



Chapter 14

Health Sector Response

1. Introduction

The health sector response involves a broad range of partners including the Ministry of Health, civil society organizations and the private sector. With respect to national HIV/AIDS policy and programs, like other key sectors such as education, defense, or transportation, the health sector will collaborate with the National AIDS Council in fulfilling the NAC function of overall program oversight, coordination and facilitation. NAC coordinates HIV/AIDS activities for all sectors in the context of the multi-sectoral HIV/AIDS response. The Ministry of Health (MOH) can work with the NAC to coordinate government and non-government partners in the health sector as well as itself implementing many essential HIV/AIDS programs.

The health sector has specialized technical expertise and mandated responsibilities in the area of HIV/AIDS and related diseases. The MOH, in its role of technical leadership in the health sector, has the normative responsibility for health sector policy development, epidemiological surveillance, setting standards and regulations pertaining to voluntary testing, case management protocols, the blood supply system and its quality assurance, and provision of ART and drugs for STI, TB, and other opportunistic infections.

The health sector also has a dual role as the main supplier of health services to its external clients and as provider of services focused internally towards its own employees. It is important that the health sector not neglect the needs of its internal clients with regards to HIV prevention, care and treatment activities.

Within the context of the national HIV/AIDS program, at least four broad areas specifically relate to the health sector : First, health sector personnel will require additional training in how to provide HIV/AIDS services¹⁹, counseling related to these services and/or products, as well as preventive measures when interacting with patients. Second, health facilities can serve as referral units to support HIV/AIDS activities carried out by other ministries, non-governmental organizations, the private sector, and communities, but on an expanded basis. In this regard, it may be in the interest of the health sector providers to reach out and strengthen the capacity of other sectoral agencies to provide certain basic services. Third, health sector personnel at all levels are key allies in the fight against HIV/AIDS, in its prevention, treatment and care dimensions. Fourth, as HIV-AIDS program expand, especially for treatment, the number of trained health sector staff will have to expand dramatically.

The shift from a narrow focus on the health sector to a multi-sectoral approach, and the consequent placing of the HIV/AIDS Council/Secretariat outside the health sector has sometimes resulted in confusion and concern among some health officials. To deal with such concerns certain national HIV/AIDS programs have decided to give health ministries great visibility and funded separate health sector components.

2. Why is health sector response important?

The unique technical capacity and services the health sector can provide in the achievement of national HIV/AIDS program objectives should not be overlooked. The team preparing a national HIV/AIDS framework should give special attention to health sector needs in the fight against HIV/AIDS. The following are the major reasons to involve the health sector in the national program:

¹⁹ Kenya-MAP (MOH – AIDS Coordination Unit) looked at training gaps for 40,000 employees and has identified the training needs for public health officers, midwives, nutritionists, clinical staff, etc. 4000 MOH staff were trained in a pilot program.

- The historical role of the health sector in the fight against HIV/AIDS, and the existing capacity which can be mobilized;
- The MOH, as a specialized agency of the sector, plays a unique role in providing technical services essential to combat HIV/AIDS, such as clinical diagnosis and treatment of STIs, TB, other OIs and ART;
- The MOH is the primary agency responsible for epidemiological surveillance;
- The sector has the widest geographical network of health facilities/infrastructure (both public and private), in most countries;
- The sector employs a large number of health care personnel, and provides avenues for practical training; and
- It is an important participant in behavior change communication;
- The role of the health sector will grow rapidly and broadly as lower prices for and more funding of ARVs make scaling up of treatment more financially feasible.

3. What are the roles and responsibilities of the health sector?

A strong health system is an important component for success in the fight against HIV/AIDS. Within the public sector, the health system bears primary responsibility for care and treatment, and plays a pivotal role in many preventive activities. The Ministry of Health, and more broadly the health community which includes institutions of higher learning, private health practitioners (including traditional/indigenous health practitioners), have specialized roles in the prevention and management of HIV/AIDS, STI, and other opportunistic infections. TB specifically deserves special attention and emphasis because it represents an area which the health sector can contribute to the effectiveness of HIV/AIDS control program, and one which has been vastly under-utilized in most countries.

The health sector can play a very prominent role in the national response through making provisions for HIV prevention, treatment and care. The health sector, whether public or private, can provide technical guidelines for care and support, provide clinical care, and conduct epidemiological surveillance (See Chapters 21-23 regarding specific program themes and the role of the health sector). In addition, the health sector has a responsibility towards its own employees some of whom may not be medically trained and thus need targeted interventions with regards to HIV prevention, care and support. The specific deliverables from the health sector cover a continuum of services from prevention through care, and support, and may include the following:

- Scaling-up of the national sentinel surveillance system, epidemiological monitoring, and contributing to program evaluation;
- Coordination of condom procurement, support for a social marketing program, and a significant role in the distribution of condoms
- Services to prevent mother-to-child-transmission (MTCT) including counseling on breastfeeding, family planning, maternal support, and care for HIV positive pregnant women and children;
- HIV/AIDS care and treatment policy development, setting guidelines and standards of care (clinical and home based), voluntary counseling and testing (VCT) protocols, as well as carrying out VCT activities, and promotion of behavior change (see **Box 14.1** for an example of a health sector NGO, founded by a private health service provider, involved in VCT service delivery in Ethiopia);
- Strengthening of the national system and other referral hospitals for dealing with HIV/AIDS, STIs, and other opportunistic infections, especially TB;
- Practical training of health workers and laboratory technicians;
- Guidance in the provision and monitoring of anti-retroviral therapy;

- Developing, approving and implementing a HIV/AIDS waste management plan including training of staff (where capacity is limited, out sourcing should be considered);
- Scaling up of activities for HIV vulnerable or “core” groups in collaboration with other partners, including nutritional support activities;
- Establishment and/or support to others of the primary level of care for people infected and affected by HIV/AIDS, including community based care programs and others in the public sector;

Box 14.1: The Bethzata VCT Experience in Ethiopia

Bethzata VCT project was developed by an NGO with experience in private provision of VCT services. Its proposal to provide VCT on a much wider scale was jointly funded between the EMSAP and the NGO's parent health care provider organization (Bethzata Medical Center). Within the first two months of project launching, more than 1,200 clients were counseled and tested at a single site, and client uptake continued to rise.

Several features contributed to the success of the Bethzata VCT project, including : early beneficiary assessment using social survey; wide stakeholder consultations; strong outreach efforts; streamlined processes; and strong referral network for to care, support and treatment to those counseled who test HIV positive.

Financial management

There are two possible ways in which the MOH can receive finances to implement its activities:

- MOH does not operate any bank account and all disbursements are made from the NAC/NAS - managed project account; and
- MOH manages a separate project account and undertakes its management.

The *first* option is recommended if the MOH does not have an existing financial management capacity for a donor-financed development project. The *second* option is feasible if there is already satisfactory financial management capacity and the MOH can manage the financial resources with minimal risks. (Financial management is treated in detail in Chapters 19 and 20)

Procurement management

If a MOH has the capacity to manage project finances, it may also manage some procurement of goods, services and works, especially the procurement of drugs and medical supplies. This situation is ideal when a MOH is already implementing a donor financed sector development project and has a fulltime procurement officer. Otherwise, it is suggested that all procurement for the MOH be managed by the NAC/NAS (or its authorized entity). Procurement aspects are treated in detail in Chapter 21.

4. Lessons learned and recommendations for MAP projects

- **The Ministry of Health has often been less involved** than it should be in the early phases of the MAP initiative. MOH must be an integral part of the national response and actively involved in the national program. MOH provides health-related technical services which only it can provide, and which are relied on by others. This means that within the MOH organizational structure it must have the capability to respond to HIV/AIDS within a multi-sectoral context.
- **The shift to a multi-sectoral approach and the placing** of the HIV/AIDS Council/Secretariat outside the health sector has in certain cases resulted in concern among health officials. There should be a clear delineation of roles and functions, and regular and open dialogue between NAS and the MOH HIV/AIDS structure. NAS's function is to coordinate the national response while MOH leads the implementation of the health response, which is an important part of the national program. These coordination and implementation roles must be understood by the MOH and NAS, but also by all HIV/AIDS partners;
- **NAS staffing should be diverse without depleting the technical skills of the MOH.** MOH needs all the qualified personnel it can muster to fill its health sector responsibilities. NAS has a different set of responsibilities which require a multi-sectoral skill mix. If the MOH preserves its sector staff and NAS gains staff from other sectors, a “win-win” situation would result in which both MOH and NAS acquire and keep the respective skills they need.
- **The financial management capacity of the MOH** should be assessed and if adequate capacity exists, the Ministry should manage a separate program account;
- **The procurement of health sector goods, works and services** should be managed by a specialized health sector agency such as the MOH, subject to a satisfactory existing procurement capacity. Procurement of ARVs, and medical equipments are examples of situations where generic procurement processes may not apply;
- **Global experience indicates that while a MOH** can assist with clinical services for vulnerable groups, NGOs are sometimes better at outreach for other groups such as sex workers, orphans or vulnerable children, and there are already promising NGO efforts in many countries;
- **Faith based organizations play a particularly important role in community based care programs** for which MOH may develop standards and provide support. In general, ministries of health should be open to the provision of many health care activities by non MOH agencies, including from civil society and the private sector;
- **Condom procurement and social marketing through global mechanisms** (e.g., through UNFPA) require special attention.
- **Adequate attention should be given to logistics and supply management.** Health sector commodities have peculiarities in terms of needed complements, shelf life, standards and the quality assurance measures needed. It is important to make such considerations during the procurement planning process, and to ensure that adequate logistical system is in place for distribution of commodities.



See Annex 14 (CD-ROM) for further references