System-Wide Effects of Global Health Initiatives: Evidence from Ethiopia, Malawi, and Benin

John Novak
Outline

- System-Wide Effects of Global Fund (SWEF) research network and objectives
- Conceptual framework
- Methodology
- Findings and conclusions
- Research limitations
- Next steps
SWEF Research Network and Objectives

- SWEF Network is a collaborative research network that seeks to understand how monies disbursed by the Global Fund and other global health initiatives affect broader health systems of recipient countries.

- Research carried out in three countries: Ethiopia, Malawi, and Benin by USAID-funded PHRplus Project in collaboration with local research teams.
Conceptual Framework

- Conceptual framework suggests that Global Fund, PEPFAR, etc. may have a range of effects on broader health system performance.
- Can improve and/or detract from system accessibility, quality, efficiency, and equity.
- Effects can be intended or unintended.
Conceptual Framework: Multiple Levels of Potential Effects

- **Policy environment**
  - Harmonization, alignment, ownership

- **Human resources for health**
  - Number, allocation, skills, retention and motivation of health workers

- **Public/private mix**
  - Number, distribution and organization of public and private sector actors, degree of trust and cooperation between sectors

- **Pharmaceuticals and commodities**
  - Procurement, supply and distribution systems, availability and pricing of drugs and commodities. All of which can improve or detract from the availability and quality of non-focal health services
Methodology

- Baseline and follow-up sample surveys of facilities and providers (quantitative)
  - Facility survey: questions on staffing, management, patient referrals, drugs and supplies, lab services, curative care services (inpatient and outpatient)
  - Provider survey: questions on training, supervision, motivation and job satisfaction
- In-depth interviews of various stakeholders and the central and regional levels (qualitative)
## Overview of GF HIV/AIDS Grants (Rounds 1-4 only)

<table>
<thead>
<tr>
<th></th>
<th>Benin</th>
<th>Ethiopia</th>
<th>Malawi</th>
</tr>
</thead>
<tbody>
<tr>
<td>GF 2-yr approved</td>
<td>$11.4m</td>
<td>$97.3m</td>
<td>$41.8m</td>
</tr>
<tr>
<td>For HIV/AIDS (Round)</td>
<td>(Round 2)</td>
<td>(Round 2 &amp; 4)</td>
<td>(Round 1)</td>
</tr>
<tr>
<td>GF HIV/AIDS $ per person / per annum</td>
<td>$1.69</td>
<td>$1.38</td>
<td>$3.45</td>
</tr>
<tr>
<td>Government health spending pp/pa</td>
<td>$9.00</td>
<td>$2.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>Principal recipient</td>
<td>UNDP</td>
<td>HAPCO</td>
<td>NAC</td>
</tr>
<tr>
<td>Other major HIV/AIDS initiatives</td>
<td>MAP</td>
<td>MAP PEPFAR Clinton</td>
<td>MAP PEPFAR (nonfocus) Clinton</td>
</tr>
</tbody>
</table>

Sources: Global Fund, World Health Report 2005
Findings – Policy Processes

Alignment with existing policies and processes
- GF perceived as a “gap filling opportunity” – all countries
- GF-supported programs sometimes led to creation of separate structures and processes
- Early on, centralized approach in decentralized contexts; changing now with more participation/engagement of sub-national stakeholders

Transparency and accountability
- At baseline, frustrations due to lack of transparency
- At follow-up, improved stakeholder engagement in planning and implementation
  - Open CCM meetings in Ethiopia
  - New Malawi Partnership Forum on HIV/AIDS
HR capacity constraints

- At baseline, mostly central-level constraints
- At follow-up, some service delivery level constraints
- Signs of staff diverted away from other health areas towards HIV/AIDS
  - Ethiopia – in primary clinics, from RH to HIV/AIDS specific services, and in hospitals, from various departments to ART
  - Malawi – health surveillance workers specializing in VCT
Positive effects on **health worker motivation** seen as work environments improve
Some new collaborative arrangements have emerged, with examples of how culture of public/private partnerships have changed:

- Malawi Business Coalition Against AIDS, Malawi Partnership Forum on HIV/AIDS

Growth in non-profit sector – but concerns about capacity and diversion from non-AIDS, TB, and Malaria activities:

- Some signs of NGOs shifting attention – new focus on HIV/AIDS
## SWEF Findings – Pharmaceuticals and Commodities

<table>
<thead>
<tr>
<th>Country</th>
<th>Procurement</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITNs</td>
<td>PSI</td>
<td>PSI</td>
</tr>
<tr>
<td>ARVs</td>
<td>UNICEF</td>
<td>MOH (HIV/AIDS program)</td>
</tr>
<tr>
<td><strong>Ethiopia</strong></td>
<td>All drugs</td>
<td>PASS (at baseline)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PASS outsource to UNICEF (now)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PASS</td>
</tr>
<tr>
<td><strong>Malawi</strong></td>
<td>ARVs</td>
<td>UNICEF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNICEF</td>
</tr>
<tr>
<td>Other drugs (HIV/AIDS)</td>
<td>UNICEF</td>
<td>Central Medical Stores</td>
</tr>
<tr>
<td>Anti-malaria drugs</td>
<td>Central Medical Stores</td>
<td>Central Medical Stores</td>
</tr>
<tr>
<td>ITNs</td>
<td>UNICEF</td>
<td>PSI</td>
</tr>
</tbody>
</table>
SWEF Findings – Pharmaceuticals and Commodities (2)

- In Benin and Malawi, Local Fund Agent assessments led to by-passing to “speed up” GF procurement
  - Strengthening of existing systems has not occurred, despite inclusion in grant agreements

- Where existing system used (Ethiopia), procurement slow to start, but now evidence of internal improvements and change

- Differential pricing and cost recovery mechanisms
  - Benin – at baseline, different pricing and cost recovery for GF-purchased bed nets. At follow-up, approaches harmonized
SWEF Research Conclusions

- Effects on health systems – both positive and negative

- Effective health systems critical to achievement of goals of GF and other global health initiatives
  - Countries need clear guidance about how to address systems issues
Findings have provided stakeholders with valuable insights, served to stimulate thinking about critical health systems issues.

Need for continued monitoring and evaluation, particularly with multiple global health initiatives working simultaneously to support scale-up.
Research Limitations

- Studies were descriptive and not designed to provide empirical estimates of health system impacts.

- Study sites exposed to multiple global health programs (GF, PEPFAR, MAP), but research design does not allow attribution of changes to specific initiatives.
Research Limitations (2)

- Sample sizes small
- Interval between surveys too short to document large changes, as many program components were still being scaled-up
Future Agenda

- Evolution of SWEF
  - Expanded network of research partners – Global HIV/AIDS Initiatives Network (GHIN) – will build upon SWEF and other research initiatives
  - GHIN will assess effects of global HIV/AIDS initiatives including GF, MAP, and PEPFAR, with increased focus on district level effects

- Increasing awareness about the importance of health systems to achieve global health goals
SWEF Research Network

- The Alliance Group (Malawi)
- Curatio International Foundation (Georgia)
- Institute for Tropical Medicine Antwerp
- Instituto Centroamericano de la Salud (Nicaragua)
- London School of Hygiene and Tropical Medicine
- Miz-Hasab Research Center (Ethiopia)
- Health Systems 20/20 Project
- Independent researchers
Thank you

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