

#Adherence2014



9th International Conference on **HIV TREATMENT AND PREVENTION ADHERENCE**

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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



UNAIDS Country Ownership Framework-2012

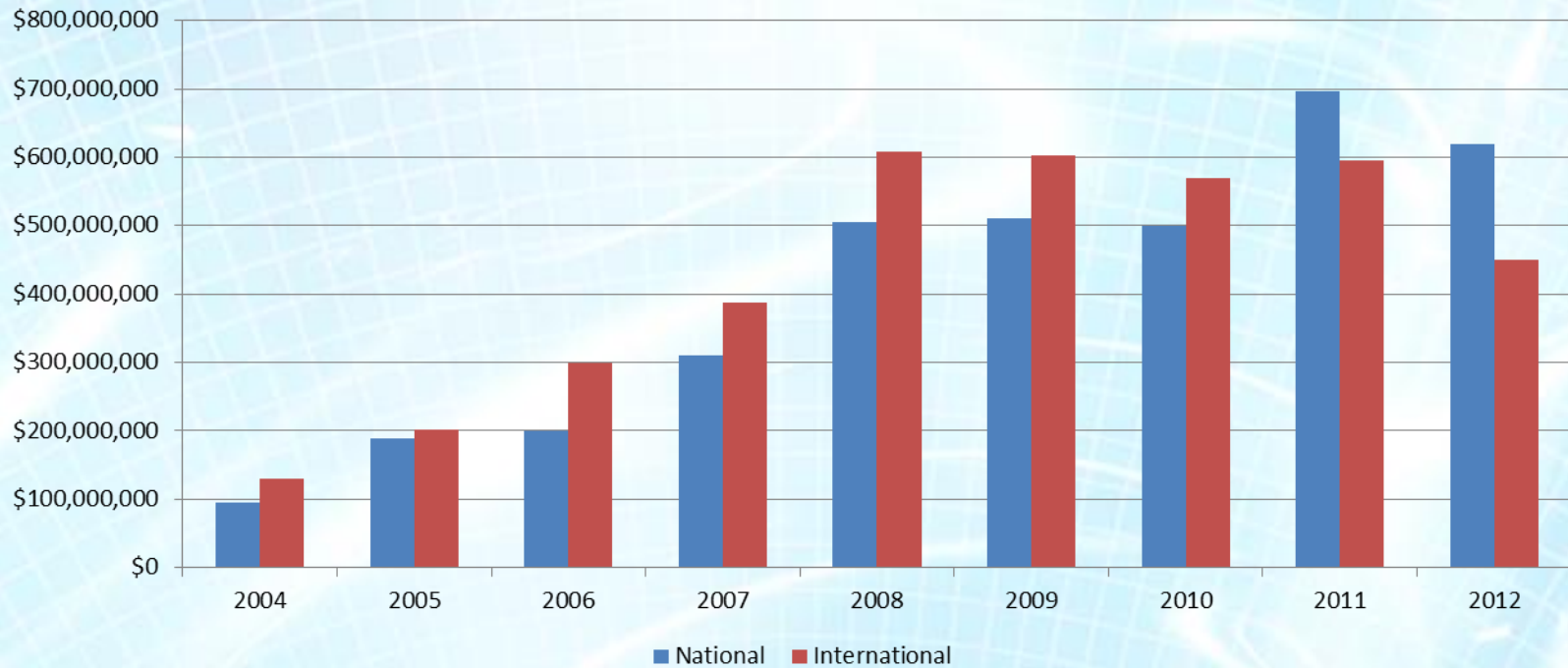
Global Momentum in Country Ownership

- 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)

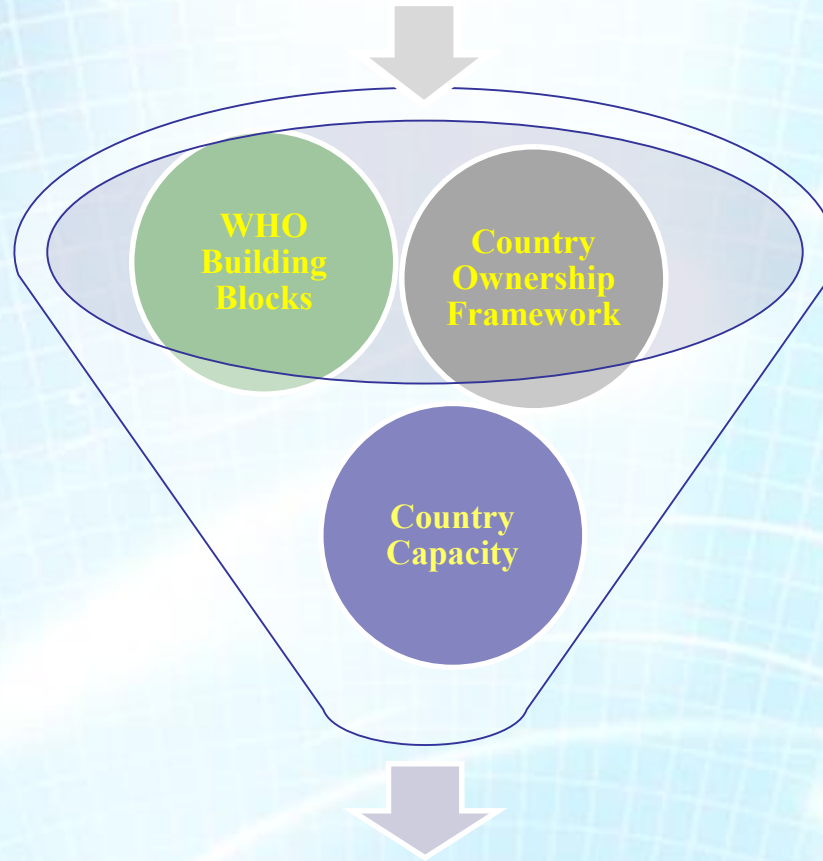
CDC Funding from 2004-2012



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

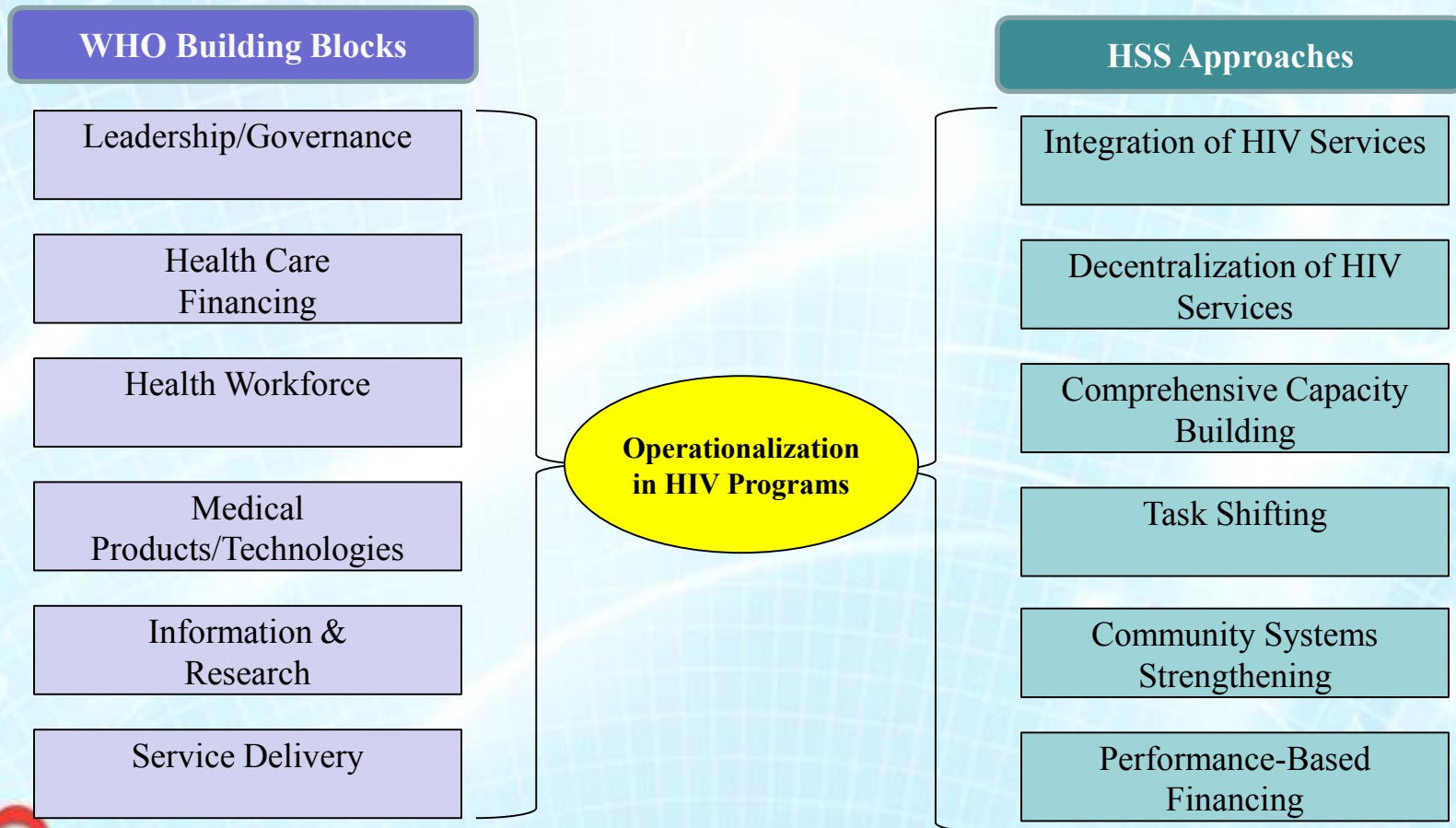


Practical, Evidence-Based Approaches

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

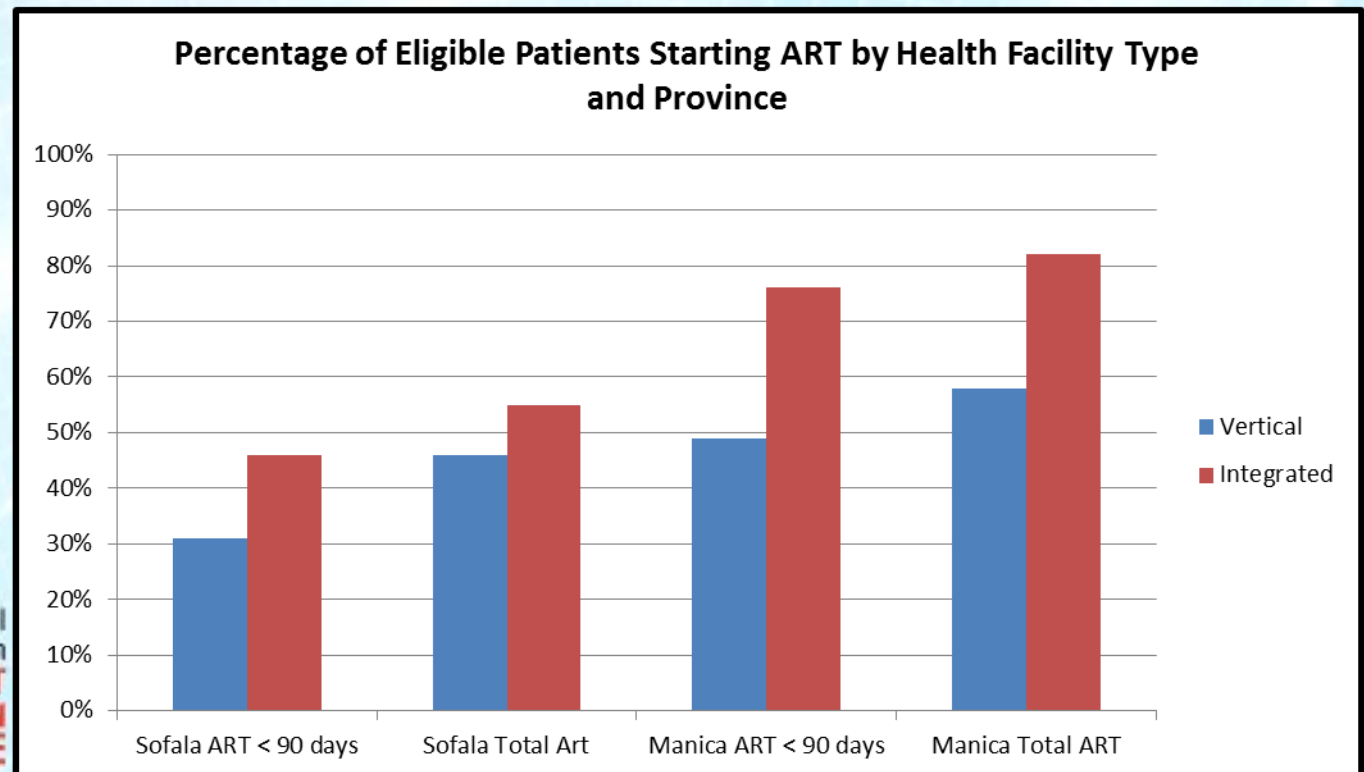


A Sample of the Evidence-Base for HSS Approaches: Integration of HIV Services Primary Care/HIV care and ART

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

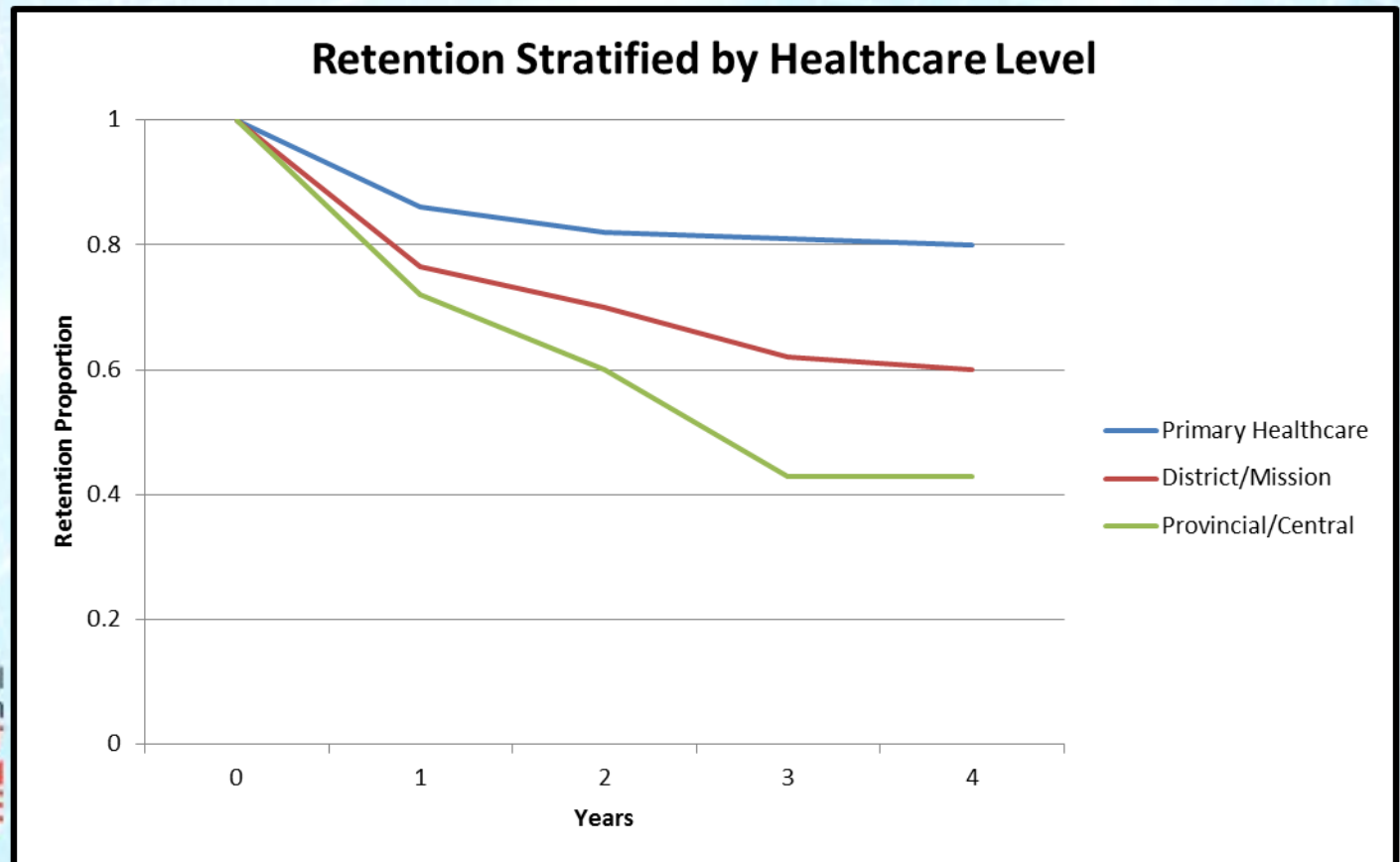


A Sample of the Evidence-Base for HSS Approaches: Decentralization of HIV Services

Patient Retention, Clinical Outcomes and Attrition-Zimbabwe 2007-2010

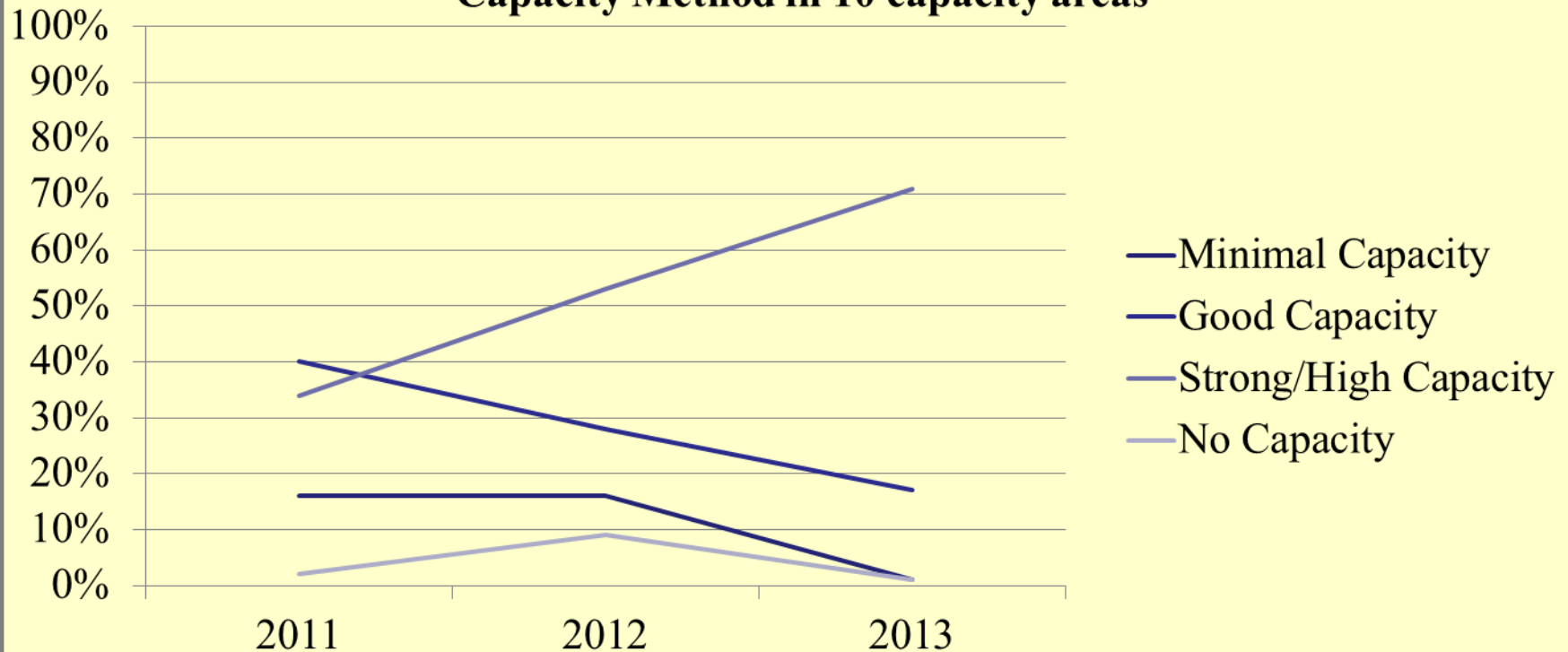
- “As found in other sub-Saharan African countries, retention of patients initiating ART at primary healthcare facilities in Zimbabwe was better than for those initiating ART at higher levels of care”
- “Decentralization...should be coupled with strategies aimed at improving patient retention.”

Source: Mutasa-Apollo T, et al.
Plos One. 2014



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

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



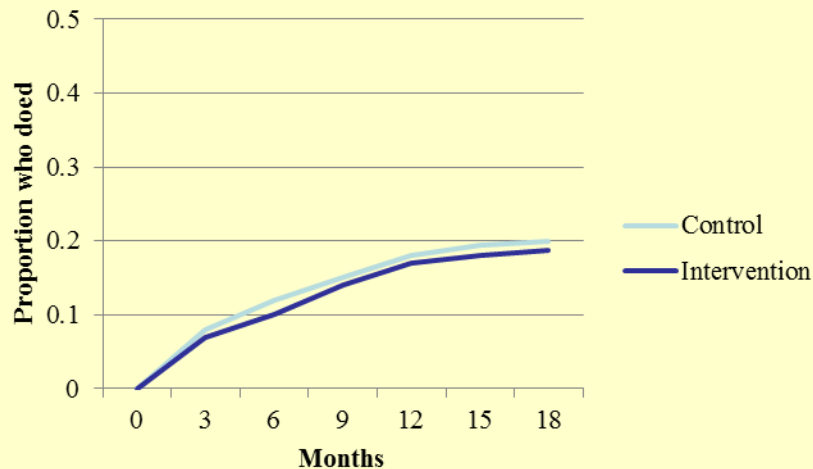
* Source: EGPAF

A Sample of the Evidence-Base for HSS Approaches: Task Shifting

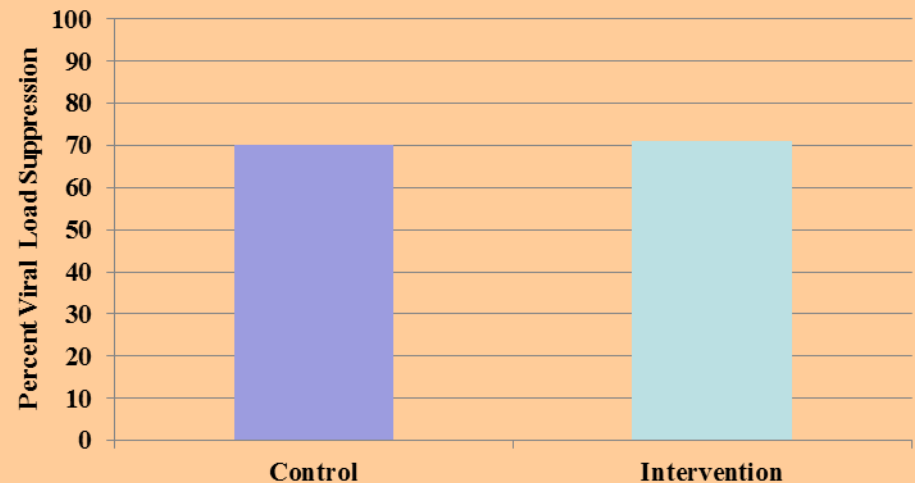
Streamlining Tasks and Roles to Expand Treatment and Care for HIV (STRETCH)

- 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

Cohort 1



Cohort 2



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

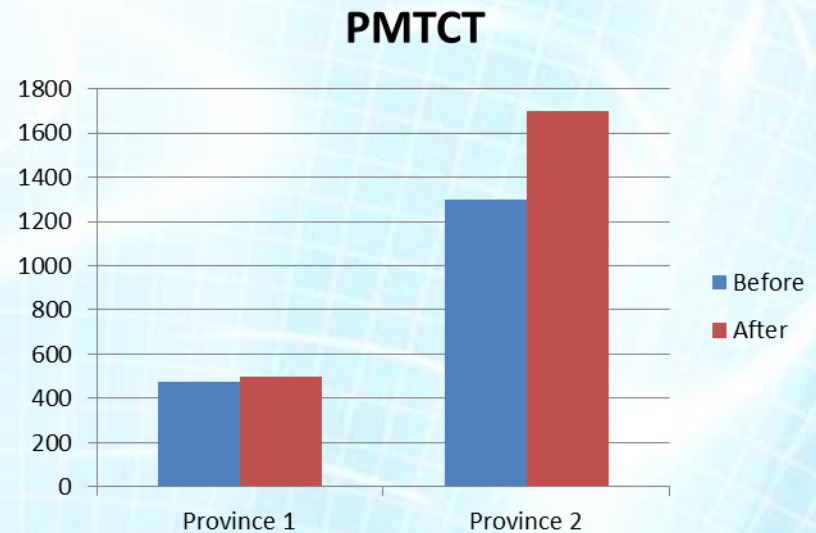
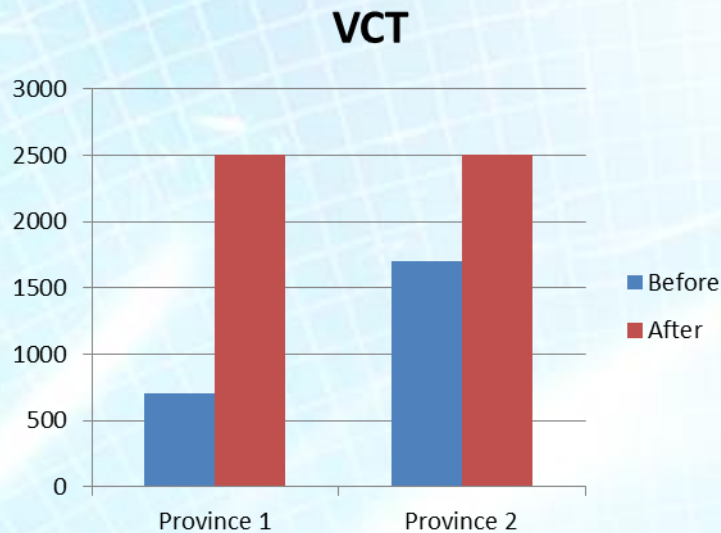
Active patients: **2188**

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