

HIV&AIDS Conference 2015



Tensions between the Fijian Healthcare Workers: A Challenge to the Prevention of Mother-to-Child Transmission (PMTCT) of HIV services in Suva, Fiji.

Never Stand Still

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18th September 2015

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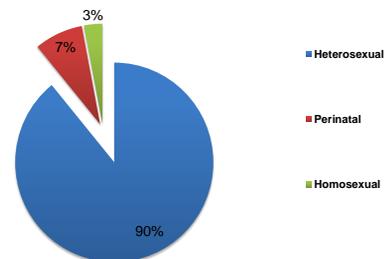


BACKGROUND

- Despite recent advances in the field, access and provision of PMTCT services still remains a challenge.
- Approximately 430,000 new HIV infections occurred among children throughout the world (in 2009) (UNAIDS 2012).
- More than 90% of these infections were through MTCT (Horwood et al. 2010).
- Fiji has classified as a low HIV prevalence country (UNGASS 2012).
- HIV epidemic in Fiji is one of continuous incline (UNGASS 2012).



Modes of HIV Transmission in Fiji (UNGASS 2012).



Aim

To understand the relationship between the hospital PMTCT HCWs and HIV counsellors while providing HIV counselling to ANC mothers in Suva Fiji.

Objectives

- 1 • Explore HCW's experiences related to provision of PMTCT services
- 2 • Explore availability of clinical and human resources



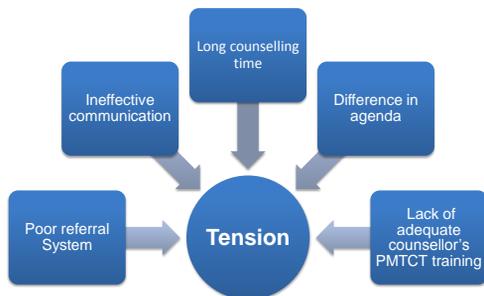
Methods



- **In-depth interviews**
 - Purposive sampling, 17 in-depth interviews
 - HCWs including doctors, midwives, nurses, laboratory technicians and the external counsellors
- **Study Sites**
 - A hospital and a reproductive health center in Suva
- **Research period** April-May 2013 and February 2014
- **Data analysis**
 - Thematic analysis, utilising NVivo



Findings(1): Tension b/w HCW's



Findings (2)

- **Poor referral system:** Poor referral for HIV test counselling was identified.

"They [the hospital staff] don't refer the mothers back to us and we miss on their post-test. We can't reemphasize about their window period and the preventive measures, so I feel it's not good."
(Jessica, counsellor)

- Lack of continuity of care and gaps in the referral process → poor quality of patient care, duplication of efforts and errors (Winestone et al., 2012; Ferguson et al., 2012).



Findings (3)

- **Collaboration issues:** Lack of collaboration among HCWs was identified as a key challenge.

"Sometimes when the Ministry of Health staff don't cooperate with us. I think that's a big challenge, because when they don't cooperate, we, can't do our work properly ... it's hard for us ... I think it is mostly the barrier between us."
(Emily, counsellor)

- Lack of collaboration among HCWs → suboptimal provision of patient care & an higher incidence of medical-related errors (Winestone et al., 2012; Burke et al. 2004; Lingard et al., 2004).



Findings (4)

- **Conflict:** The senior PMTCT doctors and midwives felt that external counsellors do not consider PMTCT services while providing counselling to ANC mothers.

"The two counselling groups have two different agendas. For them they want to carry out the counselling you know, their box to tick is, that information giving and all that ... I don't know, to us it's different. We are driving because we offering it for PMTCT. So to us, we try to tell her that knowing her status, it's very important especially for her baby."
(Sue-Doctor)

- HCW's highlighted that counsellors need to emphasize on the importance of knowing mother's HIV status so that PMTCT services can be offered at an early stage of gestation.



Conclusion

- Poor referral, lack of collaboration and conflict among HCWs are the main source of tension among HCWs.
- There is a need to resolve ongoing tension and maintain healthy relationships between the HCWs.



Acknowledgement

We thank the Ministry of Health Fiji and the study participants for their time and contributions.

Disclosure of Interest

One-year study scholarship has been provided by the Human Resources for Health Knowledge Hub, UNSW. No other grant was received in the development of this study.



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