How best can HIV/AIDS policy be moved to successful implementation? Lessons from routine HIV testing of patients with sexually transmitted infections in Malawi

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Abstract: Like other sub-Saharan countries, Malawi is hard hit by HIV/AIDS. Various aspects of human development often stall because of physical and psychosocial effects resulting from illnesses due to HIV infection. Prevention of HIV infections will avert many miseries resulting from HIV. If HIV prevention is optimized, the efforts and resources dedicated to treatment of HIV/AIDS ailments and impact mitigation could be directed towards improving social economic development, which will improve the quality of life for the people. However, execution of HIV prevention and other programs require enabling policies to move forward. Policies are not meaningful until they are properly implemented.

This descriptive qualitative case study looked at the Malawi HIV/AIDS Policy from 2003 to 2013. I used in-depth interviews to explore the implementation of provider-initiated testing and counseling (PITC) for Sexually Transmitted Infections (STI) patients and HIV testing for prevention of mother-to-child transmission (PMTCT) as a contrast. Document literature reviews were done to provide background information. This study examined barriers and facilitators to successful implementation of HIV/AIDS policy to inform the development of recommendations for subsequent policies.

Key barriers included lack of involvement in policy making process by healthcare workers and some senior health workers, lack of healthcare training or sensitization about the policy implementation plan, lack of supervision, lack of systems coordination and policy harmonization, non-accommodating infrastructure for male participation, and shortage of healthcare workers to implement the policy, supplies, and test kits. Some specific facilitators were highlighted as follows: sustained counseling to participants, supportive supervision of healthcare workers, good support from implementing partners, and good political will.

Based on the issues reported by participants and analysis of those issues, the following recommendations were made to improve policy implementation: greater involvement of healthcare workers in the policy-making process, training of all healthcare workers, community sensitization to increase male participation including making health facilities male-friendly, clear policy coordination mechanisms with defined roles, creation of a policy harmonization team, and decentralization of policy implementation supervision.

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