

# Integrating HIV Care and Treatment into Primary Health Care in Mozambique: **Re-defining the role of non-governmental organizations**

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## **Emergence of Global Civil Society (World Bank, 2003)**

- **[T]he number of international NGOs was reported to have increased from 6,000 in 1990 to 26,000 in 1999**
- **Intended civil society involvement in World Bank operations has risen steadily over the past decade, from 21.5 percent of the total number of projects in fiscal 1990 to nearly 72 percent in fiscal 2003.**

# The New Scenario: Funding for AIDS Treatment



- PEPFAR
- Global Fund to Fight AIDS, TB, and Malaria
- Clinton Presidential Foundation
- World Bank

# Where Does the Money Go?

- NGOs, Centers of Excellence, and Universities (e.g. Columbia, Vanderbilt, UCSD, UW among others)
- Purchasing of drugs and commodities
- Data gathering and M&E
- High salaries for lots of foreigners
- Some building of new infrastructure.
- Some technical assistance for health systems

# NGO Vertical Programs

- Set up shop often at local district levels
- Often employ their own doctors who provide clinical care
- Rarely foster strong ties to wider health systems
- Develop parallel M&E systems and data reporting.
- May use norms and procedures that differ from national health systems.

# Where funding is actually needed: Strengthening national health systems

- Why the public sector has a “comparative advantage”
- Health work force – many, many, many more healthworkers needed
- Bricks and mortar infrastructure
- Management capacity
- Logistics, M&E, IT systems
- Linkages to communities
- Operations research



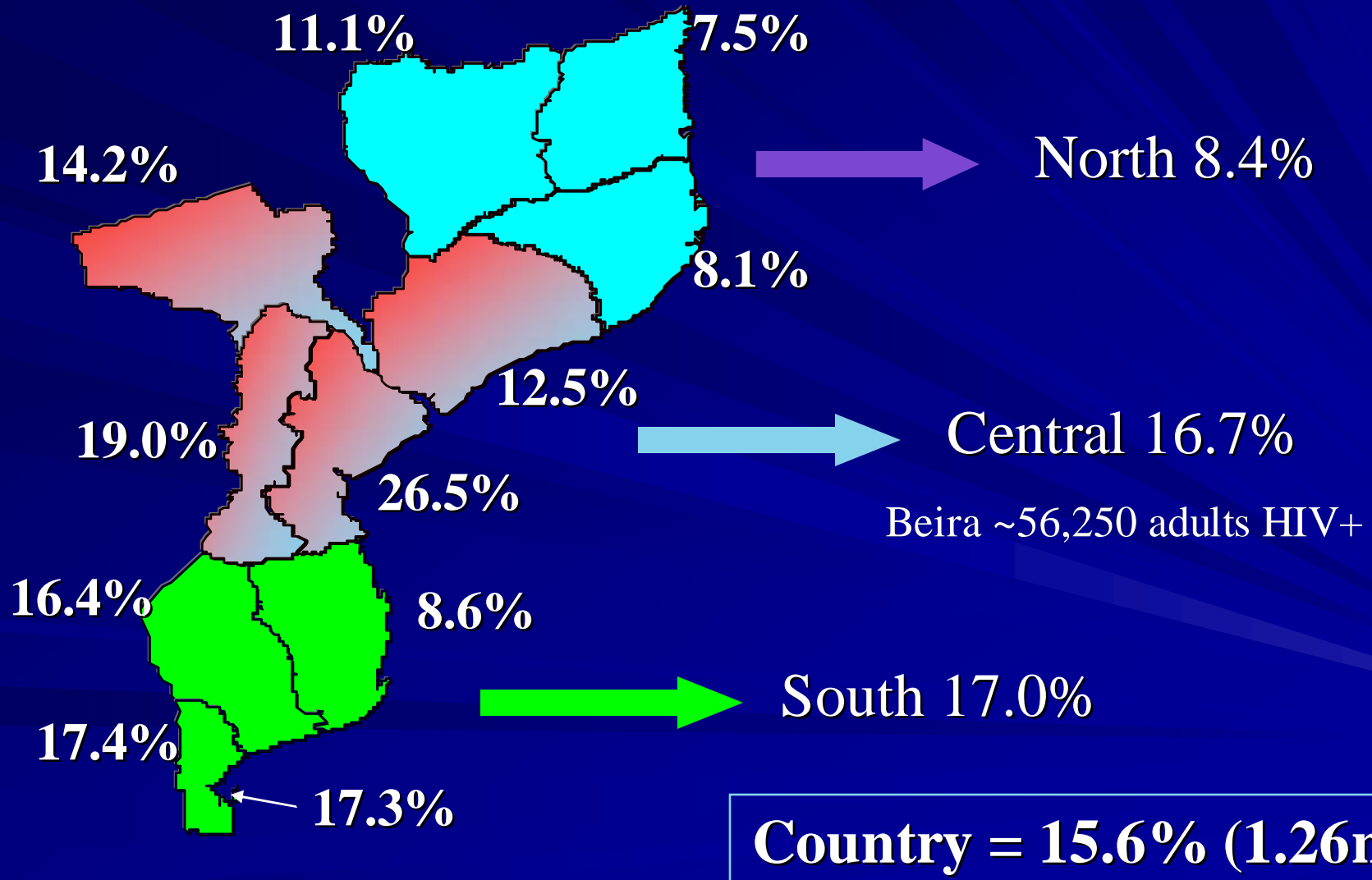
# A Positive Role for NGOs: Case Study Mozambique

- Technical and material support to national, provincial, and district levels for integration of ART into primary health care system
- Training and capacity building for management, M&E, clinical care
- Foster linkages between communities and the health system
- Operations research
- Advocacy





# HIV prevalence in Mozambique

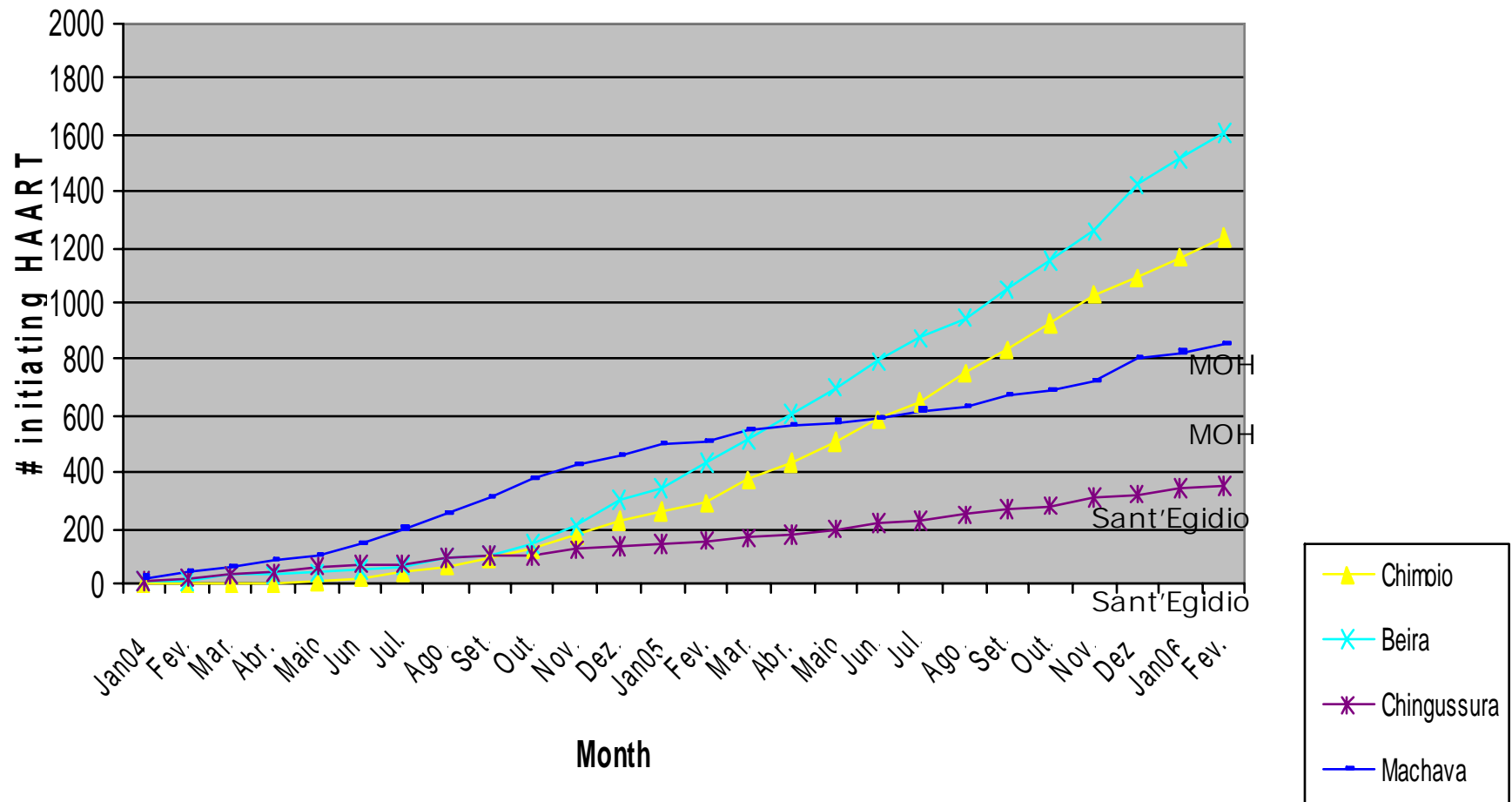


■ District-level project-by-project approach

V.S.

System strengthening approach

## New patients on HAART per site - Chimoio & Beira (MOH sites) vs Machava and Chingassura (Sant'Egidio sites)



# HIV Treatment Expansion Plan 2003

HF Providing HAART (new)  
1 (1)

PLWHA Registered (%)  
2,000 (1)

Eligible in HAART (%)  
94 (0)

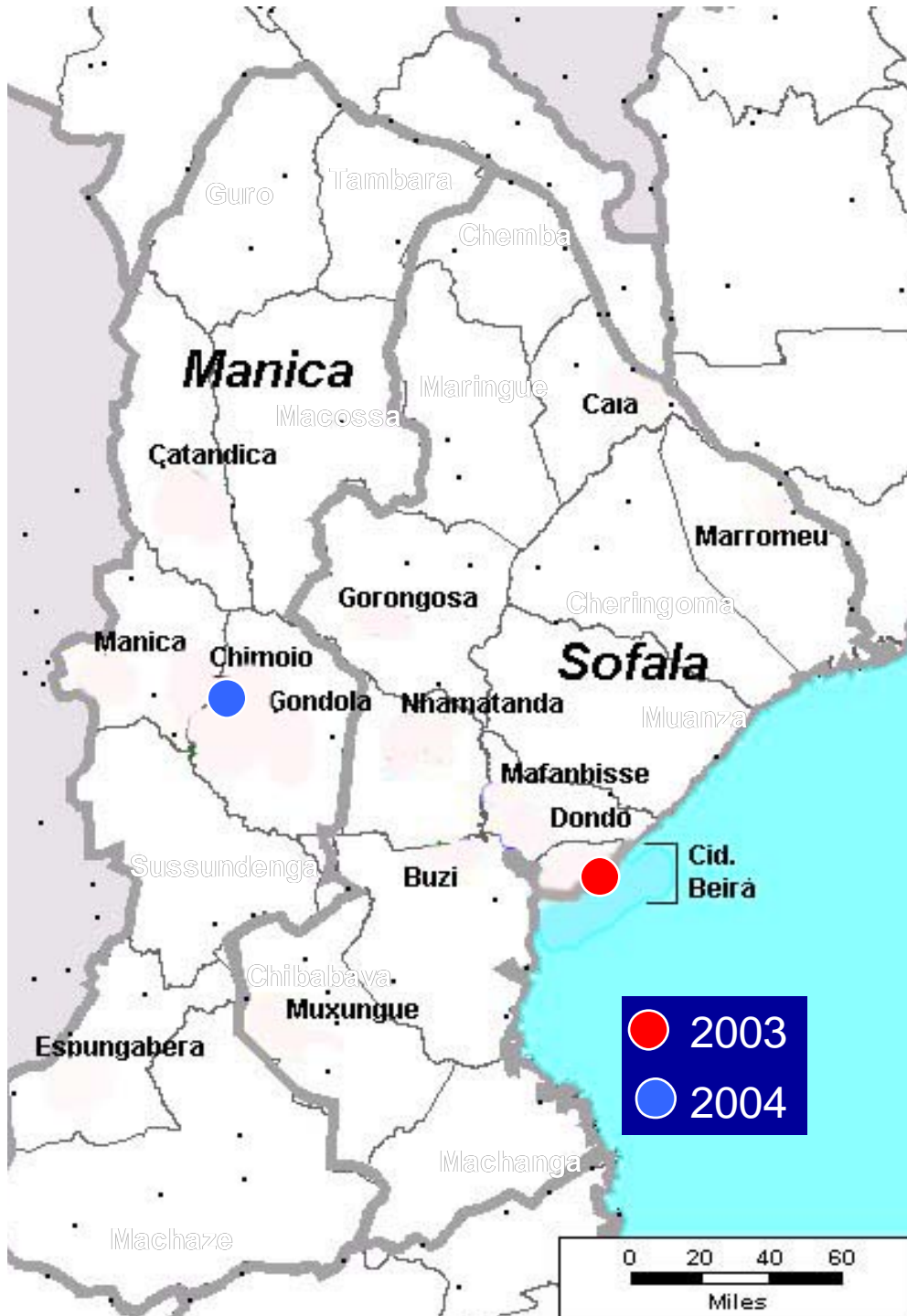


# HIV Treatment Expansion Plan 2004

HF Providing HAART (new)  
2 (1)

PLWHA Registered (%)  
7,300 (2)

Eligible in HAART (%)  
600 (1)

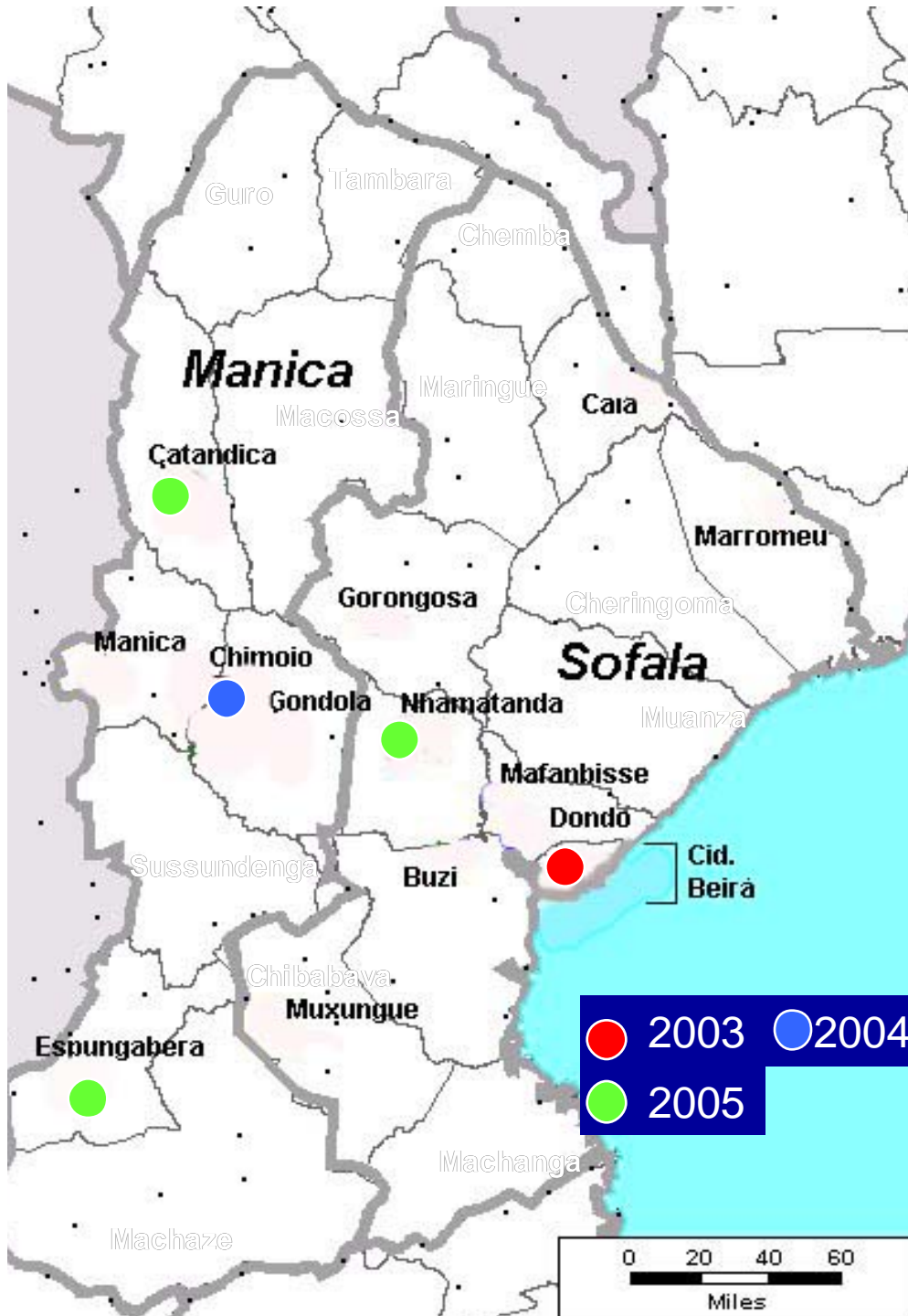


# HIV Treatment Expansion Plan 2005

HF Providing HAART (new)  
5 (3)

PLWHA Registered (%)  
18,600 (5)

Eligible in HAART (%)  
2,500 (4)



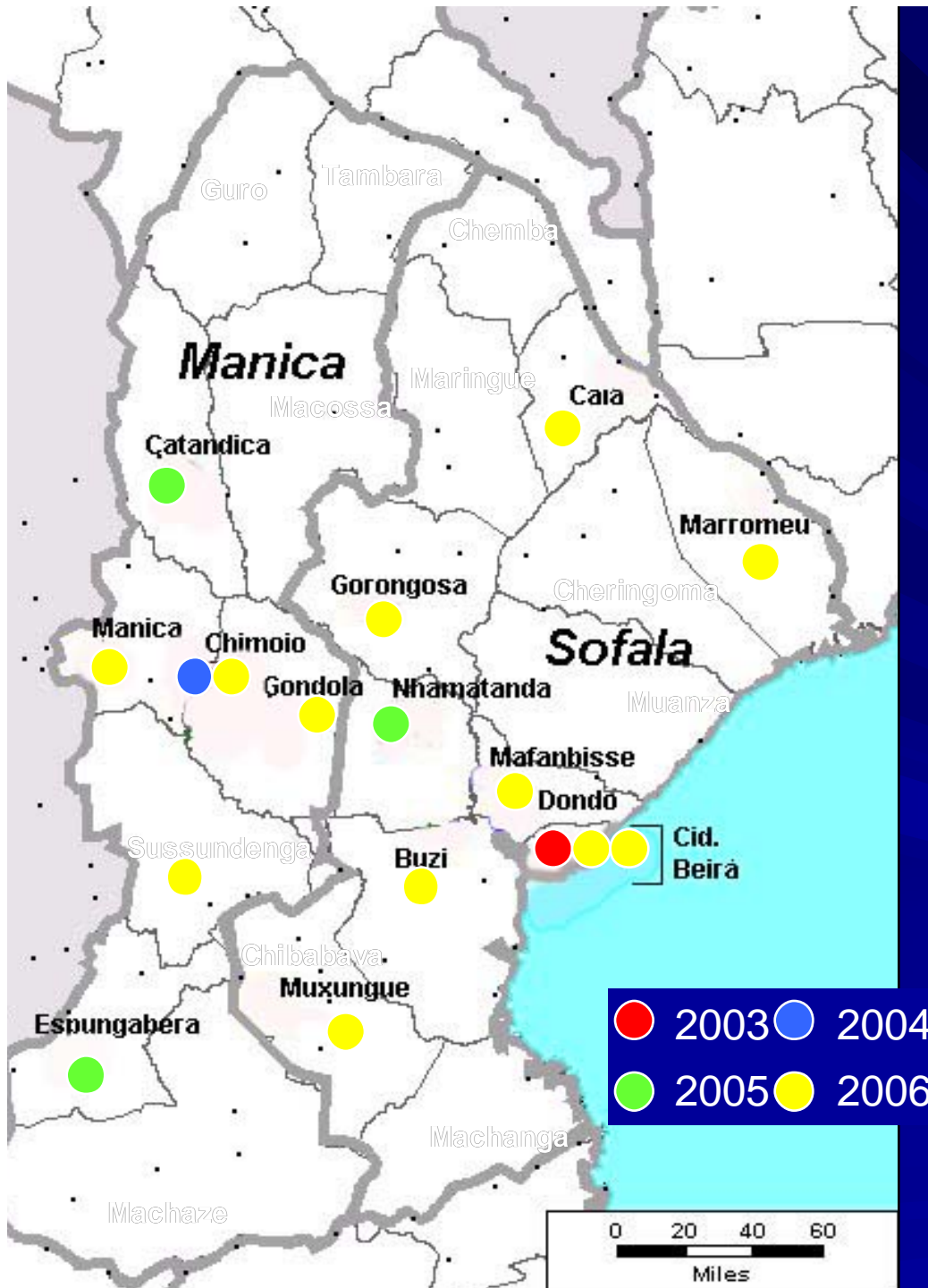
# HIV Treatment Expansion Plan 2006

HF Providing HAART (new)  
17 (13)

PLWHA Registered (%)  
36,270 (9)

Eligible in HAART (%)  
5,250 (9)

Children <15 y in HAART  
(% of those in HAART)  
420 (8)





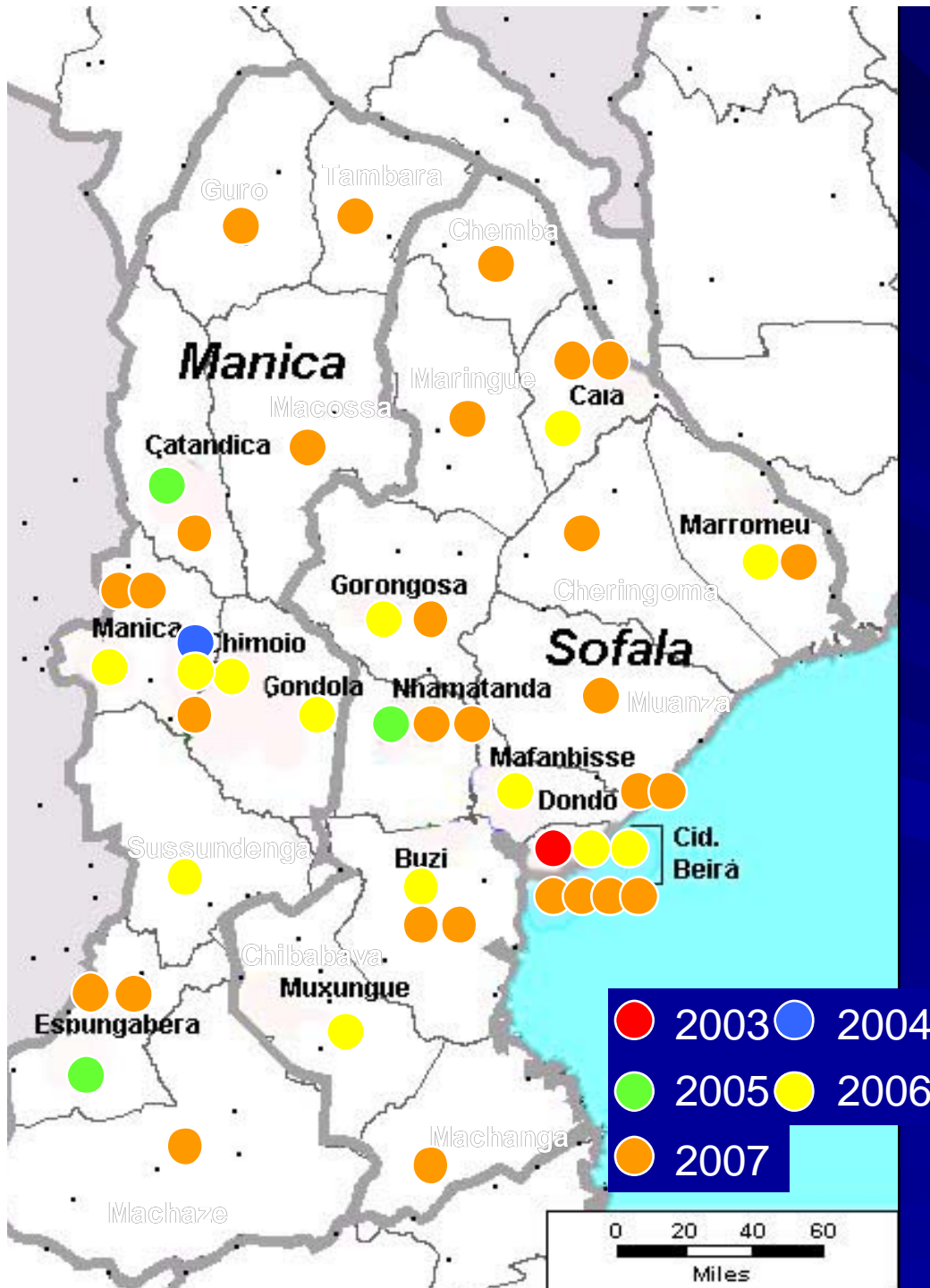
# HIV Treatment Expansion Plan 2007

HF Providing HAART (new)  
47 (30)

PLWHA Registered (%)  
63,390 (16)

Eligible in HAART (%)  
13,225 (22)

Children <15 y in HAART  
(% of those in HAART)  
1,323 (10)



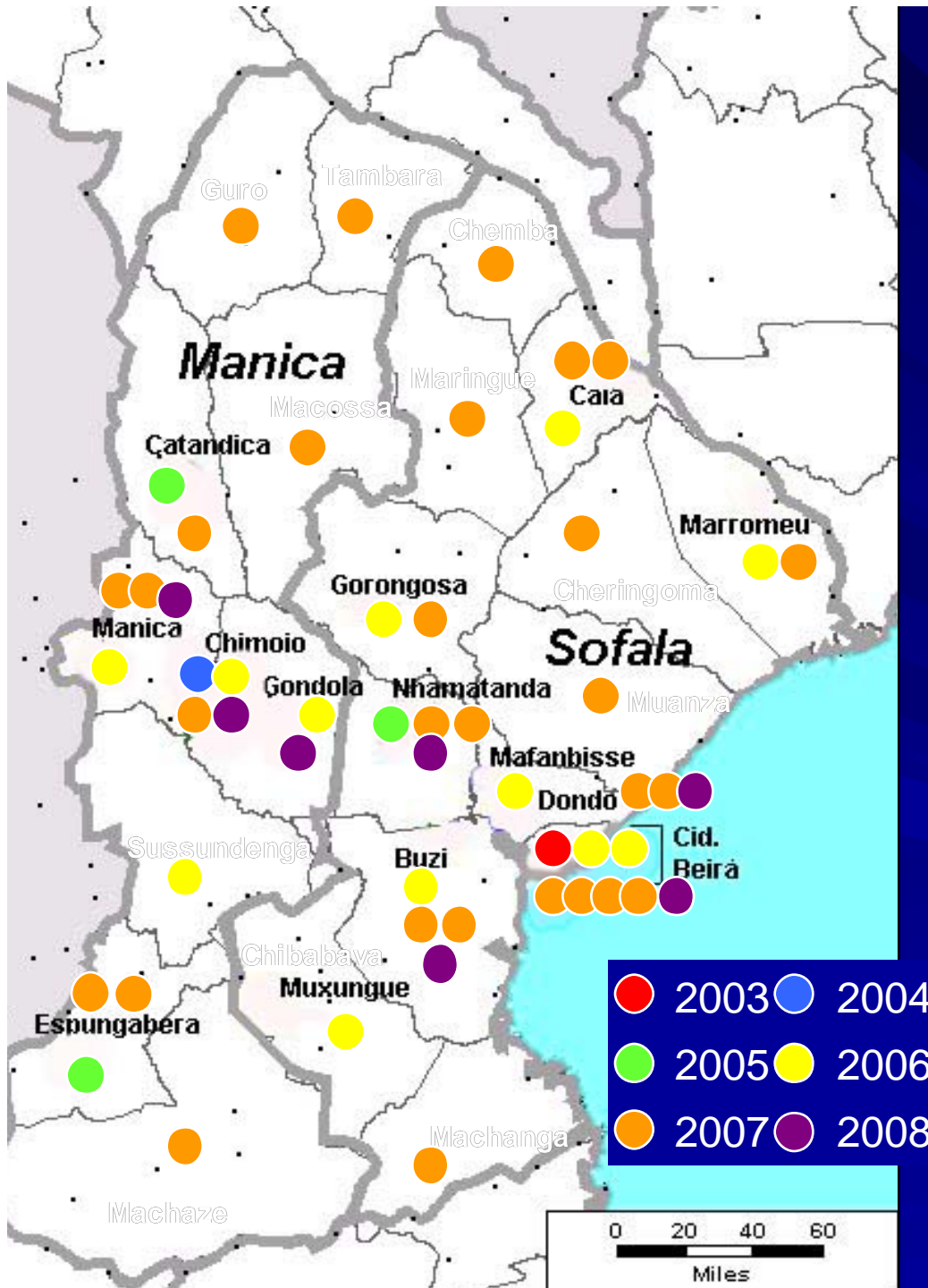
# HIV Treatment Expansion Plan 2008

HF Providing HAART (new)  
53 (7)

PLWHA Registered (%)  
100,490 (25)

Eligible in HAART (%)  
23,903 (40)

Children <15 y in HAART  
(% of those in HAART)  
3,585 (15)



# Constraints

- Caps on public sector wage bill
- Funding channeled through NGOs who don't support the national health system
- Few aid funds going to basic institutions
- Continuing increases in social inequality
- Lack of food and public sector safety nets

# NGO Code of Conduct

**Obrigado!!!**