

Title: Reducing waiting time for antiretroviral therapy (ART) initiation for HIV pregnant women using process mapping: experiences from Maluti a Phofung (MAP) sub-District, Free State Province, South Africa

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Issues: The antenatal HIV prevalence rate in Maluti a Phofung sub-District in Free State Province in South Africa is 31%. In June 2009, EGPAF conducted a baseline assessment at five clinics in this sub-District which revealed that among HIV-positive pregnant women, 53% presented late for antenatal care (ANC) services (after 20 weeks of gestation) and pregnant women eligible for antiretroviral therapy (ART) were waiting an average of six to eight weeks to commence treatment. Prevention of mother-to-child transmission (PMTCT) services were often delayed due to long waiting times and some eligible women delivered their infants without ever receiving ART for prophylaxis and treatment.

Description: Process mapping was completed in July 2009 to identify where delays were occurring. CD4 count results were returned to clients after one week (even though results were available within 48-72 hours), referral to higher-level facilities for baseline laboratory investigations (e.g. viral load, liver function, Urea and Creatinine and urea, full blood count); referral for completion of registration forms; referral for adherence counselling; (these sessions were scheduled once per week at the referral site and took up to three weeks) and limited days for ART initiation (only two days per week).

To improve access to ART, all steps in the process were modified at all 32 clinics in MAP within three months of this assessment by EGPAF and the South Africa Department of Health (DOH) staff. Clients are now informed at their testing appointments that CD4 results will be made available to them in four days (a four-day turnaround time is given to ensure clients are not travelling to clinics unnecessarily). Registration forms are fully processed at the original health facility. Counsellors now initiate on-site adherence counselling sessions within one week. Doctors now provide ART initiation Monday through Friday at initiation sites and nurses are initiating ARV prophylaxis at all clinics.

Lessons learned: Within three months of implementing these changes, waiting times for ART initiation were reduced from 6-8 weeks to 1-2 weeks. In addition, the introduction of a national program (launched after this program, in April 2010) to allow nurses to initiate ART improved access at three clinics in MAP as patients were no longer referred. Process mapping enabled program planners to identify delays and bottlenecks in provision of ART services for eligible pregnant women hence by December 2009 100% of the women received ARV prophylaxis and 74% received ARV treatment before delivery. Improved PMTCT outcomes were also observed at all clinics, especially among HIV-exposed infants at 6 weeks, where the percentage of those testing positive via polymerase chain reaction had decreased from 14% in June 2009 to less than 5% by December 2009 in the entire sub-district.

Next steps: Program planners should critically evaluate their processes to identify the cause of delays and bottlenecks in ART and PMTCT service provision through process mapping. All facilities should undergo similar QI processes to identify and correct their specific barriers. Nurse ART initiation should be scaled up to all facilities in South Africa to minimize delays and referrals.