Nursing Leadership and HIV & AIDS in Botswana

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44th Biennial Convention, Indianapolis

31st October, 2017
Background

• The practice of nursing has been profoundly affected by HIV/AIDS in Botswana. The demands made by HIV/AIDS exceed the health care budgets by far, thus demanding more effort and resources from all sectors of society.

• Nursing’s role in the formulation of health policy provides challenging opportunities for expanding awareness of population health care needs and for influencing health outcomes.

• The 2013 BAIS IV survey estimated a national prevalence rate of 18.5 % compared to 17.6 % in 2008 BAIS III among population aged 18 months and above.
Background...

- Among the same population HIV incidence rate (adjusted) was estimated at 1.35% compared to 1.45 per cent in 2008. Females had a relatively higher prevalence rate of 20.8 % compared to 15.6 % for males.

- Nurses are the cornerstone of Botswana’s health care delivery system. Their role in policy formulation and development as well as their active participation in the budgetary process and human resource allocation for health is critical.
Purpose

The purpose of this article is to interrogate nursing leadership in health planning and resource allocation decisions with a specific focus on HIV and AIDS.
Methodology

• A case study research method was utilized. A total of 11 organizations agreed to participate in the study and a sample of 19 study participants was purposively selected from these organizations.

• Inclusion criteria: (a) persons in senior management in government, private sector and nongovernmental organizations; (b) experience in health care policy or delivery; and (c) had been with the organization for at least two years.
Methodology ....

• In selecting the participants the researcher particularly sought contrasts and similarities in features or characteristics of policy makers and their environments that might affect and or influence participation in the policy process.
Data Analysis

• Data analyses were conducted simultaneously with data collection.

• Analyses involved examining, categorizing, and interpreting data for meaning.

• Development of a case study report, links were established between study findings and study objectives and literature for consistencies, deficiencies and gaps.
Results

• From the 19 participants 9 (4.4%) were nurses and 10 (52.6%) were non-nurses

• 3 nurses (33.3%) were in academia; 3 (33.3%) were senior government officials in government ministries, 2 (22.2%) were in non-governmental organization and 1 (11.1%) was in private sector
## Demographic Characteristics of Policy Makers

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Results

• Health planning and resource allocation decisions was affected by three major factors in the HIV and AIDS policy process:

• inadequate and/or poor planning, poor implementation of HIV/AIDS policy and contextual factors (historical, socio-cultural and psychological) which include lack of and/or inadequate resources.

• The lines between the categories are not sharply defined, rather, the classes overlap and a single act may fit several.
Results...

• Which phase of the policy process were you involved in?

• *Following a national consensus workshop, a series of workshops known as “programming workshops” were run for different stakeholders at different times by the Ministry of Health and its department (S003, S009 & S016).*
Results....

• “Planning is still top down” respondents complained

• Some respondents complained that planning was task oriented and that “we (Batswana) do not plan broadly” (S011 & 015).

• People involved in public policy should also be willing to listen and learn non-defensively from others because if they are not good listeners their views can militate against the policy process (S014).
• One respondent stated that “in my analysis the, the exclusion of nurses must have been an oversight”. If ordinary NGOs were involved, I don’t see why nurses wouldn’t be involved” (S008).

• I don’t think we were well organized nor did we have a clear vision and direction on how to proceed (S011).
Results ..... 

• Lack of commitment to the policy process for instance less qualified individuals were delegated to participate, hence depriving the policy process of the knowledge and expertise of senior officials.
Discussion

• The major findings of this study are discussed under two major headings: policy issues (planning, implementation and context) and health care (professional) issues for consistency and clarity.

• Respondents in the case study occupied comparable leadership positions in their organizational hierarchies.
Discussion ...

• Their cooperation was in some ways at odds with the reputation of high level officials’ secretiveness, sensitivity and suspicion even though they knew they would not have an opportunity to review the report.

• Policy Issues: while every participant hailed the policy process as inclusive, its planning and implementation was considered poor and/or inadequate.
Discussion

• These barriers were perceived to influence the inability of nurses to effectively participate in planning in the policy process and resource allocation decisions threatens the success of major public health interventions to mitigate against HIV and AIDS.
Discussion

• Nursing’s perspective is critical to health planning and resource decisions because they are currently playing a leading role in HIV and AIDS prevention initiatives such as nurse-led ART initiation, safe male circumcision, HIV testing and counseling PMTCT etc.
Discussion

• Poor coordination and lack of role delineation was acknowledged. The diversity of multiple stakeholders involved in the policy process calls for a clear leadership agenda to prevent fragmentation of power and ineffectiveness in the delivery of HIV services.
Discussion

• HIV and AIDS in Botswana remains a major public health challenge programs sometimes have a negative impact on resource allocation.

• The growing complexity of health care delivery system amidst the HIV and AIDS pandemic creates broad administrative problems for health planning, decision making and resource decisions.
Conclusions

• The findings suggest a refocus in nursing research to expand the knowledge base on health policy and resource allocation for major public health threats.
• Nursing leadership in HIV and AIDS should call for a review of the regulatory frameworks to legally protect nurses in the delivery of care.
Thank You