

Integration of HIV/STIs into primary health care in the Caribbean

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Background

In general, Caribbean countries have made progress in the achievement of the universal access targets on HIV treatment, prevention, care and support, but in some countries significant gaps remain. In addition, equity is challenged by continuing barriers to access to HIV/sexually transmitted infections (STIs) care for some vulnerable and most-at-risk groups. Changes in the global, regional and national financial situation coupled with reductions in donor financing through loans and grants – for example, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) – threaten the sustainability of the current gains and the expansion of new evidence-based interventions.

The care models currently being used to deliver HIV services are not sustainable nor do they allow for efficiency. Although there have been various attempts to decentralise, vertical models continue, especially in the provision of HIV care and treatment, with only a few health-care providers involved in the delivery of HIV services. HIV testing and counselling is often decentralised but not often integrated into facility function. The engagement of private providers remains limited.

Integration of HIV/STI services into primary health care provides the opportunity for increasing access and equity, inter-programmatic collaboration with opportunities for strengthening health systems, and re-orienting and improving health services. National guidelines and standards as well as quality assurance, with systems for reporting and monitoring and evaluation, are critical components of the integration process. Engagement of the private sector in the response is another key area for sustainability.



The UWI Chronic Disease Research Centre in Barbados, developed in response to the Caribbean epidemic of chronic diseases

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Many examples of good practices have emanated from the national and regional HIV programmes in the past decades. The integration of HIV/STI into primary health care enables replication of these approaches as well as formation of linkages between programmes – for example, surveillance of behaviour risk factors for non-communicable diseases (NCDs), and linkages between national cancer programmes and STI programmes in the treatment and screening for hepatitis B and human papillomavirus (HPV), which are risk factors for hepatic and cervical cancer respectively.

In September 2011, CARICOM health ministers made the decision that HIV services needed to be integrated into general services. This view was informed by the realisation that:

- External resources for funding HIV programmes were diminishing and Caribbean countries were ineligible for much of the external assistance.
- National HIV responses were driven mainly by the health sector and were vertical in most countries.
- It was unsustainable to continue with vertical national responses, as these were less cost effective and less efficient than integrated services.

With such an overarching policy decision to integrate HIV, there was a need to identify the concrete changes required in the health sector to enable the best transition of services. It was fortuitous that assessments of health systems either had been conducted or were in process in a number of countries: The Bahamas, Belize, Dominican Republic, Haiti, Jamaica, Trinidad and Tobago and the members of the Organisation of Eastern Caribbean States (OECS) (Antigua and Barbuda, Dominica, Grenada, Montserrat, St Kitts and Nevis, St Lucia and St Vincent and the Grenadines). The Pan American Health Organization (PAHO) HIV Caribbean Office and the US Government (PEPFAR), working either independently or jointly, conducted the assessments through the public policy consultancy firm Abt. Associates between 2008 and 2011.

The main objectives of the assessments carried out by PAHO were to: identify and document the achievements and gaps in the coverage of prevention, treatment, care and support services, as well as financial gaps for a sustained response; ascertain the opportunities and challenges the various countries face in delivering an effective and efficient health system response to the HIV/STI epidemic; and recommend ways to optimise the effectiveness, efficiency and sustainability of the health system response in the Caribbean region.

The focus of the OECS assessments was on the broader health sector, but attention was also paid to HIV services as a key area of concern for governments of the region.

A regional group of experts and subsequently the chief medical officers from some member states evaluated the recommendations of these assessments. The recommendations on the main policy areas were as follows:

1. Leadership and governance and health workforce

- a. Re-orientation of the organisational structures to improve efficiency in the delivery of services emphasising the decentralisation of the HIV programme into the primary health-care system based on national context. (Develop models and standards of practice including proper oversight within the primary care structure.)
- b. Revision and re-organisation of the co-ordinating mechanisms and structures for the national response within the framework of the new evidence-based paradigm to ensure greater efficiency and guarantee multisectoral (inclusion of civil society and private sector) involvement.
- c. Strengthening of the governance infrastructure to support the human resource development, recruitment, retention, planning (including task shifting) and management of the health workforce based on needs assessment of the health sector.

2. Service delivery and medical products and technology

- a. Revision of national public health legislation including, but not limited to, the development and strengthening of national pharmaceutical policies in accordance with the Caribbean Pharmaceutical Policy framework to include regulation, quality assurance, procurement and supplies management, rational use of medications and pharmacovigilance. (Integration of antiretrovirals into the national procurement and supplies management system and cost reduction.)
- b. A paradigm shift in service delivery in the context of new evidence-based interventions including combination prevention, treatment as prevention and treatment 2.0 using the elements of the primary health-care approach. (Establishing clarity in the engagement of the private and NGO sectors for support to persons with HIV and most-at-risk populations and syndromic management for STIs using lab diagnosis for surveillance purposes.)
- c. Strengthening capacity of the ministries of health to address gender equity, human rights and stigma and discrimination to ensure equity and access to health services.
- d. Support for the establishment of quality assured regional and national laboratory services and networks through implementation of national strategic plans, provisions of adequate human and financial resources and establishment of national regulations to ensure quality of lab services at all levels including points of care.

3. Health financing

- a. Advocate for greater priority for health where good health is recognised as an investment in the development agenda. A minimum of 1 per cent of GDP to be allocated to HIV/STIs and NCDs.
- b. Need to explore alternative health financing options including regional and national health insurance.
- c. Better tracking of health expenditure (i.e., through the use of national health accounts/ national AIDS spending assessments) to facilitate efficiency and efficacy in resource allocation and to reduce duplication and revenue slippage.

4. Health information systems, surveillance and research

- a. Strengthening national surveillance systems with resources (financial, human, policy and legislation) and infrastructure to develop strategic information for evidence-based decision-making and programming (including case-based surveillance, drug resistance monitoring and special surveillance studies that emphasise the standardisation of data).
- b. Development of health information system with support for primary health care.
- c. Development and implementation of a national unique identifier for the collection of national health data as part of the health information system (HIS).
- d. Operationalisation of the regional research agenda (already adopted by the Caucus of Ministers in 2010) and the identification of priorities for research along with the mobilisation of resources.

These policy changes are being augmented at a time when the Caribbean Community (CARICOM) member states have received and complied with a mandate from their Heads of Government to form a new Caribbean Public Health Agency (CARPHA) combining the five existing regional health institutions and focusing on surveillance, reference laboratory services, research and policy. It will have a remit to serve the regional level needs of both CDs and NCDs. The Caribbean Epidemiology Centre, the major contributor to its foundation, has already been collaboratively conducting behaviour risk factor surveillance on NCDs with CARICOM member states, utilising the vast experience gained from such activities in the sphere of HIV surveillance.

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