

The Effectiveness and Efficiency of the HIV Response in Africa:

Views and Recommendations of Grassroots Caregivers and Other Stakeholders



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Since 2011, the International AIDS Society (IAS) has been seeking ways to improve the effectiveness and efficiency with which HIV services are planned and delivered. This investigation focussed first on a survey of IAS members, many of whom are frontline providers of care. It then turned to consultations with stakeholders across the spectrum of the HIV community: donors; local, regional and national governments; civil society organizations; the private sector; doctors and other caregivers; and people living with HIV. The results of these efforts are reported here.

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Background

Over the past 12 years, a succession of global agreements has staked out the responsibilities that governmental and nongovernmental donors and recipient nations share for international aid investments to succeed. This movement has come to be called E²: for “effectiveness” (achieving at least the intended results) and “efficiency” (doing the most with the resources available).

The leaders of two foundations alluded to the E² movement as organizing principles at the XVIII International AIDS Conference (AIDS 2010), in Vienna. Former United States president Bill Clinton, of the Bill, Hillary & Chelsea Clinton Foundation, said, “We are only going to support organizations that do things faster and at a lower unit cost.” Bill Gates, of the Bill & Melinda Gates Foundation, explained:

If we push for a new focus on efficiency in both treatment and prevention and we continue ... to create new tools, we can drive down the number of infections dramatically and start writing the story of the end of AIDS.

At the same meeting, Elly Katabira, M.D., was elected president of IAS and international chair of AIDS 2012. A neurologist with decades of experience in Uganda providing care and support for people living with HIV (PLHIV), he had seen inefficiency and waste first hand, and at all levels of response. In interviews with international donors and implementers of HIV programmes early in his presidency, he learned that they had consulted on E² issues only with governments of beneficiary countries and PLHIV—not with frontline HIV professionals like himself.

Dr. Katabira brought this information to IAS leadership, recognizing that the HIV professionals and researchers who compose IAS's membership were uniquely positioned to correct this imbalance. In November 2010 the organization's Governing Council decided to make E² a top priority for its policy advocacy.

The Council focussed its advocacy on three E² objectives:

- Mainstream best practices and know-how from those directly involved with efficient, effective and sustainable HIV programming—particularly HIV professionals at the frontline and researchers in HIV programmes at national, regional, district and local levels.
- Promote evidence-based research on E².
- Secure sustainable national AIDS programmes, with country ownership and international solidarity and consistent international commitments.

Since then, IAS has polled its members for E² solutions and created opportunities to engage them in dialogue about E² with stakeholders at the level of funding, policy and governance.

Approach

In July 2011, IAS began its work on E² by convening five focus groups at the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011), in Rome; three with IAS members from Africa, one with members from Brazil and one with members from Asia.

In October 2011, IAS and its partners conducted a pilot consultation in Uganda, focussed on E² in its national HIV programme.

In April 2012, IAS convened local, national and international HIV stakeholders for an E² consultation in Nairobi, Kenya.

At the end of that year, the society used themes that emerged from these discussions to create an online survey about ground-level experiences with E² for the membership at large.

Thus informed, IAS followed up with four consultations on national AIDS programmes in Nigeria, Senegal (for the region of Francophone West and Central Africa), South Africa and Tanzania.

Global Commitments to Effectiveness and Efficiency (E²)

2002: Monterrey Consensus

This agreement was the outcome of the United Nations International Conference on Financing for Development, in Monterrey, Mexico. Prompted by shortfalls in the resources required to achieve the United Nations Millennium Development Goals (MDGs), the Consensus committed the heads of state who signed it to “a new partnership between developed and developing countries,” with more financial and technical cooperation.

2003: Rome Declaration on Harmonization

At the conclusion of the High Level Forum on Harmonization, in Italy, the signers of this declaration (heads of state, development organizations, and financing institutions such as the International Monetary Fund) agreed to a set of good practice standards to bring the terms of aid packages into alignment with the needs, systems, and capacities of recipient countries, “improving fiduciary oversight and public accountability and enhancing the focus on concrete development results.”

2004: Marrakech Action Plan for Statistics

This was the outcome of a roundtable on “Measuring for Development Results,” in Morocco. Participants from developing countries established goals to improve the availability of reliable statistics needed to measure progress toward development targets. Participants from aid organizations agreed to improve international systems for collecting and sharing national statistics, as well as systems for monitoring the MDGs.

2005: Paris Declaration on Aid Effectiveness

More than 100 ministers in charge of development and heads of multilateral and bilateral development institutions met in France and pledged “monitorable actions to reform the ways we deliver and manage aid.” The Declaration asserted that “aid effectiveness must increase significantly ... to support partner country efforts to strengthen governance and improve development performance.” This declaration, as well as the Accra Agenda for Action, was endorsed by 138 countries and 28 international organizations.

Findings from the IAS Focus Groups

Each focus group session brought as many as 10 IAS members together for 90 minutes. The participants were asked to reflect on the efficiency and effectiveness of HIV programmes in their home countries through the lenses of their experiences as researchers and as managers and providers of services.

Global E² initiatives such as the Paris Declaration (see the box on the left) focussed the attention of high-level stakeholders (governments and international donors and nongovernmental organizations) on structural and systemic issues where global aid requirements intersect with the policies and priorities of developing countries. They also focussed on building developing countries’ capacity for governance, leadership and strategic decision-making for more effective and efficient use of international aid.

The African IAS members were interested in these themes, too, but the perspective of participants in all five focus groups was broader, extending to local administrative processes, the integrity of supply chains and the capacity of the public health process to reach people, assess their needs and treat and care for them.

The participants pointed out that the abstract notion of health system strengthening implies that a “health system” exists. But in some countries, they said, such a system either has never existed or has been overwhelmed by the impact of HIV.

Thus, in addition to effectiveness and efficiency, the focus group participants articulated a third goal: the equitable and sustainable distribution of resources to ensure universal access to health services. They said that the top-down view of frontline HIV professionals as tools to carry out decisions made by others misses a crucial opportunity for partnership. They asked for broader forums where HIV professionals could engage with higher-level stakeholders to define E² and its key issues, and also to consider whether any other groups of stakeholders had been left out and should be included.

2008: Accra Agenda for Action

Ministers in charge of development and heads of multilateral and bilateral development institutions agreed to “concrete and monitorable actions” to strengthen “country ownership” of development, to “work in more inclusive partnerships” for “greater impact on reducing poverty,” and to “be accountable to each other” and to their “parliaments and governing bodies” for tangible results.

2008: Doha Declaration on Financing for Development

Despite a “global financial crisis” and other challenges, heads of state and governmental and nongovernmental officials renewed their commitment to the Monterrey Consensus. Donors agreed to maintain their aid targets; donors and developing countries committed to national ownership and leadership of development strategies and good governance.

2011: Busan Partnership for Effective Development Co-operation

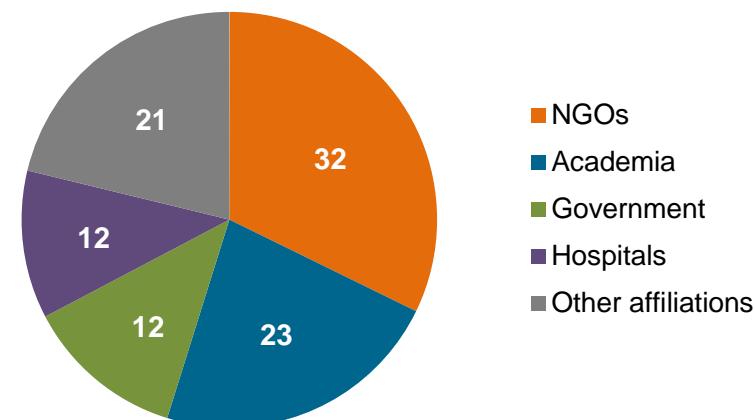
Ministers of developed and developing countries and representatives of civil society organizations met in South Korea to review progress in implementing the Paris Declaration. The partnership agreement, endorsed by 162 countries and 52 international nongovernmental organizations, establishes a framework for cooperation based on four principles: ownership of development priorities by developing countries, focus on results, inclusiveness, and transparency and accountability.

Findings from the Survey of IAS Members

IAS sent the survey at the end of 2012 and received close to 250 responses from members in 29 countries, with the highest shares coming from South Africa (15%) and Uganda (15%).

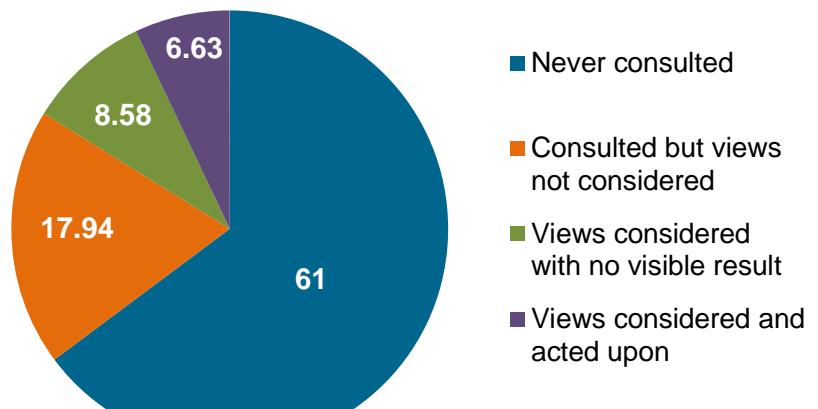
Nearly 75 percent of the respondents had worked in the field of HIV for six or more years, and nearly 40 percent had eleven or more years of HIV experience. Figure 1, below, shows their institutional or organizational affiliations.

Fig. 1: Affiliations of IAS survey respondents (%)



Despite the respondents' long and broad experience with HIV, 61 percent said they had never been consulted on E² matters by national HIV programmes. Only 7 percent said they had been consulted and had seen their ideas put into action. Figures 2 and 3, below, offer detailed views of the extent and nature of the respondents' involvement.

Fig. 2: Survey respondents' involvement in national E² efforts (%)



IAS Survey Respondents' Ideas to Improve E²

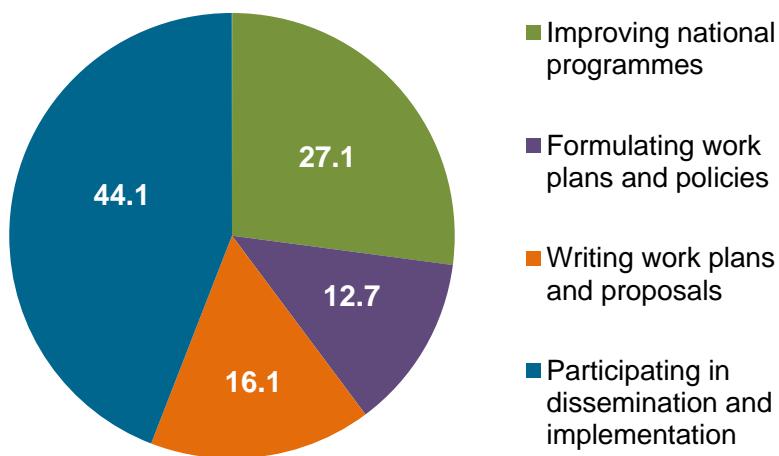
Awareness of substance use as a contributing factor to the spread of HIV is nil in this environment.

—Teacher

Involvement of ... traditional and religious leaders ... can be catalytic in bringing about change ... e.g., increased awareness and involvement of Islamic scholars from ... northern ... Nigeria.

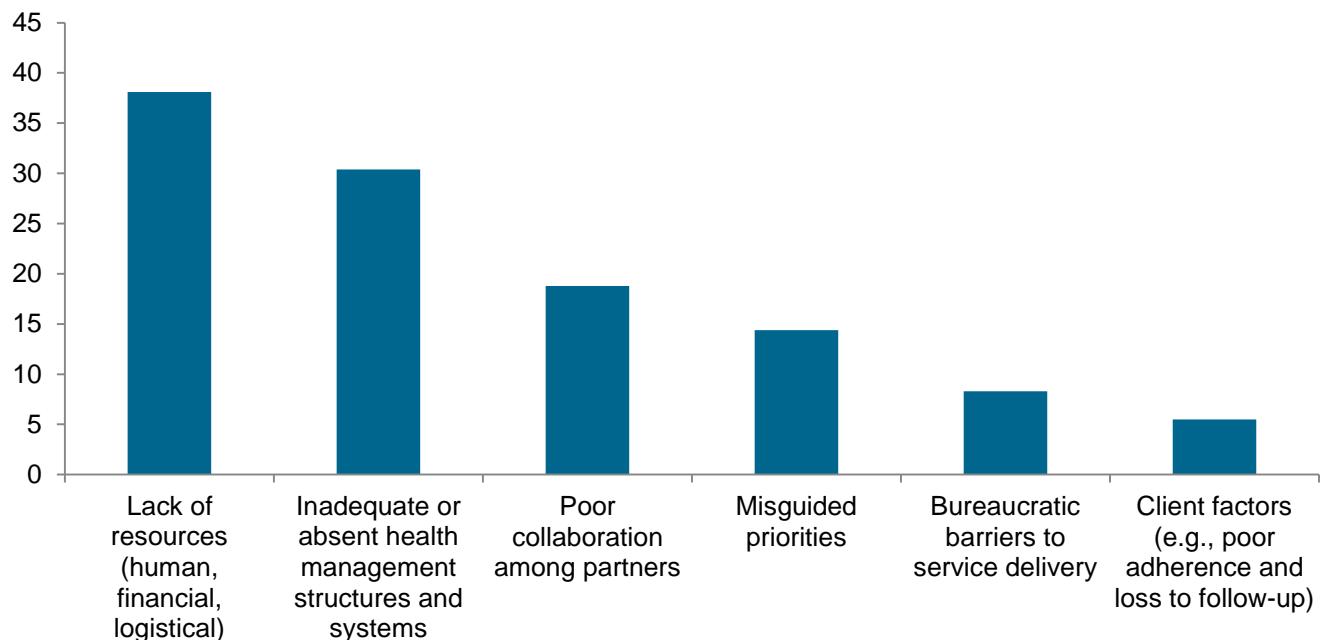
—Government employee

Fig. 3: E² topics on which survey respondents were consulted (%)



The survey respondents were asked an open-ended question about factors contributing to ineffectiveness and inefficiency in HIV programmes. Figure 4, below, presents the range of their observations.

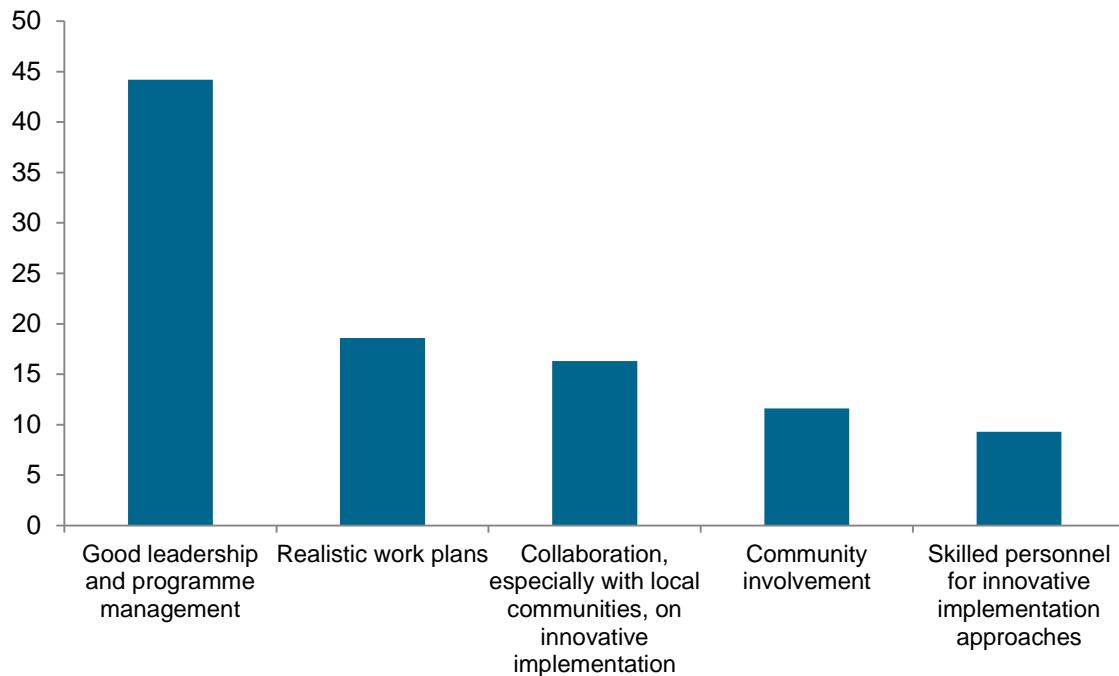
Fig. 4: Barriers to E² in HIV programmes (%)



Respondents also said that high levels of stigma and fear of arrest for criminalized behaviors interfered with the effectiveness and efficiency of HIV programmes. They cited oppressive laws and the lack of policies enabling key populations (men who have sex with men, sex workers, transgender people, and people who inject drugs) to participate in civil society as barriers.

An open-ended question about workplace factors that support E² elicited the observations shown in Figure 5, below.

Fig. 5: Contributors to E² in HIV programmes (%)



Findings from the IAS Consultations

Beginning in October 2011, IAS and its partners convened six E² consultations: one focussed on Uganda; one of local, regional, national and international stakeholders focussed on sub-Saharan Africa as a whole; one focussed on the region of Francophone West and Central Africa; and three focussing on Nigeria, South Africa and Tanzania. These discussions generated the following overarching themes and conclusions:

1. E² is one way to sustain the momentum of the international response to HIV.

Participants in all five country and regional consultations expressed worry that mobilising special support for HIV prevention, treatment and care may become harder, because the sense of crisis is diminishing as medical interventions improve. At the same time they hope that if stakeholders in the HIV response can show that the money they get will be used in an efficient and effective way, the willingness of international donors and national government to continue supporting HIV programmes will increase.

2. Involvement of more stakeholder groups adds experience and knowledge and creates synergies.

When government consults with, includes and empowers other stakeholders in the national HIV response, the ownership and engagement of those stakeholders increase and programmes are more likely to become more efficient and effective.

Communication among stakeholders at different levels of government, in ministries and from diverse geographic regions is also crucial. There must be a will to communicate, the techniques must be in place and there should be arenas to meet and talk.

3. Country ownership does not equal government ownership.

When countries, often those at the forefront of the HIV response, have massively rolled out treatment, they have tended to organize the effort so that only the public sector is involved. Successful treatment programmes—previously carried out by faith-based organizations, civil-society organizations, nongovernmental organizations and foundations, and often financed with international donor money—are closing, because the public sector is not continuing their financing. Participants in these consultations argued that a national HIV response would achieve better E² without compromising country ownership by including private-sector providers.

The private sector's systems for tracking, testing, counselling and treating, developed over decades, could be put to good use. For example, some in the South African consultation mentioned that private-sector companies that have been involved in HIV work for a long time are prepared to provide technical support when the government rolls out its treatment programme.

4. Innovative approaches enhance the E² of national HIV programmes.

One example is treatment as prevention: the use of antiretroviral treatment to decrease the chance of HIV transmission. The roll-out of treatment in some of the countries in which E² consultations were held, particularly South Africa, shows that treatment is a crucial prevention method. The number of new infections stabilizes and then decreases when treatment reaches certain coverage levels, so that one investment achieves two goals.

5. Research and evaluation of ongoing E² activities must be promoted.

Realizing that the E² of HIV programmes must improve, donors and governments want measures of these programmes' success. Research in the area of implementation or operational science is growing and should be encouraged.

At AIDS 2012, new abstract subcategories on E² were introduced in the operational science track. IAS immediately saw the results: 190 scientific abstracts on E² were submitted, with many accepted and presented.

6. The donor community cannot give up HIV and AIDS work even when countries take more ownership; that would not be sustainable.

An aim of IAS's E² work has been to show that even when countries take over more and more of the financing of HIV programmes, the international community cannot abandon its responsibilities. Some countries, like South Africa and India, will be self-sustaining soon, but others will need financial support for a long time. Other parts of the response, such as prevention, will also need extra international attention when a country's focus is on treatment.

If that necessary support were to end before a cure or a vaccine is found and rolled out, the consequences for the epidemic would be disastrous; any person with HIV whose treatment is interrupted risks developing resistance and needing more expensive treatment.

Some E² stakeholders have defined efficiency as "doing more with less." Others, like IAS, recognizing that the response needs more resources, define it as "doing more with what we have."

National Consultation, Kampala, Uganda: 27–28 October 2011

For this first gathering, IAS partnered with the World Bank to bring HIV professionals and PLHIV together with officials of the Joint United Nations Programme on HIV/AIDS (UNAIDS), PEPFAR, and the Ugandan Ministry of Health, as well as representatives of public and private health facilities and nongovernmental organisations.

The chief task of this consultation's 46 participants was to identify the stakeholders in Uganda's HIV programme: HIV professionals, national government; PLHIV networks; the donor community; youth; political leaders; academics and the research community; people in media and information technology; and cultural leaders.

The following key points emerged from the discussion:

- HIV professionals can contribute to debate and to initiatives to improve the E² of HIV programmes.
- Country ownership is important, but coordinating multiple partners in the HIV response presents challenges.
- Improving E² is complicated by issues of equity, because the equitable distribution of services may not always be cost-effective.

Multiple Stakeholder Consultation, Nairobi, Kenya: 19–20 April 2012

IAS convened this meeting—in partnership with UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and the World Bank—to put innovative and proven financial efficiencies at the centre of an effective response to HIV and AIDS in Africa. The 75 participants, representing national AIDS councils and programmes and local and international nongovernmental organizations, also discussed how more research around E² can be promoted. They reached consensus on the following recommendations:

Engaging stakeholders

- In addition to meetings on HIV issues that are global in scope, meetings focussed on a region or country that bring together stakeholders at all levels are needed for advocacy and the sharing of scientific evidence, innovations and best practices.
- The model for investment to improve E² in national HIV programmes in Africa should involve HIV professionals and other health experts, scientists, economists, civil society organizations, patients, media and government.
- Regional blocs should be formed to foster regional markets for medicine and medical products, reducing costs. These blocs can also lobby international pharmaceutical companies to establish long-term drug-manufacturing capacity in Africa.

Improving E² and sustainability through innovative and proven financial strategies

- As donors, spurred by the global financial crisis, ask countries to sustain HIV programmes by taking financial ownership of them, novel sources of local funding are needed: for example, new taxes on mobile phones and alcoholic drinks served at airports; health insurance; and private health-sector financing. These sources need to be protected from political shocks through private-sector engagement.
- National technical working groups involving stakeholders from nongovernmental organizations and the private sector should identify and prioritize resources.
- The accountability and transparency of national institutions needs to be strengthened through national strategic and operational plans.
- As governments prepare for financial ownership of national HIV programmes, they should use the flexibility offered by donor funds to strengthen their health systems, building institutional capacity.
- Governments need to strengthen their efforts to integrate and streamline HIV financing and activities within all ministries.
- An E² toolkit should be developed for use by programmes and facilities.

Promoting research on E²

- Countries require support to develop research agendas that are responsive to local needs.
- Support is needed for African countries' institutional capacity to train scientists in clinical, social, behavioural and implementation science research and coordinate country research.
- Scientists need support to develop, implement and evaluate interventions and communicate their findings effectively to policy-makers.
- National HIV programmes should be implemented based on scientifically proven strategies and robust monitoring and evaluation systems.

National Consultation, Abuja, Nigeria: 28-29 January 2013

IAS convened this consultation in partnership with the World Bank and Nigeria's National AIDS Control Agency. The 57 participants represented governmental agencies, international donors and nongovernmental organizations, IAS membership and people living with HIV. They noted that Nigeria has introduced a number of E² best practices that can serve as models elsewhere: for example, establishing a national call centre for questions about HIV and related diseases. They also made the following recommendations:

- Improve the data management system.
- Create a system for unique identification of patients.
- Adopt an advocacy strategy encompassing all levels of government.
- Adopt a community health insurance scheme.
- Promote collaboration between HIV programmes and academic institutions to generate evidence for E².
- Develop a framework to manage donor assistance.

Regional Consultation, Francophone West and Central Africa, 9-10 July 2013

Held in Dakar, Senegal, this consultation was led by IAS and the regional office of UNAIDS. Additional partners were the World Bank, the Global Fund, Le Conseil National de Lutte contre le SIDA and Senegal's National AIDS Control Commission. The 62 participants represented 10 different stakeholders from 12 Francophone countries. They recommended the following:

- Align HIV programmes and their resource allocations with trends in the epidemic.
- Explore reducing the per-person cost of HIV treatment through such options as strengthening the supply system for antiretroviral drugs, establishing regional facilities to produce antiretrovirals, negotiating prices with suppliers and analysing bottlenecks.
- Explore improving the efficiency of HIV programmes through economies of scale, decentralising services and integrating them with other health services and reducing bureaucratic procedures.
- Collaborate with UNAIDS and other partners to develop national investment frameworks for sustainable financing of HIV efforts.
- Explore options for domestic financing, such as health insurance, national funds, public-private partnerships and innovative financing, such as specific taxes for HIV or health.
- Establish a task force for technical support for the development of the investment framework (Democratic Republic of the Congo, Niger, Benin, Congo, Togo, Burundi and Gabon).
- Document and disseminate good E² practices in the region.
- Establish a virtual team on E² issues.
- Continue improving service delivery and scaling up treatment programmes.

National Consultation, Cape Town, South Africa: 6 December 2013

This gathering was convened by IAS, UNAIDS, the World Bank, PEPFAR, the Global Fund, South Africa's National Department of Health and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). There were 57 participants representing 15 stakeholders active in South Africa's response to HIV: national and regional health departments and other HIV service providers, the South African National AIDS Council (SANAC), international donors, national and international nongovernmental organizations, a faith-based organization, IAS members, people living with HIV and the private sector (including a pharmaceutical company).

Among the topics discussed were the following:

- improvements in efficiency that might be achieved by implementing a more streamlined electronic records system
- the capacity of manufacturers to retool for new drug combinations, and the speed with which these combinations can be registered
- the need for people living with HIV to be engaged as stakeholders as South Africa's HIV programmes shift from scale-up to retention in care
- frequent stock-outs of drugs and other medical products
- tensions in partnerships between governmental and nongovernmental groups
- weak provincial AIDS councils.

National Consultation, Dar es Salaam, Tanzania: 10 July 2014

IAS convened this consultation in partnership with the World Bank, UNAIDS, the Global Fund, and Tanzania's Commission for AIDS. Eighty-three participants represented Parliament, national and district governmental agencies, international donors, nongovernmental organizations, IAS membership, the private sector and people living with HIV. One of the best practices presented was an innovative project (funded by PEPFAR and the United States Centers for Disease Control and Prevention) that mainstreams HIV interventions in the comprehensive health plans of four regions.

Among the recommendations from this consultation were the following:

- Promote research on the efficiency and effectiveness of HIV interventions and share the results with policymakers and decisionmakers, for scale-up.
- Promote public/private partnership in HIV interventions.
- Integrate HIV services into existing health systems.
- Mobilise domestic resources for the HIV response.
- Have the ministries of health and social welfare and finance and the Prime Minister's Office—Regional Administration and Local Government work together to recruit healthcare workers.
- Improve the availability and affordability of HIV drugs.

Discussion

To consult concerned and involved stakeholders when changes are made is not simply a democratic prerogative. **Inclusiveness creates ownership and increases both efficiency and effectiveness.** During the time that IAS has been conducting its country consultations and advocacy work on E² in national AIDS programmes using an inclusive model, it has received numerous comments that the inclusion of more stakeholders has been helpful and productive.

At the pilot consultation in Uganda, the representative of PEPFAR suggested that IAS hold similar meetings throughout Africa. And after the meeting in Nigeria, the Deputy Director of the Nigerian AIDS Control Organisation invited IAS to help arrange 36 more meetings in Nigeria, one in each state. (The society had to decline, for lack of time and resources.) This response attests to the need to **gather many groups around E² issues and not limit discussions and decisions to two or three stakeholder groups: traditionally donors and governments.**

With these consultations, IAS was, for the first time, bringing its practical advocacy work to a country level. Previously, the society had nearly always done this work at the global level and sometimes, in conjunction with regional AIDS conferences, at the regional level.

One definitive lesson for future advocacy work is that **it is often not enough for international stakeholders, such as donors or development agencies, to agree to a changed approach** at the country level. The World Bank, PEPFAR, the Global Fund and the Bill & Melinda Gates Foundation readily agreed with Dr. Katabira in 2010 that HIV professionals should participate when national AIDS programmes are revised for E². But consent was not enough: When surveyed at the end of 2011, IAS members reported no visible change in their home countries. The trickle-down of policy change from the global/international level to the country level is slow and, in some cases, untraceable. One reason why IAS brought international stakeholders to the subsequent country-level consultations was to address this lapse.

With this goal reached, IAS will drop E² in national HIV programmes as a separate priority for policy and advocacy as of 31 July 2014. The society can include follow-up E² work in the three remaining priority areas: “Paediatrics,” “Key Affected Populations” and “Towards an HIV Cure.”

Countries that have not done any E² work in their national HIV programmes must begin.

E² is an increasingly important factor for donors in choosing where to spend limited resources. And when countries finance treatment programmes on their own, weighing competing needs and setting priorities will be political decisions that take E² into account.

Although special support is still needed for the HIV response, **E2 also requires health systems strengthening.** If this does not happen, the increased treatment and prevention goals will be hard to achieve.

An obstacle—whether real, imagined or only potential—is the location of treatment programmes in the office of a president or prime minister rather than integrated in the health agency. This structure seems to have been put in place as a matter of protocol for dealing with donors. In several IAS consultations, tension was reported between the various national AIDS control councils and agencies on one side and ministries of health on the other. Where this tension is present, a country is probably not reaching optimal E².

