

Title: “Provider Initiated Counselling and Testing for Health”: Health Professionals’ Views on implementation at a primary health care level in Matola District, Mozambique

1. BACKGROUND

In 2008, Mozambique’s Ministry of Health (MoH) introduced Provider Initiated Counseling and Testing for Health (PICTH) policy in all services.

Instead of only counseling for HIV, people are counseled and tested on a broader range of health matters including malaria, tuberculosis and hypertension. This implies a new model of service organization and provision; enabling an environment for HIV testing and at the same time and mitigating HIV related stigma and discrimination.

After a pilot phase of PICTH at Antenatal Care (ANC) Services, which registered positive results, PICTH expansion started in early 2008 in all services at national level. According to the PICTH guidelines, all patients should be counseled as part of the care package, thereby posing a new challenge for the already overstretched health.

In 2010 a study was conducted to explore the health professionals’ views and experiences regarding the implementation of PICTH policy in the clinic services at primary health care level in four Health Facilities in Matola District, Mozambique.

2. METHODS

A descriptive study using qualitative methods was conducted in four Health Centers (HCs) providing HIV testing and treatment.

A total of 13 clinic health professionals comprising two general medical doctors, four technicians, three nurses and four clinic officers were interviewed. Semi-structured interviews with open-ended questions were used for data collection. Data was recorded and then transcribed after participants’ written permission was given.

3. RESULTS

In general, health professionals perceived the PICTH policy’s intention as positive. However the majority thought that due to shortage of human resources, heavy patient load, inappropriate infrastructures to ensure confidentiality and time pressure, the implementation of PICTH is not feasible at the clinic setting at Primary Health Care services.

4. CONCLUSIONS

PICTH as intervention has considerable potential to improve early detection and treatment of HIV. Positive experiences from specific services as ANC with a relatively low volume of clients compared to clinical services cannot be generalized to a context of a busy clinic setting with high volume patients and overburdened health care staff.

These differences combined with a high disease burden, especially of HIV/AIDS, TB and malaria and further exacerbated by inadequate infrastructure at the primary care level, make the implementation of PICTH a colossal challenge for HPs and achievements of the objectives of policy implementation.