Strategies for sustainable scale-up to universal access to ART, including for HIV infected TB patients

Lesotho presentation

Workshop to Scale Up the Implementation of Collaborative TB/HIV Activities in Africa

10-11 April, 2013

Maputo, Mozambique
Introduction

Scaling-up involves among others:

• Widespread awareness of the value of testing and subsequent treatment

• Life-long commitment to antiretroviral drugs (ARVs) and supporting patients to adhere to a daily regimen

• Adequate health infrastructure including health staff

• Supply chains of effective drugs
Priority areas

• Antiretroviral therapy- coverage, equity to access, drugs(availability, prices), impact of treatment in HIV prevention.
• PMTCT- availability of services.
• HTC- coverage and availability, testing & counseling TB pts, pregnant women.
• Control of STIs to prevent HIV transmission
• I/V drug users.
• Surveillance of HIV/AIDS- advocacy and decision making
Main challenges

• Financial shortfalls
• Shortage of health care workers.
Progress on universal access

Lesotho case

- % of adults and children with advanced HIV infection receiving antiretroviral therapy - 2012: 63%
- % of estimated HIV positive incident TB cases that received treatment for HIV and TB - 2012: 53%
- % of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission - 2010: 81%
Progress on universal access cont...

• Between 2008 and 2011, the incidence of new HIV infections declined by 16%.
• Number of AIDS-related deaths declined by 16% btn 2008 & 2011.
• GoL covers 70% of ARVs and the rest GF-2012, 100% by GoL(GF problems). 2013 GoL 49% & GF 51%.
• Test kits & monitoring tests GoL & donors-CDC,GF
• Counselors previously funded by GF, now VHWs at community level paid by GoL.
Progress on universal access cont...

• GoL funds 80% TB drugs on 20% increment-100% from next year.

• Lab. Unit now budgeting for test kits & monitoring tests through GoL.

• Established positions funded by donors go through GoL HR system- easier to absorb.

• TB & HIV already in the essential HS.
Resources needed to achieve universal access

This includes:

• Trained staff- staff to patients ratio low in most parts, migration of HCWs. Constant trainings needed, insufficient training facilities, poor distribution of HCWs.

• Reliable supply chains- lab. Supplies, guaranteed ARVs- good forecasting needed to avoid stock outs.
Strategies

- Greater integration between HIV and other programs e.g. TB (opportunity to develop disease strategic plan) at national level - done already at HCs.
- Clinically driven lab follow up rather than routine monitoring of side effects.
- Public-private partnerships - needs strengthening.
Strategies cont…

• Government’s commitment- Abuja declaration- 15% of budget to health. Lesotho 14%.
• Long term planning.
• Health strategic plan should expand non established position (counselors, microscopists)
• Opportunity also in the review of HIV strategic plan & MOH HIV program review.
Strategies cont...

- Chronic care system should be strengthened to avoid loss to follow up.
Thank you