

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

John Novak



Abt Associates Inc.

In collaboration with:

- Aga Khan Foundation
- BearingPoint
- Bitrán y Asociados
- BRAC University
- Broad Branch Associates
- Forum One Communications
- RTI International
- Tulane University's School of Public Health
- Training Resources Group



Outline

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

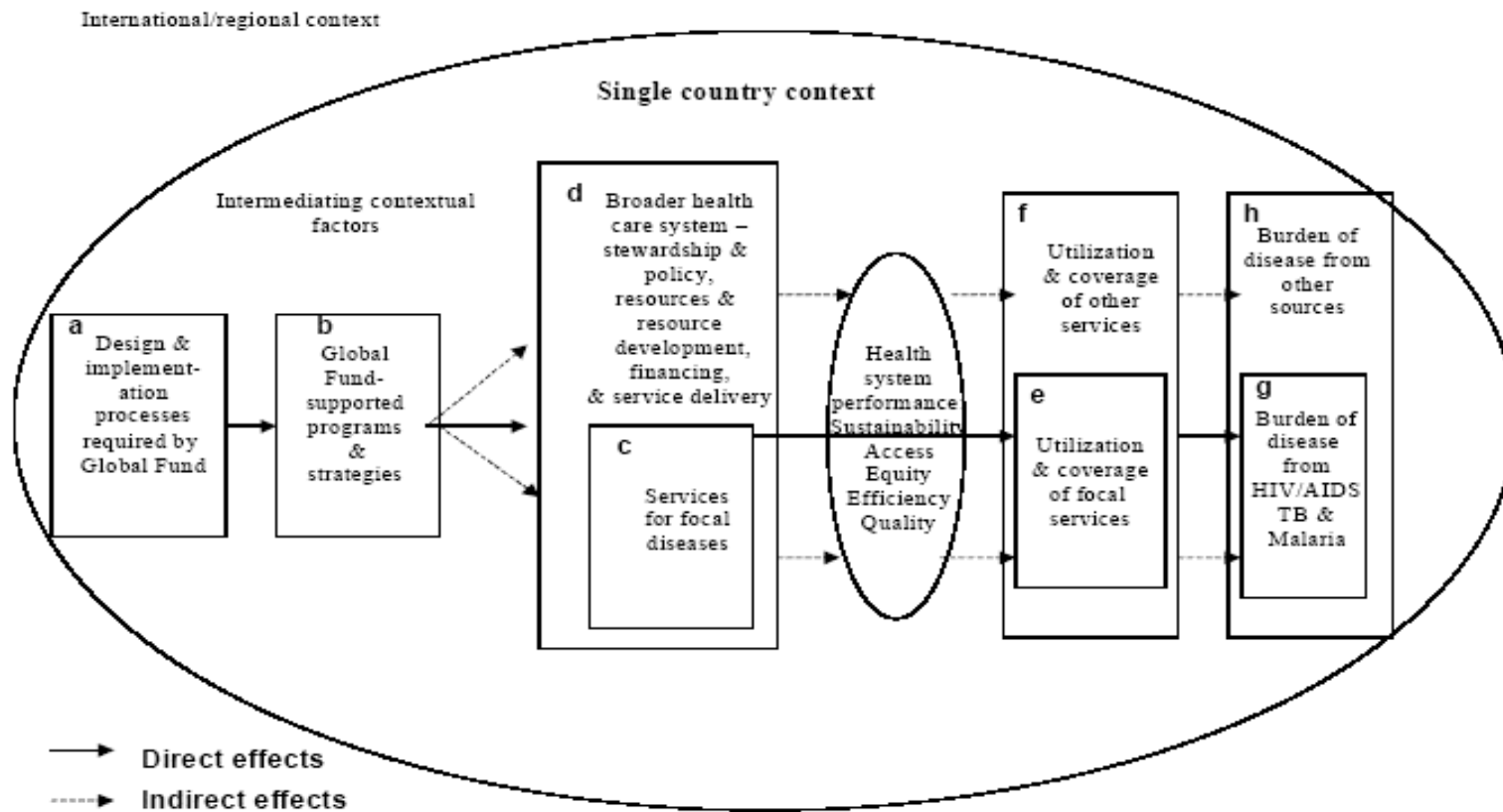
SWEF Research Network and Objectives

- n 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
- n Research carried out in three countries: Ethiopia, Malawi, and Benin by USAID-funded PHR*plus* Project in collaboration with local research teams

Conceptual Framework

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

Conceptual Framework



Conceptual Framework: Multiple Levels of Potential Effects

- n Policy environment
 - n Harmonization, alignment, ownership
- n Human resources for health
 - n Number, allocation, skills, retention and motivation of health workers
- n Public/private mix
 - n Number, distribution and organization of public and private sector actors, degree of trust and cooperation between sectors
- n Pharmaceuticals and commodities
 - n 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

- n Baseline and follow-up sample surveys of facilities and providers (quantitative)
 - n Facility survey: questions on staffing, management, patient referrals, drugs and supplies, lab services, curative care services (inpatient and outpatient)
 - n Provider survey: questions on training, supervision, motivation and job satisfaction
- n In-depth interviews of various stakeholders and the central and regional levels (qualitative)

Overview of GF HIV/AIDS Grants (Rounds 1-4 only)

	Benin	Ethiopia	Malawi
GF 2-yr approved For HIV/AIDS (Round)	\$11.4m (Round 2)	\$97.3m (Round 2 & 4)	\$41.8m (Round 1)
GF HIV/AIDS \$ per person / per annum	\$1.69	\$1.38	\$3.45
Government health spending pp/pa	\$9.00	\$2.00	\$6.00
Principal recipient	UNDP	HAPCO	NAC
Other major HIV/AIDS initiatives	MAP	MAP PEPFAR Clinton	MAP PEPFAR (nonfocus) Clinton
Sources: Global Fund, World Health Report 2005			

Findings – Policy Processes

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

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

SWEF Findings – Human Resources

n HR capacity constraints

- n At baseline, mostly central-level constraints
- n At follow-up, some service delivery level constraints
- n Signs of staff diverted away from other health areas towards HIV/AIDS
 - n Ethiopia – in primary clinics, from RH to HIV/AIDS specific services, and in hospitals, from various departments to ART
 - n Malawi – health surveillance workers specializing in VCT

SWEF Findings – Human Resources

(2)

- n Positive effects on **health worker motivation** seen as work environments improve

SWEF Findings – Public/Private Mix

- n Some new collaborative arrangements have emerged, with examples of how culture of public/private partnerships have changed
 - n Malawi Business Coalition Against AIDS, Malawi Partnership Forum on HIV/AIDS
- n Growth in non-profit sector – but concerns about capacity and diversion from non-AIDS, TB, and Malaria activities
 - n Some signs of NGOs shifting attention – new focus on HIV/AIDS

SWEF Findings – Pharmaceuticals and Commodities

		Procurement	Distribution
Benin	ITNs	PSI	PSI
	ARVs	UNICEF	MOH (HIV/AIDS program)
Ethiopia	All drugs	PASS (at baseline) PASS outsource to UNICEF (now)	PASS
Malawi	ARVs	UNICEF	UNICEF
	Other drugs (HIV/AIDS)	UNICEF	Central Medical Stores
	Anti-malaria drugs	Central Medical Stores	Central Medical Stores
	ITNs	UNICEF	PSI

SWEF Findings – Pharmaceuticals and Commodities (2)

- n In Benin and Malawi, Local Fund Agent assessments led to by-passing to “speed up” GF procurement
 - n Strengthening of existing systems has not occurred, despite inclusion in grant agreements
- n Where existing system used (Ethiopia), procurement slow to start, but now evidence of internal improvements and change
- n Differential pricing and cost recovery mechanisms
 - n Benin – at baseline, different pricing and cost recovery for GF-purchased bed nets. At follow-up, approaches harmonized

SWEF Research Conclusions

- n Effects on health systems – both positive and negative
- n Effective health systems critical to achievement of goals of GF and other global health initiatives
 - n Countries need clear guidance about how to address systems issues

SWEF Research Conclusions (2)

- n Findings have provided stakeholders with valuable insights, served to stimulate thinking about critical health systems issues
 - n Need for continued monitoring and evaluation, particularly with multiple global health initiatives working simultaneously to support scale-up

Research Limitations

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

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

Future Agenda

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

- n Increasing awareness about the importance of health systems to achieve global health goals

SWEF Research Network

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

Thank you

Reports related to this presentation
are available at www.HS2020.org



Abt Associates Inc.

In collaboration with:

- Aga Khan Foundation
- BearingPoint
- Bitrán y Asociados
- BRAC University
- Broad Branch Associates
- Forum One Communications
- RTI International
- Tulane University's School of Public Health
- Training Resources Group

