9th International Conference on HIV Treatment and Prevention Adherence

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INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

PIM
Postgraduate Institute for Medicine
Health Systems in Transition: From Emergency to a Country-Owned, Chronic Care HIV Response

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Eliminating new HIV infections in children and reaching 15 million people with treatment by 2015 requires political will, sufficient resources, and innovation.

Sustaining and further advancing these goals will require *country-owned health systems capable of high-quality chronic care.*
Country Ownership:
When a country leads, implements and, eventually, finances the national response to health and development.

Country Capacity:
The individual and collective capacity of national and decentralized health authorities, civil society organizations, private providers, and communities to provide and sustain high-quality HIV services.
Strong Health Systems Are Critical to Advancing Country Ownership

WHO Building Blocks
- Leadership/Governance
- Health Care Financing
- Health Workforce
- Information & Research
- Medical Products/Technologies
- Service Delivery

Country Ownership
- Integration
- Strong political engagement and leadership
- Civil society, communities & people living with HIV
- High Quality Strategic Information
- Robust National AIDS Strategic Plans
- Effective coordination
- Strong partnerships with shared responsibility

UNAIDS Country Ownership Framework-2012
Global Momentum in Country Ownership

- Paris, Accra, and Busan Declarations
- PEPFAR Country Health Partnerships and Sustainability Plans
- Global Fund “New Development Framework” & Strategy
- Increased Funding for national partners and capacity building
Global Momentum in Country Ownership (2)

CDC Funding from 2004-2012

- National
- International
Broader Trends in Country Ownership of HIV Programs

• PEPFAR Track 1.0 ART Transition
• India Avahan Program

• Recognized need for:
  – Comprehensive country ownership and transition metrics
  – Greater strategic investments in strengthening health systems and civil society
  – Long-term, responsive technical assistance
  – Increased donor alignment
Broad, Theoretical Concepts

WHO Building Blocks

Country Ownership Framework

Country Capacity

Practical, Evidence-Based Approaches
Process for Defining Approaches

- Current Best Available Evidence and Practices
- Responsive to country priorities
- Generalizable approaches to be tailored to country context
Broad Approaches to Operationalize Health Systems Strengthening

WHO Building Blocks
- Leadership/Governance
- Health Care Financing
- Health Workforce
- Medical Products/Technologies
- Information & Research
- Service Delivery

Operationalization in HIV Programs

HSS Approaches
- Integration of HIV Services
- Decentralization of HIV Services
- Comprehensive Capacity Building
- Task Shifting
- Community Systems Strengthening
- Performance-Based Financing

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Integration of HIV services into African Primary Health Care-Mozambique case study

- 67 facilities from 2005-2008
- “Integration approach enables the public sector PHC system to test more patients for HIV, place more patients on ART more quickly and efficiently, reduce loss-to-follow-up, and achieve greater geographic HIV care coverage compared to the vertical model.”

Source: Pfeiffer et al.: JAIDS 2010
Patient Retention, Clinical Outcomes and Attrition-Zimbabwe 2007-2010

- “As found in other sub-Saharan African countries, retention of patients initiating ART at primary healthcare facilities in Zimbabwe was better than for those initiating ART at higher levels of care”
- “Decentralization…should be coupled with strategies aimed at improving patient retention.”

A Sample of the Evidence-Base for HSS Approaches: Comprehensive Capacity Building

* Source: EGPAF

Capacity Scores for National Organizations with Comprehensive Capacity Method in 10 capacity areas*

- Minimal Capacity
- Good Capacity
- Strong/High Capacity
- No Capacity

* Source: EGPAF
Streamlining Tasks and Roles to Expand Treatment and Care for HIV (STRETCH)

- Pragmatic, parallel RCT in South Africa (2008-2010)
- 31 primary-care ART facilities; 15,483 patients (two cohorts)
- “Evidence supports task shifting of ART from doctors to nurses and other health workers, which seems essential for ART expansion in South Africa and elsewhere in Africa.”
- Study stressed requisite management support and training for task-shifting

A Sample of the Evidence-Base for HSS Approaches: Community Systems Strengthening

Community Adherence Support Groups-Mozambique (MSF)

- Each group can have two to 6 members maximum.
- Assigned 1 focal Point for each group
- Each group member attends the HF once every six months
- Every month a group member collects ART and delivers it to the rest of the members in the community.
- Group also hosts monthly meetings
A Sample of the Evidence-Base for HSS Approaches: Community Systems Strengthening (2)

97% of retention after two years of implementation

535 groups with 2368 patients

Active patients: 2188

Lost to follow up: 3

Deaths: 60

Transferred: 117 (51 to other HU, 66 returned to Regular ARV follow up)
A Sample of the Evidence-Base for HSS Approaches: Performance-Based Financing

Source: Cordaid PBF 2004-2006
Summary

• Mechanisms for supporting HIV services in low resource settings are evolving, and there will continue to be a significant focus on transitioning internationally-managed programs to national partners.

• Health systems must be capable of providing chronic care and retaining patients in treatment.

• We must consider a range of approaches at the policy, facility, and community levels.

• A multi-stakeholder response, including government, private sector, civil society, and communities, should be prioritized.
Disclosures

• No disclosures