ABSTRACT

The formulation and approval of the Operational Plan for Comprehensive Care, Management and Treatment for HIV/AIDS in 2003 was a major victory for the roll-out of anti-retroviral therapy (ART) in the public sector in South Africa. Since its initiation in 2004, the ART Programme has expanded rapidly and realised considerable gains in prolonging life. However, it has also faced major constraints and implementation has been uneven across provinces. This study investigates the impact of organisational capacity upon levels of adherence to ART in two public sector sites in Gauteng. The study uses the Chronic Care Model (CCM) proposed by Edward Wagner (2004). The CCM identifies four major components as crucial to effective clinical outcomes for the management of chronic care. These factors are (1) prepared proactive practice teams; (2) delivery systems design; (3) decision support; and (4) clinical information systems. Both sites demonstrated different strengths and constraints. Strengths included the presence of motivated champions leading the ART service, positive patient-provider relationships, shifting of tasks to lower level health workers to deal with the shortage of skilled staff, good relationships with non-governmental organisations and the innovation to deal with challenges in a way that does not compromise the quality of care provided to patients using the CCMT service. Overall constraints that were identified in the two facilities include the shortage of skilled staff, burn-out among staff, a shortage of space, inconsistent data collection and interpretation, as well as poor integration and collaboration between local and provincial government in relation to the shared responsibility for the provision of Tuberculosis (TB) treatment and other related CCMT services. Despite these barriers, levels of adherence exceeded 85% in both sites.