The Role of NGOs in Building Capacity and Accountability for the HIV response

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“Science will one day triumph over AIDS, just as it did over smallpox.”

- Durban Declaration, 2000
Fig. 5.7. Percentage of pregnant women with HIV receiving antiretrovirals for preventing mother-to-child transmission of HIV in low- and middle-income countries by region, 2004–2008

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<th>Region</th>
<th>2004</th>
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<td>Sub-Saharan Africa</td>
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<td>Total low- and middle-income countries</td>
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The bar indicates the uncertainty range around the estimate.
Source: Data reported by countries to WHO, UNICEF and UNAIDS in response to the annual reporting form for monitoring the health sector response to HIV/AIDS, 2009.

Aligning HIV/AIDS and Human Rights
About 5.5 million people who needed treatment did not have access. 58% of the people who received antiretroviral treatment in 2008 were women.
Progress…but not triumph. What went wrong?

SWAZILAND: Poverty erodes treatment gains – and the cost of food and transport rose steeply

Experts warn of less money for AIDS research, treatment

TANZANIA: Low uptake of ARVs hampering universal access

SA won't meet ARV roll-out target, says Motsoaledi

UGANDA: Rude doctors = deprived patients

KAMPALA, 25 September 2009 (PlusNews)

PlusNews In-Depth

Crime and punishment: Criminalisation and HIV

AFRICA: Will criminalising HIV transmission work?

Outrage as Swaziland MP suggests branding the buttocks of HIV sufferers to promote safe sex

Uganda: ARV Shortage Sets in As AIDS Funding Falls

MSM HIV infection rates in some African countries significantly higher than general population rates, study says

Botswana: ARV Programme Unsustainable - Khama

Food insecurity increases risk of death for patients taking HIV treatment in Canada

"print friendly version" "send to friend" "glossary" "comment"

Michael Carter, Tuesday, October 06, 2009

Aligning HIV/AIDS and Human Rights
“Research found that although HIV-positive Tanzanians welcome anti-retroviral therapy, transportation, supplementary food costs, ill-treatment at hospitals and difficulties in sustaining long-term treatment all act as barriers to accessing treatment. Fear of stigma as well as HIV denial, which often led patients to seek treatment from alternative healers, and inadequate numbers of trained medical personnel, also prevented patients from accessing healthcare.”

Recent modelling study suggests that Sub-Saharan Africa, to meet MDGs, will need an additional 800,000 health professionals.

Additional annual wage bill would be more than 2.5x overall current wage bill projections for 2015.

1. Shaping and implementing appropriate responses to social factors

2. Active involvement in design and implementation

“Given the current limitations on accessing new resources, resources may need to be re-directed to support community-level services and providers (including PLWHA groups).”

– USAID assessment team report (2009)

Malawi – Care and Support TDY
The Role of NGOs in Bridging Critical Capacity Gaps

• Why are NGOs well positioned to address some of these gaps?
  – HIV is largely a biomedical consequence of social conditions: need a comprehensive set of interventions to address
  – Decentralisation & task shifting = crucial
  – Independence from govt allows for innovation e.g. with marginalised groups
  – Developing functional partnerships and a continuum of ‘ownership’
The Role of NGOs in Bridging Critical Capacity Gaps

Potential challenges:
- Coordination and communication
- Consistency
- Quality of services
- Data collection and sharing, M&E
Lesotho: Nurse-initiated and managed, community-driven state-of-the-art ART services at primary health care level in one rural district…. (government with 2 NGOs)

Between 2006 and 2008, annual enrolment more than doubled for adults and children, with no major external increase in human resources. The proportion of adults arriving sick (CD4 <50 cells/mm$^3$) decreased from 22.2% in 2006 to 11.9% in 2008. 12 month outcomes are comparable or superior to national averages.

Who/what will determine the future of HIV?
– PEPFAR: Shift in emphasis from treatment to prevention.

– Gates Partners in Prevention Study:

“This large prospective study demonstrates that ART use is associated with substantially lower risk for HIV transmission among heterosexual, African, HIV serodiscordant couples, where the HIV-infected partner did not meet national criteria for ART initiation at enrollment.”


ART and Risk of Heterosexual HIV-1 Transmission in HIV-1 Serodiscordant African Couples: A Multinational Prospective Study. CROI Paper #136
African heads of state, Abuja Declaration 2001: “We are fully convinced that containing and reversing the HIV/AIDS epidemic, tuberculosis and other infectious diseases should constitute our top priority for the first quarter of the 21st Century... commit to placing the fight against HIV/AIDS at the forefront and as the highest priority issue in our respective national development plans... PLEDGE to set a target of allocating at least 15% of our annual budget to the improvement of the health sector”

2010 progress to Abuja pledge:

- East Africa: 7.9 – 9.4%.
- Southern Africa: 10 – 10.3%
- West/Central Africa: No change.

Is it national ownership?
Accountability in the future of the HIV response

– Who calls the shots?
  Money, Power -- Politics

– Who pays the price?
  People with no money and no power.

– **Fact:** if we cannot ensure sustained resources for scaling up tx, all other efforts will not succeed.
So, we have our “Pay Now” payment plan, or you could go with our “Pay Later, but a lot more” plan.

Ooh!

I like the sound of that one!

Aligning HIV/AIDS and Human Rights
Accountability in the future of the HIV response

– NGOs have historically played THE critical role in pushing for accountability.

– This needs to be intensified to mobilise huge amounts of resources for health – efforts need to be supported both through resources as well as transparency from donors/govts.
Thank You