination prevention programs with an explicit quality component to generate the evidence needed on their effectiveness (and cost-effectiveness)
- Promote exchanges of experiences between developed and developing countries.
- Design and assess HIV prevention programs from the perspective of the patient, not just the implementer.

Questions from the floor related to the sustainability of funding for QI, how to approach motivation to implement QI, particularly the nature of “incentives”, the ethics of choices made within combination prevention and quality management requiring open discussion with funders and learning from experience.

IQ^{hiv}: Achievements to Date

Representing the IQ^{hiv} Core Group, Dr Ulrich Laukamm-Josten (WHO Regional Office for Europe, Copenhagen) presented the recent activities of the initiative as background information to the interactive sessions of the conference. He provided an overview of the IQ^{hiv} project, its core objectives and its key principles:

- Participation
- Empowerment
- Communication and team work
- Self-reflection

He separated QI from monitoring and evaluation, whose approaches mostly fail to meet the needs of program and project management as well as of adapting and scaling up programs or maintaining their relevance and resonance over the longer term.

In prevention services, availability, coverage, outcomes and impact are measured, but rarely the quality of the interventions.

Barriers to quality prevention are limited time-scales, short-term funding without long-term vision and project- rather than institution-based activities

What is asked for is often “developing innovative models”, rather than improving routine interventions. Other factors impacting on maintaining and improving quality are staff turn-over, lack of training, professional backgrounds different from prevention practice as well as the fact that in prevention, the social, political and cultural context is so important and prevents interventions from being standardized, and adds to the difficulty of measuring the effects of services.

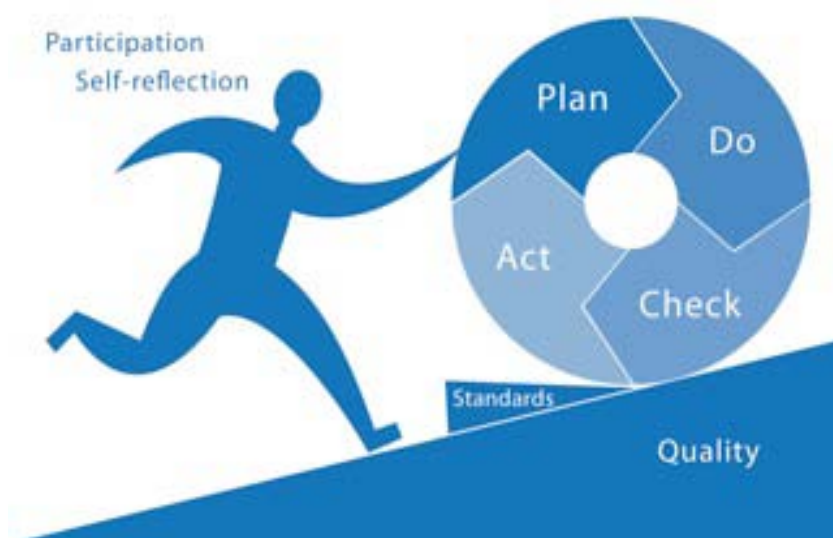
The IQ^{hiv} approach to Quality Improvement identifies quality improvement methods, disseminates practical tools that implementers can use to assess and strengthen their operations and programs and enables encourages implementers to look at their work without fear of “control”, blame or humiliation.

Quality Improvement in HIV Prevention: Principles and Approaches

Matthias Wentzlaff-Eggebert (IQ^{hiv} Project Consultant) led the audience in a short interactive exercise to connect with other participants in groups of three and to link the theory of QI to an example of their own attempts at improving their work and then provided further detail on the approach and tools that IQ^{hiv} has developed for use in HIV prevention.

The reasons to apply QI include increasing effectiveness, identifying political, structural and implementation factors influencing quality, building the evidence base for interventions, improving political commitment and funding support and ensuring quality during scale-up and transfer.

The diagram developed by IQ^{hiv} to illustrate its approach is based on the project cycle and introduces the element of quality as a goal (represented by the incline), individual and team-based participation and self-reflection as the motors of improvement (represented by the human figure) and standards as the results of the process that also prevent quality from declining again (represented by the small wedge).



Formalised, practical QI tools facilitate a conscious effort to use QI in day-to-day operations, help set aside specific times and resources for QI and provide feasible ways of involving stakeholders.

The speaker then provided an overview of four tools presented at the conference and encouraged participants to choose one to explore in more detail at the afternoon workshop.

Parallel Workshops on Four Quality Improvement Tools:

QUIET

This workshop, facilitated by Isabell Eibl (AIDS Hilfe Wien) and Elfriede Steffan (SPI research) introduced and discussed the current draft of this internet-based, interactive tool, providing feedback and comments to the developers of the tool, the BORDERNETwork project. Participants also discussed sustainability and the impact of funding cuts across Europe as part of government austerity programs (this workshop included participants from Ireland and Spain for whom these issues were current and very pertinent) and the role of QI in the context of defending even basic funding levels.

QUIET is based on the "*Evidence- and Rights-Based Planning & Support*

Tool for SRHR/HIV-Prevention Interventions For Young People" (available at http://www.stopaidsnow.org/downloads_category/downloads_prevention) and intervention mapping approaches.

Participatory Quality Development (PQD)

Prof Michael Wright (Katholische Hochschule für Sozialwesen Berlin) and Karl Lemmen (Deutsche AIDS-Hilfe) facilitated this workshop. 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. It has been widely used among German AIDS organisations and is available in English and German. (www.ighiv.org and <http://www.pq-hiv.de/de>)

Quality in Prevention (QIP)

QIP is a comprehensive quality improvement tool for health promotion and prevention projects. It has been widely used in kindergarten-based health promotion projects and for the prevention of eating disorders. 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, programs or strategies.

In this workshop, facilitated by Dr Ursula von Rügen (BZgA) and Matthias Wentzlaff-Eggebert, participants applied an excerpt from the QIP questionnaire to a real-life project presented by one of the participants and assisted by IQ^{hiv} facilitators. In the second part of the workshop, the groups then used the QIP reviewer form to assess the questionnaire filled in by the other group. This process provided participants with insights into the level of detail required to make appropriate assessments and raised individual quality issues for each project.

Succeed

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. Succeed has been developed in Sweden and has been widely applied in the health promotion field. It was adapted to the HIV prevention context by IQ^{hiv}.

David Hales (IQ^{hiv} Project Consultant) and Viveca Urwitz (Swedish Institute for Communicable Disease Control) facilitated this workshop.

Plenary: “Fishbowl” Panel Discussion

This interactive and low-threshold format of a panel discussion offered conference participants the opportunity to discuss a range of aspects of quality improvement with a panel of experts. The discussion took place among a group seated in a circle of chairs, surrounded by the audience.



The invited panellists occupied the inner circle, which also included a vacant chair for members of the audience to step into the discussion. Any participant wishing to contribute could join the line behind the audience members' chair, whose occupant was encouraged to vacate it as soon as they had made their contribution to the discussion. This plenary was facilitated by David Hales.

The panellists were Dr Bruno Bouchet (Family Health 360, USA), Aryanti Radyowijati (Results in Health, The Netherlands), Peter Struck (Aidshilfe Bielefeld e.V., Germany), Dr Martin Donoghoe (WHO Regional Office for Europe, Copenhagen) and Harry Witzthum (AIDS Action Europe, Amsterdam).

The fishbowl format worked extremely well, with lively discussions and strong participation from the audience (a second chair for audience members to join the panel was added during the plenary). The fact that the panel and the changing audience participants were at eye-level and sitting together in a circle encouraged a naturally developing and open exchange of views.

The discussion centred on the following three main topics:

1. Delineating evaluation and quality

HIV prevention already uses the project management processes of monitoring and evaluation. Introducing the additional concept of quality improvement necessitates some clarifying discussion to delineate these terms with useful definitions towards a workable framework that avoids duplication and employs each of these three processes for the purpose they are best suited to.

- There is still confusion about the terms and their usage.
- HIV prevention has been dominated by a paradigm that focuses on evaluation.
- There is a difference between the Anglo-Saxon research paradigm and the approaches of other traditions. However, measuring as an activity of both evaluation and quality improvement remains important.
- Questions relating to the nature and quality of services are often neglected; we need to pay attention to the quality of services in order to have more effective programs and improve client satisfaction.
- A sole focus on evaluation will not work. We can't answer the effectiveness question without having an assessment of and investment in quality.
- Quality is both an objective and a process.
- The quality paradigm is about becoming a "learning organisation"
- Among some stakeholders, randomised controlled trials are perceived to be the only "hard evidence", but it often cannot tell us if it was the wrong intervention or whether the quality of implementation was lacking.
- There is too much focus on (quantitative) outcomes. We need strong process evaluation, as this will contribute to quality.

2. Participation

This topic is about the potential involvement of all stakeholders of HIV prevention in the process of quality improvement, including the advantages and disadvantages of their participation. There was general agreement that participation is a desirable goal, but views differ on how to negotiate the different agendas of stakeholders who may support quality improvement for different, sometimes seemingly incompatible reasons (e.g. control and cost-efficiency vs organisational and collective quality development).

- Participation makes an intervention a shared intervention.

- It also means applying QI/Total Quality Management across the whole organisation.
- The drive for quality does not only come from governments and funding bodies, it also comes from the affected communities who closely observe the work of CBOs and NGOs
- QI needs to be addressed simultaneously in a top-down and bottom-up manner: stimulation from the top (e.g. by including QI in national strategies) is also helpful.
- QI requires a cultural change at both NGO and GO level, developing evidence and a knowledge-building culture.
- This requires sharing of information and also talking about the projects that do not work: using the “failures” for the benefit of quality improvement - not for blame or humiliation.
- The concern that someone who is quite removed from working with priority populations on the ground may develop and impose indicators for quality is an incentive for prevention implementers to take an active and leading role in QI.
- Participation is about organisations learning to take people’s experience into account at the local level. QI processes make quality more explicit.
- Different target groups in different countries are empowered to varying degrees (e.g. in many countries, drug using CSW are very disempowered). When stressing the participation of the client it is also important to stress the participation of the funder; funders are often too far removed from the lived experience of the clients.

3. Quality Improvement in the different and diverse parts of Europe

Local responses to the HIV epidemic in Europe differ in terms of their leadership, stakeholders, maturity and focus across the different regions and countries. Social, cultural, economic and political circumstances influence the level of support, organisation and sophistication of HIV prevention efforts. And Europe-wide initiative or intervention, including the introduction and promotion of quality improvement, must take this diversity into account and use the experience and expertise of local stakeholders to adapt any planned activity to the prevailing conditions.

- The “global financial crisis” impacts on the need for QI and more evidence to justify investment in prevention interventions (investing in quality means investing in effectiveness)
- In Europe, evaluation is often a top down process, indicators are given to project implementers who are supposed to report against them, but the communities don’t own these indicators and they feel burdened by the reporting.
- For Eastern Europe and Central Asia the situation is difficult: if the output quotas are not met, projects may be closed down. The UNGASS reporting process also favours counting outputs and neglects the quality dimension.
- Strong community involvement is desirable, but this may simply not be possible to the same degree in every country (e.g. Eastern Europe and Central Asia).

- We need to work on creating the conditions for quality improvement in the context of countries that are resource-poor and face hostile political environments.

“World Café” Discussion Groups

By rotating participants through a number of discussion “stations” this interactive discussion format is designed to offer participants the opportunity to take part in discussions on several topics of their own choice. Each station has facilitators who provide a short introduction to the topic, document points made on a pin board and summarise the previous discussion for each new group.

The format worked very well in documenting a wide range of points of view and provided the organisers with concrete ideas and feedback to inform future work.

The following introduces the four “World Café” topics and documents some of the main points made during the discussions.

Quality Policy: “Top down” or “bottom up”?

Viveca Urwitz and Cor Blom (SOA AIDS Netherlands) facilitated this discussion of the advantages and disadvantages of different ways of including Quality Improvement in HIV-prevention policy.

The “top-down” policy approach

- A policy may be decided for a country or for a certain component HIV prevention, such as HIV and STI prevention for MSM
- The advantages of this approach are that it will make quality improvement activities happen, that it can create a database of documented and recognised projects and that it will deliver arguments for QI funding to be integrated into core funding and it will increase policy-level leadership.
- On the other hand, there is a risk that that criteria will rely heavily on very standard evidence without adaption to context, which is so important in health promotion, there may be a lack of understanding on how structural factors impact on quality. Unless these are also embedded in the policy, QI will not serve its purpose and might even become counterproductive. A top-down approach may be very technical and more suited to professionals than target groups. Central committees may also become bottlenecks for quality improvement processes.

The “bottom-up” policy approach

- Under such a policy outreach could be conducted directly to groups on the grass roots level to encourage them to engage in QI.
- The flexibility that comes with the bottom up approach is a definite advantage.
- An element of “learning by doing” can provide real insights and improve the work. It may inspire and empower target groups and create more change and participation. If it succeeds, all this can reduce fear, come closer to the reality of HIV prevention work and, in the end, create better results.

- The downside to the bottom up approach is that QI cannot exist in a vacuum. It needs input from an evidence-base and a body of knowledge to refer to, otherwise the quality will not improve or even become poorer. In reality there are few incentives for the bottom up approach in the long run.

A Way forward

- There is a need to link the top-down and bottom-up approaches.
- The chosen methods should allow flexibility and demand participation.
- There need to be support systems and cooperation with academia. In order to create a good and meaningful QI policy there must be exchange on several levels.
- A European portal to support such a policy may be useful.

Standards, Quality Criteria and Quality Principles: “One size fits all” or “mix and match”?

Michael Wright and Ursula von Rueden facilitated this discussion on the development, selection and use of standards, criteria and principles in Quality Improvement.

Discussion question 1: What are standards good for, what should they aim at?

Standards should

- lead to more transparency and accountability
- take into account both process and outcomes
- disseminate knowledge
- push for change
- be influenced and changed from the bottom up
- help organisations to be more efficient.

Standards are important in tough financial times. A lack of standards weakens health promotion while good standards can help health promotion making its voice heard. Participants also discussed what kind of evidence standards could contribute to the field of health promotion.

Discussion question 2: what should standards look like?

Standards should

- take into account the whole picture of HIV prevention, not just single interventions
- take into account the process of the intervention
- focus on existing structures
- be used as a baseline
- represent a spectrum from basic quality criteria to standards of excellence

- be multiple, not just a single variable
- meet the needs of implementation at the local, community level
- be formulated in terms that are not too general
- not be the size of a telephone book, rather like the 10 commandments
- be applicable to both GOs and NGOs.

Also important is the ownership of standards and their differentiation from Monitoring and Evaluation.

Discussion question 3: How to develop standards?

Standards should be developed on an evidence base and through dialogue between stakeholders.

They should

- take into account structural changes and social networks in order to improve people's social protection systems
- take into account intermediate outcomes
- be formulated differently at different levels, including on the organisational level
- should not be too high or too low given the diversity of implementing countries

QI tools should be used to implement standards. Standards need to change over time and should be negotiated between the structural levels of the HIV prevention response. It should be possible to influence and change standards from the bottom up.

Example: European Standards for Sex Health Education in schools (WHO/BZgA)

Discussion question 4

Participants discussed different options, such as "benchmarking", "guidelines", and "criteria". The word "standards" could be used as shorthand to describe good practice.

Improving Quality: Individual capacity or organisational change?

This topic was facilitated by Bruno Bouchet and Karl Lemmen, who introduced his role as the Deutsche AIDS-Hilfe officer responsible for quality assurance as a case study for discussion and recommendations from participants.

The Deutsche AIDS-Hilfe is the umbrella organisation for 120 AIDS service organizations across Germany and is centrally funded by the German Ministry for Health. Part of its remit is to ensure quality across the entire prevention sector. The German federal system means that the regional organisations are funded through the state and local government budgets and that national quality assurance projects are disconnected from locally applied criteria for funding.

While nationally funded programs can ensure the thorough training of individual, motivated staff, the question of what the umbrella organisation can contribute when the need arises to develop whole organisations has been arising again and again in the course of its training and development work.

Participants were therefore invited to discuss how quality assurance may be progressed given the relatively powerless position of the umbrella organisation. All three rounds of discussion produced very exciting suggestions, parts of which have already had an impact on current work:

- The lack of “power” must be replaced by a commitment that is jointly adopted by all stakeholders. The Deutsche AIDS-Hilfe should therefore consider enshrining quality principles in its mission statement in order to make quality assurance a joint concern, along the lines of “we owe our target groups and communities high quality services”.
- The training and development program of the organisation should in future focus more strongly on linking individual qualifications with organisational development. First experiences show that organisations only develop when several staff members have taken part in the same training. Training participants should be specifically asked to train their own colleagues in turn.
- The umbrella organisation should become more strongly involved with regional organisations to support them in their process of adaptation. In-service training should be strengthened to initiate professional discourse in local organisations and to be able to resolve pressing concerns.

It was interesting that all three discussion rounds resulted in similar recommendations for Deutsche AIDS-Hilfe. More important than the results, however, were the lively discussions, which demonstrated the great interest to engage with the topic of quality assurance in this way. They made everyone keen on continuing to work together within the planned Joint Action.

Quality Assurance and Improvement: The latest fetish or a useful tool?

During the course of this session, facilitated by David Hales and Ulrich Laukamm-Josten, participants debated the status of quality assurance (QA) and quality improvement (QI). A series of questions sparked the discussion throughout the three rounds. While there was a range of responses to each of the questions, there were common themes in the discussion:

Q: Is QA/QI simply the latest fad in the international HIV response?

A: At the moment, it does seem to be a fad but it could be valuable over the long term if key stakeholders are willing to give it a fair chance. Specifically, stakeholders - including funders and implementers - must be willing to give QA/QI approaches sufficient time and resources for it to take hold and show results. It will be important to educate people about the benefits of QA/QI to ensure that they don't see it as a fad or a luxury but a fundamental component of a strong HIV prevention program.

Q: Is QA/QI a fetish?

A: Yes, there are individuals and organizations obsessed with QA/QI and, right now, they tend to be those with a specific and vested interest in these issues. However, their commitment and enthusiasm are important because QA/QI needs knowledgeable and vocal champions if it is going to become an integral part of HIV prevention. But it is equally important for HIV prevention experts and implementers to actively participate in shaping how QA/QI approaches are defined and put into practice in the prevention community; understanding the context of HIV prevention is vital if QA/QI is going to be more than a fetish for a narrow group of adherents.

Q: Is it a useful tool for project implementers?

A: Participants were optimistic about the usefulness of QA/QI. The concerns were the amount of time and effort to make it an integral part of their activities. More immediately, one of the major impediments to its usefulness is the lack of clear and consistent definitions and rationale for the two terms/topics, particularly in the context of HIV prevention. There were parallel concerns about ensuring the distinctions and similarities between quality assurance and quality improvement are well understood. Ultimately, a degree of clarity and common understanding will make it easier for programs to 'sell' QA/QI to their stakeholders and this is a critical first step in the causal chain that leads from QA/QI efforts to stronger, more effective prevention programs.

Q: Can it make a measurable difference in program performance?

A: Given the limited number of QA/QI initiatives in HIV prevention program, it is too early to know if they will make a measurable difference. In addition, even as QA/QI efforts are scaled up, it will take a while to determine their impact on program performance. However, participants feel the potential is there and worth pursuing, particularly in light of increasing pressure to track and improve performance.

In general, participants felt that HIV prevention programs need to pay more attention to quality. There was a general agreement it has tended to be overlooked when planning, implementing and assessing prevention programs. There was also agreement that the interest in quality is currently being driven in

part by increasing questions and concerns about the cost-effectiveness of programs.

Participants felt it was important to engage with the key stakeholders in prevention programs so they can contribute to the QA/QI initiatives and feel a sense of ownership for the implementation and outcomes. They felt it is equally important for these stakeholders to understand what QA/QI can - and cannot - be expected to contribute to a prevention program.

Participants agreed prevention programs should be looking at QA/QI initiatives in other sectors with similarities to the complexities and vagaries of HIV prevention work. Several participants felt that QA/QI initiatives in education could be a useful example.

Practical Application: Obstacles and solutions?

Alexandra Gurinova (Deutsche AIDS-Hilfe) and Matthias Wentzlaff-Eggebert facilitated this discussion on the possible barriers to the practical application of quality improvement tools in HIV prevention implementation programs and projects and the ways in which these could be addressed.

The following topics were discussed in some detail:

- How to motivate stakeholders at the policy level: They also need training and information on the advantages of QI. Incentives should be thought about ahead of introducing QI and should reflect these advantages.
- Consider IQ^{hiv} "roadshow" workshops in the lead-up to the Joint Action, not only on specific tools, but also on quality issues more generally, to develop a common understanding among the stakeholders.
- The IQ^{hiv} initiative should develop more supporting materials for the task of selecting the right QI tool.
- Organisations should ask: Why are we doing this? A clear statement about the time QI takes, what it costs and what the benefits are would be helpful.
- Organisations also need to know enough about it, make available the time and space required to do it and they need support - someone to talk to who has experience in its application. Assigning the topic of QI to a specific person may also be helpful.
- At the country level, existing HIV committees can play an important role in promoting QI activities and leading by example: applying QI to the HIV prevention programs they coordinate at the strategic level
- A much-needed topic for capacity building is how to answer QI questions when there are insufficient or no data available. Also consider mixed groups of managers, policy-makers, workers and clients.
- Future combined indicators for both monitoring and quality could look like this: "number of condoms distributed and number distributed to most at risk groups".
- The Joint Action is a great opportunity to document the benefits of using QI tools.

Next Steps for IQ^{hiv}

Dr Ursula von Rden informed the audience of upcoming activities and events planned by the initiative. These include a large, 2-day "roadshow" workshop in Dublin, Ireland and improvements to the website. Since the current funding period for IQ^{hiv} finishes in June 2012, the core group will meet after the conference to discuss how to continue its work until further funding becomes available. The initiative contributed significantly to the development of a European Joint Action proposal for a quality improvement project, which, if funded, will provide a major focus on this topic within the HIV sector in EU countries for the next three years.

European Joint Action on Quality Improvement in HIV Prevention

Matthias Wentzlaff-Eggebert introduced the main components of this project proposal, which BZgA submitted to the European Agency for Health and Consumers in March 2012 on behalf of 22 associated partner organisations from 18 EU countries.

The co-financed, three-year project aims to improve the quality of the response to HIV and AIDS in Europe by training 40 locally based experts to support 80 pilot applications of practical quality improvement tools at the policy and implementation level, using the results to develop an agreed Charter for Quality in HIV Prevention as well as a Policy Kit.

In addition to Coordination, Dissemination and Evaluation, the Joint Action's core work packages and their respective outputs are

- Tools: Make 5 practical QA/QI tools available
- Capacity Building: Train 40 experts across participating countries
- Practical Application: Support 80 applications of QA/QI tools across all participating partners
- Quality Principles and Criteria: Produce an agreed Charter for Quality in HIV Prevention
- Policy Development: Produce a set of recommended policy statements and strategic actions on quality in HIV prevention

The audience asked some very pertinent questions about the composition of the Joint Action partnership, the approach to implementation and the ways in which HIV prevention stakeholders in Europe can participate and benefit from the project.

The current Joint Action partnership consists of government and non-government partners from a range of countries in all European regions. The capacity-building component of the Joint Action will be decentralised with training workshops to be conducted in four different locations. Any organisation working in HIV prevention with vulnerable groups identified as priority populations in European HIV surveillance can participate in the practical application component of the project and contribute its results to the data pool informing the development of the Charter for Quality in HIV Prevention and the work of the policy development work package. There is also an opportunity to provide expert input as a collaborating partner. All the expected products of the Joint Action will be

made freely available in their final, revised versions at the end of the project. These include not only the Charter and Policy Kit, but also final versions of the QI tools, a guide to selecting and implementing the tools as well as the training materials developed for capacity building, including an e-learning package. The experts trained during the project are expected to provide capacity building and technical assistance beyond the project period.

Conference Rapporteur's Summary

In her presentation Harriet Langanke, a journalist and photographer engaged to document the proceedings, emerging ideas and general atmosphere of the conference, took the plenary audience on a journey through the two days of collective discussion, creativity and learning. She used images and words assembled by roaming the conference rooms, taking photographs and collecting quotes and impressions from participants. By revisiting the main events, discussion points and conclusions of the two-day event, participants had the opportunity to capture their own take-home messages and insights.

Conclusions and Recommendations

The conference was well received by participants and sparked lively debate about quality improvement in HIV prevention in Europe and around the world.

It discussed the role of participation and self-reflection in quality improvement, the need for a safe environment to identify and learn from mistakes and the links between quality and cost-effectiveness, particularly in a time of declining resources for prevention. There was general agreement that funders, implementers and client populations need to communicate more openly about quality improvement in order to make it effective and sustainable.

The meeting also offered a direct personal experience of exploring and using four existing practical quality improvement tools adapted for HIV prevention. This departure from the purely theoretical presentation of research, projects, methods and outcomes provided a useful base for the ensuing discussions on how to promote the use of quality improvement in HIV prevention in Europe.

The organisers' emphasis on interactive session formats resonated well with a majority of the audience and clearly facilitated the expansion and deepening of personal and professional networks.

The discussions confirmed quality improvement as a timely, appropriate and feasible approach to greater effectiveness in HIV prevention and highlighted its large potential if introduced carefully and systematically. Participants agreed that, if quality improvement is taken seriously and given a fair chance, it is likely to have positive results. How long it will take for increases in effectiveness to be measurable remains to be seen.

Some specific recommendations can be deduced from the summaries of the individual conference sessions:

- Clearly delineate quality improvement in relation to monitoring and evaluation, highlighting the unique contributions it can make to effectiveness in HIV prevention
- Provide clear and practical guidance to selecting appropriate QI tools
- Clearly articulate the resources required, costs and benefits of introducing quality improvement processes at the organisational level
- Develop a holistic approach to the introduction and promotion of QI by working with all relevant stakeholders, encouraging broad participation and avoiding rigid "bottom-up" or "top-down" policies
- Take into account the regional and local political, social and structural factors impacting on HIV prevention efforts and adapt the introduction of quality improvement activities in collaboration with local stakeholders
- Look to quality improvement initiatives in other sectors, e.g. education, for examples of good practice.

There was also a consensus that the discussions and planning that took place at and since the first Berlin conference in 2008 had been instrumental in leading to the availability of practical tools and capacity building through the the IQ^{hiv} initiative and the prospect of a major European project on quality improvement in HIV prevention over the next several years.

Appendices

A Program

Monday, 23rd April 2012

09:00 - 09:30	Arrival and Registration
09:30 - 09:45	Opening Dr Christine Winkelmann (BZgA) and David Hales
09:45 - 10:15	Opening Addresses Ines Perea Federal Ministry of Health (BMG), Germany Silke Klumb Deutsche Aidshilfe e.V. (DAH)
10:15 - 11:00	Key note Address Dr Bruno Bouchet Family Health International (FHI), USA
11:00 - 11:30	Achievements in Quality Improvement (QI) to Date Dr Ulrich Laukamm-Josten
11:30 - 12:30	The IQ^{hiv} Approach to Quality Improvement: Concepts and Principles Matthias Wentzlaff-Eggebert
12:30 - 13:30	Lunch
13:30 - 17:30	Parallel workshops on practical QI Tools, led by experts A: Succeed Viveca Urwitz, Swedish Institute of Communicable Disease Control (SMI) & David Hales B: QIP Dr Ursula von Rden & Dr Christine Winkelmann, (BZgA) & Matthias Wentzlaff-Eggebert C: PQD Prof Dr Michael Wright, Catholic University of Applied Social Sciences, Berlin & Karl Lemmen, DAH D: QUIET Isabell Eibl, AHW, Vienna & Elfriede Steffan, SPI Research Berlin
17:30	Close of Day 1
20:00	Joint Dinner

Tuesday, 24th April 2012

9:00 - 09:15	Welcome
9:15 - 10:30	"Fishbowl" Plenary HIV prevention and Quality: Useful answers or just more questions? Opportunity for members of the audience to discuss the topic with a panel of experts. Facilitated by David Hales. Dr Bruno Bouchet Family Health International (FHI), USA Aryanti Radyowijati Results in Health, The Netherlands Peter Struck Aidshilfe Bielefeld e.V., Germany Dr Martin Donoghoe WHO Regional Office for Europe, Copenhagen Dr Harry Witzthum AIDS Action Europe (AAE)
10:30 - 12:30	World Café (incl. coffee & fruit) An interactive session where participants are encouraged to roam among informal discussions with experts. Quality Policy: "Top down" or "bottom up"? Standards, Quality Criteria and Quality Principles: "One size fits all" or "mix and match"? Improving Quality: Individual capacity or organisational change? Quality Assurance and Improvement: The latest fetish or a useful tool? Practical Application: Obstacles and solutions?
12:30 - 13:30	Lunch
13:30 - 14:30	Rapporteur Session from the World Café discussions
14:30 - 15:00	The IQ^{hiv} Initiative: Outlook and Next Steps Dr Ursula von Rügen & Matthias Wentzlaff-Eggebert
15:00 - 15:30	Conference Summary Harriet Langanke, Journalist
15:30	Close

B Participants

Frank	Amort	Programa de Epidemiología Aplicada de Campo, Spain
Tzvetina	Arsova Netzelmann	SPI Forschung gGmbH, Germany
Jordi	Baroja	Sida Studi, Spain
Cor	Blom	Soa Aids Nederland
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Graham	Brown	Australian Research Centre in Sex, Health and Society & Australian Federation of AIDS Organisations
Saulius	Caplinkas	Centre For Communicable Diseases And Aids, Lithuania
Olivia	Castillo	Ministry of health , social services and equality, Spain
Cristina	Chiotan	EuroHealthNet, Brussels
Jaroslav	Cieszkiewicz	Marshal Office of the Wielkopolska Region, Poland
Caroline	Costongs	EuroHealthNet, Brussels
Doris	D'Cruz-Grote	Berlin School of Public Health, Germany
Martin	Donoghoe	WHO Europe, Copenhagen
Joyce	Dreezens-Fuhrke	SPI Forschung gGmbH, Germany
Isabell	Eibl	Aidshilfe Vienna, Austria
Johann	Fontaine	Federal Ministry of Health, Germany
Janet	Gaynor	HSE, Ireland
Daniel	Goldberg	University of Applied Sciences Northwestern Switzerland, School for Social Work, Institute for Integration and Participation
Alexandra	Gurinova	German AIDS Service Organization e.V., Berlin
Elke	Hoffmann	Landeszentrale für Gesundheit in Bayern e.V., Germany
Jaroslav	Jedlicka	ArchImeDeS (NGO), Czech Republic
Brigitte	Jordan-Harder	GIZ, Germany
Iwona	Klapinska	National AIDS Centre, Poland
Silke	Klumb	German AIDS Service Organization e.V., Berlin
Vasileia	Konte	Hellenic Centre for Infectious Disease Control, Greece
Harriet	Langanke	Journalist, Germany
Ulrich	Laukamm-Josten	Consultant for WHO Europe
Jeff	Lazarus	University of Copenhagen, Denmark

Karl	Lemmen	German AIDS Service Organization e.V., Berlin
Louise	Mannheimer	Swedish Institute of Communicable Disease Control, Sweden
Anneken	Metsoja	National Institute for Health Development, Estonia
Laurence	Mortier	Aidsberodung Red-Cross, Luxembourg
Johanna	Offe	GIZ
Ines	Perea	Federal Ministry of Health, Germany
Anastasia	Pharris	ECDC, Stockholm
Aryant	Radyowijati	ResultsinHealth, The Netherlands
Meritxell	Sabidó	Fundació Sida i Societat, Spain
Deirdre	Seery	The Sexual Health Centre (NGO), Ireland
Miran	Solinc	Drustvo SKUC (NGO), Slovenia
Roger	Staub	Federal Office of Public Health (FOPH), Bern
Elfriede	Steffan	SPI Forschung gGmbH, Germany
Peter	Struck	AH Bielefeld, Germany
Maria	Sundin	Transgender Europe
Javier	Toledo	Government of Aragon (Spain); Public health direction general (Health Promotion and Disease Prevention Service)
Inga	Upmace	NGO „Baltic HIV Association“, Latvia
Viveca	Urwitz	Swedish Institute of Communicable Disease Control, Sweden
Sandra	Van den Eynde	Sensoa
Harry	Witzthum	AIDS Action Europe, Aids-Hilfe Switzerland
Michael	Wright	Catholic University of Applied Social Sciences Berlin, Germany
Michael	Wurm	AH NRW, Germany
Iaroslav	Zelinskyi	All-Ukrainian Network of PLWH
Sayneb	Al-Baghdadi	BZgA; Cologne, Germany
Laura	Busert	Assistant
David	Hales	Consultant BZgA
Angelika	Heßling	BZgA; Cologne, Germany
Nina	Moll	BZgA; Cologne, Germany
Ursula	von Rüden	BZgA; Cologne, Germany
Matthias	Wentzlaff-Eggebert	Consultant BZgA
Christine	Winkelmann	BZgA; Cologne, Germany