

The System-Wide Effects of Global HIV/AIDS Initiatives: A Review of the Evidence

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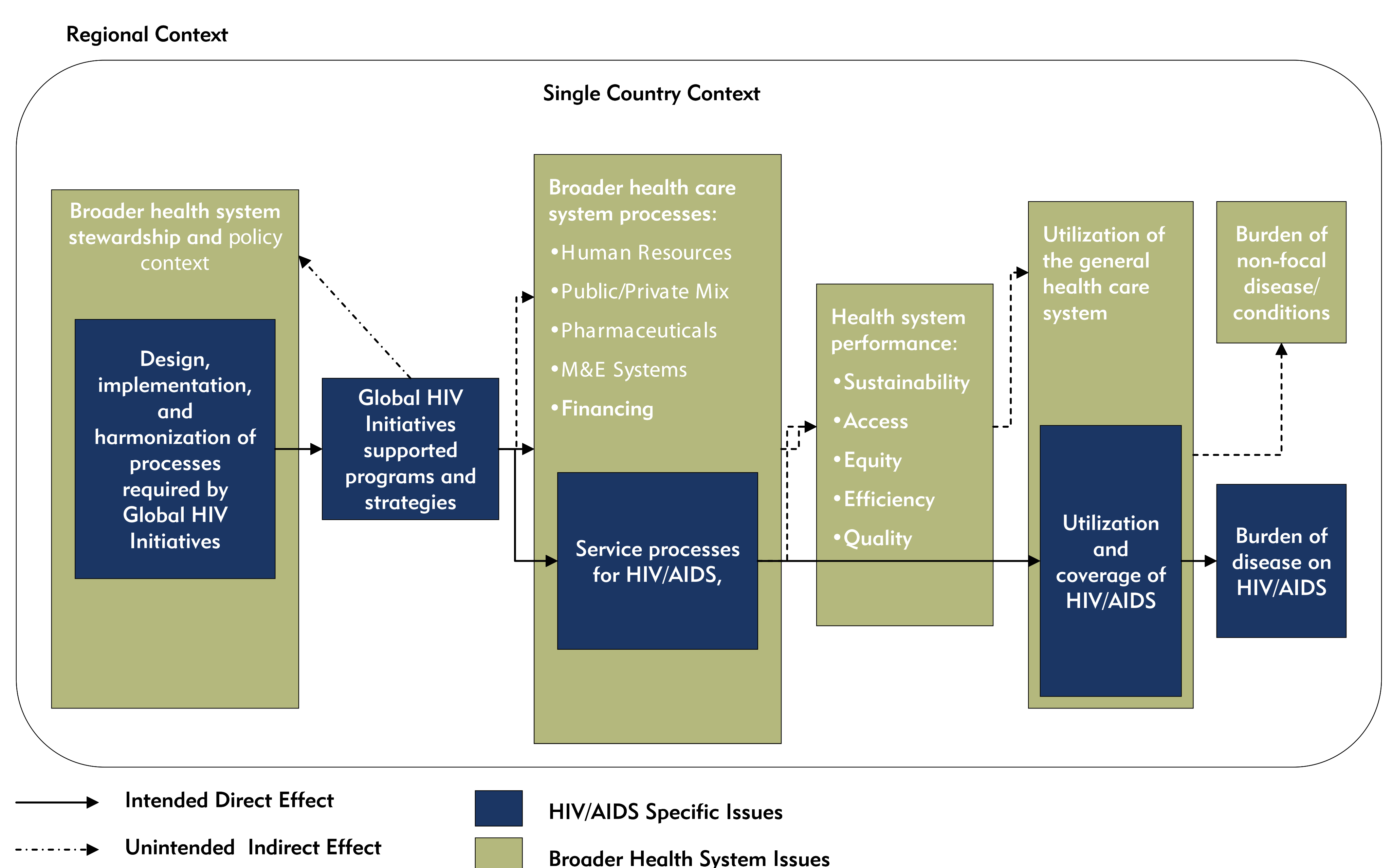
Background

- Global HIV/AIDS Initiatives (e.g. GFATM, PEPFAR), often contribute more than the entire annual public health budget in countries with generalized HIV/AIDS epidemics.
- These resources have the potential to strengthen or overwhelm health systems in low-income countries.
- Purpose of study: To review the available evidence on the system-wide effects of Global HIV/AIDS Initiatives

Methods

- Developed evaluation framework to measure direct and indirect system-wide effects of Global HIV/AIDS Initiatives
- Used framework for comparative analysis of empirical and qualitative research studies conducted in Zambia, Ukraine, Kyrgyz Republic, Benin, Malawi, Ethiopia, Tanzania

Evaluation Framework for Assessing the System-Wide Effects of Global HIV/AIDS Initiatives



Framework Suggests that Global HIV/AIDS Initiatives

- Affect broader health system performance, including the availability and non-availability of HIV/AIDS services
- Can improve and/or detract from system accessibility, quality, efficiency and equity
- Can have direct or indirect (unintended) effects

Multiple Levels of Potential Effects

1. Policy Environment

- The majority of Global HIV/AIDS Initiatives
 - Appear to be aligned with national priorities and plans (Benin, Ethiopia, Malawi, Kyrgyz, Zambia)
 - Have institutional structures and processes for planning and implementation (e.g. Country Coordinating Mechanism (CCM)) that were viewed as relatively weak, with poor communication among members and dominated by government stakeholders (Benin, Ethiopia, Ukraine, Tanzania, Zambia)
 - Have planning process that appeared highly centralized even in decentralized contexts (Ethiopia, Tanzania, Zambia)
 - Were described by national stakeholders as a "re-verticalization" of services and creation of parallel systems (Benin, Ethiopia, Malawi, Tanzania)
 - Fostered better donor harmonization (Benin, Ethiopia, Malawi, Kyrgyz, Tanzania, Zambia)
 - Did not clearly communicate the concept of additionality; this concept was not well-understood and there was a perceived lack of country ownership (Benin, Ethiopia, Malawi, Zambia)

2. The scale-up of HIV/AIDS activities

- Put considerable pressure on health staff in already under-staffed health facilities (Ethiopia, Malawi, Tanzania, Zambia)
 - Dedicated substantial resources on health worker training and skill building (Ethiopia, Malawi, Zambia)
 - Involves additional job responsibility but this did not necessarily correspond with increases in grade or salary for health workers (Benin, Ethiopia, Malawi)
 - Did not have over-arching strategies to address human resource shortages (Benin, Ethiopia, Tanzania, Zambia)
 - Motivated stakeholders to support innovative interventions to promote health worker retention and motivation (Benin, Ethiopia, Malawi, Zambia)
- Additional research needed to study the size and nature of human capacity constraints on Global HIV/AIDS Initiatives (Benin, Ethiopia, Malawi, Tanzania, Zambia)

3. Public/private mix

- Global HIV/AIDS Initiatives have
 - Set the ground for public private partnership in many countries (Benin, Ethiopia, Malawi, Ukraine, Kyrgyz)
 - Encouraged the rapid growth of the private and NGO sector in many countries (Benin, Ethiopia, Malawi, Ukraine, Kyrgyz)
 - Have been dominated by Government stakeholders (e.g. in CCM); general reluctance to include private-for-profit actors in planning processes (Ethiopia)
- Continued mistrust and tension between public and private sector (Ethiopia, Ukraine)
- New types of public-private collaboration stimulated through umbrella organizations (Benin, Malawi)

4. Pharmaceuticals and Commodities

- Procurement process outsourced to UNICEF and other agencies as a "quick fix" solution (Benin, Ethiopia, Malawi)
- National governments willing to take greater ownership procurement system operations to respond to increased demands of Global HIV/AIDS Initiatives (Benin, Ethiopia, Malawi)

5. Monitoring and Evaluation

- Different reporting and monitoring formats created challenges in data compilation at sub-national levels (Zambia)
- Poor mapping of services at the district level to show 'who is providing what' caused duplication of services and misinformation on the number of clients reached (Benin, Ethiopia, Zambia)

Conclusions

- Global HIV/AIDS Initiatives have resulted in
 - Positive health system effects:
 - Broader range of civil society actors in decision-making,
 - Greater harmonization of national policies and prices,
 - More positive and facilitative relationships among partners
 - Stronger procurement and information systems
 - Outcomes in need of improvement
 - Duplication and inefficiency by by-passing existing health systems e.g. drug procurement and information systems
 - Parallel vertical funding of some Initiatives has created centralized approaches to planning and may undermine national decentralization initiatives
 - Scale-up of HIV/AIDS services has been accompanied by modest increase in human resource levels
 - ❖ Health Workers provide HIV/AIDS services in addition to other services, further research is needed to ascertain shifts in workload
 - Need stronger public private partnerships; Clearer agreements needed
- Greater consensus and knowledge needed at the global level for health system strengthening and sustainability of Global HIV/AIDS Initiatives
- Additional research is needed

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For more information: www.healthsystems2020.org, www.ghinet.org