

Successes, Challenges and Recommendations: Perspectives from Key Informants on Policy Implementation to Integrate HIV-care to Primary Health Care Clinics in Free State, South Africa

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Background: Many high-HIV burden countries are increasingly integrating HIV-care into Primary Health Care (PHC) clinics to improve access to HIV treatment and strengthen people-centered health systems. However, little is known about successes and challenges of policy implementation in this context. This study aims to identify successes, challenges and recommendations made from a province-wide policy rollout of integrating HIV-care in PHC clinics, beginning in South Africa in 2010.

Methods: Semi-structured, in-depth interviews were conducted with key informants (KI) in 2012-13 from the following health system perspectives: 1)Academic/Expert/Policy-Maker 2)Provincial Department of Health 3)District and Local Area 4)Clinic and 5)NGO. Initial participants were identified via purposive sampling and snowball sampling identified new participants until saturation. Interviews were conducted in English, audio-recorded and transcribed, then thematically coded using ATLAS TI. Deductive and inductive analysis led to new codes and emerging trends. Ethics approval was obtained and participants provided written-informed consent.

Results: A total of 34 KI participated (2012:n=26, 2013:n=27), 19 of whom were interviewed both years. Successes were discussed in 4 themes: training, stakeholder/community engagement, additional clinic staff and political commitment. Nurse mentors, PALS PLUS guidelines, financial and political support were seen as facilitators. Challenges were space and staff. Many participants discussed provincial policy roll-out moving faster than clinic capacities, unrealistic targets, insufficient drug delivery/forecasting, and insufficient managerial capacity. Recommendations included: applying lessons learned from HIV to PHC, increased coordination of provincial program managers, training personnel prior to policy implementation, engaging health care workers in policy rollout strategies, fast-track queues and providing 3 month drug supply to stable HIV patients.

Discussion/Conclusion: A paradigm shift towards integrated HIV care is necessary to ensure strong, people-centered health systems in high HIV-burdened contexts. Understanding the successes, challenges and recommendations from a provincial policy implementation lens could inform the successful development and implementation of policies in similar contexts.

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