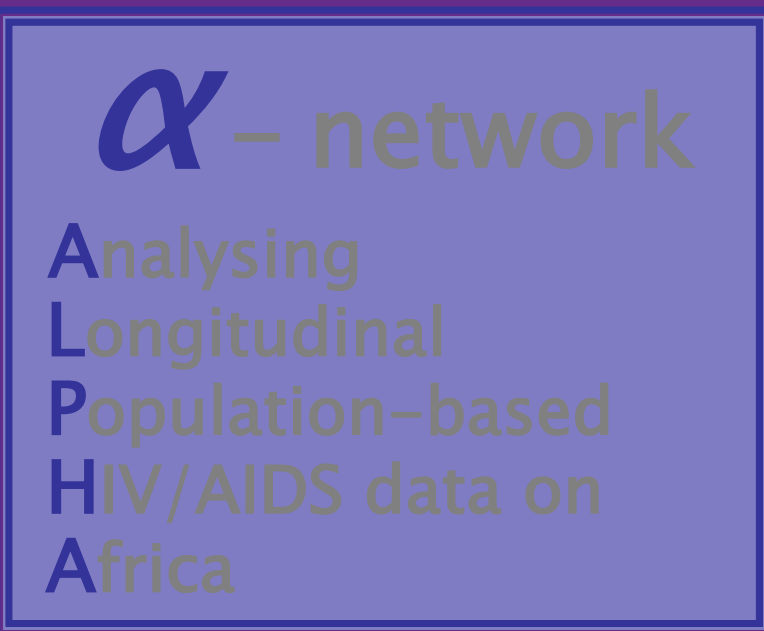


HIV policy implementation in South Africa: evidence from a national policy review and health facility surveys in two rural demographic surveillance sites.



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Introduction

- Improving the effectiveness of national HIV programmes depends on understanding the contradictions between national HIV policies and their implementation in health facilities.
- We compared South African HIV policies on HIV testing and counselling (HCT), Prevention on Mother to Child Transmission (PMTCT) and antiretroviral therapy (ART) with survey data from health facilities in two rural areas of Mpumalanga and KwaZulu-Natal.

Methods

- Ten national HIV policy documents published in 2004-2013 were reviewed, with content extracted on implicit or explicit adherence to 54 predefined indicators likely to influence service access and retention in care across the HIV cascade.

Table 1. List of documents reviewed	Year
National Antiretroviral Treatment Guidelines	2004
Children's Act 38, Section 130	2005
Policy Guideline for HIV Counselling and Testing (HCT) National	2009
HIV Counselling and Testing HCT Policy Guidelines (March 2010)	2010
The South Africa Antiretroviral Treatment Guidelines	2010
Clinical Guidelines for the Management of HIV and AIDS in Adults and Adolescents	2010
Clinical Guidelines: PMTCT (Prevention Mother to Child Transmission)	2010
Country Progress Report on the Declaration of Commitment on HIV/AIDS	2010
National Strategic Plan on HIV STIs and TB 2012-2016	2012
The South African Antiretroviral Treatment Guidelines	2013

- We surveyed 26 purposively-sampled health facilities serving populations of two South African health and demographic surveillance system sites (HDSS) in Agincourt (n=9) and Africa Centre for Population health (n=17).
- A structured questionnaire was administered from October 2013 to May 2014 to the nurse in charge covering facility structure, PMTCT and HIV care are treatment.
- Survey data were analysed descriptively and the findings compared to national policy indicators for each site.

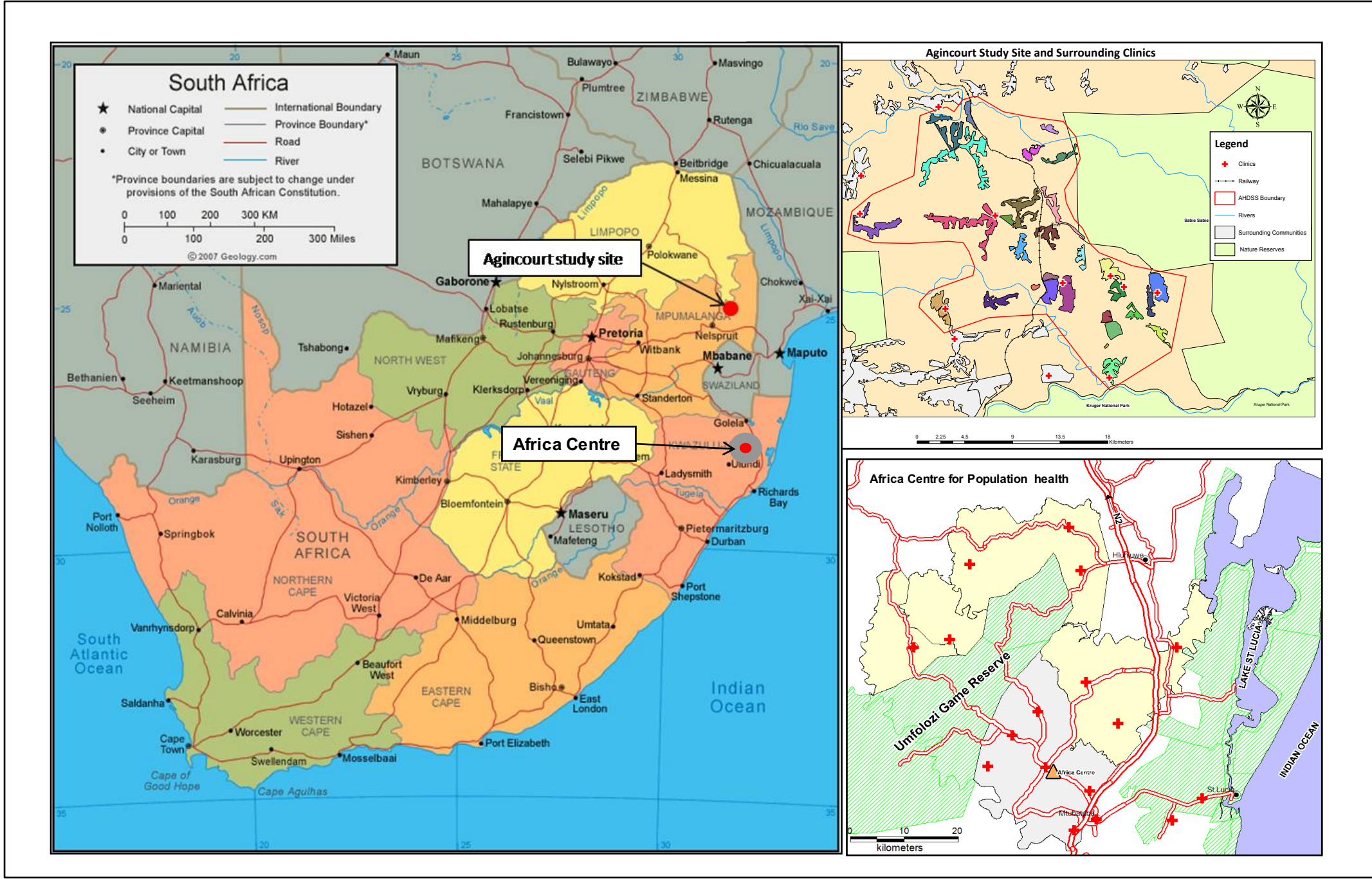


Fig. 1 Location of the Africa Centre for Population health and Agincourt HDSS sites in South Africa

Results

- Overall South African policies on HTC, PMTCT and ART closely adhered to WHO recommendations.
- There are several gaps in relation to quality of care, treatment, access and retention in care:
 - Quality of care: Health facilities in both sites reporting high client loads and limited refresher training in HIV testing and ART delivery.
 - HIV treatment: Health facilities in both sites were weaker in terms of medical management and support to persons living with HIV than in service coverage and access, close to 100%.

Results

- HIV treatment and retention in care: compensated by practices in the facilities, notably related to provision of Option B+ which was provided in 88% of facilities in Africa Centre for Population health and 22.2% in Agincourt, despite its absence from policy.

Table 2. Policy and practice comparison for HIV testing indicators

	Agincourt		Africa Centre	
	N	%	N	%
Total number of clinics	9	100	17	100
Service access and coverage				
Free HCT services	9	100	17	100
Special services offered to CSW, MSM, drug users	0	0	14	82.4
Quality of care				
National guideline available-HTC	9	100	17	100
At least one staff received training on HIV testing in past 2 years	8	88.9	13	76.5
Quality of care audits of HTC at least once in a year	6	66.7	17	100
Co-ordination of care and patient tracking				
Pre-ART visit recorded on paper or computer at clinic	9	100	17	100
Repeat test advised after window period of at least 3 months	8	88.9	17	100
Testing repeated 3 months after first test in pregnancy and/or in 3rd trimester	5	55.6	9	52.9
Support to PLHIV				
Pre-test counseling always provided	9	100	17	100
Post-test counseling always provided	9	100	17	100
Individual and group pre-test counselling offered	8	88.9	12	70.6

Table 3. Policy and practice comparison for HIV treatment and PMTCT indicators

	Agincourt		Africa Centre	
	N	%	N	%
Total number of clinics	9	100	17	100
Service access and coverage				
Free ART service	9	100	17	100
Free PMTCT treatment	9	100	17	100
PMTCT available at Antenatal care	9	100	17	100
ART initiation and provision at least 5 days a week	9	100	17	100
ART initiation can be done by nurses/midwives	9	100	16	94.1
Co-ordination of care and patient tracking				
HIV+ve patients followed up to check they have registered in care	8	88.9	16	94.1
Pre-ART visit recorded in patient-retained card	3	33.3	13	76.5
Medical management				
Co-trimoxazol prophylaxis available and in stock in pre-ART	9	100	16	94.1
Haemoglobine/full blood count required before ART initiation	9	100	17	100
Renal function tests required before ART initiation	9	100	16	94.1
Initiation of ART: initiates TB medication first, and start ART once stable on TB treatment	9	100	16	94.1
ART eligibility CD4≤350	8	88.9	9	52.9
Option B+	2	22.2	15	88.2
Option B	7	77.8	2	11.8
PMTCT regimen TDF+3TC+EFV	7	77.8	12	85.7
Support to PLHIV				
Three adherence counselling sessions required pre-ART initiation	6	66.7	7	41.2

Table 4. Policy and practice comparison for retention indicators

	Agincourt		Africa Centre	
	N	%	N	%
Total number of clinics	9	100	17	100
Quality of care				
No stock out of OI drugs in past year (co-trimoxazol, Isoniazide, fluconazole)	8	88.9	12	70.6
No stock out of 1st line ART in past year	9	100	14	82.4
Co-ordination of care and patient tracking				
Adherence monitoring: patients pill boxes checked and counted	8	88.9	6	35.3
Home visit or telephone contact for missed visits	9	100	17	100
Drug can be collected by a designee	6	66.7	16	94.1
Drug supplies/refills given for 2-3 months once patient stable	3	33.3	0	0
Support to PLHIV				
Individual adherence counselling conducted over group	8	88.9	16	94.1
Support groups available	7	77.8	8	47.1
Available nutritional supplements for malnourished	9	100	17	100
Home based care available	9	100	16	94.1
Medical management				
Preventive Therapy with Isoniazide offered and in stock	9	100	14	82.4
Co-trimoxazol prophylaxis available and in stock in pre-ART	9	100	16	94.1
CD4 tests on stable patients every 6 months	1	11.1	2	11.8
TB screening at every ART visit	9	100	17	100
WHO first line ART as standard (TDF+3TC+(NVP/EFV)	9	100	16	94.1

	Explicit policy	100 -75	74 -26	0 - 25
Policy implementation code (%)				
	Not explicitly policy	100 -75	74 -26	0 - 25

Conclusions

- Policy implementation was broadly similar across these rural South African sites, sometimes exceeded national recommendations.
- Still exist numerous policy gaps for HIV testing, PMTCT, access to ART and retention in care.
- Future research should explore factors facilitating or inhibiting policy development and implementation, and assess whether differences in HIV service delivery are reflected in HIV mortality.

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