Expanding Treatment Access and Strengthening HIV and AIDS Programmes in ways that Strengthen the Broader Health Systems Agenda: Issues for the Global Fund to Fight HIV/AIDS, TB and Malaria

This paper is based on work done and consultations held in EQUINET and the IDRC / SDC Research Matters network. It has been drafted as a position paper for the Global Fund for AIDS, TB and Malaria (GFATM). It aims to raise concerns around health systems strengthening for sustainable ART expansion and the manner in which the GFATM can respond to such concerns.

Executive Summary

This paper outlines the need to ensure a 'health systems-strengthening' approach to the delivery of AIDS treatment (ART) as a means for ensuring not just the equitable delivery of essential health care more generally, but also for ensuring the long-term and sustained effectiveness of ART programmes.

The paper describes three sets of inadvertent health systems effects that may emanate from the rapid expansion of treatment access in the context of under-resourced and weak health care systems. These are: 1) the worsening of existing health and health care inequities; 2) the weakening of the public health system through the adoption of inappropriate and inadequately coordinated vertical programmes and through the injudicious use of non-government delivery agents; and 3) undesirable and unintended opportunity costs associated with the diversion of scare health care resources to treatment programmes.

It argues, in contrast, that there is an opportunity for efforts to expand access to ART to simultaneously strengthen the health care system, improve the delivery of primary health care more generally and act in the interest of promoting health equity. However, this will only happen if there is an explicit commitment to the design and implementation of ART programmes that incorporate the following features:

- Activities to strengthen the planning and management capacity of national ministries of health to ensure synergy between ART programmes and the comprehensive development of health systems.
- Realistic targets for ART coverage that are set in conjunction with realistic and appropriate targets for the delivery of other key essential health care services
- An explicit analysis and rationale for the proposed mix of vertical and integrated ART programmes; and proposed mix of public, private and NGO delivery agents.
- The strengthening of integrated laboratory and pharmaceutical systems, not just for ART, but for other treatments and services.
- Sector-wide approaches to health sector planning and budgeting.

- Mechanisms for ensuring that earmarked or emergency transfers are transparent and time bound, with plans for their integration into regular budgets and comprehensive health sector plans.
- A human resource plan for the expansion of ART that is embedded within a comprehensive HR plan for the health sector
- Monitoring systems for ART coverage and access and that incorporate broader equity and health systems performance indicators.
- The use of health systems research, especially those using operational and action research methods, to describe and learn from positive and negative examples of treatment expansion.
- Clarity on the rationale behind the selection and spatial distribution of ART service points and their impact on equity.
- Appropriate, fair and transparent processes for decision making about rationing.

In light of this the paper argues that the GFATM has a responsibility to take the following actions:

- Promote discussion and constructive debate about the threats and opportunities discussed in this paper within the GFATM Board, technical committees and secretariat; with other donors operating in the sector; and within CCMs and national ministries of health.

- Build a more explicit requirement to address broader health systems and equity issues in future GFATM proposals and explore having more explicit budget lines for generic health systems strengthening.

- Promote and strengthen the involvement of personnel with health systems expertise from state and civil society in Country Co-ordinating Mechanisms (CCMs) as well as on the technical committees of the GFATM.

- Promote the monitoring of broader health systems and equity indicators as part of the performance evaluation of grant recipients.

- Fund research to explore the interface between HIV/ART policy and programmes with the rest of the health care system, and develop the capacity of governments and CCMs to invest in and make use of health systems research and monitoring. This might include operational health systems research to maximise the virtuous cycle and minimise harm to health systems.

- Promote a more appropriate macro-economic environment for health systems development and treatment expansion by engaging with the macro-economic constraints of poor countries in Sub-Saharan Africa.

1. Introduction

In the few years of its existence, the Global Fund to Fight HIV/AIDS, TB and Malaria (GF) has made a tremendous impact in helping improve the response of many countries towards three of the world's most devastating diseases. The GF has entered the global health arena with a much-appreciated sense of 'can do' and urgency. This appreciation was expressed at the recent world HIV/AIDS Bangkok Conference with the near universal call from treatment activists for donors to support the GF.

The need for international support to combat HIV/AIDS is especially evident in Sub-Saharan Africa (SSA), where 10% of the world's population hosts two-thirds of all people living with HIV, and where an estimated 2.2 million people died of AIDS in 2003 alone (UNAIDS 2004 Global report). With prevention interventions accessible to only one in five people and antiretroviral treatment (ART) accessible to about one in twenty five thousand, scaling up the delivery of effective interventions for HIV and AIDS is imperative in SSA.

This paper is concerned with the relationship between the AIDS treatment programmes and the broader health system of SSA countries. It discusses the need to ensure a 'health systems-strengthening' approach to ART delivery as a means for ensuring not just the equitable delivery of essential health care more generally, but also for ensuring the long-term and sustained effectiveness of ART programmes.[1] The paper outlines the opportunities for the GFATM, as a significant role-player in African health care systems, to reinforce leadership around the development of equitable health systems. It addresses the role and responsibility of the GFATM to ensure a health systems strengthening approach to fulfil its poverty reduction mandate. It proposes measures that the GFATM can take to achieve this.

[1] Many of the issues discussed in this paper are also applicable or relevant to TB and malaria programmes.

2. Health systems and AIDS treatment programmes

Following the global commitment made to widening treatment access, there has been a growing recognition that the rapid scale-up of treatment access requires a functional and effective health system. The heads of state of the Southern African Development Community (SADC) resolved in the 2003 Maseru Declaration to promote responses to HIV and AIDS through strengthened health systems. The Pan African Treatment Access Movement (PATAM) resolved in 2004 that the 'rollout of anti-retroviral therapy be entwined with rebuilding our health systems'. The EQUINET regional conference in June 2004 resolved that the expansion of ART was an urgent priority that needed to be addressed 'through funding and approaches that strengthen, and do not compromise, our public health services and systems'.

These commitments reflect the understanding that dismantling the social barriers to voluntary counselling and testing; establishing a functional laboratory service and a reliable medicine supply and distribution systems; and ensuring the long-term and sustained follow-up of patients on relatively complex treatment, requires strengthened and adequate 'health care infrastructure', including the availability of skilled doctors, nurses, counsellors, laboratory technicians and logisticians. Furthermore, sustainable and cost-effective treatment programmes that provide the high levels of equitable coverage demands effective and efficient countrywide health care systems, with the creation of accessible clinical service points, particularly for underserved rural and low income communities.

However, in many sub-Saharan African countries, there has been an erosion of the capacity of health care systems. Chronic under-funding and the absolute lack of health personnel has led to significant decline in organised health care systems in some countries. Some health sector reform measures have resulted in segmented, inequitable and increasingly commercialised health care systems. These conditions militate against the successful implementation of ART programmes, and against the public health programmes aimed at reducing the incidence of new HIV infections.

These health systems shortcomings are generally known, and there is recognition of the fact that health systems need to be strengthened in order to make good the promises to rapidly expand ART coverage. This recognition implies that the acceleration of treatment access should not be done in a manner that results in inadvertent negative health systems effects. Section 3 describes the risk and significance of three such effects. It further implies that HIV and AIDS resources be used to strengthen the health care system to achieve HIV and AIDS goals. Section 4 outlines the opportunities to do this.

3. Inadvertent health systems effects

Aggravating health care inequities

Expanding treatment access in low-income countries represents a narrowing of the inequitable treatment gap when measured at the global level. Within low-income countries, however, the rationing of treatment together with the pressure to reach targets may accentuate existing inequities. This occurs, for example, where for ART coverage targets are achieved through preferential targeting of easier-to-reach, higher-income groups, typically living in urban areas. There is a particular danger that new treatment programmes in urban areas will recruit staff away from already under-resourced rural areas. Without an explicit investment in the social and economic requirements of the poor and marginalized sections of society to access treatment as well as to benefit from treatment access, ART programmes could widen the inequitable health outcomes of social and geographic disparities in access to health care.

Weakening the public sector health care system

Various 'vehicles' have been established to fund and deliver expanded access to ART. Some of these may in their design have inadvertent negative effects on the organisation of health care systems. The imperative to expand treatment access rapidly may, for example, result in the use of 'vertical' treatment programmes (i.e. the establishment of separate and parallel delivery systems for ART), and of non-government actors to deliver treatment because of their ability to roll-out treatment quickly. The effect of this could be to further fragment the health care system and increase the burden of an over-stretched public sector to ensure effective coordination and policy coherence.

An expansion of vertical and non-government delivery agents could further weaken the capacity of ministries of health by draining skilled personnel into the (often) better-paid independent sector. Vertical programmes with narrow treatment objectives could lead to inadvertent opportunity costs for other vital health care services, such as maternal and child health care services; HIV prevention; or human development actions in other sectors. These risks are particularly acute in countries that also face an uncoordinated donor presence and the existence of multiple global initiatives.[2] Macro-economic expenditure frameworks may further limit the application of large-scale resources to meet the health systems strengthening inputs for HIV and AIDS programming.

[2] In recent years there has been a rapid growth in the number of different agencies interacting with national governments to implement a variety of selected services or to address a variety of selected diseases. These include GAVI, Roll Back Malaria, Stop-TB and IMCI.

An extensive use of the private sector may also result in significant shifts in the public-private mix of health care systems with potentially long-term effects and policy implications. Plans to engage the private sector in the delivery of ART often make inadequate distinctions between independent private-for-profit health care services, the occupational health sector of the corporate sector, private medical insurance schemes, and the not-for-profit health care sector, in spite of their significant differences and the effect on public health systems.

Opportunity costs

As noted above, where ART programming is not implemented in a health systems strengthening manner, it can come at the unintended expense of other vital health care services or human development actions in other sectors. Given that many countries have inadequate resources to provide even the most basic health care services, it is unavoidable that there will be some degree of health care opportunity costs associated with expanding ART access. The resources allocated to ART can, however, be used in a way that minimises accepted opportunity costs and avoids undesirable opportunity costs.

4. Opportunities for strengthening health systems *and* treatment access

In contrast, there is a policy opportunity for new treatment resources to reduce mortality, improve morale in health services, reduce stigma due to availability of treatment and strengthen the health care system. Treatment activism, the pooling of significant resources and the national, regional and global attention given to HIV and AIDS has the potential to galvanise the uplifting of health systems. However it must do so in a way that strengthens health care delivery in the most under-resourced areas in the countries of the region and reach the majority of vulnerable households living below the poverty line. New resources for AIDS could help to improve the morale and motivation of thousands of struggling, over-burdened and under-valued health care workers in the region, and to sustain the productivity of the many health workers who are either infected or affected by AIDS.

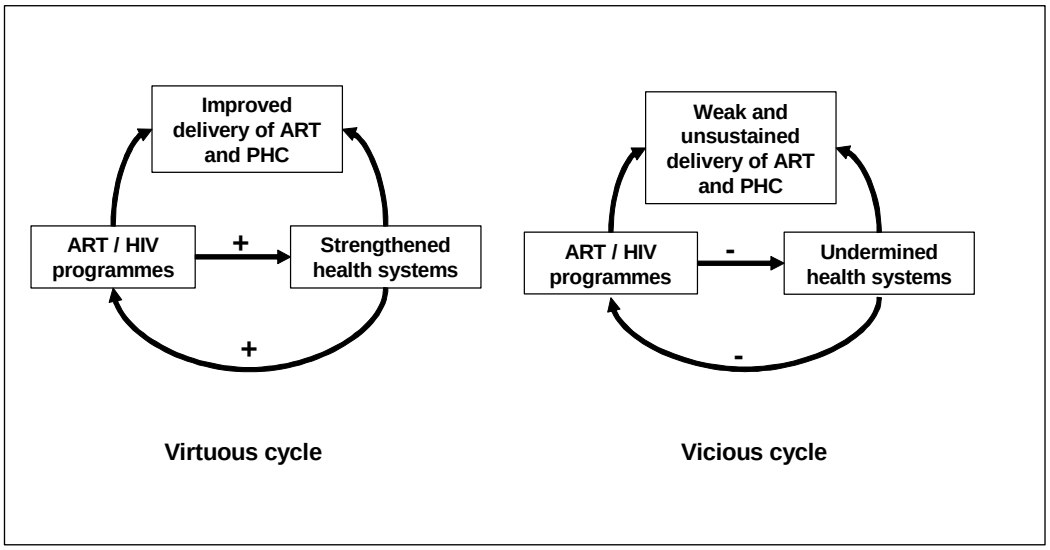
Treatment programmes that help sustain economic productivity should in theory help to sustain the domestic financing of health care systems. Increasing access to treatment services could also increase the demand for HIV testing, reduce stigma and strengthen HIV prevention efforts. The additional funding allocated to the health sector for ART can strengthen health care systems by, for example, improving the morale and motivation of over-burdened and under-valued health care workers, and helping to sustain the health of health workers who are infected by AIDS.

Health care infrastructure for PHC more broadly could be strengthened. For example, tackling HIV/AIDS through a comprehensive PHC approach could catalyse the development of long-term sector-wide human resource plans. There is also the opportunity to strengthen the pharmaceutical procurement, supply and distribution systems of countries, their essential drug programmes and their laboratory services, not just for ART, but for other treatments and services.

Funds could be used to strengthen the total planning and management capacity of the ministry of health. The implementation of ART services at the local level could enthuse and strengthen local health planning for PHC generally, and not just for AIDS treatment. Widening commitments around treatment access focuses attention on the need for development of basic health care infra-structures in rural and under-resourced urban areas, thereby helping to improve access to health care for communities that are currently under-served.

5. Producing the virtuous cycle of health systems strengthening and widening ART access

The potential for positive or negative impact on health care systems can be conceptualised in terms of the vicious' or 'virtuous' cycle shown below. The negative outcome of inadvertent harm produces a vicious cycle of negative outcomes both for health systems and for the long-term success of treatment programmes. A virtuous cycle' where ART programmes expand access to treatment and strengthen the health care system has positive outcomes both for sustained equitable ART access and for primary health care and health systems more generally.



Making policy and programmatic decisions that will influence whether programmes form part of a vicious or virtuous cycle are made difficult by the fact that causal relationships between ART programmes and the overall functioning of a health care system are complex; that there are obvious difficulties in predicting the long-term effects of policy decisions; that there is inadequate data collection to monitor the impact of current policy choices; and by the lack of informed discussion about the acceptable and unacceptable trade-offs associated with ART expansion. Nevertheless, given the fragility of health systems in many southern African countries, decisions need to be made so that they take all reasonable measures to avoid harm and to promote the virtuous cycle.

Studies implemented in southern Africa and elsewhere[3] suggest that ART programmes need to reflect the following features:

Strengthening health systems

- Activities to strengthen the planning and management capacity of national ministries of health to ensure synergy between ART programmes and policies and plans for the comprehensive development of health systems. This includes strengthening public sector management systems to absorb, use and track new financial resources and mechanisms for earmarked or emergency transfers to be transparent and time bound, with plans for their integration into regular budgets and comprehensive health sector plans.
- Realistic targets for ART coverage that are set *in conjunction with* realistic and appropriate targets for the delivery of other key essential health care services
- Treatment policies and programmes located within a continuum of strategies for prevention, treatment, care and mitigation of AIDS, and within a primary health care approach.[4]
- An explicit analysis and rationale for the proposed mix of vertical and integrated ART programmes; and proposed mix of public, private and NGO delivery agents.
- Investing in the strengthening of integrated laboratory and pharmaceutical systems, not just for ART, but for other treatments and services.
- Sector-wide approaches to health sector planning and budgeting.

[3] For example, the evidence from seven EQUINET supported country studies found at www.equinetafrica.org and summarised in EQUINET/ TARSC (2004) Strengthening health systems for Treatment Access in Southern Africa, Hunyani Printers Zimbabwe March 2004

[4] For example this implies providing resources for prevention interventions of proven impact in programmes that expand treatment access, promoting demand for HIV testing, expanding ART through services that provide links to prevention programmes and making clear referral linkages between prevention and treatment services.

- Strategies that make better use of existing personnel, produce more personnel for key service points, recruit and retain staff, provide for ethical health provider behaviour and protect health services from the negative effects of attrition[5]
- Monitoring and evaluation systems for ART coverage and access that incorporate broader equity and health systems performance indicators.[6]
- Health systems research, using operational and action research approaches to describe and learn from positive and negative examples of treatment expansion.

Strengthening Equity-oriented treatment plans

- Making clear not only the clinical criteria for commencing ART but also the social and systems criteria used in planning for ART access
- Making clear and transparent the rationale behind the selection and spatial distribution of ART service points and their impact on equity.
- Implementing appropriate, fair and transparent processes for decision making about rationing.

6. Implications for the GFATM

The purpose of the GF is "to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals".

In light of this mandate, the issues raised in this document cannot be addressed by the GFATM on its own, and neither should it be. Ensuring a 'health systems-strengthening' approach to ART delivery is *not* the sole responsibility of the GFATM. However, the GFATM is a key actor within the policy environment and one with substantial influence. At the very least, it has responsibility for how its actions and policy choices affect the long-term configuration of health systems in southern Africa and their broader mandate

[5] Several papers discuss in more detail the challenges and options in these areas in southern Africa, particularly Aitken et al (2003) and Wyss (2004) found at www.equinetafrica.org
[6] While monitoring of inputs, outputs and treatment targets is in place, there is currently little or no monitoring of the health systems wide effects of ART programmes. SADC has called for such monitoring in its business plan, and work has been done in southern Africa, including with SADC, EQUINET and WHO to explore how this may be done.

to provide equitable and effective health care for all. It is therefore proposed that the GFATM take the following actions:[7]

- Promote discussion and constructive debate about the threats and opportunities discussed in this paper within the GFATM Board, technical committees and secretariat; with other donors operating in the sector; and within CCMs and national ministries of health.

- Build a more explicit requirement to address broader health systems and equity issues in future GFATM proposals and explore having more explicit budget lines for generic health systems strengthening.

- Promote and strengthen the involvement of personnel with health systems expertise from state and civil society in Country Co-ordinating Mechanisms (CCMs) as well as on the technical committees of the GFATM.

- Promote the monitoring of broader health systems and equity indicators as part of the performance evaluation of grant recipients.

- Fund research to explore the interface between HIV/ART policy and programmes with the rest of the health care system, and develop the capacity of governments and CCMs to invest in and make use of health systems research and monitoring. This might include operational health systems research to maximise the virtuous cycle and minimise harm to health systems.

- Promote a more appropriate macro-economic environment for health systems development and treatment expansion by engaging with the macro-economic constraints of poor countries in Sub-Saharan Africa.

[7] This document recognises the recent consultation with civil society facilitated by the Global Fund Partnership Forum and which resulted in a set of recommendations to the GFATM. These recommendations complement s and adds to those agreed at the partnership Forum and does not contradict them in any way.