From 3 by 5 to universal access: an equity advocacy opportunity for access to antiretroviral therapy in Malawi?

Sally Theobald[1,2], Ireen Makwiza[1], Andrina Mwansambo[3], Andrew Agabu[3], Erik Schouten[4,5]

[1] REACH Trust, Malawi
[2] Liverpool School of Tropical Medicine, UK
[3] National AIDS Commission, Malawi
[4] Ministry of Health, Malawi
[5] Management Sciences For Health, Malawi

Introduction

Why the move to universal access when we haven't yet met the 3 by 5 target ? What does universal access actually mean? Does this new focus on universal access offer an opportunity for advocacy for equity?

The onus is for countries to define - through consultative processes - what 'universal' access means, rather than working to global targets and putting together plans and processes to meet universal access. The theory is that these country consultative processes will feed into regional consultative processes, which for southern and eastern Africa will be held in Zimbabwe from 7-10 March, 2006. These regional consultative processes in turn will shape the Africa-wide consultation from the 4-6 May, 2006, and ultimately influence the Global Steering Committee.

Discussion

Email discussion forums reveal sceptics to this approach, but it can also be seen as an equity advocacy opportunity. EQUINET and REACH Trust's work on ART treatment in the context of health systems raises two overarching and inter-related equity challenges [1,2].

1. How can we address barriers to access to quality treatment and care - by gender, age, socio-economic status and geographical coverage?
2. How can we ensure that ART delivery strengthens rather than undermines the broader public health system?

Countries have been asked to consider main barriers to scaling up. These will be fed to the Global Steering Committee for action. Initial barriers highlighted by different stakeholders (government, donor, NGO, research organisations) in the Malawi context include:

1. Constraints to ensuring adequate sustained financing - and therefore to planning ahead for - scaled up AIDS responses;

We need to advocate for sustainable and responsive funding for the provision of ART and for the strengthening of public health systems. This is critical to ensure that we continue to be able to provide ART to those in need. The current GF process of proposal writing for 5 year programmes and resubmitting after 2 years is problematic as it can result in decision making delays and risks of interrupted supplies of ART, HIV test kits and other supplies.

2. Too few trained human resources and health and social systems constraints;

We need to build and sustain a healthy and motivated workforce to provide ART and to meet the broader health needs of our citizens. This means investing in training and developing supportive working environments to retain our workers and address the brain drain. However, despite our best efforts the numbers of professional cadres will not be adequate by 2010. We also need to think creatively about who constitutes 'human resources for health,' and how to deliver services through building partnerships with lay health workers, NGOs, private sector providers and community based organisations. Such partnerships and decentralisation of health provision will enhance the access of poor women and men to HIV and AIDS treatment and care.

3. Barriers to reliable access to commodities and low-cost technologies (e.g. condoms, injecting equipment, medicines and diagnostics);

There is need for pharmaceutical companies to not only reduce the cost of drugs but also ensure long-term fair access to patient-friendly ART regimens for adults and children. Diagnosis and treatment of paediatric AIDS is made difficult due to the unavailability of simple and affordable technology for diagnosing HIV in children, as well as the lack of paediatric formula for ART. The current first line regimen for adults is based on fixed dose combinations (FDCs) and with the advantage that patients only have to take 2 tablets a day. Scaling up programmes in resource poor environments relies heavily on these simplified regimens which ease the supply chain and instructions to patients on adherence. If the next generation of regimens is not available as FDCs, (our current second line regimen consists of 7 tablets per day) the scale up of ART will be heavily compromised.

4. Stigma and discrimination, inequity, gender discrimination and insufficient promotion of HIV-related human rights.

We need to be active in addressing stigma and ensuring that gender equity and rights-based approaches underpin action. In Malawi we have a policy on equity and ART; the focus on universal access provides an opportunity to advocate implementing this policy and monitoring progress.

The equity challenges to universal access are many and they resonate clearly with the key themes highlighted in this journal. Make sure your voice is heard in these consultation processes at country, regional and global levels. You can also join an e-mail based consultation with civil society organizations and networks to provide direct input into a Global Steering Committee on Universal Access which is currently being hosted by the International Council of AIDS Service Organisations (ICASO). Send your feedback to: universalaccess@icaso.org. For more information on the consultation process, the ICASO press release is available at: http://www.healthdev.org/eforums/cms/showMessage.asp?msgid=9701.

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