WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DE SAÚDE
ESCRITÓRIO REGIONAL AFRICANO

REGIONAL COMMITTEE FOR AFRICA **AFR/RC53/13 Rev. 1**
19 June 2003

Fifty-third session
Johannesburg, South Africa, 1–5 September 2003 **ORIGINAL: ENGLISH**

Provisional agenda item 8.6

SCALING UP INTERVENTIONS AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA IN THE WHO AFRICAN REGION

Report of the Regional Director

EXECUTIVE SUMMARY

1. HIV/AIDS, tuberculosis and malaria contribute to high morbidity and mortality in the WHO African Region, accounting for more than 90% of the global cases and deaths associated with these diseases. They exert an enormous economic burden on governments, communities and families, trapping millions in a vicious cycle of poverty and ill-health.

2. A number of innovative and cost-effective interventions have been developed over the years to reduce the burden of the three diseases. The Region has adopted strategies, frameworks and resolutions, and countries have developed and are implementing plans of action in line with these decisions.

3. The following achievements have so far been made: increased political commitment, development of national strategic plans and partnership building for accelerating implementation of interventions; ongoing capacity building for the prevention and control of the three diseases; increased knowledge about HIV/AIDS and safe blood for transfusion; increased tuberculosis (TB) case detection rates and implementation of the DOTS strategy; and more capacity to plan, implement, monitor and evaluate malaria prevention and control programmes in almost all countries.

4. Despite these achievements, coverage and access to interventions remain low. Only 6% of the adult population has access to voluntary counselling and testing, 40% of countries have nationwide use of directly-observed treatment short-course services and coverage of insecticide-treated nets is 5%. Trends in these diseases are not declining. This has largely been due to limited human and financial resources, unaffordable drugs for prevention and treatment, and poor infrastructure. These constraints are compounded by inadequate approaches to the implementation of existing strategies for the programmes.

5. Implementation of the approaches outlined in this document will significantly contribute to scaling up interventions for the three diseases. The Global Fund to Fight AIDS, TB and Malaria, the Global Drug Facility and the Roll Back Malaria initiative offer enormous opportunities to scale up implementation of activities. The Regional Committee is therefore requested to consider and adopt this framework.

CONTENTS

Paragraphs

INTRODUCTION

1. AIDS, tuberculosis and malaria are the most important communicable diseases in the African Region. During the past decade, the Region has experienced a resurgence of tuberculosis as a direct result of the HIV/AIDS epidemic. In 2000, the Region harboured 24% of the global TB cases and 21% of new smear positive cases. Effective malaria case management is being threatened by rapidly increasing levels of *Plasmodium falciparum* resistance to commonly used antimalarial drugs, and 13 countries have changed their antimalarial drug policy in the last decade. The three diseases exert an enormous economic burden on governments, communities and families, trapping millions in a cycle of poverty and ill-health.

2. In response, the Regional Committee has passed a number of resolutions[1] on the prevention and control of the three diseases in order to stimulate country action. Countries have developed and are implementing plans in line with these resolutions.

3. Despite these efforts, coverage and access to interventions against these diseases remain low and their impact limited. This has been due to limited human and financial resources, unaffordable drugs for prevention and treatment, and poor infrastructure. These constraints are compounded by inadequate approaches to the implementation of existing programmes and strategies.

4. There is an urgent need to scale up the available cost-effective interventions for the prevention and control of these diseases in order to reduce the associated morbidity and mortality. Recent initiatives[2] such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the World Bank Multisectoral AIDS Programme (MAP), the Global TB Drug Facility (GDF), the Roll Back Malaria (RBM) initiative and the Abuja Declarations provide opportunities for increasing coverage and access to the interventions for these diseases. This document provides a framework for scaling up these interventions.

SITUATION ANALYSIS

Magnitude of the problem

5. The WHO African Region accounts for about 29.4 million people living with HIV/AIDS. Approximately 3.5 million new infections occurred in the Region in 2002, while the epidemic claimed the lives of an estimated 2.4 million people;[3] ten million young people aged 15–24 years and almost three million children under 15 years are living with HIV/AIDS. Despite reports of observed reductions in new infections in a few countries, the incidence has continued to increase in most countries.

---

[1] HIV/AIDS Strategy in the African Region AFR/RC46/R2 (1996); HIV/AIDS Strategy in the African Region: A Framework for Implementation AFR/RC50/R5 (2000); Roll Back Malaria in the African Region: A Framework for Implementation AFR/RC50/12 (2000); Review of Tuberculosis Programme AFR/RC40/R7 (1990); Regional Programme for Tuberculosis AFR/RC44/R6 (1994).

[2] African Summit on Roll Back Malaria (2000); African Summit on HIV/AIDS, Tuberculosis and other Related Infectious Diseases (2001).

[3] UNAIDS/WHO, AIDS Epidemic Update, Dec 2002.

6. Several countries in the Region have experienced huge increases in the number of notified TB cases. Between 1995 and 2000, the Region experienced a 95.1% increase in total reported cases and a 131.7% increase in reported new smear positive cases. Some countries of the Region have some of the highest TB prevalence rates in the world, ranging from 100 to over 700 per 100,000 in the general population.[4]

7. Malaria currently causes more than 270 million acute episodes and over 900,000 deaths per year in Africa.[5] It accounts for about 30% to 50% of all outpatient clinic visits and hospital admissions. The problem has further been compounded by the evolution of parasites that are resistant to the commonly used antimalarial drugs, particularly chloroquine. Economic loss due to malaria in the region is estimated at US$ 12 billion annually.[6]

Achievements

8. A number of innovative and cost-effective interventions exist for the prevention and care of the three diseases. Most prevention activities rely on health promotion; information, education and communication (IEC); voluntary counselling and testing (VCT); early diagnosis and treatment as well as preparedness.

9. Countries in the Region have made several achievements. HIV prevalence has declined in a few countries; 94% of blood for transfusion is screened for HIV, and over 70% of countries have established surveillance systems to monitor trends in HIV prevalence.[3] For TB, 85% of the countries are implementing the DOTS strategy for TB control, 40% of these attained 100% population coverage by 2000, and case detection rates increased from 35% to 41% between 1995 and 2000.[7] The capacity to plan, implement, monitor and evaluate malaria prevention and control interventions and monitoring of antimalarial drug efficacy has been strengthened or developed in over 80% of countries. Initiatives to provide ITNs to target groups is ongoing in 43 countries.[8]

Constraints

10. Despite these achievements, coverage and access to interventions remain low and disease trends are not declining. Various constraints have been identified.

11. *Confusion about multisectoral action*: The application of multisectoral action has posed numerous challenges but often slowed down activities in HIV/AIDS; at the same time, it has not been adequately exploited for TB and malaria. In many countries, the lack of a clear definition and separation of the respective roles of national AIDS councils and ministries of health have led to confusion and conflict, thus slowing down implementation of programmes.

12. *Inadequate linkage between health systems development and interventions*: Many countries are engaged in health sector reforms with a view to enhancing the responsiveness and effectiveness of health systems. However, there are often weak linkages between these

---

[4] WHO, Global TB report, WHO, Geneva, 2002; WHO, TB surveillance report, Harare, 2001.
[5] WHO, Biennial report of the Regional Director, the work of WHO in the African Region 2000–2001, AFR/RC52/2, 2002.
[6] Gallup JL and Sachs JD, The economic burden of malaria, *American Journal of Tropical Medicine and Hygiene* 64 (1, 2) S:85–96, 2001.
[7] WHO, Tuberculosis surveillance report in the African Region, 2001.
[8] WHO Malaria Unit, Semi-annual monitoring and mid-term review report, 2002.

reforms and key interventions for these diseases. The essential packages of care which have been developed as part of mainstream health reform often fail to adequately reflect the needs of programmes to address the three diseases. The three programmes have established vertical planning, resource mobilization, logistics and management systems. The roles of other departments and units of health ministries such as clinical services, essential drugs, laboratory services and training are not clearly defined. These often have little access to the resources available to the three programmes and thereby are unable to contribute adequately to implementation of activities.

13. *Centralization of programme planning and management:* The strategies for HIV/AIDS, TB and malaria are well-defined. However, dominant centralized planning and management, and inappropriate composition of coordinating bodies often hamper their operationalization. In many cases, national strategic plans are developed at the central level, with little participation from district and sub-district levels. This leads to insufficient action plans and interventions for beneficiary groups.

14. *Failure of financial resources to reach operational levels:* Implementation of district plans is often hampered by failure of disbursement of allocated and approved budgets. In many countries, district health plans do not adequately reflect the strategies that are included in the strategic plans at central level.

15. *Weak interaction between health services and communities*: Community participation often forms part of most health development policies and strategies. However, implementation is often weakened by lack of orientation and skills for health workers to effectively facilitate the interface with communities. Community-based organizations usually have no access to funding which would enable them to take their own initiatives, create demands and force health systems to respond.

16. *Weak partnerships with the private sector (both for-profit and not-for-profit)*: Workplaces provide ample opportunities for service delivery, but they are insufficiently exploited. The regulatory role of governments in ensuring compliance of private health care providers with national standards and guidelines for case management of HIV/AIDS, TB and malaria is often weak. Some of the technical capacities available in countries outside ministries of health are often insufficiently utilized.

17. *Increasing poverty, civil unrest and conflict:* Worsening poverty has limited the ability of countries to allocate appropriate resources to health systems in general and HIV/AIDS, TB and malaria programmes in particular. Access to essential health services is compromised as households are less able to pay out of pocket or through health insurance. This is aggravated by the prolonged and increased situations of civil unrest and conflict in the region which result in population displacement and facilitates transmission of the three diseases.

Challenges and opportunities

18. Key challenges include ensuring effective decentralization of services, strengthening human capacity (in both numbers and skills), increasing financial resources, improving the infrastructure, ensuring uninterrupted provision of affordable drugs and supplies, and increasing the involvement of communities, NGOs, CBOs and the private sector.

19. There are now enormous opportunities to scale up implementation of activities in countries. Political commitment at both national and international levels has increased during the past few years. The Abuja declarations[2] of 2000 and 2001 clearly set out the aspirations of African Heads of State for the actions to be taken in intensifying the response to malaria, HIV/AIDS, tuberculosis and other related infectious diseases. The 2001 United Nations General Assembly Special Session on HIV/AIDS Declaration, the World Bank Multisectoral AIDS Programme, Roll Back Malaria, Global TB Drug Facility, Global Fund to Fight AIDS, TB and Malaria, the New Partnership for Africa's Development and other initiatives for poverty reduction further re-affirm the global commitment and provide additional resources for accelerating actions against these diseases.

OBJECTIVES

20. The general objective is to contribute to the acceleration of the reduction of morbidity and mortality associated with HIV/AIDS, TB and malaria.

21. The specific objectives, in accordance with the Abuja and UNGASS declarations, are to:

(a) increase the coverage of HIV/AIDS, TB and malaria prevention and treatment interventions;

(b) increase access to effective medicines and supplies for treatment and prevention of HIV/AIDS, TB and malaria;

(c) ensure availability of the human and financial resources required to reach the targets.

GUIDING PRINCIPLES

22. In scaling up implementation of control activities against the three diseases, the following guiding principles need to be considered:

(a) **Country ownership:** The scaling up process should be country-driven to ensure that interventions are planned and implemented according to country priorities and community needs.

(b) **Equity:** Access to services, particularly for the poor and the difficult-to-reach, should be taken into consideration during the planning and implementation of interventions in countries.

(c) **Sustainability:** In order to ensure sustainability and participation of the community in the implementation of activities, strategies should take into account cultural acceptability and human resource capacity, especially at district and peripheral levels.

(d) **Partnerships:** Strong and effective partnerships should be developed at the global, regional, national, district and community levels in order to enhance coordination of programme activities, avoid duplication of efforts and maximize the use of resources.

IMPLEMENTATION APPROACHES

23. The scaling up of interventions against HIV/AIDS, TB and malaria requires increased geographical and programmatic coverage in a way that will make them available, accessible and affordable to the majority of the people in need. Hence, various approaches are proposed to reinforce effective implementation of already existing strategies for the three diseases. Particular attention and local adaptation need to be ensured in countries affected by emergencies.

24. **Advocacy:** There is need to advocate for a health sector that is responsive to the needs of people and that focuses on increasing coverage, equity, quality and efficiency in the provision of services at all levels. Appropriate policies and legislation should be put in place to create a supportive environment. Partnerships should be established with the media, both public and private, including local and rural radio stations for regular information and education activities to create demand for services and for behaviour change. Interpersonal communication should also be used.

25. **Enhancing multisectoral action:** The potential benefits of the multisectoral approach must be exploited fully and at all levels of service delivery. Roles and responsibilities must be defined clearly and agreed upon for each of the sectors involved. Ministries of health must play a leadership role in the health sector response and a catalytic role in enhancing responses from other sectors according to their comparative advantages.

26. **Harnessing capacity for service delivery at country level:** There is a need to increase the quantity and quality of staff involved in the delivery of services. These requirements must be estimated at the planning stage. Countries must exploit the opportunities that exist within and outside ministries of health, and at all levels, in order to harness the underutilized human capacity for the delivery of the intervention packages. The following approaches may be used:

(a) identifying and engaging new partners such as academic institutions**,** NGOs and CBOs using innovative methods such as contracting for human resources development;

(b) providing orientation to private health care providers, the corporate sector, NGOs**,** CBOs and professional associations on the interventions for the three diseases to enable them to participate in service delivery;

(c) intensifying training for all three diseases through in-service short courses, simplified modules for lower cadres and pre-service training;

(d) expanding service delivery efforts to workplaces in collaboration with the private sector.

27. **Strengthening programme management and resource allocation:** The increased commitment expressed nationally, regionally and globally to control the three diseases has brought about the establishment of Country Coordination Mechanisms (CCMs) made up of core partners, public, private and civil society in many countries in the Region. These committees have been central to the development of proposals for the Global Fund to fight AIDS, Tuberculosis and Malaria. They should be appropriately constituted and strengthened to facilitate partnership and joint planning processes at country level, with emphasis on micro-

planning involving all partners at district level and ensuring clearly defined roles for the implementing partners.

28. To efficiently deliver services at district and community levels, decentralization of services is important and this will include:

(a) delegating and supporting planning, implementation, monitoring and evaluation to local and district levels, based on national strategic frameworks;

(b) building district and local level capacity for management and service delivery through partnership with locally-based NGOs;

(c) developing mechanisms for resource allocation and disbursement, management and monitoring of resources, especially at district and local levels;

(d) ensuring that district activities are captured in instruments for resource mobilization such as Poverty Reduction Strategy Papers and Highly Indebted Poor Countries initiatives;

(e) including packages of intervention for the three diseases in the essential health package for district level;

(f) strengthening referral systems between appropriate levels and ensuring effective monitoring and supportive supervision at all levels.

29. **Enhancing integrated service delivery at district level:** It is essential that key interventions are integrated at the point of service delivery. All service providers (including community development officers and community resource persons) and service delivery points (mother and child health clinics, Expanded Programme on Immunization service delivery points, pharmacies) should be given orientation to provide services for the three diseases to the communities and mobilize them for behaviour change.

30. **Integrating a service into another that is already being offered:** Large-scale integration can be used as a means to hasten scaling up. For example, voluntary counselling and testing services can be integrated into outpatient services for sexually transmitted infections and tuberculosis. Where feasible, TB clinic staff could be trained and equipped to do HIV counselling and testing among TB patients.

31. **Strengthening partnerships with communities for service delivery:** Communities should be consulted and involved in the planning, development and management of interventions and services at local level. Health workers should be provided with adequate orientation and skills through the use of participatory approaches in situation analysis and needs assessment as well as planning, monitoring and evaluation to enable them to effectively facilitate the interface with communities. Efforts should be made to build on community-based initiatives such as the Bamako Initiative in order to enhance better service delivery for HIV/AIDS, TB and malaria. Partnership with the traditional health sector should be expanded, including more focus on research into traditional medicines for the prevention and treatment of the 3 diseases.

32. **Ensuring availability of drugs and commodities at all levels:** Drug supplies, diagnostic facilities and other related commodities are crucial for effective implementation of the intervention packages for the three diseases. Innovative ways to make these accessible and

affordable to the beneficiary groups must be vigorously pursued. For example, drugs, diagnostic equipment and other commodities that are locally manufactured could be procured and distributed in pre-packed form to operational levels through partnership with local manufacturing companies. For imported drugs, bulk purchasing mechanisms could be established for groups of countries in order to lower costs. Mechanisms should be out in place to prevent leakages of drugs purchased at reduced prices to developed country markets.

33. **Promoting operational research for improved management and service delivery:** More attention should be paid to operational research, particularly at the implementation level. Operational research should be incorporated and funded as part of district health plans. This would ensure that solutions to implementation constraints and the most effective approaches to scaling up programmes are identified. New, cost-effective interventions to address the three diseases should continue to be explored.

34. **Ensuring financial resource mobilization and disbursement at operational level:** Even at the current low levels of coverage, considerable amounts of resources are being spent on the response to HIV/AIDS, TB and malaria. Resource mobilization from national and external sources for the three diseases should be integrated into the national development planning process; programme needs should be considered in the plans and budgets of government ministries. Governments must establish efficient and accountable mechanisms to ensure that funds allocated to districts are disbursed for implementation. Innovative methods for mobilizing resources from the private sector and communities should be pursued. In addition, ministries of health should ensure that the needs of the three diseases are incorporated into Poverty Reduction Strategy Papers. Special funds such as the GFATM and GDF should be accessed and national resources reallocated to meet the increasing needs for prevention and care.

MONITORING AND EVALUATION

35. Monitoring and evaluation of interventions and activities at country level are important to ensure that programme targets are being reached and should be used to accelerate implementation. The OAU summit targets for malaria, HIV/AIDS, TB and other related infectious diseases provide frameworks for monitoring and evaluation. In addition, existing indicators, tools and guidelines for monitoring and evaluating implementation of the regional strategies should be used.

36. The Regional Office will monitor progress in scaling up the implementation of interventions against the three diseases through periodic reviews and reports to the Regional Committee. Core indicators for assessing progress in implementation will be developed based on the Abuja and UNGASS declarations as well as Millennium Development Goals.

ROLES AND RESPONSIBILITIES

Countries

37. Ministries of health have a key leadership role in developing plans and mobilizing both internal and external resources for scaling up implementation of activities. In addition, it is the responsibility of countries to implement planned activities, monitor and evaluate programmes, and ensure coordination of partners.

WHO

38. WHO will provide technical support for the development of strategic plans and plans of action for scaling up interventions as well as support for programme implementation, monitoring and evaluation. WHO will also advocate for more resources internationally and assist countries in coordinating partner support for scaling up interventions at national level.

Other partners

39. Other partners will participate at all levels in the development of national strategic frameworks and implementation plans, monitoring and evaluation as well as provide financial and technical inputs at all levels, based on their comparative advantages. In addition, they will support national capacity building relevant to implementation of interventions at all levels.

CONCLUSION

40. Despite the achievements made in the response to HIV/AIDS, TB and malaria, coverage and access to these interventions still remain low, and trends in these diseases are not declining. Inadequate health services, insufficient human and financial resources, unaffordable drugs and supplies for prevention and treatment, and limited involvement of communities, NGOs and private sector are the major challenges. The adoption and implementation of the approaches outlined above will enable countries to scale up HIV/AIDS, TB and malaria prevention and control activities.

41. There are now enormous opportunities to scale up implementation of interventions against HIV/AIDS, TB and malaria. The Regional Committee is therefore requested to consider and adopt this framework.