

Ensuring a High-quality and Sustainable HIV Response Through Improved Health Finance and Governance



To achieve an AIDS-free generation, countries need strong, well-financed health systems that deliver high-quality services. A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) project works with partner countries to improve their health finance and governance systems, leading to expanded access to health services and improved health outcomes.

In collaboration with USAID's Office of HIV/AIDS, USAID missions, and country partners, HFG is supporting countries as they lead, manage, and increasingly finance the efforts needed to achieve an AIDS-free generation and ensure that their HIV/AIDS response is effective and efficient.

In Botswana, Burundi, Côte d'Ivoire, Lesotho, Namibia, Nigeria, Swaziland, and Vietnam, HFG is supporting these countries to increase the financial sustainability and quality of their national HIV/AIDS programs by working collaboratively to:

- ▶ generate costing data for HIV/AIDS services, and assist in the development of national transitional financing plans and resource mobilization strategies;
- ▶ ensure adequate management, training, and distribution of the health workforce to support the provision of HIV/AIDS services and attain national and global targets for improved health outcomes, particularly for vulnerable children and their families; and
- ▶ support these countries as they pursue grants from international financing institutions, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

In Tanzania, Uganda, Ukraine, and Zambia, HFG is helping to improve understanding of the cost and benefits of emerging technologies by researching:

- ▶ viral load testing at the point-of-care and for early-infant diagnostics; and
- ▶ integrated service delivery models, which aim to facilitate effective treatment and reduce the burden of HIV/AIDS over the long term.

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Supporting the Scale-Up of HIV Care and Treatment through Human Resources for Health Interventions in Côte d'Ivoire

Current Situation

Although Côte d'Ivoire has seen an overall decrease in HIV prevalence rates over the past decade due to more robust and effective HIV/AIDS prevention programming, more than 50 percent of adults and children who are HIV-positive have yet to receive antiretroviral therapy, according to UNAIDS estimates.

Inadequate numbers of health workers, as well as their uneven distribution throughout the country, are significant barriers to the scale-up of HIV treatment and achievement of an AIDS-free generation. The number of doctors and nurses in Côte d'Ivoire has increased in the last decade, but the number of midwives has decreased. Moreover, the country has only 48 percent of the maternal and newborn health workforce it needs.¹ In addition to challenges with the existing health workforce, the pre-service training institutions preparing Côte d'Ivoire's next generation of health workers face outdated facilities and curricula.

Key Human Resources for Health Interventions at the National and Institutional Levels

In response to these health workforce issues, HFG has accompanied Côte d'Ivoire's Ministry of Health (MSLS) in planning and implementing human resources for health (HRH) interventions at the national and institutional level. HFG has supported the development of the HRH National Strategic Plan for 2014-2015, the country's first post-conflict plan to address HRH issues. It addresses HRH obstacles to the achievement of the Millennium Development Goals, especially those on reducing child mortality, improving maternal health, and combatting HIV/AIDS. Looking ahead to the post-2015 development agenda, and the possibility of a health goal related to universal health coverage, the national plan also aims to improve the capacities and competencies of midwives and nurses across the country.

HFG is also working with the MSLS to update the job descriptions and competencies at the primary and secondary care levels of the health system. These positions include donor-funded HIV/AIDS health workers planned for integration into the national health



HRH union representatives discuss the health sector reform in Côte d'Ivoire. Photo Credit: Allet Assi

workforce, such as monitoring and evaluation assistants, data managers, and community health workers. This work represents a critical step in building a sustainable, country-led response to the HIV epidemic..

At the institutional level, HFG is working with the MSLS's department of human resources to evaluate the management and organizational capacities of the country's public nursing school. By strengthening the quality of nursing training institutions with a particular focus on training nurses to serve hard-to-reach populations, health personnel will have a more expansive and effective impact on the quality of HIV/AIDS treatment and care.

Next Steps

At the national level, HFG will work closely with the MSLS and other partners to monitor implementation of the national HRH plan over the next two years, and support the development of the next major HRH planning exercise for 2016-2020. HFG will also help the MSLS to pilot the new job descriptions and competencies in Yamoussoukro. The results of this pilot will support negotiations between the MSLS and the Ministry of Finance in expanding the health workforce. Related to this capacity-building work, HFG is exploring support of the development and implementation of task-shifting policies for nurses and midwives to expand access to HIV/AIDS services. Finally, HFG will soon finish its analysis from the nursing school organizational capacity assessment in partnership with the MSLS, and will work with partners to develop a capacity-building and resource mobilization plan.

¹UNFPA, The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health (2014), 88.

HFG's Ukraine Team Pilots Groundbreaking HIV Service Integration Model

Ukraine has the highest prevalence rates for HIV/AIDS and tuberculosis in Europe, with 0.8 percent of the country's adult population estimated to be HIV-positive in 2011, according to UNAIDS. Though the country has embarked on the most ambitious health reform agenda since the fall of the Soviet Union in 1991, HIV service delivery and financing have not yet been addressed in the government's reform strategy.

Furthermore, the nature of the HIV situation in Ukraine is changing. Historically, the epidemic has been most prevalent in most at risk populations (MARPs), but newly-infected individuals increasingly include those who have had contact with MARPs, particularly women. In fact, in five regions of the country, statistics indicate that the disease has transitioned from a concentrated epidemic to a generalized one.

Given this fact, as well as foreseen declines in donor funding to support the response, the Ministry of Health recognizes the need to revisit the vertical service delivery and financing models, and identify strategies to better integrate HIV prevention, testing, and counseling efforts into the primary health care (PHC) system. Offering HIV testing and counseling services at the PHC-level increases access and could increase HIV detection, particularly among women and MARPs.

HFG has successfully supported a pilot model of HIV service integration in one northern region of Ukraine, Chernigiv Oblast. The program is seen as groundbreaking because it tests the inclusion of HIV prevention, detection of HIV using rapid tests, and basic care as part of a routine family practice scope of work in Ukraine. The pilot's implementation has benefited from constant support from the national and oblast governments. HFG will evaluate the cost-effectiveness of the model and provide critical data to support the proposal for a nation-wide scale up and to inform the national health reform agenda.

Despite the ongoing political instability since November 2013 in Ukraine, the HFG team has successfully trained more than 140 primary health care physicians and nurses on HIV/AIDS counseling, rapid testing, the basics of HIV care, and reporting requirements. HFG has worked closely with the Clinton Health Access Initiative, the All-Ukrainian HIV/AIDS Alliance, and the AIDS Center of Chernigiv Oblast on these activities.

"We are very impressed at what the team managed to do in a very challenging and difficult time for the country," wrote Paola Pavlenko, HIV Specialist, Office of Health and Social Transition, USAID Mission to Ukraine, Belarus, Moldova, in an e-mail to the project team in March 2014.



A physician stands near new rapid HIV test kit supplies at a primary health care clinic in Ukraine. Photo credit: HFG Project

Of the 65 doctor and nurse pairs trained, all began providing HIV testing and counseling in early 2014. As of July, more than 2,800 HIV tests had been delivered at the primary care level, and 25 HIV positive results had been detected. As expected, the rate of HIV positives among those tested so far is close to the average prevalence rate in the region (0.9%). Most of the positives to date have been from MARPs, providing anecdotal evidence that MARPs would be more likely to come to a PHC clinic for testing as opposed to going to the current model's specialized sites.

HFG is also working closely with country counterparts to test new ways of managing and financing basic HIV services provided at the primary care level, which are fully aligned with the government's current health reforms. The project is developing recommendations for supervision of the integrated care, management and oversight mechanisms, and financing reform to support the model. In order to lay the groundwork for national roll out of the provision of HIV counselling, testing, and eventually care, at PHC centers, HFG is proposing the inclusion of an indicator for HIV services in the new incentive payment scheme at the PHC level.



About HFG

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a five-year (2012-2017), \$209 million global health project. HFG builds on the achievements of the Health Systems 20/20 project.

To learn more, please visit www.hfgproject.org.

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Understanding the Costs and Benefits of Emerging Technologies for HIV Testing

HFG understands that establishing a viable, country-led HIV response requires not only sustainable financing, but also evidence to support the interventions and technologies with the greatest impact.

More than eight million people worldwide are on antiretroviral therapy (ART), making effective monitoring and optimization of treatments critical for HIV program effectiveness. Monitoring viral load (VL), or the amount of HIV in the blood, is a well-established marker of the effectiveness of HIV treatment. However, VL monitoring technology is still too costly to implement in most low-income settings, where the burden of disease is often the highest.

HFG is working with Doctors Without Borders (*Medecins Sans Frontieres* or MSF) to evaluate a novel VL testing technology at the point-of-care in Uganda. MSF began piloting viral load technology for HIV testing in Uganda in September 2013. HFG is working with MSF to assess the cost of the technology, and compare it with the cost and benefits of other current treatment methods. If made cost-effective, then implementation of VL technology in low- and middle-income settings could support ART adherence, and therefore avert new infections and deaths.

To this end, HFG collected data on program operations, cost, and patient utilization from seven facilities in the Kampala and Arua regions of Uganda, including health facilities' laboratories, HIV clinics, and early infant diagnosis (EID) programs using conventional HIV testing methods, as well as the MSF-run pilot program for the novel VL-POC technology.

Through data analysis, the team will be able to determine the cost per viral load and EID test, and assess the cost-effectiveness of the technology, as compared to conventional viral load lab monitoring. With donor funding for HIV and AIDS expected to decline substantially in the near future, it is even more important for countries to provide high-quality and efficient care. The findings from the study are expected to support Uganda and other countries as they make critical decisions about how to allocate resources to sustain the AIDS response and reach the goal of an AIDS-free generation.