Background
Global HIV/AIDS initiatives (e.g. GAVI, PEPFAR), offer more than the entire annual public health budget in countries with generalised 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 input from comparative analytical and empirical qualitative research studies conducted in Benin, Ukraine, Kyrgyz Republic, Benin, Malawi, Tanzania, Ethiopia


Multiple Levels of Potential Effects

1. Public behavior
The Most Global HIV/AIDS Initiatives
• Appear to be aligned with national priorities and plans (Benin, Ethiopia, Malawi, Kenya, Zambia)
• Have institutional structures and processes for planning and implementation (e.g. Country Coordinating Mechanisms (CCMs) that were formed as relatively weak, with poor communication among members and dominated by government stakeholders (Benin, Ethiopia, Ukraine, Tanzania, Zambia)
• Free planning process that appeared highly centralised even in decentralised contexts (Ethiopia, Tanzania, Zambia)
• Were described by national stakeholders as “a re-socialisation” of services and creation of parallel systems (Benin, Ethiopia, Malawi, Tanzania)
• Fostered better donor harmonization (Benin, Ethiopia, Malawi, Kyrgyz, Zambia, Tanzania)
• Did not clearly communicate the concept of additionality; this concept was not well-understood and there was perceived lack of country ownership (Benin, Ethiopia, Malawi, Tanzania)

2. The scale-up of HIV/AIDS activities
• Put considerable pressure on health staff in already understaffed health facilities (Ethiopia, Malawi, Tanzania, Zambia)
• Used substantial resources on health worker training and skill building (Ethiopia, Malawi, Zambia, Tanzania)
• 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 near-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, Tanzania)

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, Uganda, Kyrgyz)
• Have been dominated by Government stakeholders (e.g. CCMs); general reluctance to include private-for-profit actors in planning processes (Ethiopia)
• Continued restraint and tension between public and private sector (Ethiopia, Ukraine)
• No new types of public-private collaboration stimulated through umbrella organizations (Benin, Malawi)

4. 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 bypassing existing health systems e.g. drug procurement and information systems
  • Parallel vertical funding from some Initiatives has created centralised 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 to address the global level for health system strengthening and sustainability of Global HIV/AIDS Initiatives
• Additional research is needed

References
Global HIV/AIDS Initiative in Zambian Cities of Scale-up and Health System Capacity: May 2008
Evidence of the Global Fund in Zambian Cities of Scale-up and Health System Capacity: May 2008
Tracking The Global Fund in Tanzania, January 2006