



Governance, Equity, and Health

An IDRC Program Initiative

PUBLIC SECTOR ANTI-RETROVIRAL TREATMENT (ART): PHASE I

Project Profile

South Africa, with a population of 42 million, has more HIV-positive citizens than Europe, Canada and the United States combined. The burden of opportunistic infections is increasing and life expectancy is dropping, estimated to fall below 40 years of age by 2010. Following contentious political debate, the national government announced in August 2003 that it would provide universal anti-retroviral treatment (ART) and follow-up care to those in need.

The rollout of this ART plan is scheduled to begin in May 2004. However, the details of the national rollout are still evolving. Additionally, there are strong concerns that providing universal ART coverage may overburden an already fragile health system. Addressing these legitimate concerns requires a rigorous assessment of a range of impacts: on patients, communities, and health workers; on existing curative and preventative programmes; on corruption and system leakage; and finally on the broader socio-political dynamics at play in South Africa.

The Free State is one of nine provinces in South Africa, with a population of 2.8 million. It is home to half a million HIV-infected citizens, of whom 30,000 are already eligible for ART. In early 2003, the Free State Department of Health (FSDoH) approached the GEH-supported PALSAs project (Practical Approach to Lung Health South Africa), recognizing the many shared attributes between PALSAs and a programme that might be

suitable for ART implementation. Building on a long relationship with researchers at the University of the Free State, the FSDoH eventually invited the PALSAs research group to assist in the planning, training, rollout and evaluation of an eventual province-wide ART rollout.

PROJECT OBJECTIVES

The project has been divided into two phases, with the first phase beginning in March 2004 and set to complete by September 2004. It aims to collect baseline data on community and health system perceptions and performance related to the access and utilization of HIV-related and preventive health and social services, which may be positively or negatively affected by the ART rollout campaign. Secondly, the project intends to consolidate the partnership with the FSDoH and other key stakeholders through implementing pre-rollout training activities and finalizing a collaborative longitudinal monitoring and evaluation research programme aimed at informing and strengthening public health sector capacity to implement an effective, accountable and equitable ART rollout in the Free State.

Specifically, the first phase of the project aims to

- assist the FSDoH in the development of guidelines, training materials and the training of trainers and frontline clinicians;
- document the broader contexts and processes at play in the ART rollout;

- collect baseline information on the status and quality of health care facilities, programmes and staff prior to the commencement of ART;
- establish a baseline of community access to services, identifying perceptions regarding likely levels and mechanisms of system leakage and mis-targeting in the Free State.

The second phase will document and monitor the ongoing rollout, building on the baseline data collected in the first phase. The main goal of this research is to construct a “moving picture” of the introduction, structuring, rollout, and impact of the Free State ART programme over several years, within the broader socio-demographic, socio-political and socio-economic contexts posed by the country and the province.

METHODOLOGY

The baseline work comprises separate studies by each of the research teams using both qualitative and quantitative methods and a combination of surveys, focus groups, key informant interviews, and review of existing records on functioning of health programmes likely to be affected by ART. Baseline data will describe the current functioning of the health system, including empirical observations and perceptions of health workers, managers, policy makers, and communities. The first phase also includes development and early testing of training materials based on the qualitative research into barriers to effective provision of care, as well as fine-tuning and preliminary field-testing of instruments to be used in the longitudinal study of the impact of ART on health facilities, programmes, staff, clinics, patients, communities, and, conversely, the responses of these to the ART programme.

COLLABORATING INSTITUTIONS

Reflecting GEH’s goal of building on prior work and consolidating health equity experience, evidence and efforts, this is a collaborative project involving two South African universities, one South African NGO, a Canadian university, and the FSDoH. Each is a Steering Committee

member while the project is funded by IDRC and FSDoH.

University of Cape Town – develop evidence-based guidelines, key messages and training materials; train the trainers; assess impacts on patients, nurses, and health programmes.

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University of the Free State – document and evaluate the ART rollout in the Free State health sector; investigate implications for both the health system and patients; examine wider political context.

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CIETAfrica – identify perceptions, levels and mechanisms of system leakage and mis-targeting, and establish a baseline of community access to services; document positive and negative effects on other aspects of health.

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FSDoH – facilitate and support the research and development process; take up research results with policy and programme implications with a view to improving service delivery.

<http://healthweb ofs.gov.za/othersites.html>

EXPECTED OUTCOMES

The project will provide a comprehensive picture of the expectations and perceptions regarding the imminent arrival of public sector

ARVs among a variety of stakeholders. This pre-exposure baseline is essential to understand and attribute subsequent impact of the rollout programme over time, contributing to a comprehensive and evidence-based understanding of the context into which ARVs will arrive. Baseline research will also play a vital role in consolidating relationships of trust and collaboration both among the research teams and between the research programme as a whole and the other key stakeholders. The programme holds the potential for research to contribute in a lasting way to health policy, management and care.