QUALITY HEALTHCARE IN DEVELOPING COUNTRIES

SUSTAINABILITY – THE NEW IMPERATIVE

Notre Dame University, April 25, 2005

CURSORY GLANCE - AFRICA

- The Marburg Virus in Uige, Angola – 239 deaths, a virulent haemorrhagic disease
- Cholera, yellow fever, dysentery etc.
- Tuberculosis, Malaria and HIV/Aids
- Malaria kills a child every 3 seconds in Africa; also – the problem of mutating viruses and increasingly virulent strains
- Increasing resistance to antibiotics, e.g. in treating malaria

COMMON CHARACTERISTICS

- Uige, Angola – healthcare infrastructure totally destroyed by the civil war
- Vast areas of countries like DRC and Sudan have no tarred roads, minimal basic infrastructure, very few skilled personnel or financial resources, and continuing civil conflicts
- Extreme poverty, malnutrition, lack of basic sanitation and clean water

SYSTEMIC ISSUES

- The question: why are so many underdeveloped countries entrapped in poverty and unable to meet basic social needs like sustainable healthcare?
- The reasons are complex / interwoven
- External factors which are determined by international politics and economics
- Internal factors relating to accountable governance, culture of human rights etc.

EXTERNAL SYSTEMIC ISSUES

- International Debt owed to developed countries and global institutions
- International Trade System administered by the WTO – a rules based “one size fits all” approach – unfair, unjust
- Agricultural subsidies in the EU and USA in particular disadvantage poor countries
- So far, a limping response to MDGs – from initial commitment to 0.7% of GDP

RESPONSE REQUIRED

International Advocacy concerning:

- Debt relief, preferably cancellation
- Revision of WTO Trading System - underdeveloped nations should receive *preferential* treatment for poor nations: to treat unequal partners equally is unjust
- Phasing out of subsidies to EU farmers
- Increased *direct* Development Aid

INTERNAL SYSTEMIC ISSUES

- Wars, civil conflicts, lack of sustainable peace and effective democracies, lack of respect for fundamental human rights
- Lack of accountable governance
- Corruption and maladministration
- Minimal resources, lack of skilled personnel for administration
- Poverty and severe underdevelopment

RESPONSES REQUIRED

- In Africa: the activation of the policies and structures of the AU – Peer Review, AU Peace/Security Council, Parliament
- Capacity-building for weak Governments and administrations – needs multi-lateral support and sustained accompaniment
- Empowering civil society and its networks to hold Govt. accountable and to partner Govt., private sector, business

HIV/Aids - OVERVIEW

- 40 million worldwide have died, and roughly 40 million are HIV positive
- Sub-Saharan Africa and South East Asia are worst affected areas
- Some 75% of those with HIV - in Africa
- Next waves – in India and China
- The poor and vulnerable, esp. women and children, struggle most as a result of stigma and discrimination

HIV/Aids – South Africa

- About 5.4 million HIV positive (39% of population in Swaziland and Botswana)
- 200,000 people die of AIDS each year
- 3 out of every 100 houses are in the care of a child
- 990,000 children have lost their mothers to AIDS
- Infection rate + deaths have not peaked

SOUTH AFRICA – ARV therapy

- For about 600,000 people in SA – the destruction of the immune system by HIV has reached point where ARV treatment is required (the CD4 count of the person is below 200) for all of them
- Of these, only 33,000 at present are receiving treatment in the public sector, and 45,000 in the private sector; nearly 3000 in the Church's ARV program

ARVs - some general comments

- ARV alleviates suffering; can prolong quality life for 10 years or more, even for the poor and vulnerable
- The present pandemic is a global emergency; needs global response
- Cheap and effective treatment should be offered to as many as possible
- But – there are significant challenges to implement ARVs in resource-poor areas

PROBLEMS IN ARV ROLL-OUT

- Cost of ARV drugs (diminishing - through partnerships with pharmaceuticals)
- *Sustainable* supply and distribution
- Complex treatment regimens
- Health-care facilities inadequate
- Not enough medical + nursing personnel
- Monitoring of drug resistance
- Uninterrupted life-long treatment

IMPLICATIONS

- International and national effort on a huge scale required to meet challenges
- Because even in resource-poor areas suffering can be reduced + life prolonged
- Severe and negative implications for people, families and societies if ARV treatment is withheld or not sustained
- Various ethical principles have to considered - some difficult decisions

ETHICAL PRINCIPLES

- Ethical principle of “beneficence”: as many as possible to receive treatment
- But - many more require treatment than can be provided for immediately
- Therefore - the principle of “justice” (in the sense of being “fair”) will need to be considered in selecting those who will be treated, and then *kept* on treatment
- Selection - a very difficult ethical process

“JUSTICE” – “FAIRNESS”

- Means providing *equitable* access to treatment with ARVs - as well as providing food, vitamins, micro-nutrients
- This requires that children and those in rural areas to be included *early*
- In patients with many diseases – ARVs not to be given in isolation from health-care for other diseases, but offered in integrated primary health-care facilities

APPLICATION OF PRINCIPLES

- Aids pandemic is a problem for entire populations as well as for individuals
- Therefore – these ethical principles which focus on the *right* of individuals to be treated equally and fairly need to be *balanced* against -
- The need to achieve the greatest potential *public health* benefits for the population of a country

IMPLICATIONS – Public Health

- Public health programs to be directed at protecting and enhancing health of entire populations
- Failure to take ARV drugs regularly may lead to multi-drug resistant infection
- This means serious negative cost and health implications for people + society
- Ethical imperative – public health sector must prevent emergence of resistance

Public Health Sector – S. Africa

- Major challenge – the need for a high degree of *adherence to the ARV regimen for life*, and to *sustain* large and growing treatment programs – but SA experience shows that…..
- It was not possible to sustain adherence to *6 months* of treatment for TB for less than 100,000 new cases per year in SA in the pre-Aids era

TUBERCULOSIS EXPERIENCE

- In the light of the TB experience, there is a formidable challenge for S. Africa:
- How to ensure and sustain life-long adherence to treatment with ARVs for 600,000 people with enough skilled personnel + adequate resources, while at the same time sustaining treatment for hundreds of thousands who have TB and other infectious diseases

LONG-TERM ADHERENCE

- Appropriate infrastructure for health-care delivery is required
- Accessibility to clinics across country for all those on treatment
- Maintaining continuous supply of drugs
- Monitoring of compliance
- Active involvement of communities
- Selecting patients likely to adhere

DRUG RESISTANCE

- Necessity to prevent emergence of multi-drug resistant HIV; this may justify -
- Over-riding individual rights to treatment for those who may be unable to adhere to it, but
- This is not to be undertaken lightly: public health policies and practices must be supported by justifiable principles of public health ethics

THE CHALLENGE

- Achieve a balance between rights of individuals and public health needs of society - with the aim of
- Maximizing adherence by enhancing social ownership + co-operation between health personnel and entire communities
- Reducing stigma, protecting dignity, overcoming social destabilization
- Personal responsibility for one’s health

PREVENTION PROGRAMS

- If pandemic is to be slowed, it is important to prevent new infections while treating those already infected
- Therefore, prevention programs are vital – they must include the most effective and simple method:
- The prevention of mother-to-child transmission (while continuing monitoring of breast-feeding vs. formula)

RELATED NEEDS

- Reducing poverty and its effects
- Improving living conditions + sanitation
- Adequate nutrition and micro-nutrients
- Behavior modification programs – motivation to sexual responsibility especially in casual relationships
- Balance between good treatment and good prevention programs – seen as complementary aspects

REVIEW OF THE ISSUES

- Disparities are very wide – therefore, it will be difficult achieve all these goals especially in the short to medium-term
- Choices will have to be considered
- Fear of long-term use of cheaper generic drugs (resistance) must be balanced by -
- Provision of treatment to more patients to alleviate suffering and save more lives in the short-term

REVIEW - continued

- Lack of doctors and nurses skilled in AIDS programs + palliative care – means that other personnel are needed to deliver and monitor ARV treatment - so
- Balance lower level of knowledge and training for community health workers, PLWAs and traditional healers against –
- The need for treating large and ever larger numbers of patients with ARVs

PRACTICAL EXAMPLE

- The comprehensive and inclusive AIDS program in the Diocese of Rustenburg, South Africa
- More than 8 years of operational experience in an extremely resource-poor setting
- Called “Tapologo” – a local Setswana word meaning “a place of peace and rest” - defines the spirit of the program

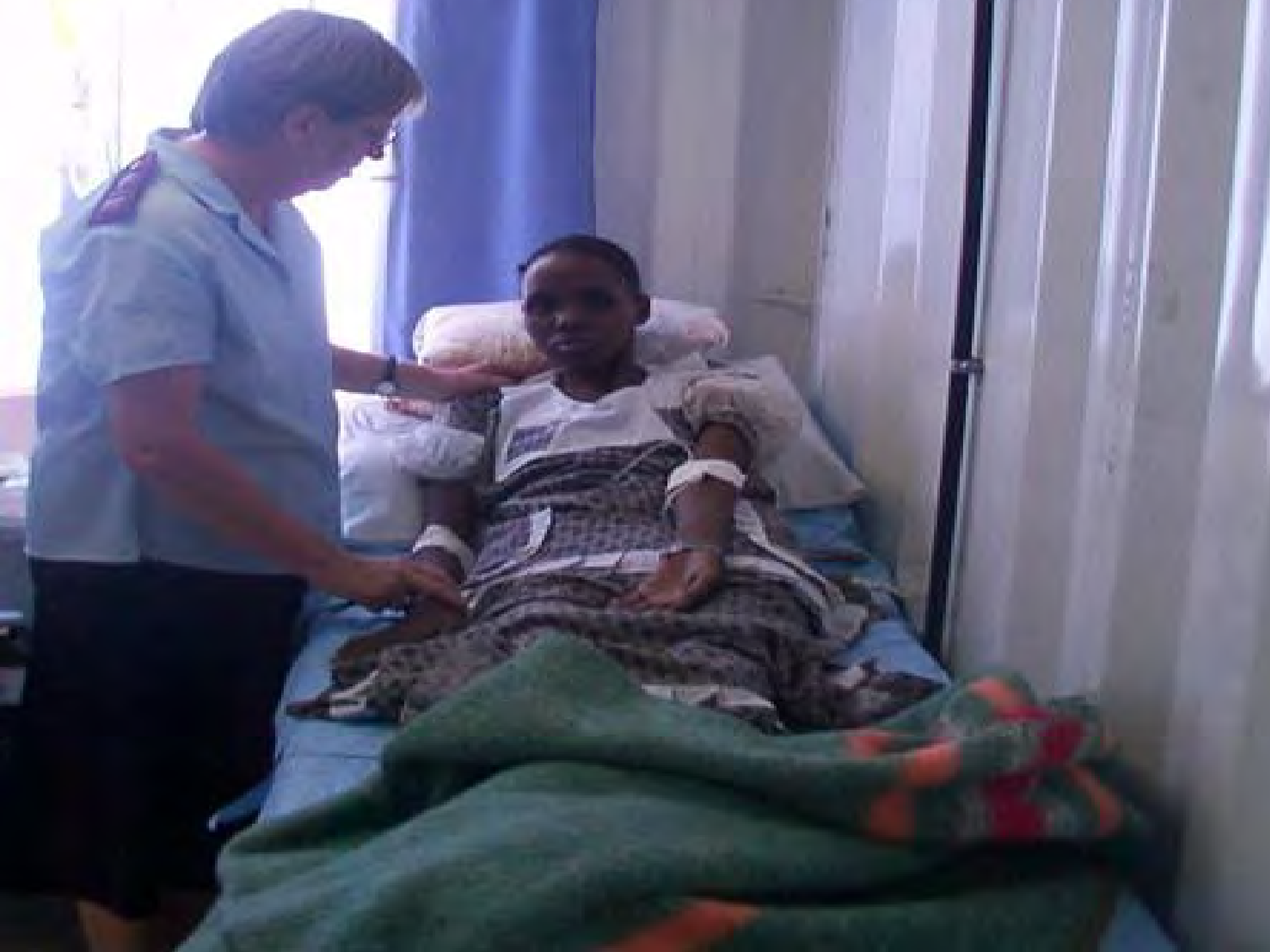
TAPOLOGO PROGRAMMES

- Community clinic serving wide area
- 10 home based care/counseling teams
- Anti-retroviral treatment – 8 ARV clinics
- Hospice in-patient unit for 27 patients
- Orphan and Vulnerable Children program in same home-care sites
- In-service training; caring for the carers
- Administration and fundraising

Community Clinic

- Shack/informal settlement – over 20,000 people living in some 5000 shacks
- Community clinic – provides a one-stop service to a wide area of squatter camps and villages – 3 professional nurses, assistant nurses, doctor,TB/ARV clinics, skills training and job creation, primary school, créche, child feeding scheme, bread-making etc.


LIFE

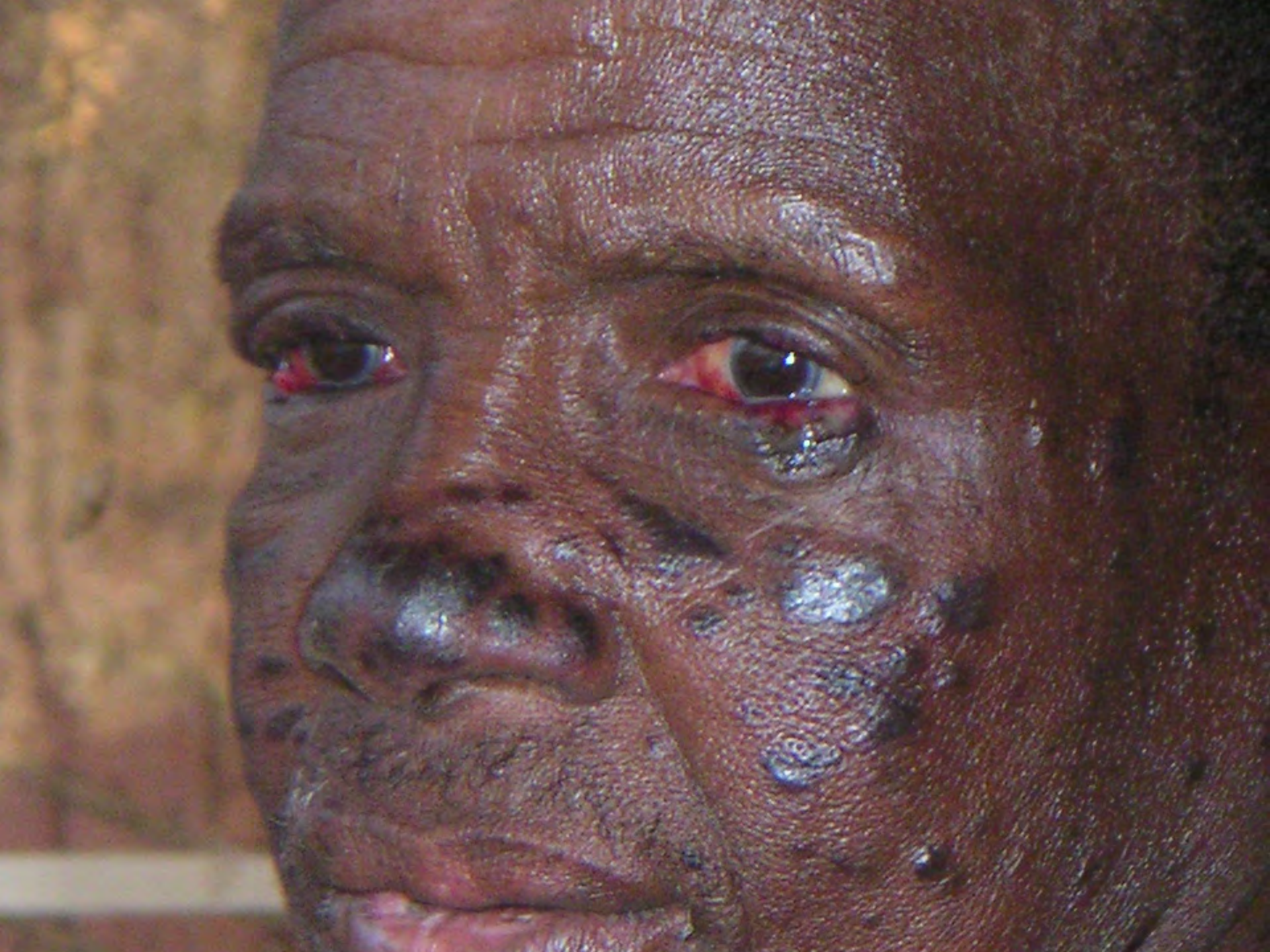


Home-care nurses/counselors

- 110 highly trained and experienced home carers working in 10 settlements
- Supervised by 8 professional nurses all qualified in palliative care
- Average 25,000 home visits to families per year, care of sick, counseling
- In-service training every 2 months
- 5 teams supported by Mine partner
- Very accurate documentation and data

ANTI-RETROVIRAL PROGRAM

- Catholic Relief Services Consortium and PEPFAR – 22 Catholic “sites” in South Africa
- Tapologo operating 8 ARV clinics – staff go to people at the home-care stations
- AIDS clinician + doctor, professional nurse, assistant nurses, home-carers
- Very high compliance rate – over 300 on treatment, food + nutrients provided

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TAPOLOGO
DAY CARE
TAPOLOGO
DAY CARE

HOSPICE – In-patient unit

- Environmentally designed adobe unit - to cut down maintenance costs
- Permaculture and organic farm - food
- 4 wards designed to be homely; special section to take 3 mothers with children
- Doctor, professional nurses helped by assistant nurses from the home-carers
- Used to stabilize people prior to ARV treatment + for those in terminal phase


MOTORS SUPPORTS TAPOLOGO
TAPOLOGO
HOSPICE
AND
HOME CARE

Orphans / Vulnerable Children

- 2 professional social workers supervising trained child carers in communities
- Partnering with other NGOs
- Emergency foster homes after mother dies of AIDS to care for orphans until…
- They are placed in foster homes in communities - monitored by social workers who also access social grants and handle court cases for the orphans

SPIRITUAL CARE

- Healing services for those in the hospice and for ARV patients - every 3 months
- Healing services for the home carers and professional nurses - every three months
- Spiritual support and counseling for the hospice staff particularly after painful experiences, e.g. the death of a child in the hospice, or when staff request this


URBAN SPORT

Administration / Fund-raising

- Project Manager
- Two administrative personnel – data capturing, financial administration, documentation, funding proposals etc.
- Site Manager for the hospice and organic farm, maintenance and repairs
- Program Managers + Admin staff form Management Team - meets every month
- Team reports to a Board

ADDITIONAL STATISTICS

- Hospice: 99 have died; 180 admitted, 48 re-admitted since November 2004
- Community Clinic: 49.4% pregnant mothers tested positive in 2003
- Partners: Impala Platinum supports 5 home-care teams; Sun International helped to build hospice, supports running costs; Nelson Mandela Fund supports orphan program

REFLECTION ON PROGRAM

- The key issue is sustainability for each of the programs
- Example: ARV program dependent on PEPFAR funding; budget uncertainty, and will last only 5 years – and then…
- Church sites to be taken over by Govt.: but will this happen? If not, what to do?
- Really requires “endowment” funding

CONCLUSION

- Medical care and provision of resources from Global Fund and other sources will be essential
- But – financial contributions and medical care will be short-term
- The critical issue – sustainability of AIDS programs and long-term improvement in population health in resource-poor countries

MACRO ISSUE

- The world community has to address the issue of global economic policies and practice
- These both cause and perpetuate the poverty, misery and hopelessness which in turn are a fertile breeding ground for the emergence and the spread of infectious diseases - and for AIDS not being a manageable disease in Africa

THE CHALLENGE

- The future and security of humankind everywhere will only be achieved if there is a life-giving solidarity between people, especially with the poor and vulnerable
- Global injustice has to be overcome by transforming the global economic system in view of attaining the goal of the redistribution of the world's resources in favour of the weak, sick and vulnerable

In the end – an ethical issue

- How will the politically and economically powerful in the world, the transnational corporations etc., find the *political will* to challenge and influence the present global paradigm - so that
- The global health imperatives can be responded to creatively, and then sustained in practical + relevant policies and programs?

Priorities for Sustainability

- Advocacy concerning transformation of global economic policies
- Multilateral agencies, Global Fund should offer comparable funding to faith-based AIDS programs with proven records, esp. if a national administration centre like a Church AIDS Office is there
- Promote and sustain public-private partnerships to improve quality health-care in developing countries

PRIORITIES – continued

- Support policy to encourage big business and private-sector to partner governments and especially faith-based and community AIDS programs
- Invite/challenge governments and multilateral organisations to work towards greater access to affordable medicines and food/nutrient needs in resource-poor countries


POKÉMON

THE VISION AND SPIRIT

"I have come that they may have life and life to the full" (John 10:10)