



Quality Action
Improving **HIV** Prevention in Europe

8 Qualitative Evaluation

Final interviews with Quality Action stakeholders

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Final Version

April 14, 2016



This work is part of the Joint Action on Improving Quality in HIV Prevention (Quality Action), which has received funding from the European Union within the framework of the Health Programme.

Acknowledgements

We would like to thank the Swiss Federal Office of Public Health for funding this qualitative study.
We would also like to thank all study participants who agree to be interviewed for their time and openness.

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EU Disclaimer

This report is part of a series of evaluation reports issued by the Quality Action Project, i.e. the 'Joint Action on Improving Quality in HIV Prevention' (2013-2016). This project is supported by a grant from the European Commission (DG SANTE), Grant agreement Nr. 2012 21 02. The European Commission is not responsible for any use that may be made of the information contained in this report.

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Executive Summary

Introduction

This qualitative evaluation report presents the final part of the overall evaluation of the Quality Action project. It aims at exploring stakeholders' experiences and perceptions of Quality Improvement (QI) in their respective work environments during the course of this European Joint Action. Unlike previous evaluation assessments, which have focussed on observations concerning the Joint Action itself (i.e. training, tool development, QI applications), this final qualitative evaluation was charged with assessing respondents' conceptions of QI on a broader scale. More specifically, the objectives were to explore: (1) the perceived value and benefits of applying QI tools in stakeholders' work; (2) the perceived factors that hamper a sustained commitment to QI in this field; (3) the perceived options of promoting of QI sustainability in HIV prevention, particularly with the perspective of future developments after concluding the Quality Action project.

Design and methods

Respondents from various organisational backgrounds, i.e. non-governmental organisations (NGOs), governmental organisations (GOs), and other relevant institutions and bodies, functions (managers, employees), and countries were purposively selected and invited by the coordinators of the evaluation work-package (WP 3) to take part in a final interview discussing QI in their work. Thereafter, an independent researcher carried out semi-structured audio interviews with 25 participants using a topic guide. After oral consent was obtained, the interviews were recorded. The audio files were imported into an NVivo 11 database where they were analysed inductively.

Results

A total of 25 stakeholders were interviewed. The majority held managerial positions in their respective organisations. Stakeholders described a number of perceived benefits of QI in their work. Strikingly, alongside advantages associated with improving 'quality', stakeholders identified a number of *strategic* assets related to QI. These benefits include providing their organisations with a competitive advantage in obtaining funding; increasing the perceived legitimacy of their organisation's actions in the eyes of other stakeholders - particularly management and sponsors; and serving as a means of expanding their network of collaborating partners.

Concerning the sustainability of QI in HIV prevention, stakeholders were less optimistic. Respondents highlighted various elements that they believed would impede a continued integration of QI in HIV/AIDS: namely, the lack of awareness and support of QI by sponsors; the decreasing perceived risk of HIV/AIDS; the prioritisation of services over 'quality' in the field; and perceived risks associated with QI.

Regarding perceived requirements for QI sustainability in HIV/AIDS, stakeholders highlighted two main criteria that should be met to maintain QI presence in the field: namely, the maintenance, support and expansion of the networks built up in the Quality Action project, and sustainable funding.

Discussion and Conclusion

This study is limited in that the purposively selected respondents only account for a small portion of the stakeholders involved in the Quality Action project, and of those who agreed to participate in the final evaluation. As such, the findings presented here only provide a snapshot of the perceived significance of QI in the work of a few respondents

and, therefore, are not generalizable to all stakeholders.

One surprising finding is the (potential) perceived value of QI as a strategic tool for project planning, fundraising and networking. Stakeholders primarily referred to QI's strategic use in increasing legitimacy for their interventions and providing projects with a 'competitive advantage' for funding, as well as the its importance in building up or strengthening networks (the latter being linked to the Quality Action project) rather than implicit to QI itself.

A second equally significant finding is the apparent connection between QI sustainability and funding. Nearly all of the reported barriers to QI sustainability are directly or indirectly linked to a dearth of financial resources. Additionally, alongside network maintenance and support, respondents most frequently cited the need for a reliable and steady flow of funding for QI to be sustainable in the HIV/AIDS field.

With this in mind, it might prove useful for future research to focus additional attention on the roles that networking and funding play in the integration of QI in HIV prevention, and influencing policy makers and funders to create an enabling QI environment.

Introduction

This qualitative evaluation is the last part of the overall evaluation of the Quality Action project, which employed a multi-level evaluation strategy using mixed methods, i.e. quantitative and qualitative data collection techniques and methodological triangulation to increase the validity of the findings. In particular, a rather large qualitative data collection was set up to explore stakeholders' experiences and perceptions of QI in their respective HIV prevention work during the course of this European Joint Action. Unlike previous assessments in the course of this evaluation, which have focussed on observations concerning the Joint Action itself (training, tool development and application), this final qualitative evaluation was charged with assessing respondents' perception of QI and its impact on their work on a broader scale.

It should be noted that at the start of the project, i.e. during the kick-off meeting, data were collected using brief stakeholder interviews to assess their experiences with quality assurance and QI, the degree of eventual QI training that participants may have had before the start of the project, as well as their expectations regarding the project. These findings were compiled in the starting environment report. In the original evaluation framework, the final qualitative assessment was conceived as a counterpart to this starting environment, reflecting the overall developments perceived by the project's stakeholders. However, given the participatory approach of the overall evaluation, at the 5th steering group meeting, it was decided to allocate more resources to this final qualitative evaluation, and to conduct a more thorough assessment of stakeholders' perceptions in terms of their overall experiences with QI.

This final qualitative evaluation study clearly became more comprehensive and extended in terms of scope and objectives than originally foreseen (see original evaluation framework). The extension was possible due to the additional funding received from the Swiss Federal Office for Public Health, supporting the Quality Action with a grant specifically earmarked for the qualitative evaluation.

Objectives

The overall objective of this qualitative evaluation was to conduct a thorough assessment of stakeholders' perceptions of their overall experiences with QI during the course of the Joint Action project, focusing on the lessons learned with respect to future sustainability.

The specific objectives of this qualitative study were to explore:

- (1) the perceived value and benefits of applying QI tools in stakeholders' work;
- (2) the perceived factors that hamper a sustained commitment to QI in the HIV/AIDS field;
- (3) the perceived options of promoting QI sustainability in HIV prevention, particularly with the perspective of future developments after concluding the Quality Action project.

1. Study methods

1.1 Data collection methods

In order to gain a more varied image of the role of QI in stakeholders' work, respondents from various organisational backgrounds (NGOs, governmental organisations, and other institutions and bodies), functions (managers, employees, field workers), and countries were purposively selected and invited by the coordinators of WP 3 to take part in a

final key informant interviews discussing QI in their work. Thereafter, from 14 December 2015 through 18 January 2016, an independent researcher - unaffiliated with the Quality Action project - carried out semi-structured audio interviews with 25 participants.

The interviews were conducted using a semi-structured interview guide (below we present the final interview guide including sub-questions and probes). The initial interview guide was piloted with three respondents, and questions were subsequently adapted and new questions developed based on emerging insights that were deemed relevant to explore further. This was also done in the light of the length of the interviews. To make the interview feasible for the study participants we were aiming at short focussed interviews.

Box 1. Final interview guide

What is the main focus of your organisation/your work?
 Target groups?
 What is QI in HIV prevention (to you)?
 Did you use QI in your work before Quality Action?
 What was your involvement in the Quality Action project?
 Have you integrated any concepts of QI since Quality Action in your work?
 Which tools?
 What are the benefits of QI in your work?
 Personal experiences?
 What are the drawbacks/limitations of QI?
 How do (have) other stakeholders respond(ed) to QI? → give concrete examples
 Funders?
 Policy makers?
 Targeted populations?
 ...
 What is the future for QI in HIV prevention?
 What is needed to support/ensure the sustainability of QI?
 Limitations?
 What did you hope to get out of the QA project?
 What was useful?
 What was not?
 Are there any risks associated with QI?
 Stakeholders hesitant to participate? Danger of misuse
 by funding agencies...?
 Other insights...

The interviewer informed each respondent that his/her name, organisation and country of origin would not be included in the final Quality Action report and would only be available to the coordinators of WP 3. After oral consent, the interviews were recorded using a Skype Call Recorder. Notably, as such semi-structured guides are implicitly open-ended and flexible, it left the researcher free to follow up on emerging themes of potential relevance that arose during the interviews, leading further to an iterative data collection approach.

1.2 Sampling

Stakeholders were purposively selected by the coordinators of work package 3 in order to gain a more varied impression of QI in the HIV/AIDS field. Then the researcher/interviewer contacted them to invite them to participate, emphasizing the voluntary nature and confidentiality of the study.

Over the course of a month (14/12/15-18/01/16), semi-structured audio interviews were carried as described with 25 such purposively selected stakeholders from the following countries who agreed to participate: Belgium, Austria, Spain, the Netherlands, Portugal, Switzerland, Ireland, the United Kingdom, Sweden, Croatia, Estonia, Italy, Lithuania, Poland, Slovenia, and Romania.

1.3 Data analysis

Data analysis was concurrent to the data collection process. Despite the pre-establishment of the questions and themes to be collected as part of the semi-structured interview guide, the analysis was largely inductive, whereby key emerging elements from the interviews guided the development of the analysis process.

During the interview phase, notes were taken on key themes voiced by the respondents for each interview. A codebook was gradually established incorporating new codes (NVivo nodes) as they emerged during the interviews. After all interviews were conducted, the audio files and the still developing codebook were imported into an NVivo 11 database. In a following stage, the audio files were revisited and a close-to-verbatim interview summary was made for each interview. Responses that were deemed particularly relevant to the research objectives were literally transcribed to provide illustrative raw data. These summaries were then also incorporated into the database.

In a final phase of analysis, the interview summaries were reread and coded based on the previously established codes, as well as on new codes that emerged during this latest review phase. When the coding was completed, codes were grouped into overarching themes - where appropriate - based on developing patterns most relevant to the research objectives, and the codebook was finalized.

2. Results

2.1 The study participants

A total of 25 key informants were interviewed. Table 1 provides the anonymised demographic characteristics of the respondents.

Table 1. Respondents by organisation type, function and gender.

Organisation Type	Key informants' function	Gender	Number of participants
NGO	Prevention worker	Female	1
NGO	Prevention worker	Male	2
NGO	Management	Male	7
NGO	Management	Female	5
Government	Officer	Female	2
Government	Management	Female	3
Government	Management	Male	4
Other	Management	Female	1
Total			25

Key informants interviewed were quite balanced in terms of gender (12 women and 13 men). Fifteen participants were NGO representatives, while the rest came from public organisations, with one exemption (i.e. for profit organisation). The majority (20/25) of the study participants were in managerial positions, and thus well placed to share insights about organisational and policy issues.

2.2 Perceived value and benefits of QI

This section examines the perceived value and benefits of applying QI tools as presented by the Quality Action project in HIV prevention according to stakeholders, thus answering to the study's first objective. During the process of this evaluation, respondents cited numerous perceived benefits of integrating the concepts of QI – as presented by the Quality Action project – into their work in HIV/AIDS prevention and management. Two of the most frequently reported advantages included that QI provides a *systematized means of self-evaluating and improving work* and it *increases stakeholder collaboration*. However, as previous evaluations focusing on the Quality Action project itself have already been carried out, and given the fact that the objective and scope of this evaluation were directed at examining elements relating to the sustainability of QI in HIV/AIDS work, these two perceived benefits may not be as illustrative of QI sustainability in HIV prevention as the elements that follow.

Additional reported benefits of QI in HIV prevention that appear to be more structurally significant for the future of QI in this field first include the two-pronged perceived advantage that using QI as a *planning tool* both a) increases projects' or organisations' legitimacy in the eyes of management, policy makers and funders, and b) provides projects/organisations who have integrated QI concepts into their work with a *competitive advantage for funding* over other actors not employing these tools.

The second structurally significant perceived benefit reported by stakeholders was more closely related to the Quality Action project process itself. Concretely, respondents consistently cited the benefit of QI - set against the Quality Action project's backdrop – as being provided with a *platform for exchange between professionals* working in this sector in which experiences could be shared and networks could be built and/or strengthened.

Exploring these issues in more detail, the following themes emerged from the qualitative data:

- Improvement and planning tool → increases the project's legitimacy and constitutes a competitive advantage
- Intrinsic value of QI
- Increased stakeholder commitment
- Transparency and legitimacy
- Platform for exchange → networking

Improvement & self-evaluation tool

The overwhelming majority of respondents cited the primary benefit of the QI process was that it provided an opportunity for organisations to systematically reflect, evaluate and improve activities and partnerships.

"It makes it easier to think, because you have steps you go through, so do not have to [re] invent the wheel, but you just have to apply what is foreseen. And it makes it so much easier. Because sometimes we just don't follow steps, because we start from different sides to tackle an issue, and I think with QA it makes it easier." Steering committee member, NGO.

"I think that for us, it's how to know that we are working well and if we don't work well how to make sure that all the people who need help get exactly the help that they need. So in a way for us, it's how to move from the opportunity-based HIV prevention to needs-based HIV prevention, because a lot of the programs and services are built around what you have, not what you need to have. So those tools and the QI make it for us, how to

make it more people-friendly service so that they really get what they essentially need.” Department Head, National Health Institute.

Stakeholders often expressed that their organisations had been maintaining activities that had begun in earlier periods without ever having had the opportunity or foresight to reflect on whether these actions were successful, relevant or needed. One respondent stated that, the arguably unsuccessful response to the HIV epidemic could be attributed to the fact that the stakeholders involved never took the time to stop and examine whether what they were doing was useful or relevant.

“I think the HIV response, generally, if you want to talk historically, was a community movement that grew out of community mobilization – which was amazing. You got very passionate people. But it also meant that as the (factor?) progressed, perhaps some of the projects that were created out of passion and need – the need was no longer there, or perhaps the methodology of it wasn’t necessarily grounded in either behavioral theory or psychology or evidence or anything like that. So I think the issue of increasing the quality of HIV prevention is to really re-examine what we’ve been doing. Because a lot of the models for HIV prevention have been kind of unchanged – even before we had effective treatment, even before 1996-1997. It’s hard. Some people are still operating on models that are 20-25 years old. So I think it’s worth examining what we’re doing and identifying what is still needed and what maybe is out of date and then creating new programs based on evidence that have markers that you can monitor for effectiveness and quality, and then actually doing that evaluation at the end.” Head of Programmes, NGO.

A similar perceived benefit associated with the process of focussing on quality according to one stakeholder related to the fact that QI goes beyond identifying weaknesses and failures in the traditional sense, to highlight the intrinsic value of ‘quality’ actions in this field.

“... I found the work of Quality Action very useful. Because one of my issues with doing research and conducting evaluation is often that donors do not want to hear that an intervention is not successful or that the result of the intervention is not the way that they expect it to be. And with QI you actually get out of the ‘success’ and ‘not a success’ and you are actually looking at the quality of an intervention. And if the quality is actually good, then the result is a result be it positive or negative. And that for me is actually the one thing why I think this movement is very important. So that we are also avoiding that non-governmental organisations only wanting to please the donors and then we also avoid that the donors want to see results, as they like to see it. So then you are only actually doing interventions for the sake of the intervention.” Technical Director, Consulting firm.

Increased stakeholder involvement

Aside from its value as a tool for project evaluation and improvement, the majority of respondents reported that increased stakeholder involvement in their organisation’s activities was a key benefit of integrating QI processes into their work. Various respondents voiced that employing these tools provided stakeholders, namely target groups, with the opportunity to voice their perspectives, which is reportedly an often neglected component in HIV work.

“So we have peers working in pretty much all of our projects and they had the same opinion as the rest of the teams. They found it very useful. It’s a moment to have a voice and to talk about the things that they think could be better and are not going very well... Also, involvement of stakeholders, of all of the different viewpoints within a certain response or program, is still a very rare process, at least within the realities that I am familiar with. So having multi-stakeholder consultancy is an advantage of itself.” Project Coordinator, NGO.

“I think that that is a very important thing if you speak about quality. Because, if the target group itself can see the benefit, then, of course it’s good for the reputation and for the image of an organisation, but it’s also facilitating your work in general, not only in this specific project... But within the target groups, it was very welcomed to take part and there was a great willingness to participate... They really appreciated that they were asked, and that they could participate, because it happened before and it often happens that you are working on target groups, but not with target groups, which is one of the most important things.” General Manager, NGO.

Similarly, one respondent highlighted the cyclical benefits of integrating QI in his work. In this sense, the process placed stakeholders on an even keel with one another, leading to an environment of more open exchange, whereby stakeholders could build upon each other's strengths and ultimately strengthen their joint activities.

"The main benefit is that you notice the other side, the other bodies that are involved, you start to consider them on an equal basis. You can learn from each other and you can improve... It also gives you a good way to understand and cooperate with your partners. So that you can better see what you can get from your each other, how you can rely on each other... So now I can see my partner not only as a beneficiary of money, of public money, but also as an equal." Head of Division, Governmental body.

Though the above reported benefits clearly reinforce the value of the process of QI in HIV prevention, the following aspects highlight structural elements that may (already) prove strategically significant in the question of QI sustainability particularly with the QA joint action having come to a close.

Quality improvement as planning tool

Despite the fact that the developed QI tools were arguably not intended for use in the planning of interventions, incorporating QI into the planning stage for future projects was reported as a primary benefit for various respondents. Concretely, a number of stakeholders using QI in project planning reported that QI integration in the planning stage provided a structured means of charting the course that actions should take over the lifetime of a given project.

"But from the feedback that I got, it was extremely useful for the next stage of planning and to define some things that were lacking in the project. And it gave out a few different results. Some were very practical things that the teams felt were missing. Some procedures, some clarification on some things and on the other hand what we managed to get was a broader idea of a path that the project should walk towards. So it gave us a few benefits on both of them." Project Coordinator, NGO.

"It makes it more structured and helps you not to lose time and to be more effective in the planning. Not only in the planning, but starting from the planning and all through the project... It makes it effective. Not only the time, but it streamlines all the steps that are useful in order to try to build a good project and implement a good project." Steering committee member, NGO.

However, beyond its usefulness as a sort of road map for the progression of future interventions, by incorporating QI into the planning stage of project proposals, a number of stakeholders specified an additional - and arguably key - benefit for the sustainability of QI in the HIV/AIDS field, namely that this practice had tangible perceived benefits in terms of funding acquisition for projects and organisations.

"During our training we were told constantly that the tool we were using was not a planning tool. It was an improvement tool. But we have used it in planning. We have used it in planning of projects or when we are applying for funding of other projects." Prevention and Education Coordinator, NGO.

Furthermore, another respondent highlighted that the concept of 'quality' has become so visible that incorporating the concept of 'quality' into project design has evolved to be a sort of prerequisite for project proposals in the current process of applying for funding.

"Also, I think the funding environment, at least in the [country] context...all these things are required. If you are going to be awarded a statutory contract, or even if you are going to get money from a trust or foundation, you have to do these things. You just can't write a proposal that says, "We think this is the best thing to do," and people are going to give you money anymore. So I think it's a necessity for everyone. And I think Quality Action provides a nice roadmap for people to do that because I think sometimes it can seem a little bit . . .bewildering for people. But I think generally everyone is...everyone that we work with is totally on board with this kind of approach. But it certainly wasn't instant." Head of Programs, NGO.

Along a similar vein, other respondents pointed out that organisations would be well served in winning funding by having a certification of ‘quality’ stamped on project proposals. In this way, projects integrating QI in their design would have a competitive advantage over non-certified project proposals. Moreover, QI sustainability would likewise be facilitated as such certifications would underscore the value and necessity of this concept in the HIV/AIDS field.

“But I think that in terms of empowering a project to a funder, if you have a structured QI process, as well as if you have other certifications, if you are recognized as an ECDC good-practice, it’s a plus to your project and it should be the same with QI, if you’re using this. If you have this as a part of your project cycle, it’s an advantage to other similar projects that do not use it. So, if we managed to structure this, it could be interesting for the projects themselves and it could be an extra incentive for people to adhere to QI.” Project Coordinator, NGO.

“I’m going to try to introduce these tools to our network. Some of these NGOs are applying for funds from the ministry of health or some other source. And I think using the QI tools can help them in getting the financing they need and they can also have a piece of paper saying they are working with quality.” AIDS prevention officer, National Institute of Public Health.

Transparency and legitimacy

This discussion of certification is closely related to an additional perceived QI benefits in HIV prevention - that of increasing the perceived legitimacy of a given action in the eyes of high level management, policy makers and funders. Respondents’ perception of the different stakeholders’ awareness and commitment to QI in HIV/AIDS varied. In terms of support by policy-makers and funding agencies, some respondents were actively supported in their QI efforts; others stated that such stakeholders were aware and positive about the concept of QI in HIV/AIDS, but provided little concrete support for the process; yet, still others indicated that sponsors remained generally unaware of the concept of QI. In fact, one respondent went so far as to claim that:

“Quality improvement is not clearly established in HIV prevention”. Technical Director, Consultancy firm.

Nevertheless, on several occasions respondents commented on how employing QI (or the QI tools specifically) in their work helped to foster an improved relationship between sponsor and implementing organisation. Particularly in terms of transparency, through the QI process, sponsors were better equipped to follow the path of an intervention and were consequently more trusting of the relevance and necessity of initiatives implemented by the respective organisations.

“And in such as organisation as mine, when you do such a monitoring or like evaluation/monitoring process, its well perceived, it’s well seen. It shows that your work has some meaning, some sense. So my head of department appreciates and also sees that. And also this is a more structural environment to what I am doing. It shows that its not just action but a process and I think that’s the most important thing that this is a process. Then you can get more. The acceptance grows and the approval is higher to what you are doing and your boss can trust you. It’s like your showing that what your doing has a solid base. And also that it’s a well-constructed action. That it’s not just an action, but that it’s a process as a project... I think that that is the main benefit.” Head of Division, Governmental Body.

Platform of exchange and network building

Though the focus of this evaluation remains on the broader concept of QI in HIV/AIDS prevention and management, some practical elements of the Quality Action project are particularly relevant when discussing the benefits of quality in HIV prevention and the future sustainability of QI in this field. Specifically, most respondents cited being provided the opportunity to exchange and network with other professionals in the sector as decisive benefits of the Quality Action project.

In terms of exchange, respondents reported that being able to share successes and challenges in implementing QI tools and in return hearing experiences of other stakeholders helped them improve the integration of the tools in their own

work.

"... for me, 50% of the benefit was the talking and 50% was the theoretical thinking about the things, the theoretical reflection. So it was very, very important that we do that in groups from different countries to see what problems they had. So that was very, very important for me." Program leader, NGO.

"Yes, exchange is very important. Because when we know what works in other places, we can adapt and we can also make it." President, NGO.

"I wanted to have live contact. I wanted to learn more, to become acquainted with some more tools and the main thing was to be able to discuss with others and to see how it works in practice. The workshops were very practical and we had a lot of assistance. So if there were any difficulties or obstacles or things to discuss, that was possible and that was very useful. So the live contact and see these tools in real life. And to see how other people were able to react in practice." Head of Division, Governmental Body.

An intriguing additional benefit of the process of exchange with a broader platform of stakeholders that was fostered by the Quality Action project was cited by one respondent as being the use of a standard set of tools by a larger body of stakeholders to strive toward improved quality in the sector.

"I think that the process and the joint action were successful in bringing many countries and people talking together in sharing experiences and applying the same tools. So I think it would be crucial to keep a kind of network that makes it able to make the work of improving quality in HIV prevention sustainable." Chair, NGO.

In this way, having a larger body of stakeholders emphasizing quality and using a standard means to reach common goals was both a perceived benefit and an element that could potentially help sustain the progress initiated by the Quality Action project.

With regard to networking, stakeholders indicated that an additional key advantage of participating in the Quality Action project was that it availed them with a greater network of professionals working in HIV/AIDS with whom they could collaborate.

"Well regarding the joint action, for me it has been a good opportunity for me to collaborate at the international level, to meet people from all over Europe, both governmental and non-governmental organisations... At least for me its part of what I think I have to do in my working life, to try to stay collaborating internationally." Coordinator, Regional Ministry of Health.

In fact, a number of stakeholders cited the prospect of expanding their networks as a decisive incentive that initially motivated them to participate in the Quality Action project.

"My hopes were to learn more about QA and QI and to work more in a European context, and also to work more on a regional and national level, because it's a national project here; so that was for me a personal focus, to start networking more at a national level." Project Manager, NGO.

"My expectations were, in this QA project, to establish a new network of partners and my expectation is to work together in the future in the other activities, to communicate in the same good ways like in the project, to have common projects, common activities." Coordinator, National Institute for Infectious Disease.

In this way, the creation of a platform through which organisations receive and provide support, in which common objectives and tools can be shared, and upon which collaboration between actors can be initiated or strengthened are all reported benefits which further have implications for future sustainability of QI in the HIV/AIDS field.

2.3 Factors perceived to hinder sustained quality improvement

This section examines the perceived structural elements that respondents reported may impede as well as facilitate sustained efforts to successfully incorporate the concept of QI into HIV/AIDS work, thus contributing to answer the second specific study objective. During the interview process, stakeholders were asked what they believed the future held for QI in their respective work environments: what challenges they perceived would impede QI sustainability in HIV prevention and what elements would be needed in order for the process - that for many began with the joint action - to carry on.

Perceived challenges for QI sustainability

Overwhelmingly, stakeholders expressed that QI was essential for their work. Nevertheless, when the question of QI sustainability in HIV/AIDS was posed, respondents tended to be less optimistic. The following themes emerged from the qualitative analysis as main hindering factors.

- Awareness and support for QI by sponsors/funding agencies
- Low prioritisation of 'quality' by policy makers
- Decreasing perceived risk of HIV/AIDS
- Prioritisation of 'services' above QI

A number of structural challenges to QI sustainability emerged in the course of the evaluation process. These perceived obstacles to sustainability relate to policy-makers'/funders' awareness and support of QI in HIV prevention; fluctuating politico-social structures and priorities; the dynamic between services and 'quality' in implementation work; the changing perceived risk associated with HIV/AIDS; and perceived risks associated with implementing QI concepts.

"I would just hope that there is a way to keep this alive, because I think we will not be strong enough to keep this alive by ourselves... This has changed the way that I see the projects, but on my own I don't think that I am as strong and powerful enough to keep this up by myself... I hope that they can keep it fresh, because that is a risk."
Steering Committee member, NGO.

Awareness and support of Quality Improvement by sponsors

Various respondents were pessimistic about current willingness of funders and policy-makers to allocate funds to QI in HIV/AIDS. Though some cited being supported by funding agencies and policy makers in their respective countries, the majority expressed that financial support for QI was not a priority.

"I think it will take a couple of years before all the decision makers are really convinced that money really needs to be set aside for that [QI]." AIDS prevention officer, National Institute for Public Health.

This reluctance was attributed to a number of factors. Sponsors' awareness of the concept of QI was cited as one such element that determined sustainability.

“Funders, I would say that, at this moment, they are not really involved in the quality action. So they are not aware, they don’t really understand what it is and even if we were to submit a proposal and we might write that it uses QA tools, I don’t think it makes much of a difference because I don’t really think they get what it’s about. I don’t think it is as famous yet for the funders. At least it’s not in [this country] at the moment, in my opinion.”
Steering Committee member, NGO.

Other respondents claimed that policy makers and/or funders are, to some extent, acquainted with the concept of QI and appear to be generally positive of the application of the process to the activities of the implementing organisations. Nevertheless, several stakeholders alluded to the distinction between sponsors who abstractly support the concept of QI and those who actively make concrete commitments to provide backing for the process. In most instances, though sponsors seem to welcome the idea of organisations committing to improving the quality of their actions, many are not yet prepared to provide tangible support.

“Well, we did have some stakeholders involved when we implemented the tool and they were very supportive of it. And committed time to it themselves. And our funders do always say that improvement and evaluation and analysis are extremely important. They’re definitely very supportive of organisations analysing and evaluating and improving, but they tell us that it has to be done on our own time. So they’re not interested, certainly at the moment, in funding. But they certainly seem supportive of it, you know. I mean, we are in a lot of partnerships now with some funders and they’re very keen that everything has to be evidence-based; everything has to be evaluated. But, just at the moment, they’re not putting the money in it.” Prevention and Education Coordinator, NGO.

Notably, despite having received funding for the Quality Action project by the Ministry of Health, one respondent, nevertheless, highlighted the distinction between financial commitment to ‘quality’ and genuine structural support for the process of QI by sponsors.

“They [Ministry of Health] committed themselves to the project, but actually for one and a half years, they didn’t even ask proactively once what are the results, why are you doing this? It’s like: ‘it’s very nice that you are doing this, but actually we are doing some things that are much more important.’ But it’s really hard... This is like how they always act. While it sounds good, it’s an international project, it’s a European level, there is some money. It’s a commitment in terms of money, but it’s not a commitment in terms of acting afterwards and also in getting other organisations in the boat and to do it on an agreed level, on a national level.” General Manager, NGO.

Low prioritisation of ‘quality’ by policy makers

Other respondents went on to contextualise their sponsors’ less-than-optimal backing of QI in HIV/AIDS work. Various structural factors were cited accounting for policy-makers’ and funders’ lack of prioritisation of QI in HIV/AIDS work. In particular, one stakeholder referred to the politically fluidity in her country as a key impediment to fostering a sustained prioritisation of funding work on ‘quality’.

“First of all, we need to have the support of the Ministry of Health... And if this support is realised, I think we can do the job. The Ministry of Health is ready. But sometimes there were so many changes in the structure of the Ministry of Health and this organisation, re-organisation affects in some ways the communication, the work of the whole system... The Minister of Health was changed twice by year or the Secretary of State just started now with new people and in a few months there will be other people. They are open, they want to do, but finally, there are delays or misunderstandings.” Coordinator, National Institute for Infectious Disease.

Other stakeholders referred to regional, national and supra-national social developments as factors redirecting policy makers’ commitment - and ultimately resource allocation - away from QI in the sector. These stakeholders attributed policy makers’ lack of prioritisation of QI in HIV prevention to oscillating societal developments, which appear to eclipse the need to support efforts at improving quality.

“The ministry of health is supportive of the idea, but I’m not sure if they would be willing to put aside extra funds for it. But it’s not only about a wish to set aside money for QI, but about more important issues in the country with the constant economic crisis.” AIDS prevention officer, National Institute of Public Health.

“The changing socio-political environment is a challenge for sustainability as other social issues become prioritized, such as the migrant crisis, and changing health priorities.” Program officer, National Public Health Agency.

Decreasing perceived risk HIV/AIDS

According to several stakeholders, the HIV/AIDS evolution from a fatal disease to a manageable chronic illness has meant tangible implications, not only for QI in HIV/AIDS, but also for the sector as a whole. In particular, respondents referred to significant prospective cuts in funding due to the reduced perceived risk of HIV/AIDS as being yet another hurdle in the path towards QI sustainability.

“You have to understand that we have a quite small HIV prevalence. We were successful to do the best on prevention from the beginning. So that means in terms of figures and numbers, for many of our people it looks like not such a big priority.” Director, Center for Communicable Diseases.

“In central Europe and in Southern-Eastern Europe, it’s always challenging because these are so called low-prevalence countries where HIV is not usually a priority for the government and public authorities.” Chair, NGO.

Prioritisation of ‘services’ above Quality Improvement

According to stakeholders, yet another roadblock for QI sustainability in HIV prevention is the distinct prioritisation of services over investment in ‘quality’.

“We deliver a lot of services and our funders require that service delivery is the priority. So, that’s the big one obviously. If we could get funding just for evaluation and improving projects and employ somebody specifically to do that that would be great. But that’s just not realistic at the moment.” Prevention and Education Coordinator, NGO.

According to the director of another NGO, there is currently not enough government support for evaluation in his country. Rather policy makers are interested in quantitative numbers, such as the number of condoms distributed, but not particularly for the quality of the interventions. In this way, she concluded that the decision makers are currently not interested in having qualitative evaluations carried out, let alone funding them.

Interestingly, more than one respondent indicated that not only policy makers/funders are guilty of placing greater import on implementation above evaluation, but that implementing bodies themselves tend to fall into this trap, which further influences the sustainability of QI.

“The limitation is of course the financial one. The funds for HIV/AIDS prevention in [country], I’m quite sure that the money for that will be reduced by 20-30% within the next years, the next 2 to 3 years. Therefore, if you implement something in addition, then it’s always the question of where do you make the savings? Of course, if you start to implement QI, it’s an investment in every organisation. And I think it will be quite difficult because then I think they will have to think about what they really want to have on ground in organisations, which kind of organisations, and also of course it’s a question of allocating the funds.” General Manager, NGO.

“A trend now is that many interventions/project implementations are being minimally funded for results that are often beyond the intervention itself. This trend proposes a danger for Quality Assurance because then almost all the resources will be allocated into the implementation, into the activities, but not into guarding the quality of the implementation. And I think we have to set this priority in the minds of donors, but also in the minds of implementers themselves.” Technical Director, Consultancy firm.

Risks associated with Quality Improvement in HIV prevention

While examining challenges to sustainability, some unexpected findings emerged. Namely, a number of respondents called attention to the fact that, despite being convinced of the significant benefits of incorporating QI into their work, the process of applying QI to the HIV/AIDS field could be a double edged sword. Stakeholders identified two potential ‘pitfalls’ associated with QI in HIV/AIDS control that may prove decisive for sustainability. Two main themes emerged:

- Misuse of QI as funding allocation tool
- Over-emphasising evidence-based and quantifiable prevention interventions

The first risk relates to the belief that QI could be (or was perceived as being currently) (mis)used by funders to determine and distribute funding. The second reported danger associated with QI is that the process of implementing QI could lead to more easily quantifiable interventions being prioritised to the detriment of less ‘measurable’, but nevertheless relevant actions.

Perceived risk of Quality Improvement as funding allocation tool

Though many of the respondents did not perceive there to be any risk associated with funders misusing the process of QI: *“The main risk is to not implement the mechanisms of QI. I think this is the main problem”* (Chair, NGO), various others voiced concern that funding bodies could use QI to evaluate interventions and organisations in the traditional sense - in terms of ‘successes’ and ‘failures’ - and distribute funding accordingly.

“Yes of course. The danger of misuse of QI and its mix with evaluation is very clear. So it has to be very well clarified, what are the objectives of this, and what it is used for? And stakeholder participation is a very tricky thing.” Project coordinator, NGO.

Strikingly, stakeholders in positions to distribute funds similarly reported that a scenario in which QI could be used as a funding allocation tool was plausible.

“But in theory, if we know that in one region there are three organisations and there is a cut in funding, and we know for sure based on those tools that one of them is under-performing, in theory again, that is possible. So it really depends on how you use it that. Do you use it to encourage people and organisations or do you also use it [QI] in a way that old quality assurance was used, in a way to say that you are doing it right or wrong. There is a certain possibility for that. And I know that colleagues in Quality Action were worried, especially in NGOs, that if they used the tool and it showed that something was wrong, that was a risk for them.” Department Head, National Public Health Institute.

One respondent expressed an additional concern that funding agencies could also pressure organisations to incorporate specific tools present in certain QI processes that might ultimately not (yet) be adapted to address the realities of a given setting, intervention and/or organisation.

“I think that one risk is if the funders would say that you have to use these tools or otherwise you won’t get funding. Because I think that one of the main, best things about QI and the Succeed tool is that it’s based on free will and to use it and to improve and to involve people. And I think if you say that you have to use it, otherwise you can’t get funding or you have to present the results of your evaluations, that could be a risk...I think that could be a risk, if the funders would say that you have to use it like this and this is something really great from QA without looking at what we already have in [country], and in the organisations.” Project Manager, NGO.

Furthermore, respondents reported that this fear of cuts in funding could (does) play a significant role in the general acceptance of QI by stakeholders. Some stakeholders confirmed that many organisations are hesitant to become involved in a QI process due to this perceived danger, which naturally has implications for the future sustainability of this process in the HIV/AIDS field.

“Yes. The fear of losing financing supply, losing money is the big risk to take part in such a thing. They are afraid that if they were to participate, then the process would show that something is wrong, that something needs to be improved and then it can be treated as a weakness, something that can be used against you.” Head of Division, Governmental institution.

“I think that there is a lot of fear by some other organisations that if you commit yourself to Quality Assurance and QI and also use the tools that you could find out that what you have done for so many years was not the best thing to do or maybe was sometimes even wrong. And since we are living in the time of period of massive savings by the Ministry and also other political parties, it might be the fact that for some people, it’s easier or a danger of savings if they don’t commit themselves to apply these tools and live with the results that they have afterwards.” General Manager, NGO.

However, it should likewise be noted that the possibly of QU use as an instrument to designate funding was not always seen as a negative development. In fact, several NGOs as well as governmental bodies expressed that QI could even serve as a more legitimate process of funds allocation.

“At least those organisations that are making efforts to improve quality using any kind of instruments to demonstrate what they are doing is working, they should get more marks in terms of getting more funding for their projects. And I think it is an objective way of distributing funds, because sometimes you think because some organisations have been working in the field for 20 years now and they are doing things okay because they have always been there, but sometimes you think we have never evaluated properly their projects. So, I mean, QI is not only evaluation, it goes beyond that, it goes on to change processes and to improve how things should be done and so on.” Coordinator, Regional Ministry of Health.

“QI should be part of a precondition when an organisation designs and then implements an intervention. They should be given appropriate resources qua time and probably the financial resources so that quality is actually assured... And that could be one thing that a funding agency could actually demand of it.” Technical Director, Consultancy firm.

“I don’t have that experience yet and quite frankly if they would abuse it, I would be very happy. They wouldn’t know what hit them if they started talking about QI with me. So yes by all means let them. That doesn’t frighten me really. And it might be even a good thing that they embrace it. Because that way, everyone needs to perform better and we shouldn’t fear when someone tries to make us better. It’s a good thing.” Department Head, NGO.

Misdirection priorities due to Quality Improvement

The second perceived risk that emerged during the evaluation relates to the potential danger of over-emphasising ‘evidence-based’ interventions over actions that are not as easy to quantify. One stakeholder indicated that though QI was largely positive, it still validated actions with clearly measurable outcomes above other policies, such as prevention.

“I think, unfortunately, that that whole issue of evidence in this field can be patchy. And things that are best evidenced may not be the best things to put your money into. So I think there’s a definite disconnection there, for sure. ...But I think there is a danger – not danger – that’s a strong word. But if you say ‘everything has to be fully evidenced or we’re not going to fund anything that doesn’t have direct evidence that shows exactly that this program will be successful in our setting’, then you’re going to eliminate quite a lot of programs...And there is always the problem that there’s more evidence for some kinds of HIV prevention work than for others. So if you use a kind of Quality Action approach that somebody based on evidence and all these kinds of robust things, there is a kind of – a little bit – a disconnect, because there really isn’t really strong evidence for certain

interventions, in terms of their outcomes...So I think sometimes, in terms of the “quality” thing, instead of setting objectives and goals, I think a lot more could be done at looking at what’s necessary and then what’s feasible, and then closing that circle, rather than just saying, “We want to do 10%, and we’re going to try to do that.”
Head of Programs, NGO.

Ultimately, these perceived dangers associated with QI have potentially far-reaching implications. However, it should be noted that whether these perils are real or simply perceived, the fact that various stakeholders voiced these concerns has direct implications for the sustainability of QI in this field.

2.4 Perceived requirements for future QI sustainability

In addition to being asked to share their thoughts on the obstacles related to QI in HIV prevention, stakeholders were also invited to articulate upon what they believe is needed to maintain the momentum generated by the Quality Action project (see third specific objective). Unsurprisingly, numerous perceived needs were cited, from greater interdisciplinary collaboration to tool improvement (for a detailed list of coded responses, the NVivo ‘QA Qualitative Evaluation Stakeholders’ database can be consulted). Despite some variance, the perceived needs for sustainability tended to fall into two overarching categories:

- The need for network maintenance
- The need for support and sustainable funding

Network maintenance and support

Overwhelmingly, respondents cited that the establishment of a more permanent platform to maintain a mechanism of communication between stakeholders would be key in helping to keep QI alive in HIV prevention.

“I think that the process and the joint action were successful in bringing many countries and people talking together in sharing experiences and applying the same tools. So I think it would be crucial to keep a kind of network that makes it able to make the work of improving quality in HIV prevention sustainable.” Chair, NGO.

“There should be a platform to continue this idea of the scope of QI. I hope that the meeting in Berlin will be a good place to discuss this.” Head of Division, Governmental body.

Other respondents went on to express concern that anything short of a structured means by which the participants could maintain contact would be insufficient in keeping QI alive in their respective work environments.

“When I think about the project and the liaisons that we were able to make that happened because the project was there. Once that this is gone, I don’t think that that’s going to happen much more in such a structured way. Yes, I think that when we meet each other again in conferences by coincidence, it will probably be a topic on which we share and exchange, but for such concepts to continue, you need a more supported approach.” Head of Department, NGO.

The way in which this mechanism of network maintenance should be implemented varied from respondent to respondent. A number of stakeholders suggested digital platforms for exchange, such as online forums, maintenance of the website, Quality Action newsletters, essentially any user-friendly means by which participants in the joint action could easily continue to share successes and cases of good practice as well as to communicate challenges in given settings.

“We need to have some sort of continuation. I know this is difficult because it requires time and resources and funds. It would be good to have it somehow prolonged. Some activity, some meetings, or even just newsletters to talk about successes thanks to the QA. Cases of good examples due to the QA so that people remember that using the QA tools is a way to have effective successful projects. Just some sort of something. Maybe some

funding to keep the website alive, the newsletter, some sort of exchange to keep it alive.” Steering committee member, NGO.

Others suggested that yearly (to bi-yearly) occasions where the participants of the Quality Action project could come together again would be an important step toward sustainability.

“So for me it’s very important to do something now, because this was the start. So I think we need yearly meetings, we need possibility of contact in the year... I think it’s important that once a year you get a kick in the ass... So every one of us needs a kick in the ass once or twice a year, then we can do quality. Otherwise quality will get lost.” Program leader, NGO.

However, many respondents cited limitations in simply continuing to work in the circles established by the Quality Action project and/or having QI efforts limited to national boundaries. Instead, these respondents suggested that dissemination of and advocacy for QI at the supra-national levels, both directed at policy makers as well as at other stakeholders involved in HIV prevention work would be decisive in sustaining the advances made by the Quality Action project.

“We have a good ‘community of practice’ formed in the European Union and it’s an excellent basis to keep the snowball rolling and growing. But it is a challenge to maintain the momentum, because it will require a baseline structure and it will require advocacy efforts to push it at a political level.” Project coordinator, NGO.

“Actually, I think the project should continue at the national and international levels. The last conference should be a platform to introduce this concept at all levels in HIV prevention in Europe and abroad. I think there should be quite a bit of effort to make other people know about the tools and the final documents, the charter for action and the policy kit and so on.” Coordinator, Regional Ministry of Health.

“So I think, as a sector, generally, being able to publish more, share more, work more together, and think of a European response that can, in some way . . . above a national response . . . you know, everyone has their own national response, and everyone’s national response is different, and that’s absolutely correct and right; but I do feel there’s that space above that national response - that we can work as a European community – not in the capital letters – but as a region, that we can do HIV prevention and help each other, on that level as well.” Head of programs, NGO.

One respondent went so far as to detail the currently available vehicles through which the messages and import of QI could be disseminated.

“Still the vast majority of people in Europe do not know that these things exist. So I really think that we need to push on dissemination... And so networking, spreading the word through our own friends, colleagues helps on its own. And obviously, sharing success stories. I think that we have a few vehicles that can help us do that. ECDC, EMCDDA, etc. can help disseminate this to a wider community...But we have so many dissemination vehicles: Civil Society Forum, the HIV Think Tank, even writing to UNAIDS...it’s not hard to disseminate.” Project coordinator, NGO.

Sustainable funding

“First you need sustainable funding if you want sustainable prevention, and then you can talk about quality.” President, NGO.

The question of sustainable funding was possibly cited as the most determinant element in the support and further development of QI in the HIV/AIDS sector. As discussed throughout this report, obtaining funding for the process of QI prior to and during the joint action was cited by stakeholders as problematic, to say the least. This same theme was reiterated when stakeholders discussed the conditions that needed to be met for QI to progress after the close of the

Quality Action project.

“So I think it’s very important that we don’t stop the process now. And for me, that’s not clear. So that’s for me very important and that we don’t stop this work, and that it gets funded in the future, if not from Europe, that we search for other funding so that we can work on this, otherwise we have a problem with sustainability.”
Program leader, NGO.

Some respondents went on to draw attention to the fact that structural factors, such as country context, also play a decisive role in influencing the sustainability of funding for ‘quality’.

“I think it depends on the country -who will continue or take the lead in maintaining QA- because some countries are really dependent on the funding...” Employee, NGO.

“And I think HIV prevention is having a hard time. It’s somehow neglected. They [policy-makers and funders] all want to demand quality, but they don’t want to pay for it... We are not independent actually. We are an NGO, but we have to do what our funders want... It depends on the country, but there is a very strong link between funding an policy.” President, NGO.

As the last quote illustrates, the relationship between funding, policy and sustainability have become intrinsically interwoven in HIV prevention, making the question of sustainability of QI in this sector all the more complex.

3. Discussion

With the Quality Action joint action having recently come to a close, the question of ‘what now’ predominates discourse on QI in HIV prevention and management among the participating partners, and possibly beyond. Accordingly, this final qualitative evaluation was carried out with key stakeholders as participants in the Quality Action project to examine their impressions of QI in their respective work environments and to explore what they believe the future holds for QI in HIV prevention. Twenty-five stakeholders were asked to convey their opinions and perceptions, as well as experiences on the value of QI in their work and to highlight both barriers to and requirements for sustained efforts at incorporating QI in the HIV/AIDS prevention sector.

Respondents in this final evaluation were purposively selected and only accounted for a small portion of the stakeholders involved in the Quality Action project. Additionally, of those who agreed to participate in the final evaluation, the majority held managerial positions in their respective organisations. Accordingly, this evaluation only reflects the perspectives of a select few Quality Action participants - primarily from management positions in their respective organisations - and is not generalizable to all stakeholders who participated the joint action.

As the findings presented in this evaluation only provide a limited snapshot of the perceived significance of QI in the work of a few respondents, it does not make generalizations regarding the future of QI in HIV prevention or recommendations for sustainability. With this being said, this report will highlight some key elements expressed by a number of Quality Action stakeholders that may prove useful for future research geared at QI in this sector.

Stakeholders were overwhelmingly encouraged by their experience with QI as introduced by the Quality Action project and described a number of perceived benefits of QI in their work. Strikingly, in addition to advantages associated directly with improving the quality of their interventions, the stakeholders identified a number of assets related to incorporating QI tools in their respective organisations. These benefits included providing their organisations with a competitive advantage in obtaining funding; increasing the perceived legitimacy of their organisation’s actions in the eyes of other stakeholders - particularly among management and sponsors; and serving as a means of expanding their network of collaborating partners.

However, when asked to make predictions concerning the sustainability of QI in HIV prevention, the stakeholders were

less optimistic. Respondents highlighted various elements that they perceived would impede the continued integration of QI in their field, referring to factors such as the lack of awareness and support of QI by sponsors; the decreasing perceived risk of HIV/AIDS; the general prioritisation of services over 'quality' in the field; and perceived risks associated with QI implementation. With regard to perceived requirements for the advancement of QI in HIV/AIDS, stakeholders highlighted two main criteria that should be met in order for QI to maintain a presence in this sector: namely, maintenance, support and expansion of the networks built up in the Quality Action project, and sustainable funding.

4. Conclusion

One surprising development from this evaluation is the actual (or potential) perceived value of QI as a *strategic* tool for project planning, networking and ultimately fundraising in HIV prevention. When discussing its benefits, stakeholders primarily referred to QI's strategic use in increasing legitimacy for their interventions and providing projects with a 'competitive advantage' for funding over others, as well as its importance as a means of building up or strengthening networks (the latter of which is more directly linked to the framework and execution of the Quality Action project, rather than implicitly to the process of QI implementation itself). Though arguably anticipated, a second equally significant finding is the apparent connection between QI sustainability in HIV prevention and funding. Nearly all of the reported barriers to QI sustainability can directly or indirectly be linked to a dearth of financial resources – from the lack of support from sponsors for QI to the perceived risks associated with it. Additionally, alongside network maintenance and support, respondents most frequently cited the need for a reliable and steady flow of funding for QI to be sustainable in the HIV/AIDS field.

With this in mind, it might prove useful for future research to focus additional attention on the roles that networking and funding (may) play in the integration of QI in HIV prevention - and beyond.