REPUBLIC OF KENYA

INTEGRATION OF EFFICIENCY AND EFFECTIVENESS IN HIV AND AIDS PROGRAMMES IN KENYA

Multistakeholder Meeting Report

February 16–17, 2012
NACC Headquarters, Nairobi

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National AIDS Control Council

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This document was prepared by the Health Policy Project for the National AIDS Control Council.

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FOREWORD

The National AIDS Control Council (NACC) recognises the need to shift the characterisation of its HIV response from “crisis management” to “strategic and sustainable.” NACC understands the importance of engaging scientists, policymakers, programme managers, and activists in its efforts to take a long-term approach to the epidemic and do what is needed to achieve better outcomes by the year 2030—the year that Kenya aims to achieve its economic, social, and political goals.

Under the Social Pillar of Kenya’s Vision 2030, the government is working to create an enabling and secure environment that will allow the country to build a fair and unified society and address the central factors affecting human capital, including the health of its population. This strategy calls for paying particular attention to vulnerable and marginalised communities. It also calls for science, technology, and innovation as inputs for making progress in the following key sectors:

- Education and training
- Health system
- Water and sanitation
- Environment
- Housing and urbanisation
- Gender, youth, and vulnerable groups
- Equity and poverty elimination

With regards to health, the government is looking to maximise its limited resources by identifying and implementing the most efficient and effective HIV programmes. NACC, with the assistance of the Health Policy Project, is conducting quantitative and qualitative analysis using a participatory approach to identify (1) financing options for HIV services, (2) the most effective HIV programmes, and (3) related policy implications. The information will help policymakers to prioritise and implement cost-effective, equitable programmes under Kenya’s next National AIDS Strategic Plan.

By bringing stakeholders together, NACC aims to increase the effectiveness of prevention and treatment interventions through (1) more efficient management and coordination among programmes and (2) improved local capacity, leadership, priority setting, and budget allocation.

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ACU	AIDS Control Unit
CEA	cost-effectiveness analysis
E^2	efficiency and effectiveness
HIV	human immunodeficiency virus
KNASP	Kenya National HIV and AIDS Strategic Plan
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
STI	sexually transmitted infection
VMMC	voluntary medical male circumcision

BACKGROUND AND RATIONALE

A healthy population is a vital ingredient for achieving sustained economic growth. As such, HIV and AIDS has been recognised as a serious challenge facing human development and achievement of the Kenya Vision 2030 and the Millennium Development Goals. Under the Social Pillar of Vision 2030, AIDS is listed as one of the preventable diseases that continues to have a significant impact on the health of the Kenyan population. While Kenya has been implementing and allocating significant resources to high-impact prevention and treatment programmes, over the years, the country has largely relied on donor funding and recommended best practices to spearhead the fight against HIV. This situation is not sustainable, as donor countries are experiencing their own economic crises and thus reducing their support to other countries. Facing resource constraints, programme coordinators, implementers, recipient countries, and donors are being forced to do more with less money.

To ensure the sustainability of key HIV programmes in Kenya, the government must not only increase its own funding for the HIV response but also allocate and manage the funding more effectively. Kenya's programmes are working to expand coverage and access to HIV interventions in order to achieve the most optimal results. As such, stakeholders need to identify the most promising programmes and improve the fiscal environment to help ensure programme sustainability. Further, implementers need to focus on scaling up high-impact interventions that can deliver maximum outcomes in a cost-effective way—while also eliminating low-impact interventions that waste resources.

To discuss these needs, the National AIDS Control Council (NACC) organised a multistakeholder meeting with support from the Health Policy Project. On August 29, 2012, stakeholders engaged in a participatory and consultative process, in accordance with the multisectoral nature of the national HIV response. The invitees were selected based on their roles in securing the future of the health sector and HIV programming and in assisting policymakers to make informed, evidence-based decisions for maximum impact.

This report summarises the meeting's discussions, which focused on three themes—allocative efficiency, HIV programme efficiency and sustainability, and HIV response evaluations—in the context of the four pillars of the Kenya National HIV and AIDS Strategic Plan (KNASP IV).

INTRODUCTION

Regina Ombam (Head Strategy, NACC) started the meeting by welcoming the participants and inviting them to briefly introduce themselves. She then reviewed the purpose of the meeting, which was to discuss the need for efficiency and effectiveness in HIV and AIDS programmes. Ms. Ombam highlighted the importance of integrating efficiency and effectiveness (E^2) through (1) using evidence to inform decisions, (2) implementing the right programmes in an enabling environment, and (3) monitoring and evaluating outcomes to determine progress. She went on to cite two main obstacles to a more efficient and effective HIV response: limited resources and inadequate country ownership.

Ms. Ombam posed the following questions to help guide the stakeholders' thinking about the efficiency and effectiveness of HIV and AIDS programmes:

- Are our interventions evidence-based?
- Are we doing the right things and to scale?
- Are we achieving the desired impact per unit cost effectively?
- Do we monitor and evaluate our programmes?
- How can we build capacity and enhance better coordination?
- Can implementation be made more cost-effective?

She stated that the answers can be found through examining ongoing work; and that by using the available knowledge on all aspects of HIV and AIDS programming, the right team of people with the right mix of competencies can help programme implementers and stakeholders to achieve optimal long-term results. A country must take ownership of its fight against the epidemic. She asked participants to view the effort as an investment in best practices that will help deliver high-impact outputs and ultimately eliminate new infections.

Based on their core competencies, stakeholders identified key focus areas and divided into three groups to provide input on relevant best practices (see Annex 1 for the group participant list). In the context of their areas, the groups were asked to think about the ways in which they have achieved optimum results using the available resources in a cost-effective manner—without compromising on service delivery quality.

The three groups and their focus areas were as follows:

Group A: Allocative Efficiency

Provide NACC with information on how to target resources, improve outcomes in the long-term, and improve country ownership by (1) utilising the country's most feasible sources of funding and mobilising potential alternative sources, (2) providing real time data on intervention costs, and (3) tracking expenses over time to improve on financial management.

Group B: HIV Programme Efficiency and Sustainability

Take a knowledge-driven approach to AIDS and invest in gathering information on resources at the local level, while also considering social, demographic, epidemiological, and political factors. Identify and recommend to NACC the best mix of existing high-impact, cost-effective programmes.

Group C: HIV Response Evaluations

Analyse and evaluate high-impact HIV programmes, the policy implications for HIV programmes, and the outcomes of high-impact interventions in comparison with alternative low-impact interventions (using the current available resources). Determine the impact of other countries' innovative approaches on Kenya's HIV response if adopted.

For service delivery to be successful, achieving efficiency and effectiveness in implementing HIV and AIDS programmes is paramount. Information from the groups' ongoing discussions will be used in the development of KNASP IV. Prior to discussing the three themes according to each pillar of national strategic plan, the terms "efficiency" and "effectiveness" were defined, and the value of conducting a cost-effectiveness analysis was explained.

COST-EFFECTIVENESS OF PROGRAMMES

Mr. Daniel Mwai, Health Policy Project's Efficiency and Effectiveness Advisor embedded at the National AIDS and STI Control Programme (NASCOP), defined effectiveness as achieving better outcomes using current resources or best practices to gain a competitive edge. For example, even if donor funding remains the same for a prevention of mother-to-child programme, the goal would still be to increase the percentage of HIV-exposed infants receiving prophylaxis. The E^2 approach is to identify and implement an optimal intervention mix that will ensure the sustainability and impact of Kenya's HIV programming.

On the other hand, efficiency means maintaining programme outcomes with fewer resources. For example, if a donor agency cuts funding for a care and treatment programme, the goal would be to continue covering the same percentage of HIV-positive people in need of antiretrovirals.

Mr. Mwai emphasised the importance of E^2 and the major gains that can be achieved by improving service delivery and resource allocation. He demonstrated that various costing approaches (in the E^2 domain) can be used effectively to ascertain whether available funds can be stretched to expand coverage. He illustrated what happens when an extra person is provided with services—how it alters the cost per unit versus the benefits conferred. He also showed participants how voluntary male medical circumcision (VMMC) could be scaled up by adopting the strategies of traditional male circumcisers in various communities—resulting in the circumcision of more men at a minimal fee, compared with the current cost to perform the same procedure at health facilities in rural and urban centres. How can traditional male circumcision be provided in the framework of VMMC? For instance, in Kisumu, circumcision costs 7,000 per unit, while in Central Province it costs 1,500 per unit. If we scaled up the Central Province model, would we be able to achieve better coverage (e.g., cover four men in Kisumu at the current cost for one)? Is it feasible?

Mr. Mwai then reviewed the value of conducting a cost-effectiveness analysis (CEA), a primary tool for comparing the cost of a health intervention with the expected health gains. The cost-effectiveness ratio is the cost per unit health effect achieved by using a particular health intervention. In a CEA, interventions are valued in comparison to alternatives by estimating an incremental cost–effectiveness ratio. The CEA demonstrates which uses of health resources will most efficiently provide health outcomes (i.e., lowest cost-effectiveness ratio or greatest effect). The closer the connection between the health outcome and individual welfare, the more plausible the claim that allocations based on cost-effectiveness criteria will maximise welfare.

The CEA will (1) assist physicians, health plan administrators, insurers, government agencies, and individuals to prioritise services, (2) enable the optimal allocation of health resources, and (3) allow for the comparison of alternative interventions to inform decision making. The underlying premise of undertaking the analysis is that for any given level of resources available, society wishes to maximise the total aggregate health benefits gained. However, he noted one limitation: the less cost-effective intervention may be deemed more worthy of public investment because it is more equitable.

In summary, Mr. Mwai noted that Kenya will realise efficiency by achieving a specified health gain with the minimum number of inputs (technical efficiency), investing resources where they will have the greatest effect (allocative efficiency); and by achieving a specified health gain at the lowest cost by having the ratio of the optimal cost to the actual cost be greater than 1 (economic efficiency).

PILLAR I: HEALTH SECTOR HIV SERVICE DELIVERY

Ms. Ombam outlined some results of the KNASP III mid-term review, focusing on the key intervention areas that delivered the best outcomes. Overall, no major benefits were gained from having many programmes in place and using significant resources. There is a need to identify the most efficient and effective programmes led by organizations and individuals in order to share their best practices with other similar programmes.

The key intervention areas identified as essential and delivering the best outcomes as per the KNASP III National Plans of Operation mid-term review included the following:

- Antiretroviral therapy
- Comprehensive HIV care and treatment services
- Prevention and treatment of opportunistic infections
- Patient education on antiretroviral therapy
- Tuberculosis/HIV co-management and screening of all HIV patients
- Nutritional support
- Scale up of prevention of mother-to-child transmission of HIV
- Promotion of safe delivery services, access to care for HIV-exposed infants and their mothers
- Voluntary medical male circumcision

- Upgrade of laboratory infrastructure
- Development of guidelines on quality assurance/quality control/quality improvement monitoring of HIV service delivery standards and improved linkages and functionality of referral systems

Ms. Ombam emphasised the need to engage all stakeholders in dialogue on policymaking and programme planning and implementation (e.g., in NACC, NASCOP, and Ministry of Health roundtable meetings). These stakeholders can report on which practices have the highest impact and guide policymakers in making evidence-based decisions. In addition, they can, in turn, provide relevant information to programme beneficiaries at the community level.

Dr. Manguyu (Paediatrician) stated that innovation can change the nature of a response and influence decisions according to proficiency. For example, well-understood and real-time interventions on treatment and prevention can help to identify gaps and mitigate challenges whether money is available or not. Information on what works should be shared.

PILLAR II: SECTORAL MAINSTREAMING OF HIV AND AIDS

The programme officer presented the results of the KNASP III mid-term review, focusing on the need to reassess the public sector mainstreaming strategy in light of the redistribution of functions between the national and county levels of government. A new sessional paper on the HIV response and studies on the impact of HIV and AIDS on key sectors will help identify the entry points for scaling up proven, innovative, and cost-effective programmes in both the public and private sectors (formal and informal).

The following actions were emphasised:

- Strengthen the capacity of AIDS Control Units (ACUs), as the public sector can influence the development of sectoral policies and strategic plans relevant to HIV programmes. Capacity building through initiating a scheme of service for ACUs, sensitising the ACUs about their entry points in the informal sector, and developing operational standards for all ACUs.
- Establish an inter-sectoral committee to align the social protection programme with articles 53–57 in the new Kenyan constitution 2010, which states the need to scale up social protection in the informal sector.
- Build the capacity of special groups on legal matters related to HIV and AIDS.

Some cross-cutting needs were also discussed:

- Sustainable financing for the HIV and AIDS response.
- Universal access to HIV services (prevention, treatment, and care).
- Community-based HIV and AIDS responses.
- National HIV and AIDS Monitoring and Evaluation and Research System and enhanced country ownership.

Some of the discussion around Pillar II focused on how to

- Intervene from a socio-economic perspective to bring in new thinking in reflection of the new constitution and governance—to assist in better planning and allocation of resources in the public sector and to determine how the resources will be used for each programme.
- Initiate workplace programmes that go beyond the workplace environment and incorporate HIV policies that offer guidance on taking care of people living with HIV, providing testing kit equipment, and eliminating discrimination and sexual harassment.

- Provide guidelines to social protection funds for vulnerable groups (children, disabled persons, and women) to ensure that funds allocated to assist the groups really goes towards achieving the intended purpose and determine the impact of the resource allocation on the HIV response among these groups.

By addressing the sector-specific key areas, sectors will be able to have a multiplying effect in the implementation of E^2, as the sectors will concentrate on their core areas, while NACC will coordinate the development of guidelines for the response.

PILLAR III: COMMUNITY RESPONSE

Mrs. Musitia Rachael, a UNITID (University of Nairobi Institute of Tropical and Infectious Diseases Fellow), presented on Pillar III, which addresses the community response to HIV and AIDS. The role of communities in the national response was recognised for the first time in KNASP III. Much has been achieved through this pillar, although issues around reporting and accountability remain. The resolutions arrived at included the following:

- Developing a strategic framework of high-impact interventions to guide HIV programming at the community level.

- Supporting civil society organisations to integrate and roll out an AIDS competency framework by building the technical capacity of community actors to scale up evidence-based and high-impact interventions in their areas of competence and identifying existing gaps.

- Identifying and providing platforms for advocacy on social, structural, and behavioural change to ensure increased acceptance and coverage of and access to high-impact interventions; as well as strengthening multisectoral advocacy teams and developing a community investment framework. We will achieve this through multimedia/social mobilisation campaigns that promote and sustain demand for and access to HIV services (e.g., folk media, drama, print, radio, road shows, TV, including the scale-up of programmes for most-at-risk populations).

- Conducting advocacy to ensure that all political party manifestos incorporate social protection and the elimination of mother-to-child transmission. This will ensure that issues surrounding in-kind contributions, cash, insurance, and scholarships for orphans whose parents succumbed to HIV are addressed.

- Incorporating accountability mechanisms and strengthening the operationalisation of Pillar III at all levels.

PILLAR IV: COORDINATION, POLICY, AND ACCOUNTABILITY

Mr. Peter Kinuthia, Financing Strategy Specialist at NACC, emphasised the importance of Pillar IV, which deals with cross-cutting issues such as resource mobilisation for a sustainable national response, governance, and strategic information. The above will be realised through

- Enabling a conducive policy environment by drafting a sessional paper (e.g., Kenya National AIDS Control Bill on HIV policy guidelines to promote achievement of universal access among key populations).

- Ensuring the effective mainstreaming of HIV and AIDS issues in all sector activities within the NACC workplan by drafting terms of reference and guidelines for use in the development of KNASP IV. This effort will support the national implementation and coordination framework, which ensures that stakeholders coordinate their work and bring it in line with national goals and targets.

A strategy must be developed, implemented, and monitored to achieve sustainable financing of the HIV and AIDS response; advocacy will be important to promote efficiency in resource utilisation and thereby realise savings and increase fiscal space. By continually assessing resource utilisation and high-impact interventions, we will be able to achieve programme sustainability and value for money. In creating an HIV and AIDS trust fund—with input from various sources such as the government, philanthropists, donor partners, and private sector corporations—we will also be able to improve country ownership.

Expected outputs from incorporating the above resolutions (to be in place by 2013) include having an operational National M&E System for KNASP III and a mechanism for coordination. KNASP implementation is fully supported by an enabling legislative and policy environment (e.g., the Kenya National AIDS Control Council Bill).

CONCLUSION

Outcomes from the three groups' discussions on the four pillars will inform the development of KNASP IV. For all stakeholders to be successful in service delivery, it will be essential to improve the efficiency and effectiveness of HIV and AIDS programmes. The country needs to use a knowledge-driven approach in responding to HIV and AIDS, so it is possible to target resources and improve health outcomes in the long term.

Ms. Regina Ombam thanked the participants for coming and opened the discussion for any questions. She encouraged everyone to provide ongoing feedback to NACC and to continue the dialogue on how to improve service delivery.

ANNEX I. GROUP PARTICIPANTS

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