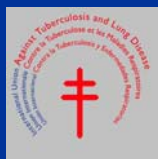


The state of health systems in low income countries and access to ART.

What is the way forward?

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Defining the topic

- Definition (World Bank): Countries with less than 875 US\$ per capita GDP, but there is a category of 'lower-middle income' ...
- 54 countries are in the Low-income group, with a GDP per capita comprised between 83 and 816 US\$ per capita in 2003 (HDR 2005)
- 24 countries are in the 'Low human development' group
- 34 countries are 'Fragile states'
- 2 countries are nuclear powers...



HIV and ART in low-income countries

- HIV prevalence in low-income countries (HDR 2005)

	Europe / Central Asia	East Asia / Pacific	South Asia	Lat. America / Carib.	M. East N.Africa	S.Saharan Africa
Focused	3	5	4		1	7
Genera- lised		1		1		22
N.A.		3	2			5

- Limited published information on ART scale-up



ART and health system constraints

- Medical techniques and technologies
- Organisation of care
- Human resources
- Financing
- Policy and institutional capacity



Medical techniques and technologies

- Is the fast evolution of AIDS management techniques a constraint to their standardisation in public health programmes, and to their dissemination?
- When resources are not limitless, should priority be to increasing access to first line treatment, or to ensuring a care continuum to fewer patients?
- Should follow-up rest on clinical assessment? Can follow-up technologies become more appropriate?
- Do cohort analyses remain adequate to monitor coverage and results of ART programmes?



Organisation of services

- Can general health services deal with ART programmes, and where should the limit between delivery and referral services be set?
- Who is the primary caregiver and who provides referral care?
- How is the uninterrupted availability of ARVs and laboratory supplies secured? How is the maintenance of laboratory equipment secured?
- What role for the private sector in care provision and support services?



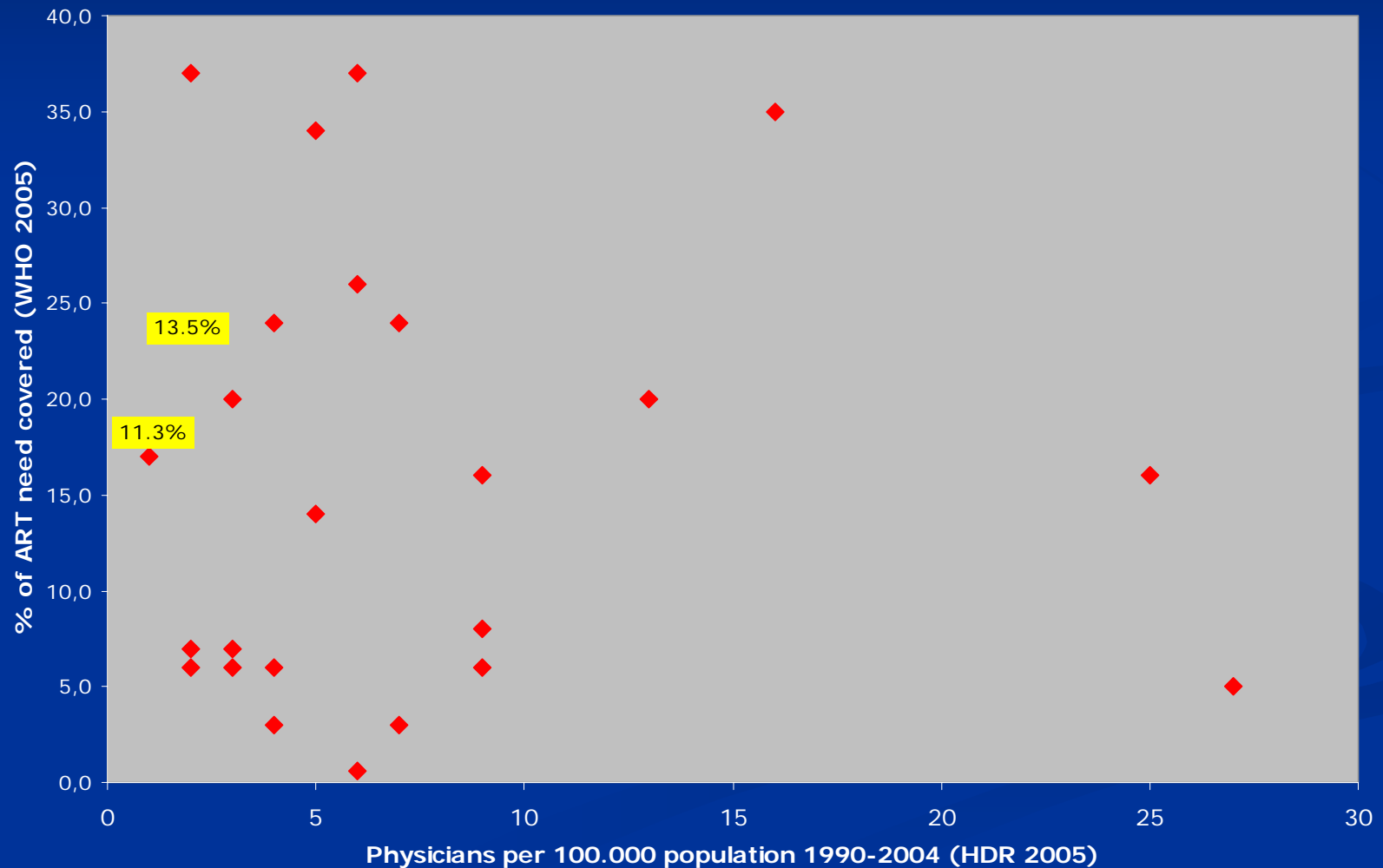
Human resources

- Health workforce constraints are the single greatest challenge to delivering better services in low-income countries
- Should the level of epidemic influence the development of HR policies?
- Which human resource policies will have a greater impact on access to ART?



Human resources

ART coverage and physicians availability
in Low-income countries with generalised epidemics



Human resources

- Are the tasks associated with ART delivery specific to HIV care?
- Can medical and psycho-social skills necessary in AIDS management be useful for other chronic care?
- Beside direct care to patients, which skills are equally vital in the success of programs?



Financing

- Major cause of tension in most health systems, and health financing gaps remain substantial
- Free ARV programmes are necessary but substantially contribute to financing gaps
- Limited information is published on cost and cost effectiveness of the different approaches
- Large volume of aid is available but faces issues of coordination and absorption capacity
- Tied aid creates unnecessary constraints to systems



Policy and institutional capacity

- As resources are not limitless, the public health debate focuses on the priority of increasing coverage with first line versus developing second line treatment
- Is the representation of beneficiaries in making such decision adequate ?
- Uncoordinated aid following different financial procedures has the potential to significantly undermine already fragile systems



Conclusion

- Commitment and tenacity has permitted access to ART to become effective in low-income countries
- Before more resources are mobilised, documentation of the cost-effectiveness and systemic impact of current experiences is necessary
- Opportunity exists to reinforce medical and support systems, and strengthen care for chronic conditions

