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EQUINET,
with REACH
TRUST Malawi,
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in east and
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(SEAPACOH)

Equity in access to AIDS treatment through stronger health systems

Parliaments play an important role in health. Generally and through their specialised committees they can scrutinise public spending to ensure that it meets national policy goals, debate and pass laws that institutionalise social goals and provide leadership, representation and space for public participation in health. Parliaments can also provide oversight of the executive in terms of how this arm of government is implementing national policy. This brief explores how these parliamentary roles can be applied to strengthen equitable health systems responses to AIDS.

Strengthen Health Systems through Expanding Access to Antiretroviral Treatment

Universal access to antiretroviral therapy (ART) cannot be achieved without functional health systems. Efforts to expand access to ART are now highlighting the shortfalls of health workers and resources in our health systems. This may reduce access in the poorest communities with weakest health services. Substantial new resources for AIDS could improve the rollout of ART and build stronger health systems. Resources could also bypass the most vulnerable and fragment already fragile health systems. It's all a matter of the policy choices we make.

Recommendations

Parliamentarians in east and southern Africa can use the momentum and resources for treatment access to strengthen fair health systems. Parliaments can:

- △ Ensure that programmes for ART delivery strengthen the health care system, especially at primary health care and district levels;
- △ Promote awareness, access and uptake of health services in low-income communities;
- △ Ensure that treatment programmes cover children;
- △ Set up fair processes about where and how to allocate treatment resources;
- △ Ensure that wherever possible, resources for treatment are allocated through regular budget and financing mechanisms and monitor how AIDS funding is spent;
- △ Ensure that programmes link treatment to prevention, especially through counselling and testing (CT) and prevention of parent-to-child transmission (PMTCT);
- △ Ensure that national patent laws take full advantage of TRIPS flexibilities;
- △ Ensure that health workers are trained, have policies for their safety at work and access CT, prevention and treatment programmes; and
- △ Monitor equity in access to ART and the health-systems impacts of ART rollout through hearings, visits and reports from national monitoring systems.



Aim for equity

Aiming for equity in healthcare means striving to eliminate differences in access to and quality of care and treatment between more and less advantaged regions, countries, districts, social groups and individuals, by giving more resources to poor and under-resourced areas and groups.

Access to treatment for AIDS is a right, as is access to essential health care. Both can and should be addressed.

Civil-society activism was crucial in bringing down the price of drugs for treatment of AIDS. Parliaments can similarly promote options for expanding access to ART that are driven by and involve people living with HIV and AIDS (PLWHAs), their communities, health care workers and other stakeholders from civil society.

Treatment is only one of many things we can do to prevent and manage AIDS. To prevent HIV or live positively with the infection, people need food security, access to primary health care (PHC), social security, gender equity and income security. Education, especially for young women, has been shown to act as a social vaccine, reducing the risk of HIV infection. Secure employment and decent housing have the same impact. So, preventing HIV and managing AIDS is an issue for all committees in parliament, as it is for all sections of the executive of government. Each committee should show how their laws, budgets and public leadership prevent HIV infection and help to deal with AIDS.

Of the estimated 4,700,000 people in east and southern Africa in need of ART by December 2005, only about 810,000 were reported to be actually receiving treatment.

Ensure fair decisions on ART

Until universal access to treatment is reached, some people will not access ART. Parliaments play an important role in ensuring that access is as fair as possible. Parliaments can thus monitor which individuals and groups will be selected to receive ART, and in which areas of the country ART is available? There are clinical criteria for who should get ART. Some countries and programmes also have social criteria, such as:

Signs that people will adhere to treatment, such as regular clinic attendance, supported by treatment literacy;

Involvement in tuberculosis (TB) treatment;

△ Belonging to an occupational group like health workers or teachers, because of their value to society;

△ Mothers accessing PMTCT services, to encourage pregnant women to request HIV testing, to redress gender imbalances and to reduce the number of orphans.

These are matters for social dialogue. Parliaments can promote and inform public consultation and debate so that policies and procedures are fair in terms of who receives treatment, and do not

disadvantage particular groups, like women or children.

Plan and monitor

New resources for AIDS should serve every district, should reach district level and should not be limited to particular services such as large urban hospitals. Parliaments can request the executive to report on access by mapping ART provision in all districts. With this Parliaments can ask for reporting on the adequacy and training of staff, what systems are in place for the procurement, management and distribution of drugs, and what measures are being taken to supply laboratory equipment, CT services, community outreach and literacy to enable districts to provide ART. These measures in the public sector can be supported (but not replaced) by non-governmental organisations (NGOs) and the private sector.

Integrate treatment within health care

Parliaments can raise questions on whether ART rollout is strengthening the health system:

△ Does the rollout prioritise district and primary-level facilities and services as points of entry for ART?

△ Do treatment programmes provide all basic services for HIV and link these to wider primary health care and district health services?

△ Which health workers are being trained to deliver treatment programmes within district health systems?



- △ How are NGO and other private-sector services that provide ART co-ordinated in the district health system?
- △ Is ART provision and access being monitored in both public and private sectors, and reported to one co-ordinated system?

Ensure fair and transparent funding

Parliaments can monitor budgets to ensure that funding for ART rollout is equitable and sustainable. In budget monitoring, parliaments can examine:

- △ Is funding dedicated for AIDS integrated into regular budgets and comprehensive health sector plans?;
- △ If special funds exist to expand treatment quickly, what are the time limits for these funds and how will they be absorbed in the health system in the longer term?
- △ Are international agencies supporting HIV and AIDS providing longer term funding (such as for five years or more)? Are donor funds linked to budget and sector-wide support? Are there agreed exit strategies? How are funds from the Global Fund for AIDS, TB and Malaria being spent?
- △ What investments are being made to strengthen financial management capacities?
- △ Are funds for HIV and AIDS covering recurrent costs, like financing of

In Malawi, Medecins Sans Frontieres implemented a well-designed, comprehensive, district-based HIV programme in partnership with the local public sector institutions. The project cost \$1.2 million per year and involved highly qualified technical staff. Can this be replicated in the public health sector?

Many countries are now providing ART free at point of care within frontline public health services. This reduces the cost barriers to accessing ART and the impoverishing effects of health care costs, especially in poor households. Households still face other costs in accessing ART, like costs of transport, that may still be barriers to uptake of services.

- salaries for additional health workers?
- △ Are community level inputs, like treatment literacy and home based care, being adequately and fairly funded?
- △ Is ART treatment provided without charges at point of care?

Parliaments can also ensure that annual budget frameworks and Medium Term Expenditure Frameworks negotiated with international financial institutions take account of the additional resource inputs needed to strengthen the health system to absorb and use resources for treatment and expanding treatment rollout. This includes line items such as salaries and incentives to pay and retain health workers.

Care for caregivers

Access to, and quality of, AIDS-related services depend on availability of trained health workers, especially in district health systems, and their technical and managerial support. Parliaments can ensure that new investments for treatment include resources for training and retaining health workers and can provide for their safe work environments and treatment. Parliaments can also ensure that World Health Organisation (WHO) and International Labour Organisation (ILO) guidelines for safe working conditions for health workers are stipulated in national laws, health sector and workplace policies, and that they are provided to health workers and implemented.



Ensure drug access

Parliaments can examine national patenting and pharmaceutical laws to ensure that they take full advantage of the flexibilities provided in the trade-related aspects of intellectual property rights (TRIPS) agreement. This means checking to see whether, for drugs needed for high priority public health conditions such as AIDS, the national laws provide for compulsory licensing and parallel importation, as well as for strong and effective drug regulatory and medicine control authorities. These laws need to be backed by systems that support reliable procurement and supply of drugs. Some of the issues that can be monitored through questions, hearings and visits include:

- △ Is ART included in the essential drugs list?
- △ Does the essential drugs policy cover the private sector?
- △ Does the essential drugs policy provide that where a suitable generic drug is available it should be used even if a brand name drug has been prescribed?
- △ How are government and civil society monitoring drug prices and practices to prevent excessive profiteering and unfair monopolies in the pharmaceutical sector?; and
- △ What programmes are being implemented to raise treatment literacy in communities and to ensure rational drug use?

Follow-Up

These measures are all best applied in programmes that support bottom-up district-level planning, as this brings communities and health service providers together around priority health needs. Parliaments can monitor and promote a district-based approach to ART access. This is an approach that provides for free access to AIDS treatment (and primary health care services) at point of service; with resources allocated and health workers trained, deployed and supported to revitalise district health systems, especially the PHC services and with adequate support for the community health workers and community health activities that strengthen the link between communities and health services.

Resources

EQUINET (2004) 'EQUINET Discussion paper 15: Principles, issues and options for strengthening health systems for treatment access and equitable responses to HIV and AIDS in southern Africa,' *EQUINET Discussion paper series*. EQUINET: Harare.

EQUINET Secretariat, IDRC/SDC Research Matters (2004) 'Discussion paper 20: 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,' *EQUINET Discussion paper series*. EQUINET: Harare.

Makwiza I, Nyirenda L, Bongololo G, Loewenson R, Theobald S, (2005) 'EQUINET Discussion Paper 24: Monitoring equity and health systems in the provision of Antiretroviral Therapy (ART): Malawi Country report,' EQUINET Discussion paper series. EQUINET: Harare.

SADC Declaration on HIV/AIDS

http://sadc.int/index.php?action=a1001&page_id=declarations_hiv

These and other resources are available on the EQUINET website. For further information on equity in HIV and AIDS programming, see www.equinet africa.org or contact EQUINET at admin@equinet africa.org