Disease specific approaches and PHC: contradiction or alliance?

40 years after Alma-Ata

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Selective Primary Health Care — An Interim Strategy for Disease Control in Developing Countries

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Abstract

Priorities among the infectious diseases affecting the three billion people in the less developed world have been based on prevalence, morbidity, mortality and feasibility of control. With these priorities in mind a program of selective primary health care is compared with other approaches and suggested as the most cost-effective form of medical intervention in the least developed countries. A flexible program delivered by either fixed or mobile units might include measles and diphtheria—pertussis—tetanus vaccination, treatment for febrile malaria and oral rehydration for diarrhea in children, and tetanus toxoid and encouragement of breast feeding in mothers. Other interventions might be added on the basis of regional needs and new developments. For major diseases for which control measures are inadequate, research is an inexpensive approach on the basis of cost per infected person per year. (N Engl J Med 1979; 301:967-974, 1979)
A disaster unfolding...


Worldwide mobilization of resources for AIDS 1986-2008

Signs of Declaration of Commitment on HIV/AIDS, UNGASS

World Bank MAP launch

UNAIDS Foundation

Gates Foundation

PEPFAR

Global Fund

Less than US$ 1 million

59 212 257 292 1623


292

8.3 billion

8.9 billion

10 billion

13 billion

2008
« AIDS and Health systems » used to be a polarizing debate...

HIV/AIDS epidemic:
health system & health staff under stress

AIDS response:
exceptional measures for an emergency

Allegations:
AIDS response disproportionate & undermining health systems?

Are we spending too much on HIV?
Roger England, BMJ 2007;334;344
Disease Specific outcomes
21.7 million (60%) of HIV+ people on ART

Source: UNAIDS/WHO estimates

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### Reported negative effects of AIDS response on local HS

**Brainstorm MPH students, ITM 2008**

<table>
<thead>
<tr>
<th>Human Resources</th>
<th>Resources, Infrastructure, M&amp;E</th>
<th>Service Delivery</th>
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<tbody>
<tr>
<td>VIETNAM, CAMBODIA: AIDS specific Incentives</td>
<td>MOZAMBIQUE: Parallel supply systems</td>
<td>UGANDA, VIETNAM, CAMBODIA, INDIA: Disharmony Focus on 1 problem (HIV)</td>
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<tr>
<td>TANZANIA, THAILAND: Different salary scales &amp; working conditions → demotivation of staff</td>
<td>UGANDA: Competition for space (offices, consultation)</td>
<td>THAILAND: Distortion of team work (referral to HIV staff)</td>
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<tr>
<td>MOZAMBIQUE: Increased workload</td>
<td>MOZAMBIQUE: Parallel M&amp;E</td>
<td>MOZAMBIQUE: Integration without allowances &gt; refusal by general staff</td>
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<td>ETHIOPIA: Shift clinicians to HIV org</td>
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<td>ETHIOPIA: Clinical services closed, HC without doctors</td>
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<tr>
<td>MALAWI: CHW diverted to AIDS services</td>
<td></td>
<td>MALAWI: (\downarrow) EPI coverage?</td>
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<tr>
<td>UGANDA, INDIA: HIV training consuming HW time</td>
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Evidence of HS strengthening effects

The AIDS emergency was a wake-up call:
Years of under-investing in HS lead to
HS too weak to tackle a new epidemic.

All ‘building blocks’ of health systems received
financial injections from the global AIDS response.

This renewed attention and financial injections have
generated wider HS benefits in several settings.
AIDS response: a boost for PHC

Improved counselling skills strengthened patient centredness

Models of care for AIDS patients: helpful to respond to other chronic diseases

Involvement of people living with HIV in ART programmes enhanced community participation in general

A rights based approach employed by AIDS activists could be expanded to general health care
Comprehensive PHC includes AIDS prevention and treatment

Health and access to care (including ARV treatment) are a human right and an entitlement

The new concept of sustainability adopted for AIDS treatment - based on domestic resources and sustained international funding - should be expanded to general health care

The global aid architecture must be reorganised in a way:
• To support national priorities and planning
• To support comprehensive PHC for all, not one part of comprehensive PHC at the expense of another
Universal Access to AIDS Treatment & Prevention and Primary Health Care for All
One fight....
THE GLOBAL FUND’S APPROACH TO HEALTH SYSTEMS STRENGTHENING (HSS) INFORMATION NOTE
Alma-Ata: a philosophy of thinking about health and health care

- Importance of equity as a component of health
- Need for community participation in decision-making
- Need for multi-sectoral approach to health problems
- Ensure the adoption and use of appropriate technology
- Emphasis on health-promotional activities
1. Government stewardship and accountability, with monitoring and evaluation
2. Strong coalition with civil society organizations and communities
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration

PILLARS AND COMPONENTS

1. INTEGRATED, PATIENT-CENTRED CARE AND PREVENTION
   A. Early diagnosis of tuberculosis including universal drug-susceptibility testing, and systematic screening of contacts and high-risk groups
   B. Treatment of all people with tuberculosis including drug-resistant tuberculosis, and patient support
   C. Collaborative tuberculosis/HIV activities, and management of co-morbidities
   D. Preventive treatment of persons at high risk, and vaccination against tuberculosis

2. BOLD POLICIES AND SUPPORTIVE SYSTEMS
   A. Political commitment with adequate resources for tuberculosis care and prevention
   B. Engagement of communities, civil society organizations, and public and private care providers
   C. Universal health coverage policy, and regulatory frameworks for case notification, vital registration, quality and rational use of medicines, and infection control
   D. Social protection, poverty alleviation and actions on other determinants of tuberculosis
PRINCIPLES

- All countries can accelerate efforts towards elimination through combinations of interventions tailored to local contexts.
- Country ownership and leadership, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach.
- Improved surveillance, monitoring and evaluation, as well as stratification by malaria disease burden, are required to optimize the implementation of malaria interventions.
- Equity in access to health services especially for the most vulnerable and hard-to-reach populations is essential.
- Innovation in tools and implementation approaches will enable countries to maximize their progression along the path to elimination.

VISION – A WORLD FREE OF MALARIA

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<th>GOALS</th>
<th>MILESTONES</th>
<th>TARGETS</th>
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<td>1. Reduce malaria mortality rates globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 90%</td>
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<tr>
<td>2. Reduce malaria case incidence globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 90%</td>
</tr>
<tr>
<td>3. Eliminate malaria from countries in which malaria was transmitted in 2015</td>
<td>At least 10 countries</td>
<td>At least 35 countries</td>
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<tr>
<td>4. Prevent re-establishment of malaria in all countries that are malaria-free</td>
<td>Re-establishment prevented</td>
<td>Re-establishment prevented</td>
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GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016–2030
UNAIDS 2012 strategy

6. Close the global AIDS resource gap by 2015 and reach annual global investment of US$22-24 billion in low- and middle-income countries

7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV

8. Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms

9. Eliminate HIV-related restrictions on entry, stay and residence

10. Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts
How can the Global/International go beyond silos?

in the words of the Commission, to “make common cause with the global health field”.¹ That conclusion raises many questions about the existing instruments to address the AIDS epidemic—namely, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the US President's Emergency Plan for AIDS Relief (PEPFAR). We invite these major institutions that are instrumental in driving the AIDS response to reconsider their purpose and their future. We encourage their respective leaderships to reassess their missions and to move towards a broader global health purpose, while at the same time sharpening their commitments to HIV/AIDS. With an upcoming replenishment in 2019,
Discussion: Propose strategies to overcome silos and maximize synergies for health for all

At international level: institutions and donors?

The role of the countries?

At level of implementation and role of communities?