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Funding and Implementing HIV/AIDS Activities in the Context of Decentralization: Ethiopia and Senegal

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Abstract

Both Senegal and Ethiopia have recently undertaken changes in the political and financial administration of government services, decentralizing decisionmaking power to local levels. In Senegal, decentralization of health service planning and implementation to the district level poses both challenges and opportunities to the financing, treatment, and prevention of HIV. The positive consequences of decentralization are that local decision-making and implementation of HIV/AIDS activities are integrated into the health system, more resources can be made available for HIV/AIDS activities, and the public and private sectors plan jointly for HIV/AIDS services. However, some constraints posed by these reforms still need to be addressed. National coordinating bodies do not organize well with key health committees, and the roles of the various HIV/AIDS committees are not clearly understood. Non-governmental organizations (NGO) and community groups play a crucial role in the delivery of HIV/AIDS services, and in some cases are the exclusive service provider for the treatment of HIV/AIDS related illnesses. Decentralization in Ethiopia created a federal unit to coordinate health service provision and regional autonomous states in their planning and implementation services. In practice, however, these bodies do not function, and due to the lack of public service provision, treatment of HIV/AIDS is exclusively provided by NGOs. Prevention activities are not standardized, and there are imbalances between needs and resources at the regional level.

Executive Summary

Objective

The objectives of these two studies were to determine how decentralization reforms have affected the funding and use of HIV/AIDS services in Ethiopia and Senegal. Insufficient quantitative data for the periods before and after reform prevented an in-depth evaluation of the impact of reform. However, the study did yield interesting findings on the funding and implementation of HIV/AIDS activities within the context of decentralization.

Methodology

In both countries, secondary data were obtained from planning documents, activity reports, and study reports. The Partnerships for Health Reform research teams investigated five regions in Senegal with two districts per region, and three regional states in Ethiopia with one zone in each state and one *wareda* (smaller administrative unit) per zone. The primary data were obtained in both countries through semi-structured interviews with government and non-government officials at the central and decentralized levels.

Institutional Framework

The Senegalese context is characterized by relative political stability that has made it possible to implement ongoing health reforms. In Ethiopia, however, there has been great political instability and the health system is being entirely rebuilt.

Senegal has undergone two decentralization reforms: the first was the adoption of the district system in the health sector in 1991, and the second was the transfer of new powers to local authorities in 1996 in multiple sectors, including health. Since 1986, HIV/AIDS activities have been coordinated by the National AIDS Control Committee (NACC) and implemented by the National AIDS Control Program (NACP). There are regional AIDS control committees and district anti-AIDS committees that are meant to work together for the NACC at the decentralized level.

Ethiopia underwent a major decentralization reform in 1985 in which nine regional states were created, each having considerable autonomy and responsibilities for managing different sectors, including health. Though the HIV/AIDS coordination unit was dissolved in 1985, in 1998 a federal coordination structure with regional committees was established in order to implement a 2000-2004 program funded by the World Bank.

Role of the Public Sector and Current Structure

In Senegal, the NACC does a relatively good job of coordinating activities, but some of its members are ill-informed about the HIV/AIDS activities planned at the decentralized level. This problem seems to stem from the fact that planning for HIV/AIDS activities is done more by the NACP than by the NACC, and communication between these entities is insufficient.

In principle, the district system provides an effective framework for the decentralization of HIV/AIDS activities, as it facilitates implementing interventions at the peripheral level, while including HIV/AIDS activities in the district's integrated activities package. However, most of the regional AIDS control committees are not operational, and some of the district anti-AIDS committees do not even exist. Furthermore, there is no legal framework mandating their existence.

In Ethiopia, neither the federal structure nor the regional committees envisioned in the 2000-2004 program is yet in existence.

Role of the Private Sector and Current Structure

In both countries, nongovernmental organizations (NGOs) play an extremely important role in the collective response to the epidemic. In Senegal, there is an umbrella organization of AIDS-control NGOs (International Council of AIDS Support Organizations) that is an active member of the NACC. However, it has very little institutional support and thus has difficulty properly coordinating NGO activities at the decentralized level. As a result of the lack of public intervention in the health sector in Ethiopia, all HIV/AIDS activities are carried out by NGOs, which are hence the only important providers of HIV/AIDS services and support.

Funding of HIV/AIDS Activities

In Senegal, the distribution of resources budgeted for 2000 shows that the amount of resources budgeted for the peripheral level is nearly triple the amount for the regional level, demonstrating a genuine decentralization of resources for HIV/AIDS services. However, "zoning," a decentralized funding strategy for donor resources, has created major imbalances between regions and districts in Senegal. HIV/AIDS activities are determined by the resources and funding mechanisms of each donor rather than on relative need.

In Ethiopia, most resources for HIV/AIDS services are concentrated in Addis–Abeba, which exacerbates the difficult funding situation in other areas. Furthermore, the federal government of Ethiopia makes it difficult for NGOs to access donor funding. In Senegal, on the other hand, the NACP directly funds NGO activities using both government and donors resources.

Local authorities at decentralized levels in Senegal do not yet prioritize the funding of programs, which is particularly acute in the case of the AIDS program. Most of the responsibility transferred to local authorities is related to the management of the health facilities themselves, not the activities taking place within them.

In Ethiopia, regional states are unable to fund priority programs such as HIV/AIDS activities because tax reform has pushed most of the resources up to the federal level.

Assessment of the Implementation of HIV/AIDS Activities

Prevention activities are relatively well carried out in Senegal through the district system, which offers a good framework for implementation. There are some deficiencies in the district system, however, that have made it difficult to implement certain programs. In Ethiopia, despite a paucity of HIV/AIDS programs, the study shows that they seem to be achieving some behavior change in the areas in which sensitization activities take place.

In both countries, support for persons living with HIV (PLWHIV) is primarily provided by NGOs, with minor assistance from the NACP in Senegal supporting associations of PLWHIV.

In Senegal, inadequate re-training and supervision of providers at the decentralized level seriously handicaps the proper implementation of counseling activities. Little attention has been paid to this area by the NACP for several years. One would expect clinical management of HIV/AIDS cases to work well in Senegal through the referral system. However, in most clinical areas there are no formal contracts between regional hospital employees and the national referral services. This gap in the referral system generates a lack of technical cooperation for the management of AIDS cases between levels (national and regional).

In Ethiopia, the deficiencies of the hospital system, both in terms of human and physical resources, does not permit satisfactory clinical management of HIV/AIDS cases. Senegal, however, has had a management program using anti-retroviral drugs since 1988. This program has not yet been decentralized, but preparations are underway to undertake similar reforms.