



# RATIONALE

## Selecting practical quality assurance and quality improvement tools for Quality Action

Produced by WP4, Viveca Urwitz



**Quality Action**  
Improving **HIV** Prevention in Europe



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.

## Evidence-based Quality Assurance and Quality Improvement (QA/QI)

### *Evidence of specific approaches and evidence of general good practice*

There is an increasing awareness of the need to base Health Promotion and Prevention of HIV and for sexual and reproductive health and rights (SRHR) on good practice and research (evidence). All over the world, researchers and practitioners are summing up the current state of evidence-based approaches to support the work. The vision is that for each part of every intervention there should be this kind of guidance. In reality, there is unfortunately not enough research to meet this vision. When evidence-based approaches are mentioned, they are normally approaches that have been found to be effective through a scientific review following specific standards (for instance a Cochrane review). Such reviews should ideally be based on a number of structured studies and the reviews themselves take time and require participation of researchers and practitioners and thus, funding

Although scientific reviews concerning specific approaches in health promotion do exist and although the knowledge about such evidence-based approaches has increased, there are still large gaps. The prevention work cannot wait until they are filled. They might also not be possible to fill, for many reasons:

- Health Promotion and Prevention are heavily dependent on their specific context and there are always certain measures that are specific or adapted to the specific situation, so interventions are rarely exactly alike.
- Not all interventions can be researched according to standardised practices for ethical or humanitarian reasons.
- It is very costly to use the Randomised Control Studies preferred in evidence reviews or very powerful qualitative studies to evaluate some interventions because of the number of interventions needed or because of the long term results that would have to be measured. Although in theory such evaluations would be possible, there are great difficulties in funding them because they are not as economically interesting to companies as medical interventions.

It is also very clear that even though we do not always have evidence based approaches covering our interventions, there is a need to uphold basic quality of good practice. *Fortunately, such evidence of good practice has been published.* A number of reviews of key success factors in Health Promotion and Prevention have been used to construct models of best practice or general tools for the review of practice. This knowledge can be used for upholding and improving the quality of the preventive work.

### *The QA/QI tools used in Quality Action*

For the purposes of Quality Action, we needed to select, adapt and/or develop five practical and knowledge-based QA/QI tools for HIV prevention (including guidance and training materials).

We agreed on the following criteria for the selection process:

- The tool should be knowledge-based. The tool should be based on published research or documented best practice.
- The tool should have been evaluated. There should be documented evaluations proving that the tool works.
- The tool should have been demonstrated to be suitable for HIV Health Promotion and Prevention. Key elements of the international HIV response should preferably be integrated in the tool so it contains and strengthens some of the common concepts and language used. This will enable persons working in the preventive response to develop a common knowledge base and understanding of quality in HIV prevention.



- The tool should be in a practical format and user friendly.

*Three evidence-based tools have already been validated for HIV prevention and fulfil the criteria:*

1. *Succeed* is a self-administered, questionnaire-based tool based on research into success factors in health promotion. It allows stakeholders to review their work and improve it during implementation. It has been evaluated and used in HIV-prevention and SRHR projects<sup>1</sup>
2. Quality in Prevention (QIP) uses external experts to assess a project. The documentation form is evidence-based and can also be used for self-assessment. QIP has been quality-checked and tested in practice.
3. Participatory Quality Development (PQD) is an integrated set (toolbox) of participatory and evidence-based methods for needs assessment, project planning, implementation and evaluation and has been successfully applied in health promotion and HIV prevention. It focuses on the local knowledge of stakeholders and helps them use it, reflect on it and extend it.

*Two further tools fulfil some of the criteria, but need further development or adaptation to HIV prevention or to a more useful format for QI activities:*

4. WP4 will develop QA tool for an area of HIV health promotion and prevention that has evidence of best practice and standards available, e.g. health promotion and prevention targeting people who inject drugs (PWID). This new tool will be based on the already existing Health Promotion Effect Management Instrument (Preffi), which is a validated QA tool for increasing the effectiveness of health promotion projects. We will test and evaluate the new tool within Quality Action. Through cooperation with the European Centre for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) we will adapt it to recent guidelines and findings.
5. WP4 will design a tool specifically for programmes rather than projects, a 'programme tool'. The programme tool will be based on existing tools such as the Global AIDS Response Progress Reporting (GARPR) set including the National Commitments and Policies Instrument (NCPI), used worldwide by UNAIDS and adapted for Europe by ECDC to collect relevant data on HIV programmes at the national level, and elements of the other existing, validated QI tools mentioned above. We will test and evaluate the tool within Quality Action.

---

1. References are provided at the end of this document and a more formal literature review will be developed by WP7.



## References

### Succeed

Ader M, Berensson K, Carlsson P, Granath M, Ohlsson-Enhorn G, Urwitz V (1992): Kvalitetsindikatorer för primärpreventiva program på befolkningsnivå (Quality Indicators for primary prevention programs on the population level). Report in Swedish from a Masters Course in Public Health Administration, Karolinska Institute Stockholm Sweden. Printed by The Public Health Authority in Skaraborg Report 26. ISSN 0284-4281

1994 Winner of the Swedish National Quality Award from the Association of County Councils and the Association of Municipalities in Sweden.

Berensson K, Granath M, Urwitz V (1996) How to Succeed in Health Promotion. A manual for and Quality Improvement. Swedish Association for County Councils. Stockholm Sweden

National Board of Health and Welfare, Sweden (1999): Evaluation of the manual "How to Succeed in Health Promotion". Report nr 1999-32-001. Stockholm Sweden (Report in Swedish)

Ader Maj, Berensson Karin, Carlsson Peringe, Granath Marianne and Urwitz Viveca (2001): Quality Indicators for health promotion programmes. HEALTH PROMOTION INTERNATIONAL. Oxford University Press Vol 16, No2 page 187 – 195

### OIP

Kliche, T (2011) Versorgungsstrukturen und Qualitätssicherung für Prävention und Gesundheitsförderung in Deutschland. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 54 (2), 194-206.

Kliche, T (2010) Qualitätssicherung: Konzeptionen und Praxisstrategien. In: P. Paulus (Hrsg.), Bildungsförderung durch Gesundheit. Bestandsaufnahme und Perspektiven für eine gute gesunde Schule. Weinheim: Juventa, 145-169.

Kliche, T, Elsholz, A., Escher, C., Weitkamp, K, Töppich, J., Koch, U (2009) Anforderungen an Qualitätssicherungsverfahren für Prävention und Gesundheitsförderung. Eine Expertenbefragung. In: Prävention und Gesundheitsförderung, 4 (4), 251-258.

Kliche, T., Mann, R. (2008) Die Qualität der Versorgungsangebote für adipöse Kinder und Jugendliche. In: Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 51(6), 646-656.

Kliche, T., Töppich, J., Kawski, S., Brunecker, L., Önel, J., Koch, U., Ullrich, A. (2007) Professional expectations about quality assurance: a review-based taxonomy of usability criteria in prevention, health promotion and education Journal of Public Health, 15 (1), 11-19.

Kliche, T., Koch, U., Lehmann, H., Töppich, J. (2006) Evidenzbasierte Prävention und Gesundheitsförderung Probleme und Lösungsansätze zur kontinuierlichen Qualitätsverbesserung der Versorgung. DOI: 10.1007/s00103-005-1216-1 Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz 49 (2), 141-150.

Kliche, T., Töppich, J., Kawski, S., Koch, U. (2006) Qualitäts-Informationssystem Prävention. In: Haisch, J., Hurrelmann, K., Klotz, T. (Hrsg.), Medizinische Prävention und Gesundheitsförderung (S. 269-272). Bern: Hans Huber.

Kliche, T., Töppich, J., Lehmann, H., Koch, U. (2006) Woran können wir aussichtsreiche Projekte zur Prävention und Gesundheitsförderung erkennen? Das Informationssystem QS-Prävention. In Mittag, E., Sticker, E., Kuhlmann, K.: Leistung – Lust und Last. Impulse für eine Schule zwischen Aufbruch und Widerstand (447-451) Bonn, Deutscher Psychologen Verlag, 447-451.

Kliche, T., Töppich, J., Kawski, S., Koch, U., Lehmann, H. (2004) Die Beurteilung der Struktur-, Konzept- und Prozessqualität von Prävention und Gesundheitsförderung: Anforderungen und Lösungen. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz, 47 (2), 125-132.

Kliche, T., Töppich, J., Kawski, S., Lehmann, H., Stander, V., Koch, U. (2004) Ein neues Qualitätssicherungssystem zur Begutachtung von Struktur-, Konzept- und Prozessqualität in



Prävention und Gesundheitsförderung. In: Luber, E., Geene, R.: Qualitätssicherung und Evidenzbasierung in der Gesundheitsförderung. Wer weiß, was gut ist: Wissenschaft, Wirtschaft, Politik, BürgerInnen? Frankfurt a.M., Mabuse-Verlag., 115-126.

## PQD

PQD is a toolbox to ensure participation and quality at each step of the project process. In the PQD document, each of the tools in the toolbox has a reference list to the scientific and best practice documents supporting it, and to documents where you can find more documentation. PQD can be used on its own or as a methods toolbox after using Succeed, QIP or the other methods that are being developed as part of Quality Action.

## Preffi

Molleman G, Louk WH Peters, Clemens H Hosman, Kok Gerjo J. Project quality rating by experts and practitioners: experience with Preffi 2.0 as a quality assessment instrument. *Oxford Journals Health Education Research* Vol 21 issue 2 219-229 2005

Molleman GRM, van Driel W, Keijsers JFEM.: Preventie Effectiviteits-instrument, PREFFI 1.0. Ontwikkeling van een effectiviteitsinstrument voor de gvo/preventiepraktijk. Utrecht, the Netherlands: Landelijk Centrum GVO; 1995.

Molleman GRM.: Implementing the Preffi: the use of guidelines for practitioners in the Netherlands. In: Norheim L, Waller M, editors. *Best Practices, a Selection of Papers on Quality and Effectiveness in Health Promotion*. Helsinki, Finland: Finnish Centre for Health Promotion; 1999. p. 219-230.

Molleman GRM, Peters LWH, Hommels LM, Ploeg MA.. *Assessment Package; Health Promotion Effect Management Instrument Preffi 2.0*. Woerden, the Netherlands: NIGZ; 2003.

Peters LWH, Molleman GRM, Hommels LM, Ploeg MA, Hosman CMH, Llopis E.. *Explanatory Guide Preffi 2.0*. Woerden, the Netherlands: NIGZ; 2003.

Keijsers JFEM, Saan JAM.. The development of two instruments to measure the quality of health promotion interventions. In: Davies J, Macdonald G, editors. *Quality, Evidence and Effectiveness in Health Promotion*. London: Routledge; 1998. p. 117-29.

Molleman GRM, Ploeg MA, Hosman CMH, Peters LWH.. *Preffi 2.0: un outil néerlandais pour analyser l'efficacité des interventions en promotion de santé*. *Promot Educ* 2004;22-7.

Molleman GRM.. *Preffi 2.0: Health Promotion Effect Management Instrument; Development, Validity, Reliability and Usability*. Woerden, the Netherlands: NIGZ; 2005.

## The Global AIDS Response Progress Reporting (GARPR) format

The '2011 UN Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS' (General Assembly resolution 65/277), which was adopted at the United Nations General Assembly High Level Meeting on AIDS in June 2011, mandated UNAIDS to support countries to report on the commitments in the 2011 UN Political Declaration on HIV/AIDS. In addition, the 2011 Political Declaration called for a special report to the General Assembly on progress in accordance with global reporting on the Millennium Development Goals in the 2013 review of the Goals. This is called Global AIDS Response Progress Reporting (GARPR). Data on 34 indicators form the basis of the report. They are structured along the traditional lines of Quality Assurance: structure of the work, process (i.e. strategies and methods used), results on the intermediate and morbidity/mortality levels. The purpose of the GARPR documentation is to have global reporting. Both UNAIDS and ECDC stress that it should also provide guidance to national HIV/AIDS programs and partners actively involved in the country response to HIV/AIDS in order to improve their prevention programs. However, there seems to be a need to develop procedures and methods on how this could be done. The planned tool for programme development will therefore try to make use of the already existing indicators



---

developed by UNAIDS and ECDC to monitor the work, and combine them with the methodology developed in the QI tools that have been evaluated.

Reference: Global AIDS Response Progress Reporting 2013. Constructing Core Indicators for Monitoring the 2011 UN Political Declaration on HIV /AIDS. UNAIDS:  
<http://www.unaids.org/en/dataanalysis/knowyourresponse/globalaidsprogressreporting/>

