

## **Analysis and recommendations for EC/EU actions in the area of HIV/AIDS, Malaria and tuberculosis programming and service delivery in the context of health system strengthening**

### **Introduction**

At the 2006 UN High Level Meeting on AIDS, 191 Member States adopted a new resolution reiterating commitments to the 2001 Declaration of Commitment. At this meeting, these Member States also made a commitment to achieving universal access to HIV prevention, treatment, care and support by the end of 2010. Nested within this universal access commitment, were specific commitments to investing in and strengthening health systems. These commitments demonstrate a growing recognition of the need to increase investment in strengthening health systems in order to achieve universal access and achieve the health Millennium Development Goals (MDGs). The growing recognition of the vital need to invest in health systems to achieve universal access is reflected in current changes within the donor environment. Donors such as DFID, PEPFAR, European Commission and the Global Fund are all increasing funding for health systems strengthening, through a number of funding channels including “horizontal” funding mechanisms such as budget support and sector wide approaches or SWAps (e.g. health SWAp) and “vertical” disease-specific funding channels – notable the Global Fund and PEPFAR. However, the additional investment required to build strong health systems should not come at the expense of continued and increased expenditure on HIV and AIDS.

There is a growing understanding of the complexity of the interactions and interdependency between “vertical” disease-specific health responses and “horizontal” health systems strengthening efforts. It is now widely accepted that sustaining and scaling up progress in the response to HIV/AIDS, TB and malaria will not be possible without substantial investment in health systems strengthening.<sup>1</sup> There is also a growing consensus that AIDS, TB and malaria investments can be used to leverage health systems improvements.<sup>2</sup> Investment in HIV services has contributed to improvements in maternal health and SRH services; detection and treatment of sexually transmitted diseases, TB and other diseases; and improvements in public health infrastructure, human resources and the management of both acute and chronic diseases.

### **Financing HIV and health systems**

In 2001, the WHO’s Commission on Macroeconomics and Health estimated that in order to meet the health MDGs, spending on health in 83 poor countries would need to increase from US\$106 billion in 2002 to US\$163 billion by 2007 and US\$200 billion by 2015. In 2007, however, donors were far from meeting their share of this funding.<sup>3</sup> Subsequent commitments and resource estimates, however, mean that even these amounts are no longer sufficient to meet the health MDGs and achieve universal access to HIV prevention, treatment, care and support. UNAIDS resource estimates released in 2007 indicate that for universal access to be achieved by 2010 annual resource requirements for the AIDS response alone would rise between US\$32-51 billion in 2010, rising to US\$45-63 billion by 2015. This would mean more than trebling the US\$10 billion spent on AIDS programmes in 2007.<sup>4</sup>

The tremendous funding gap for both AIDS and health systems strengthening requires increasing resources for both HIV and health systems strengthening. In current policy debates on AIDS and health systems strengthening, critics claim that “AIDS distorts health systems and that far too much is spent on HIV relative to other health needs.” It is important to highlight in this respect that

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<sup>1</sup> UNAIDS (2008) *Report on the global AIDS epidemic*

<sup>2</sup> Druce N, Dickinson C. (July 2008) *Making the most of the money? Strengthening health systems through AIDS responses.*

<sup>3</sup> *Health Warning: Why Europe must act now to rescue the health Millennium Development Goals; Action for Global Health, June 2007; <http://www.actionforglobalhealth.eu/publications>*

<sup>4</sup> *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support, UNAIDS, September 2007.*

reducing resources for AIDS in order to increase funding for health system strengthening will have the net effect of reversing hard won gain in HIV prevention, treatment, care and support, which in turn would create additional burdens on health systems.

### **HIV: not just a health issue**

One of the concerns with the increased focus on health system strengthening and its potential impacts on the AIDS response is that HIV will become synonymous with health. However, it is widely recognised that HIV impacts not only on access to health services, but also has much wider social and economic dimensions that need to be addressed. The million of children being orphaned as a result of AIDS illustrates the need for a wide range of interventions that include access to social protection, education, food security, household livelihoods as well as to basic primary health care. Similarly, prevention of new infections cannot be addressed by the health system alone. It requires investment in education services, addressing the underlying causes of infection that are largely determined by poverty levels and social factors that cannot necessarily be addressed through an improved health service.

### **Health systems and Integration of TB and HIV services**

There is a drastic need to integrate HIV and TB services within efforts to improve health systems in many low and middle income countries; especially those in parts of sub-Saharan Africa where up to 70% of TB patients are found to be co-infected with HIV. The need for integrated HIV and TB services is acknowledged by most donors globally, including EU Member States, as well as multilateral organizations such as WHO, UNAIDS, UN General Assembly, Commission for Africa, and the G8. However, the integration of TB and HIV services in many parts of the world remains elusive. According to the most recent WHO data, only 1% of people living with HIV/AIDS (PLWHA) are reported to have been screened for TB<sup>i</sup>. Of those who were screened for TB, more than 1 in 4 had TB<sup>ii</sup>. There is therefore a definite need that the EU emphasizes the integration of TB and HIV services within its support for efforts to strengthen health systems.

It is encouraging that the EU/EC Programme for Action (PfA) notes the need to scale up interventions to meet MDG6 and that there is a substantial funding gap in efforts to combat HIV, TB & Malaria worldwide. We further welcome that the EU will support the treatment of health as an “exceptional case” in public sector reform programmes, and that the PfA details that the EU/EC intend to work through partnerships (including the Stop TB Partnership) and specific support to confront these three diseases of poverty. However, nowhere does the PfA outline how the EU/EC might achieve the aims and objectives of the *Global Plan to Stop TB: 2006-2015*, including the Stop TB Partnership’s targets to halve TB prevalence and death rates by 2015, compared with 1990 levels; currently both the WHO African and European Regions are off-track.

### **Addressing stigma and discrimination in health systems strengthening**

The highly-stigmatised nature of HIV and AIDS, as well as TB, alongside the highly stigmatised behaviours often associated with the AIDS epidemic – sex work, male to male sex and drug use – means that stigma and discrimination is often a major barrier to accessing health services, for people vulnerable to or living with HIV. At the same time, it is often a neglected element in discussions around health system strengthening. Formal health care services are often prominent sites of discrimination against people living with HIV and marginalised groups. To access these groups, community-based organisations act as important “bridges” to services. Addressing stigma and discrimination, both within formal health care services and within the communities, is essential if those most vulnerable to and affected by HIV/AIDS, TB and malaria are to be able to access all of the health services that they require. As the global policy and programming environment moves towards better integrating HIV, TB and malaria and health system strengthening, it is essential that addressing stigma and discrimination forms a key part of national and local strategies to build stronger health systems. To achieve this, the essential role that the community plays in contributing to reductions in stigma and discrimination towards marginalised populations needs to be recognised and built upon.

### **Community health workers and health systems strengthening**

WHO's definition of a health system and health systems strengthening relates primarily to the development of national public health systems. As a result, the essential role that civil society and communities play in mobilising people to access health services, providing health services in the absence of government services, and in particular the role they play in reaching marginalised or hard-to-reach communities, is not widely recognised. The history of the AIDS epidemic clearly shows that without civil society and community involvement in the provision of health services, many people globally would not have access to basic HIV prevention and care. In sub-Saharan Africa, for example, a significant proportion of health care is provided by community-based organisations, national and international NGOs and faith-based organisations. There is an urgent need therefore to recognise the contribution that community health workers make to strengthening health systems and ensure that such health workers are sufficiently trained, supported and remunerated.

### **Meaningful civil society engagement**

In addition to supporting access to health care, civil society also plays an essential role in holding government to account. This role of civil society becomes particularly important in ensuring the response to these three diseases is fully integrated into efforts to build stronger health systems. In many countries HIV is synonymous with marginalised groups such as people living with HIV and AIDS, sex workers, drug users, and men who have sex with men, whose very existence is often denied by governments. Without the involvement in decision-making processes of groups most affected by HIV, TB and malaria and most in need of strong health systems, it may be difficult to ensure the most effective and most appropriate allocation of resources and services.

The Global fund has recognised the value of involving civil society at all stages of decision-making process and is widely held as a good example of how meaningful engagement of civil society can be achieved, although it still faces many challenges in this regard. The IHP+ has recently begun to recognise the importance of involving civil society in decision-making processes at country and global levels and is taking steps to improve civil society representation in all of the current decision-making bodies associated with this initiative. The role of civil society in holding their governments to account for spending on HIV, TB, malaria and health systems is also likely to become more important as an emphasis on improving aid effectiveness encourages EU donors such as the European Commission and some EU Member States to channel more of its aid through government led financing mechanisms such as sector wide approaches and budget support.

### **Recommendations**

- Financing

The EU should significantly increase its financial resources for health and HIV, TB and malaria in order to meet the resource needs of achieving both universal access to HIV prevention, treatment, care and support, the targets contained within the *Global Plan to Stop TB: 2006-2015* and health systems strengthening to meet the health MDGs. In addition, the EU should urge developing country governments to make urgent progress towards their commitment to allocate 15% of domestic spending to health. Any increase in financing for HIV, TB, malaria and health systems strengthening should be accompanied by the establishment of transparent accountability mechanisms, such as budget tracking, that will enable all stakeholders in both donor and recipient countries to track and monitor spending.

- Addressing the social and economic determinants and impacts of HIV, TB and malaria

The EU should ensure that a greater focus on health systems strengthening does not take attention and investment away from addressing the specific social and economic determinants and impacts of these three epidemics, which go beyond health.

- Integrating efforts to confront HIV and TB

The EU should encourage the development of integrated strategies for combating TB and HIV, especially in countries where both diseases are endemic, including the provision of provision of isoniazid preventive therapy (IPT) to HIV-positive people, as well as the provision of co-trimoxazole preventive therapy (CPT) and antiretroviral therapy (ART) to HIV-positive TB patients. The EU should emphasise those targets within the Stop TB Partnership's Global Plan to Stop TB, in order to fully achieve universal access to HIV prevention, treatment, care & support by 2010 and meet the MDGs.

- Addressing stigma and discrimination

The EU should include in its funding for health systems strengthening activities to address stigma and discrimination, particularly amongst health workers, in partnership with local community organisations and networks that have built up trust and confidence of marginalised populations to ensure their continued access to services.

- Human resources for health

The EU should recognise community health workers as an important part of the public health service and ensure that they are provided with training, support and remuneration commensurate to the vital role they play in supporting access to health care.

- Meaningful civil society engagement

The EU should support the establishment of clear mechanisms to ensure the ongoing participation of civil society, including vulnerable and marginalised groups, in the governance, coordination, and prioritisation of funding allocations, and in monitoring and evaluating the delivery of national health plans. Technical and financial resources should be made available to civil society so that they can be meaningfully involved in national and local health and HIV, TB and malaria planning and budget processes, ensuring that national plans for HIV, TB and malaria and health systems strengthening responds to the needs of the most vulnerable and marginalised populations.

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<sup>i</sup> World Health Organization. 2008. Global tuberculosis control: surveillance, planning, financing : WHO report 2008. (Data from 2006) WHO/HTM/TB/2008.393. Nigeria data from Nigeria Country TB-HIV report, 2008. (Data from 2007).

<sup>ii</sup> World Health Organization. 2008. Global tuberculosis control: surveillance, planning, financing : WHO report 2008. (Data from 2006) WHO/HTM/TB/2008.393. Nigeria data from Nigeria Country TB-HIV report, 2008. (Data from 2007).

**EXTRA ADDITION:**

*"8. Integration of HIV/AIDS, Malaria and tuberculosis programming and service delivery in the context of health system strengthening:*

*This section will consider the need to strengthen HIV, malaria and tuberculosis programming and service delivery in the context of the PfA, and how to ensure that implementation of disease specific programmes are better integrated into and contribute to efforts in health system strengthening. "*

Suggested addition:

A key issue for programming integration in the context of health system strengthening is the need to recognise that targeted investments are important for addressing priority diseases as part of a broader approach to improve health systems. In addressing such systemic issues as health worker shortages and a lack of health infrastructure, it should be recognised that AIDS, TB and malaria services are ideal entry points for health system strengthening efforts. Moreover, there is a drastic need to integrate HIV and TB

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services within efforts to improve health systems in many low and middle income countries; especially those in parts of sub-Saharan Africa where up to 70% of TB patients are found to be co-infected with HIV.

It is encouraging that the EU/EC Programme for Action (PfA) notes the need to scale up interventions to meet MDG6 and that there is a substantial funding gap in efforts to combat HIV, TB & Malaria worldwide. We further welcome that the EU will support the treatment of health as an “exceptional case” in public sector reform programmes, and that the PfA details that the EU/EC intend to work through partnerships (including the Stop TB Partnership) and specific support to confront these three diseases of poverty. However, nowhere does the PfA outline how the EU/EC might achieve the aims and objectives of the *Global Plan to Stop TB: 2006-2015*, including the Stop TB Partnership’s targets to halve TB prevalence and death rates by 2015, compared with 1990 levels; currently both the WHO African and European Regions are off-track.

Despite both the link between TB and HIV and the need for joint programmes to address this global co-epidemic acknowledged by major donor governments, including those in the EU, as well as multilaterals such as WHO, UNAIDS, UN General Assembly, Commission for Africa and the G8, the integration of TB and HIV/AIDS services in many parts of the world remains elusive. According to the most recent WHO data, only 1% of people living with HIV/AIDS (PLWHA) are reported to have been screened for TB<sup>ii</sup>. Of those who were screened for TB, more than 1 in 4 had TB<sup>ii</sup>. There is therefore a definite need that the EU/EC PfA emphasises the integration of TB and HIV services within its support for efforts to strengthen health systems.