



Strengthening the health system and ensuring equity in the widescale implementation of an antiretroviral therapy programme in South Africa

Antiretroviral therapy (ART) makes a dramatic difference to the survival and health of people living with HIV. At present there are over 5 million people infected with HIV in South Africa. Greater access to ART could change the lives of millions of people.

In the light of cabinet's announcement to make highly active antiretroviral therapy (HAART) widely available in South Africa and the mandate to develop an implementation plan, some thought should be given to the principles and strategies that should underlie the implementation of such a programme.

An ART programme will bring with it new investments in the health system that could benefit less resourced areas if planned appropriately.

It is also important to recognise that a programme of universal access to ART will require a new level of performance of our health system. It can only do so by mobilising all available expertise and energies across the country, both inside and outside government.

We would like to suggest some essential principles to the implementation of a large-scale ART programme:

1. A policy on widespread access to ART can only succeed if it fully mobilises the existing health system infrastructure. It should form an integral part of the continuum of HIV care through the public primary health care and hospital system, coordinated by district, provincial and national management structures. This does not preclude a degree of 'exceptionalism' and vertical programme arrangements, considering the scale and urgency of the response; nor does it exclude the possibility of coordinated action between public and private sectors where this is deemed relevant at local level.

2. An ART programme integrated into the health system, however, will not succeed if it is regarded as a simple 'add-on' to the multiple functions and activities already performed by the health system. The massive additional investment in health systems brought about by an ART programme provides a unique opportunity to strengthen the health system as a whole. A number of small ART programmes have shown that this can be done. Improvements in systems — such as drug supplies, access to laboratory services, referral, and staff support and training — could be structured to strengthen quality and access for all health conditions. An ART programme should be seen as an opportunity to address fundamental problems, such as the public sector human resource crisis and provider attitudes

and values. It should not be implemented at the cost of other essential health programmes.

3. An ART programme should not deepen the inequities in our health system. Ultimately, it must be judged by whether it succeeds in reaching the remotest and most disadvantaged areas of the country. This may mean special measures to use the ART programme to build health services in disadvantaged areas.

4. Existing public health and HIV treatment initiatives in South Africa provide useful models for the design of an ART programme. They include standardisation of treatment, registers, monitoring and evaluation processes and the particular combination of vertical support and horizontal implementation. Existing ART projects suggest that an ART programme can be configured in the same way as other chronic disease programmes — nurse-based but with adequate doctor support.

5. Alternative approaches to the traditional management of chronic diseases, such as 'directly observed therapy', are needed if the stringent adherence requirements of ART are to be achieved. The evidence from pilot projects is that high levels of adherence stem from a new kind of contract between providers and clients. This contract is premised on very high levels of understanding, treatment literacy and preparation on the part of users, the establishment of explicit support systems around users, and community advocacy processes that promote the rights of people living with HIV/AIDS. The responsibility for adherence is given to the client within a clear framework of empowerment and support. This is very different to the traditional paternalistic and passive relationship between health care workers and patients — changing this represents the key innovation challenge of an ART programme.

How an ART programme is implemented is as important as the *what* of the programme. To build the levels and scale of performance required of an ART programme necessitates an innovative approach to implementation. Task teams developing guidelines and procedures at national and provincial level alone will not achieve the rapid buy-in and change required at all levels of the system. Political management is as important as technical design. The process of implementation needs to be supported by a rigorous communication strategy aimed at preparing and ensuring the

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buy-in of all the actors who will be implicated in the process of implementation.

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