Lessons Learned from Applying Collaborative Improvement Methodologies to Strengthen the Performance and Productivity of HIV Human Resources

Since 2009, the USAID Office of HIV/AIDS has actively supported the application of collaborative improvement methodologies to improve the performance and productivity of HIV service providers, including at the community level. Collaborative improvement engages a large number of teams in applying process improvement to achieve a common objective, using common indicators, and actively fostering sharing of learning and successful practices across all teams to favor large-scale improvement.

This paper describes eight key applications of collaborative improvement to address human resources for health (HRH) issues and describes key lessons learned about increasing HIV health worker effectiveness, performance, and productivity. Collectively, these country experiences illustrate the potential for applying the following HRH strategies to improve the quality and effectiveness of HIV services: task definition and alignment; task sharing and shifting; team-based performance management; strengthening district management functions; increasing health worker engagement; integrating HRH performance improvement with clinical care improvement; and mobilizing communities in the HIV response.

This paper points in particular to the value of investing in improvement efforts that build the capacity of frontline health workers and managers to identify gaps and weakness in work processes and performance, make changes, and monitor their effects on HIV care. Addressing HRH performance and productivity alongside clinical care improvement has been shown to enhance health worker effectiveness and achievement of program goals. Experience shows that even in low-income settings, many performance factors can be readily addressed, including unclear roles and tasks, ineffective or inefficient processes of work, lack of feedback, lack of competence to perform processes of work, and an inadequate working environment. In particular, engaging community groups has been shown to enhance the impact of community health workers, who are central to many countries’ efforts to reach 90-90-90.

Reaching the 90-90-90 targets of helping people learn their HIV status, linking HIV-positive people immediately to life-saving treatment through Test and Start, and achieving viral suppression through better patient engagement and retention in care will require approaches that can help countries do more with existing resources by increasing the impact and efficiency of their HIV investments, especially in human resources. Wider use of QI methodologies to improve HIV service delivery presents the opportunity for orienting such interventions to also impact HRH performance and productivity and overcoming challenges with HRH availability in facilities delivering HIV services.

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