

CORRECTION

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Correction: The Systems Analysis and Improvement Approach: specifying core components of an implementation strategy to optimize care cascades in public health

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Following publication of the original article [1], an error was identified in the Background section.

[†]Sarah Gimbel and Kristjana Ásbjörnsdóttir are co-authors and contributed.

The original article can be found online at <https://doi.org/10.1186/s43058-023-00390-x>.

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There is a duplicated paragraph, the original article has now been updated to remove the duplicate and read the following:

“The Systems Analysis and Improvement Approach (SAIA) is an evidence-based, multi-component implementation strategy focused on optimizing service delivery cascades [7]. SAIA combines systems engineering tools into an iterative process to guide service delivery staff and managers to visualize treatment cascade dropoffs and prioritize areas for system improvements, identify modifiable organization/facility-level bottlenecks, and propose, implement and assess the impact of modifications to improve system performance [8]. The core systems tools that the SAIA harnesses are cascade analysis [9] (whereby routine data is used to assess how the client population passes through specific sequential steps, identify drop off among the clients and prioritize steps for quality improvement efforts) [10], process mapping (where frontline service providers and managers collaboratively outline the steps that clients currently go through to achieve care in their specific organization/facility), and continuous quality improvement (CQI) [11–14], to guide service provider-led, data-driven quality improvement. This work is conducted through organization/facilitylevel learning meetings supported



by external facilitators and conducted at set intervals, typically monthly, for a minimum of 6 months, to allow service providers to gain expertise in implementing SAIA to improve outcomes of their specific service. SAIA has been adopted across a range of geographic and clinical settings. The SAIA trial (PI: Sherr) tested SAIA through a 36-facility, cluster randomized trial in three SSA countries in prevention of mother-to-child transmission of HIV services [8]. The intervention led to *3.3-fold greater improvement in antiretroviral uptake for HIV-infected pregnant women* (13.3% vs 4.1%; increase to 77.7% in intervention and 65.9% in control facilities) and *over 17-fold greater improvement in early infant diagnosis in HIV-exposed infants* (11.6% vs 0.7%; increase to 46.1% in intervention and 32.0% in control facilities) [7].”

Following the publication of the original article [1] the authors requested to update the “Competing interests” section as follows:

“The authors declare that Sarah Gimbel and Kenneth Scherr are members of the Editorial Board for the Journal of Implementation Science Communications.”

The original article [1] has been corrected.

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Reference

1. Gimbel S, Ásbjörnsdóttir K, Banek K, et al. The Systems Analysis and Improvement Approach: specifying core components of an implementation strategy to optimize care cascades in public health. *Implement Sci Commun.* 2023;4:15. <https://doi.org/10.1186/s43058-023-00390-x>.

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