Transcript provided by the Kaiser Family Foundation[1]
(Tip: Click on the binocular icon to search this document)

Bridging the Divide: Inter-Disciplinary Partnerships for HIV and Health Systems
Kaiser Family Foundation
July 20, 2010

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

[START RECORDING]

WAFAA EL-SADR: Good afternoon and welcome to this session. It's titled Bridging the Divide: Interdisciplinary Partnerships for HIV and Health Systems. I want to welcome you here. The session is taking place during lunch as well as also competing with another session that I know there's a lot of interest in, a microbicide session.

My name is Wafaa El-Sadr, I'm the Director of ICAT the Mailman School of Public Health at Columbia University in New York City. And it's my great pleasure to first of all, moderate this session, as well as also provide a little bit of a background on the session and a bit of a background on the pre-meeting that took place two days prior to the beginning of this conference.

So in the first fifteen minutes or so, I will provide a brief summary or synopsis of some issues that relate to the whole concept of HIV and health systems, and then walk you through some of the work that's been ongoing over the past couple of years in terms of trying to build a knowledge basis of the partnership to try to tackle the issue of the impact of HIV on the health systems.

And then describe to you some of the sessions that took place at the pre-conference. And then we'll open it up for a conversation, comments from our distinguished panelists, and

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

then after they make their comments, hopefully we will open it up for questions from the audience.

So without further adieu, just for starters, the purpose of this talk is to give you a background on HIV scale-up and health systems, as well as to describe the objectives of the pre-meeting that took place here in Vienna on July 16 and 17, and to share with you some of the key items on the agenda of that meeting.

As all of you know, HIV has disproportionately affected Sub-Saharan Africa and some other parts of the world and this map demonstrates it in a dramatic way out of about 33 million people living with HIV around the world, you can see that the largest proportion are living in Sub-Saharan Africa, as well as in Southeast Asia.

While HIV has disproportionately affected some parts of Africa and Asia, we know that the health system itself in many of these countries, is in crisis. And this is manifested in a variety of different ways. For example, we know that the infrastructure has been underfunded and dilapidated and just some examples on this slide of health facility as well as pretty neglected laboratory.

Another dimension in which the health system is in crisis is in the arena of human resources. And there was just a session just this past couple of hours on the crisis of human resources. And you can see here again, the overcrowded

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

inpatient as well as outpatient facilities with very few skilled healthcare providers.

The third dimension is in which the health system is in crisis in the laboratory and pharmacy systems. Again, with very weak infrastructure, as well as in terms of the laboratory, but also in terms of procurement systems and the availability of robust and stable system for procuring key medications.

We know that the at the time in 2001, a few years ago, that at that point in time, it was pretty evident that there was in addition to the disproportion impact of HIV in terms of deaths in Sub-Saharan Africa, there were very small numbers of individuals shown here in this figure in black, who had access to antiretroviral therapy.

And this was in contrast to the situation in high-income countries where you had much fewer numbers of AIDS related deaths with of course, much larger proportion of individuals or numbers of individuals with access to antiretroviral therapy.

So with this in mind as well as with keeping in mind some of the slides that I showed you in terms of the status of the health system in many of those affected countries, how will it then be possible to respond to the HIV epidemic and particularly to the crisis of trying to provide HIV care and treatment?

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Now very briefly, there's some unique characteristics of HIV and treatment that drive problematic innovations. And that's what we've seen and all you have seen in the past several years. And some of these characteristics are listed here on this slide. For example, the impact of HIV throughout the life cycle has necessitated the establishment of the programs for both adults and children.

The nature of the disease itself with care is in dramatic periods of acute illness and chronic disease, has again, necessitated the building or reshaping or transformation of an acute care system into chronic disease model. The multiplicity of clinical and psychosocial needs of the patients necessitated the use of multidisciplinary teams.

The importance of adherence and retention has highlighted why we need outpatient tracking as well as the development of good provider-patient relationships. The need for ongoing clinical and laboratory monitoring as well as a secure supply of medications means there as to be again, medical records, data systems, and secure procurement system.

And lastly, I think because of HIV as a transmissible disease, this has motivated the interest and the commitment to building strong counseling and prevention methods. So some of the innovations that have occurred in order to respond to the challenges of HIV disease as a chronic, communicable disease

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

include the establishment of multidisciplinary teams and changes in the health workforce.

This has included new task shifting, changing the roles of nurses, developing new kinds of workers, particularly peer educators, as well as data clerks, involvement of people living with HIV in the programming, as well as mentorship and supportive supervision and also enhancing the leadership by district teams and regional teams.

Other innovations that have had to occur in terms of the model of care itself with an approach that's been called family-focused approach with call of services for women and their children and their families, strong linkages, community outreach to try to reach families, couples counseling, prevention counseling, integration of primary care, reproductive health services, and TB and malaria services.

Innovations in terms of target setting and record keeping and data use have also been demonstrated in many, many programs in many of these countries with appointment systems and on site medical records, again file rooms, collection of data, and use of data, development of electronic databases and so on and so forth.

But there are also innovations in terms of laboratory system linkages and specimen transport, with supporting again a transformation of the laboratory system itself with planning

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

and development of guidelines, adhered system for laboratories, infrastructure equipment, and many, many other innovations.

Community participation and support has been another domain in which there has been tremendous innovation with mapping of community resources, supporting of community based organizations, outreach to these communities as well as the key stakeholders, and supporting organizations of people living with HIV.

And lastly, there have been substantial findings of HIV and AIDS services and some innovations in terms of financing and payment schemes. Some of these we've heard about at this meeting and performance based payments, inclusion of HIV-based services in work place planning, as well as some of the national inclusion of HIV in national health insurance schemes.

And then the use of funds from vertical programs, for example, from the Global Funds, to support broader efforts like the mutuels in Rwanda and enhancement of the health workforce in Malawi.

So what have we seen over the last few years? We've seen a tremendous increase in the numbers of people receiving antiretroviral therapy. If you go back to 2002, in darkest blue here is the numbers in millions in Sub-Saharan Africa.

And you can see the remarkable increase over the last few years in terms of scaling-up of these services. This is ART access. So we've done great and we've reached a lot of

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

people in terms of antiretroviral therapy, but nonetheless has been demonstrated here at this meeting because there is a lot more that needs to be done, as only about 40-percent of the people who actually need ART today have access to therapy.

Now the other question is that is relevant to the health system and has been the impact of the HIV scale-up. You can see here that there's been an impact in terms of a key AIDS related outcome, which is AIDS related deaths. And this is the estimated impact of antiretroviral therapy, again here in blue, compared to without antiretroviral therapy and it's estimated that about three million lives have been saved.

What about just mortality itself? Not AIDS related mortality? But the outcome of just mortality, all cause mortality? And this figure shows that with increase in coverage of antiretroviral therapy in South Africa, you can see there's been a plateauing in terms of the mortality rate in South Africa. Again, demonstrating how the coverage with increased coverage we're beginning to see a decrease on the broad outcome like mortality.

Other interesting data from Kwazunala Town [misspelled?] in South Africa also demonstrate that here on this figure, that by introduction at this stage of PMTCT programs and at this point of ART programs, you can see that overtime, there's been a decrease in under two child mortality.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

This is not under two mortality in HIV infected children, this is in general.

In addition, there have been also other data from Uganda that show the impact of HIV services on mortality in HIV uninfected infants and this was demonstrated from a large perspective cohort treating, in which HIV infected adults as well as uninfected household members were followed, and with the use of antiretroviral therapy and cotrimoxazole, there was an 81-percent in reduction in mortality in uninfected children, again, demonstrating the impact of HIV services on non-HIV related events in populations.

And here's another piece of evidence in terms of the effect of PMTCT programs on overall antenatal care services in Cote D'Ivoire and you can see that over time, before PMTCT is in red, after PMTCT is in green. And you can see here in various kinds of parameters that measure the quality of antenatal care has been enhancement in the quality of antenatal care with the establishment of PMTCT programs.

In addition, there's also been evidence that with the use of ART, there's a decrease in the incidence of malaria in Uganda and Zimbabwe. Again, this is the impact of treatment on the incidence of malaria in people living with HIV.

Perhaps, most dramatically is the impact that you see in this slide, where this was a study in which the effect of antiretroviral therapy was examined on worker absenteeism and

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

this is the days absent per month before initiation of treatment, and then you can see again an increase in the days of absenteeism and then what happens after initiation of antiretroviral therapy with a dramatic decrease in the number of days absent from work.

And lastly, there's also been the beginning of evidence with the impact of antiretroviral therapy as prevention and in terms of the effect on new HIV infections and this has been demonstrated from data from British Columbia in Canada.

You can see the numbers of new infections have decreased with expansion of access to antiretroviral therapy and similarly to one with the plateauing of numbers of new HIV infections with the expansion of antiretroviral therapy access. So what about other health threats?

As you all know, one of the most important goals and objectives for many of the countries most affected by HIV is reaching the Millennium Development Goals. And the ones that are primarily related to health are MDG four, five, and six. So a lot of interesting commitment by many of the countries where HIV is highly prevalent has been try to reduce child mortality as well as to also improve maternal health, and particularly maternal mortality.

Now, one can see that it's quite possible to conceptualize that there are many commonalities in terms of the barriers and challenge that we all face in trying to establish

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

programs and health systems that can meet some of the challenges that we face in the establishment of HIV related programs, but many of these same challenges are also needed to be overcome if one is to achieve optimal outcomes in terms of maternal health or child health or TB or diabetes.

For example, various challenges include demand barriers, inequitable availability, human resources, lack of adherence, and drug supply and procurement, referral linkage, and community involvement. All of these are important to overcoming to enhance and optimize if we're going to be able to reach some of the optimal outcomes for many of these other conditions that many of these communities face.

So over the past couple of years, there's been an attempt to try to address some of these questions. And a couple of years ago, there was a meeting that took place in Bellagio to try to look at the question or try to address the issue of leveraging HIV scale-up to strengthen health systems in Africa.

And recent conversations at that meeting a research agenda was developed in order to try and really study this questions in terms of what has been the impact of HIV on health systems? And this was followed by a meeting that took place in Cape Town, in conjunction with the IES Pathogenesis meeting last year, that also focused on the issue of accelerating the

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

impact of HIV programming and health systems and health system strengthening.

Now we come to the meeting that took place just a few days ago and this meeting was entitled Bridging the Divide: Interdisciplinary Partnership for HIV and Health Systems. And the purpose of this meeting, you can see on this slide, the objectives,

First thing was to foster interdisciplinary partnerships across the many disciplines that need to come together to try to address some of the issues that I highlighted before.

The second objective was to present data and evidence, whatever evidence existed from implementation, research, and rigorous evaluations of country case studies, addressing the question of the impact of HIV programming on health systems. Thirdly, as was discussed, options for the future, with respect to leveraging HIV programming, to improve health systems and other priority health conditions.

And lastly, it was again to highlight a priority research agenda regarding HIV and health systems.

Now all of you are aware of the health systems building block, there will be a health system building blocks that improve service delivery, health workforce information medical products like science technologies, financing, and leadership from governments.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

And all of these have to be optimized in order to achieve the overall goals and outcomes of an effective health system, which are the following: improve health, responsiveness of the system, social and financial risk protection, and also improve efficiency of the healthcare system.

So, just to run through some of the discussions that occurred at the meeting and we have some time to discuss them, but some of the participants will talk about some of the issues. In terms of service delivery, there were two sessions that dealt with this issue. One discussed the issue of the integration of service delivery and this involved three case studies from Africa. They tried to look at the issue of how are various services, how are various programs integrated within the health system itself.

Another session dealt with the issue of HIV scale-up in chronic disease services and by this we meant chronic non-communicable diseases, for example, diabetes and cardiovascular disease and there were a couple of case studies that were presented from Kenya and from Cambodia.

There was also a session that dealt with the health workforce and discussed the future of community health workers, expanding the workforce. An example from Ethiopia and leveraging the HIV funding from the Global Fund in Malawi to respond to a workforce crisis in Malawi.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Another session addressed the issues related to information and procurement and products and medical products like science technologies. And this was looking at leveraging HIV scale-up for health information systems. There were two case studies also that were presented at the meeting.

In terms of financing and payment, there was a lot of interest in this topic. And there was one session that actually addressed the issues related to leveraging the private sector for health, another one that talked about from universal access to universal health coverage and a third session that addressed the issue of health investment and expenditure data to assess the financial impact of HIV scale-up.

Lastly, we also wanted to address another building block of the health system building blocks, which was leadership in governments through high-level discussion moderated by Ann Rightswith [misspelled?] in terms of HIV scale-up in global health.

And then lastly, directions for the future, taking again, perspectives from some key individuals who are playing a key role in the response to the HIV crisis from PEPFAR, WHO, and UNAIDS. And these are just some snapshots from the meeting that took place a few days ago.

So lastly, just to summarize the purpose of the meeting was really to build the partnerships. It is very clear that there are lots of individual disciplines and perspectives that

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

need to come together. And these perspectives include the perspectives of HIV implementers, HIV policy makers, the community itself, economists, people who are involved in financing, etcetera, that all of these individuals need to come together in order to work together to hopefully generate the evidence and try to work together to find the evidence and define the best practices so in the end, we can actually work together towards finding what will lead us in the insights that will lead us to achievement of our HIV and health system strengthening.

I just want to acknowledge that the meeting was co-sponsored by the Global Fund, International AIDS Society and ICAP this is the steering committee that worked hard on this meeting and a couple of people on it are here in the room, as well as on the panel. And the meeting itself was supported by the Rockefeller Foundation.

Thank you very much and I think at this point, we'll move on to some of our panelists. Thank you. [Applause]

I think to start with we're going to sort of give each of our panelists about five minutes to give their thoughts and impressions and insights before we open it for everyone. And to start first with Dr. Mirta Roses, who's the Regional Director of WHO for the Americas, and also the Director of the Pan American Health Organization, PAHO. Welcome.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

MIRTA ROSES: Thank you Wafaa and good afternoon to everybody. I am following some of the comments at the closing of the pre-conference activity that Wafaa was relating to and were collected by Carissa Etienne, Assistant Director General of System Strengthening at WHO. I would like to focus my comments on three key points.

One is the argument about pitting health system strengthening against HIV. That does not make much sense. The second is that producing health outcomes requires delivery of action. And the third that to we want to have big impact and we must plan right and act together. So a little about each of them.

About pitting health system against HIV. That does not make sense, but why are we then listening to those arguments and I think that is mostly because of fear of reducing resources and reduced funding. So, let me say from the very beginning that we also want to fund AIDS now, but why should health system strengthening be a key interest for HIV? Why HIV should have a vested interest in health system strengthening I think is the right question.

And of course, health systems go beyond the health sector. The health sector has a role to play but also beyond the health sector, as Wafaa was mentioning, there was a lot of support systems and including others that we see that are outside of the health services, teachers educating young

people, activists, volunteers, community workers, people living with HIV/AIDS, homecarers, and the whole community.

So, we have to recognize that health systems accompany human beings through the course of life. So from birth to death and they provide much more than HIV services, but also people living with HIV/AIDS require more than care only for HIV.

So, the advocacy here would be to remind us all that for the primary healthcare strategy was developed to achieve health for all, including of course, those who have HIV/AIDS. Now some of the healthcare systems are not inclusive, but we have to go back to the basics and the value base and the principles of primary healthcare based health systems.

As defined universally, it is to be for people centered, it is to be with the major consensus of being healthy, including to protect health and to promote health and to keep people healthy, including HIV and to address the determinants of health.

And that has been important because this means that we are not only going to address the problems on health when they exist, but we are going to look at the roots of some of these problems. And particularly for HIV/AIDS this includes inequity, discrimination, exclusion. We recognize that many of the health systems are not working as they should.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

But we have to work together in order to make them really rights based so that people living with AIDS or people who are at risk for AIDS are particularly vulnerable groups, sex workers, MSM, they are really considered unrecognized in their right to be citizens and enjoy the highest attainable level of health and therefore, as Wafaa was saying this morning, only the state and only an inclusive healthcare system can really recognize that and hold the duty bearers of the rights-based approach to really discharge the responsibility, be sensitive to the needs, because needs are different in different groups and also be sustainable.

And so we have a consensus that a health system needs to address and respond to all the needs of the population. And so be more interested in the people at risk or the people living with AIDS to have a responsive health system. But also we have recognized the work of the MDGs. Several outcomes are very important and they are intertwined.

Here we should ensure that the delivery model, the integrated services, become comprehensive and at risk, the whole priority practice for people including their needs of HIV/AIDS people who are not only related to HIV/AIDS, and they are not only interested in their own health but in their family health and their community health so that they can really lead a good life and better quality of life.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

The second one is about producing health outcomes requires deliberate action. If you want to have impact on health outcomes, we know that you have to be systemic and you have to be systematic. That you need to address the problems in a holistic and comprehensive way through a system approach. The health system was explained I think by Wafaa, so I won't go into that.

But treating the HIV infections is not the only thing that needs to be done to solve the HIV epidemic. And people living with HIV also are subject to many other health problems heart attacks or diabetes or positive women must survive delivery and they have to be accepted and serviced according to the dignity and as any other women we hope that they don't die through the delivery.

Addressing these problems require that health systems be strong enough to deal with all these. And they should respond to all people and to all their needs is we really want to guarantee that when the people are at risk or are suffering of HIV/AIDS, they would really get the response they need. There are two main ingredients to have that happen and one is leadership and the other is funding.

Leadership means that the right decisions are made and followed. And this requires that we really have at the center of the design of any action and intervention of the health system that we have that people that are most interested but

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

also because of their conditions of HIV positives, but also the marginalized groups like MSM or IDs of sex workers.

Sometimes the only participation in many countries is with the CCM center around a project that has external funding. And in many countries, the national AIDS commission does not exist or is a weak appendix, and we have to strengthen that because that is a participation and that is a rights based if the people are going to be recognizing their citizenship.

And money of course, we recognize goes to scale-up essential health services, including treatment for HIV in 49 of the low-income countries is around $250 billion between now and 2015. Only taken into consideration AIDS, this about a quarter of that. So really we have to call the attention for a stable funding, for increased funding, and also to think about innovative funding so that we can provide for all the other building blocks that Wafaa presented.

And as mentioned, we need to address a determinant and put AIDS in our policy so that all vulnerable groups and people living with AIDS become really a strong and recognized in their society.

Finally, to have big impacts, we must plan right and we have to act together. And 70 countries will do the health plan, national health plans, comprehensive national health plans, health strategies and policies in the next two years. So AIDS has to be central into that discussion so that the

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

national plans really can see the situation of AIDS in that particular country.

Now we have countries with low and high burden, we have countries with concentrated or low-level epidemics or disseminated epidemics. And also we have countries with low, with weak, or with no, or strong health systems.

Now these three elements must come together as a matrix so that really the national health plan and the strategy reflects the importance of HIV/AIDS and work with the people in order to have the right response from the health system to their problems, not only as mentioned, AIDS, but all their health problems, but also to be on their health and protect their health.

WAFAA AL-SADR: Thank you very much. I think we'll move on to our next speaker, who's Dr. Karl Dehne. He's the Team Leader, Assistant Integration at UNAIDS in Geneva. Welcome.

KARL DEHNE: Thank you. Thank you Wafaa. If you havefollowed the opening ceremony on Sunday, you could have heard our UNAIDS Executive Director saying three zeros. We want zero new infections and zero discrimination, and zero death from AIDS. At the same time it is also pledged that we should never again isolate the global AIDS response.

Indeed, UNAIDS is really committed to combining AIDS responses with efforts to achieve wider health and development

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

outcomes, along with the MDGs. So, what does it mean now? These two critical policy directions. One taking AIDS out of isolation and the other one to achieve the three zeros. As the Director of the Pan American Health Organization already said, the discussion about the divide we feel between health systems and HIV is a false dichotomy. And we agree with that. Considering different disease outcomes, one against another is not meaningful. At the end of the day, it's the same woman that's forsaken from and dies from communicable diseases like from AIDS or TB or from non-communicable diseases or from pregnancy related and post-vaginal related conditions.

And it is the same child that dies from pneumonia, HIV, and measles. And in many cases, the same clinic and provider that treats them. So they need to find some practical solutions to combine health programs and services to the maximum benefits of our clients.

So, again, how exactly can AIDS programs contribute to other health outcomes and strengthen health systems to achieve all of them at the same time. And the other way around, what do we need as AIDS advocates from health systems and more specifically from healthcare delivery systems to further scale-up towards universal access and reach the three zeros I have just mentioned?

There is very clear evidence that AIDS response has very significantly contributed to health system strengthening

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

in the past and to the achievement of other health outcomes. A few examples were already given by Wafaa, but I will give you a few more.

We believe that AIDS has led to increased awareness of impriety given to public health by governments overall in the last 10 years. We also believe that AIDS responses have pyramided new financing mechanisms.

AIDS responses have established new norms in public health related to universal access, community participation, country ownership, etc. In many countries AIDS has also contributed to the scaling up of primary healthcare services and strengthened health infrastructure and laboratories like those funds from the Global Fund or PEPFAR and human resources, very importantly. There has been increased awareness of the severe health worker shortage not least because of the rollout of AIT and the need to have more human resources on the ground, Wafaa already referred to that.

There have also been some unintended, negative consequences on health of AIDS funding and responses and we are aware of that. When, for example unnecessary heavy new data collections and MNs e-systems were established. When health workers left general health services and starting working in HIV exclusively, sometimes at higher SED rates because there was external funding or HIV supplies improved, but other medicines did not.

This is not okay, and needs to be fixed urgently, but also we have to understand why such distortions happened. It is important

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to remember that AIDS has been and still is, in many places an acute emergency. Programs had to be scaled up rapidly and massively increased external aid was required and is still needed and this needs to be accounted for.

Whoever in this room, for example remembers a few years back, in Durbin at the conference in 2000, there was stiff opposition from health planners and policy makers who claimed that it was not feasible at all to scale up AIT while house systems were so weak. Nevertheless, we collectively did so and did manage to scale up and millions of lives have been saved because of that. Now the situation is different, we need not only to further scale up but sustain our gains for the long term.

Systems need to be designed and tailored so that they can maintain millions of persons on treatment, reach those not yet reached, indeed for both prevention and care, and also maximize energies and efficiencies regarding other programs and outcomes. A very good example of this new synergy is discussed at the preconference we had last week, something that I myself found quite inconceivable only a few years ago, are programs that combine AIDS treatment with the care of other chronic diseases, such as diabetes and cardiovascular disease. With survival rates among people living with HIV increasing, there is increased need for care of such diseases.

At the same time, diabetes and hypertension can benefit from the patient followup, peer support and monitoring systems AIDS

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

programs have established, and mixing different groups of patients and diseases can, under certain conditions reduce stigma and discriminations.

Some different but equally strong synergies also exist for Mother/Child care and HIV and certainly with TB and HIV programs. UNAIDS aims to maximize such synergies through various strategies and Dr. Roses already mentioned some of them which we collectively embrace.

We advocate for a decrease in the relative cost and simplification of AIDS treatment so that it will be easier to integrate it at the primary healthcare level. We help countries reduce their reliance on external funding wherever that is possible and we want to better align national AIDS plans with health sector plans and we also want to combine programs and services wherever beneficial like HIV and TB, MCH PMCT programs and etc.

We are jointly working towards these goals with our partners and co-sponsors in a number of countries and we'll do so in many more in the near future, but in return we have quite specific demands for health system advocates, planners, ministry of health, so that health system can indeed pass the HIV test and three zero's can be achieved.

We suggest that health systems and services not only adhere to the JPA [misspelled?] principles of greater involvement of people living with HIV but to the empowerment of all those vulnerable and suffering from illness and disease. Patients are not beneficiaries

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

but active members of communities and need to be empowered. We demand the full engagement of civil society organizations in planning and decision making, for example in health sector teams at country and district level.

We need the private sector to play a stronger role in achieving universal access and universal coverage, beyond AIDS. We need health services designed so that equitable access is provided to vulnerable groups. We need the full engagement in health policy and planning of other sectors, education, justice, social protection, finance, so that the social determinates of poor health as inequality and stigma and discrimination can be addressed.

Most importantly, we should not forget what the resultant end of all this health systems is, they are meant to achieve outcomes. If we agree on these needs, and priority actions, I believe the AIDS community will be ready to fully merge its cause and join hands with all the other health advocates and if these suggestions are implemented, there will be little to prevent the full integration of AIDS services with overall health systems, but obviously there is still quite some way to go.

Ultimately I believe the most important divide to be bridged is not between health systems and HIV responses. The health systems, after all comprises all of us. The real divide is between health specialists on the one hand and the people vulnerable, at risk or suffering from poor health and declines of their healthcare delivery system on the other.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

We do need to change the face of public health and HIV responses will continue to be on the forefront to doing so. Thank you.

WAFAA EL-SADR: Thank you very much Dr. Dehne. Great, and we move on to our third respondent and it's Dr. Mary Ann Lansang and Dr. Lansang is the Director Of Knowledge Management Unit under the strategy, performance and evaluation cluster at the Global Fund.

MARY ANN LANSANG: Thank you chair. The advantage of being the third, or last speaker is the first two speakers will have said almost everything that you wanted to say, so I'll not be very long I hope, and I echo what has been said that.

The main conclusion of the preconference was there is a false dichotomy and the country case studies that were presented in relation to Kenya, Ghana, Malawi did emphasize that there are positive and negative synergies and that what we need to do as a group, or as partnerships among the disciplines would be to increase the positive synergies and to decrease the negative synergies.

We have to do better. In my five minutes I'll just give a few practical examples of what we are doing in order to better. One is, of course, in relation to what has been said on integration and during this conference we have heard a lot about MDG4, 5 and 6 that we cannot achieve those in isolation, one pitted against the other.

This is a golden opportunity for us, for example when we have a campaign to end pediatric AIDS and we have a campaign to

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

decrease maternal mortality, and we have, of course, the campaign over all of this conference, human rights for AIDS.

What we need to do is harness all our efforts in relation to that, have an integrated health response in relation to maternal and neonatal health, for example antenatal care for HIV, parent to child transmission of HIV, HIV treatment and nutrition for HIV in orphans and vulnerable children.

At the same time we have to approach child health, HIV treatment and care for HIV in children, nutritional and psychosocial support for AIDS in orphans and vulnerable children and integration of sexual and reproductive health, sexual health promotion, behavior change communication, family planning, male partner involvement in reproductive health, prevention and treatment of STIs. Gender based violence which was discussed so well this morning, etc.

All of these need to be addressed in a holistic and systemic manner, in association with the other building blocks of the health systems. There is a second opportunity that I wanted to discuss in relation to that move towards integration, integration, integration and what the Global Fund now is trying to achieve in terms of the health systems funding platform, in partnership with GAVI, in partnership with The World Bank and the World Health Organization.

I think this is another opportunity for us to work together, because here we are trying to streamline and decrease these transaction costs in relation to funding for health systems. If GAVI

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

is funding for immunization, we are actually approaching child health.

If the World Bank and the Global Fund are funding in relation to HIV maternal and child health, if the transaction costs from all these organizations dealing with health systems and the diseases are really streamlined to this funding platform there is an opportunity for us and the HIV community can, I hope present a strong case for taking this up in their proposals which will start as early as around 2011 for this health systems funding platform.

As Karl already mentioned, so I won't belabor the point, although we are talking about health systems here there is a very important community systems strengthening that needs to be part of the entire umbrella that we are talking about. We need to remember a take home message that was said during the preconference meeting is that integration is not an end in itself.

We need to consider the context and we need to make sure that integration is linked to health outcomes. It's not about okay, we integrated this program against this program but what did it really do for the mother, what did it do for the child? What did it do for the health of the infant?

Finally the last take home message that we thought was very strong in the preconference meeting was that we need to really stress that we're talking about, country led national systems.

David Evans who talked about financing said that if we're talking about financing health in countries, this shouldn't be going

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to external partners, this should be going to countries, they should decide what to do with the health financing support that they get. In general we stress national health systems but, at the same time, we need to all work together to make sure that those national health systems also address the issues that we have on maternal child health, sexual reproductive health and, of course HIV. Thank you.

WAFAA EL-SADR: Thank you very much. Our last speaker is Dr. Eric Goemaere, and Dr. Goemaere is the TB/HIV regional technical advisor for Southern Africa for MSF.

ERIC GOEMAERE: Thank you Wafaa. Thank you for inviting me on this panel. I will try to be brief so I can leave a little bit of space for what needs to be a debate because there is a little bit, the impression that we are speaking to each other as all the convinced, so the previous speaker made me think about the fact that the words like pitting service against each other or force the dichotomy, we hear them from the beginning of the conference so we all convinced it's a false dichotomy. I am convinced as well, but seems to be a problem though otherwise we wouldn't be speaking here.

I'll try to be a bit more critical and I invite you to be much more critical, but what we are doing only works as Karl, or sorry, Mirta suggested we might be suspected to preach for, or future funding and future attendance to such kind of conference. I can tell you that people are not working in the HIV field are quite critical.

I'll make briefly three points on what could we do better, and also together or not to fall into certain of the previous traps

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

that we were in during the 80s when we were all implementing in our alma mater. In other words, what did we learn from the way of doing business with HIV.

The first point is that it's time to accelerate the decentralization of HIV care. It's much too slow, it's still, as you alluded to Karl, an issue of specialists in many settings. If we don't adopt a public health approach for HIV, like TB has been doing, long time ago, or think that we got to remain into that trap, because I speak from a part of the world there's very high HIV prevalence, so it's simple in a way, because we cannot cope as doctors with all the patients there are.

You are forced, when you are very tired and, at the end of the day to decentralize but I think that this, speaking to other colleagues, this problem of non decentralization specialized care is still pretty alive in low prevalence country where we have those beautiful specialized HIV centers, and next door the kind of picture that Wafaa showed with those completely derelict buildings.

When I speak about decentralization I would make two points, it's not about downloading patients like some people have started to do in parts of the world, it's about initiating patients in nurse-based service at the primary health care level.

It's completely different. It's giving the responsibility to save lives to nurses working at the primary healthcare level. Of course it brings in the question of decentralization naturally builds integration. There are my words of caution about integration, there's

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

the obvious integration I called into epidemiologic evidence in Southern Africa. At first it's comprehensive care for co-infected patients is something different in Southern Africa with 70-percent of people co-infected with TB, the first thing that seems obvious to do is to integrate with the TB services.

It's easily said but I can tell you that it's extremely difficult and I invite you to another session tomorrow at 1 o'clock on that particular subject. A second, obvious integration that seems absolutely obvious is with MCH, mother and child health and reproductive health, but I would be a bit cautious about speaking of holistic care.

That word of caution is based on previous evidence, if we don't keep in mind what we've learned from HIV compared to that way we were doing HIV services to the way we were doing business before, which is focus outcome based in emergency mode in the beginning before going to a chronicle mode.

I think we need, we risk to fall into the trap we were in the end of the 80s with implementing some of the alma mater principle. The second point I want to make, and I will accelerate, there is, but decentralization is not possible if we don't bend the curve.

I mean, the impediment curve, decentralization is not possible if there is not this initial aggressive approach to make sure that those very sick patients, as we all as clinicians witnessed

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

a few years ago, those patients with a very low CD4 count, with a suspicion of TB co-infection.

That you need to stabilize before you can start on the ARVs, if we do not go over that emergency epidemic curve it's, I think it's still very difficult to decentralize care because it would require a lot of clinical skills and a lot of doctor or clinical nurse attention.

I make this point to insist on one thing and a lot of people here are speaking about being more efficient and I heard Bill Gates saying "Well, probably it's better to remain, in terms of efficiency to the less than 200 CD4 count", I would personally think that this is a major mistake because you just go back into that vicious circle of seek a patient that takes much more time to be attended that would require more hospitalization, they are more costly in total. Actually we'll break this decentralization, or will not make decentralization process possible. M

My third point is, speaking about something we learned also from actually the first HIV activists is having a different interaction with the community and, beyond the community, the individuals who are living with HIV, something that we have totally neglected, I think with primary healthcare, and/or that we have learned since to do differently is: first what it require building knowledge, you know those affordable treatment to receive, people do not understand what exactly they are suffering for, and what, to a particular possibility it's not going to work.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Secondly, building trust, it's very nice to test a lot of people like they're doing in my country of 15 million people but if they are not sure that they can access treatment, they're not going to come for testing so, we have reestablished a certain level of trust with the primary healthcare services and look at the coverage in some areas. People who have never come to the clinics, because they thought it's a lot of time, and are coming to some other clinic because the trust relationship has been established.

Third, and last but not least, a right-based approach, giving them a voice and this will be my last point, but I believe that if those people have nothing to say on those primary healthcare services, there's no interaction, there is no pressure.

If they cannot make sure that the day, the nurse, the nurse assistant is not there, or there is no, or they are forced to announce that sorry, but there are no drugs today because there's been a shortage in the drug supply, well, to make sure that it triggers a huge toy-toy [misspelled?] as the one we heard a few minutes ago, and people understand that this is not on.

We have seen primary healthcare clinics going down the drain because the shelves were empty, or the staff was not there, and people have lost completely that trust relationship with primary healthcare, or would we believe that we could do something better with a much more sophisticated intervention if we don't change that relationship between clients and provider, and I'll stop here, thank you.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

WAFAA EL-SADR: Thank you, thank you very much. I think we want to open for questions or comments from the audience, so people can move to any of the microphones, I think there are four or five. I see someone in back, microphone four, way in the back.

MALE SPEAKER: Can you speak Russian?

WAFAA EL-SADR: I'm sorry, microphone four?

MALE SPEAKER: Russian, Russian, Russian?

WAFAA EL-SADR: Russian? I don't know if anyone can translate in the audience, or someone in the back who can translate? Why don't you stay where you are until we find someone who can translate? I think they're looking for someone. I'll come back to you, okay?

MALE SPEAKER: I can speak Russian, or no?

WAFAA EL-SADR: Yes, well, I, go ahead.

MALE SPEAKER: [Speaking in Russian]

WAFAA EL-SADR: I don't, anybody in the room who understand Russian and can translate? There was supposed to be somebody in the booth in the back.

MALE SPEAKER 1: Yes, but we don't have the equipment.

WAFAA EL-SADR: Somebody's coming out of the booth. Okay, she is coming, wonderful, thank you!

MALE SPEAKER: [Speaking in Russian]

WAFAA EL-SADR: We don't have. Okay, in the meantime while she's coming, great, thank you. Okay, go ahead.

MALE SPEAKER: [Speaking in Russian]

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

FEMALE SPEAKER: A representative of people living with HIV from central Europe and Eastern Asia and Eastern Europe and Central Asia.

MALE SPEAKER: [Speaking in Russian]

FEMALE SPEAKER: Well, I would like to know, given the latest intervention by Eric that I really do welcome, what is your attitude towards the associations of people living with HIV? Have these people any impact on what is going on in the sphere of decision making? Are they, that is the people living with HIV, are they empowered in any way to take a decision to the effect of the progression of their illness.

WAFAA EL-SADR: Okay, thank you very much.

MALE SPEAKER: [Speaking in Russian]

FEMALE SPEAKER: Also, is there any role defined for people living with HIV and people forming part of these associations when it comes to the national health care systems, have people living with HIV any role within the national healthcare systems, and also, is there a possibility to link these patients with the patients, for example suffering from diabetes or any non contagious diseases?

WAFAA EL-SADR: Okay, thank you very much. We need to take another question, and then we'll come to the answers. Let's go to microphone three.

ELDON CHAMBERLEIN: Is it on? Yes, hi so I'm Eldon Chamberlein [misspelled?] from the International HIV/AIDS Alliance,

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

working primarily with the US Government to a capacity building project. We're about to start a project which is looking specifically at HSS and how we can utilize that to actually improve the condition and improve the lives of most at-risk populations, so I was glad to hear that a number of the speakers actually talked about the need to integrate and to include most at-risk population issue into HSS, so I'd be interested, a couple of questions.

One is

WAFAA EL-SADR: Just pick one please because we don't have time, yes.

ELDON CHAMBERLEIN: Okay, it's about, on the one hand we have this whole area of community system strengthening which I see that Dr. Lansang mentioned, but on the other HSS and often there seems to be quite a divide between those two, so I'd be interested to hear from panelists about, how they see, what are the intersecdtions and what is the relationship between CSS and HSS that we can actually combine them together?

WAFAA EL-SADR: Thank you, microphone two, and if you can be very brief with your question, because I'm going to try to get all of them quickly.

ELAINE ISLAND: I'm Elaine Island [misspelled?], actually for Global Health. Thank you all of the panelists for the presentation. I was actually at the preconference so heard a lot of these presentations, but my question is, were for some of the integration areas, some of the impacts on health systems that you've

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

flagged, I think a lot of those spin off effects from HIV programs and they're not necessarily planned effects.

I was just wondering, following on from the discussions that came out of the preconference, are there any concrete steps that are going to be taken that will actually build on the positive synergies that we're seeing and reduce those negative synergies in ways that are going to do that in very concrete clear ways, thank you.

WAFAA EL-SADR: Your question, quickly? I think that's it after this one, yes, go ahead.

ADA: I am Ada from Uganda and my question is regarding the issue about PEPFAR policy on having systems that are led by the country, we note that over time, financing still goes to a majority of sea of NGOs that are international in Uganda. If we are moving towards systems that are led by the country, is there going to be a change in policy, and if so, when do we hope to see this?

WAFAA EL-SADR: Thank you. Okay, I think there was one for Eric, and I think for each of you, but Eric, you want to start, please?

ERIC GOEMAERE: I'll answer briefly to the first question, a role for people living with HIV, well yes, of course mandatory role, I think I made that point. It's a lifesaving intervention, it's not a commodity so a right-based approach, there is no way that like Minister Motsoaledi actually said this morning, that the way of doing business of primary healthcare in a lot of African countries will

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

continue and will sustain decentralization of HIV care if HIV positive people are not involved.

They need to be there to break the role, and they take a role mostly for, in my organization most of all, lay counselors are living with HIV and to answer a question raised this morning, we tried to promote them to go further ever carry a path and to go further into nursing assistant.

Just on the second question, the interaction between community services and health support services, well maybe I can leave that question to someone else, in the interest of time.

WAFAA EL-SADR: Maybe Mary? Please, that will answer.

MARY ANN LANSANG: Okay, in relation to the intersect between community system strengthening and health system strengthening, actually that's really a challenge that needs to be addressed, but from our point of view, in the Global Fund, strengthening of membership in the country coordinating mechanisms, from civil society, from community based organizations, from people's organizations, would actually help strengthen the health systems in general, because that voice is very much needed in planning and in proposal development and monitoring of the programs.

The other way of course is in addressing the health workforce, because when we talk about community system strengthening it's not just the community as such, but it's also district planning and community based planning that we talk about.

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Here if we involve the community health workers and the district workers in the kind of planning we do for the Health Human Resources, that is also an intersect that bridges community systems strengthening and health system strengthening, and I just wanted to make a point.

One example of increasing the synergies, I think you asked for what are the planned ways by which we could increase that, in relation to the health systems funding platform, there are many opportunities.

For example, we are trying now to work with the World Health Organization in terms of JANS, the Joint Assessment for National Strategies. Option two of the health systems funding platform will be based on proposals that are based on National Strategy plans, so there are opportunities there for really systematically planning this strengthening. Thank you.

WAFAA EL-SADR: Thank you very much, I think we'll, Carl, you have, you wanted to add something and then we'll have something also from Dr. Roses. Quickly, please.

KARL DEHNE: Very quickly, first of all, integration can happen at different levels of course. If we talk about most at risk populations, we are not saying at every situation there needs to be the same degree of integration.

However, there are countries where vulnerable group projects are fully funded externally and even where the government could be taking care of this funding, that CCMs

there's not even government involvement, one or two countries in Latin America, so if we could actually have starting by some ownership of vulnerable population groups and then move towards service delivery issues. I think that would be one step forward.

On the concrete steps also, very quickly, at the end of the day decisions will have to be taken at country level and we cannot be prescriptive in now saying this needs to be integrated and this should not.

However, the evidence for certain issues is very strong, HIV and TB programs should be integrated in most cases, or they actually should be at least very much closer linkage and coordination than it exists right now. I've already heard presentations at previous conferences about PMT dedicated, PMT CT program dying out in the next five years because they should be fully integrated with mother and child care programs.

Some concrete steps will definitely be taking place but everything will depend at country level and at strategic planning and the joint assessments that MaryAnn and others have talked about.

WAFAA EL-SADR: Okay, thank you, Dr. Roses, your final word.

MIRTA ROSES: I think we have one minute, I am just going to say that, there's one thing that I think that everybody agrees, and that is the need to have results. Those who put the money may

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

call that value for money, and those who are on the other side, you know want to have sustainable results for maybe 70 years of life expectancy, so if we all want results I think that we have also to think a little more about the project approach.

Some of the coordinating mechanism and the participation is done at project level. We have to remind ourselves of the three ones that we were committed. One authority, one plan, one information system. The only one who can guarantee rights and that's the issue of this conference is the state, it's not a project.

WAFAA EL-SADR: Okay, thank you very much and, lastly I want to thank you all for your participation, I just want to let you know that the slides from the pre meeting should be available eventually on the IS website, I believe. Probably maybe after this conference is done, so you're welcome to take a look at those, there were some really insightful and interesting presentations at the pre meetings, thank you again.

[END RECORDING]

[1] The Kaiser Family Foundation makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.