Quality of Care vs Access to Care

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PharmAccess FOUNDATION

Roche

health interactions

Adults and children estimated to be living with HIV in 2006

UNAIDS

World Health Organization

Dr. Jim Kim at the XV International Conference on AIDS, Bangkok, 2004

ARV therapy coverage in low and middle income countries, Dec 2003

Geographical Region	Number of people receiving ARV therapy	Estimated need	Coverage
Sub-Saharan Africa	100,000	4,400,000	2%
Latin America and the Caribbean	210,000	250,000	84%
East, South and South-East Asia	60,000	900,000	7%
Europe and Central Asia	15,000	80,000	19%
North Africa and the Middle East	1,000	75,000	5%
Total (All WHO regions)	400,000	5,900,000	7%

ARV therapy coverage in low and middle income countries, Dec 2005

Geographical Region	Number of people receiving ARV therapy	(low estimate – high estimate)	Estimated need	Coverage
Sub-Saharan Africa	810,000	(730,000 –890,000)	4,700,000	17%
Latin America and the Caribbean	315,000	(295,000 –335,000)	465,000	68%
East, South and South-East Asia	180,000	(150,000 –210,000)	1,100,000	16%
Europe and Central Asia	21,000	(22,000 – 22,000)	160,000	13%
North Africa and the Middle East	4,000	(3,000 –5,000)	75,000	5%
Total	1,330,000	(1.2 –1.46 million)	6.5 million	15%

Global access to antiretroviral drugs in low and middle income countries is improving

December 2002: 300,000 people on ARVs

June 2006: –1.6 million people on ARVs

- **In 2005, 250,000 – 350,000 deaths were averted because of previous treatment scale up**
- **However, only 24% of people in need of ARVs in low- and middle-income countries are receiving them**

WHO, 8/2006

Impact of increased access on quality care

- The key elements to quality healthcare:
  1. Health workers
  2. Information/knowledge
  3. Funds
  4. Infrastructure
  5. Diagnostics
  6. Drugs and other commodities

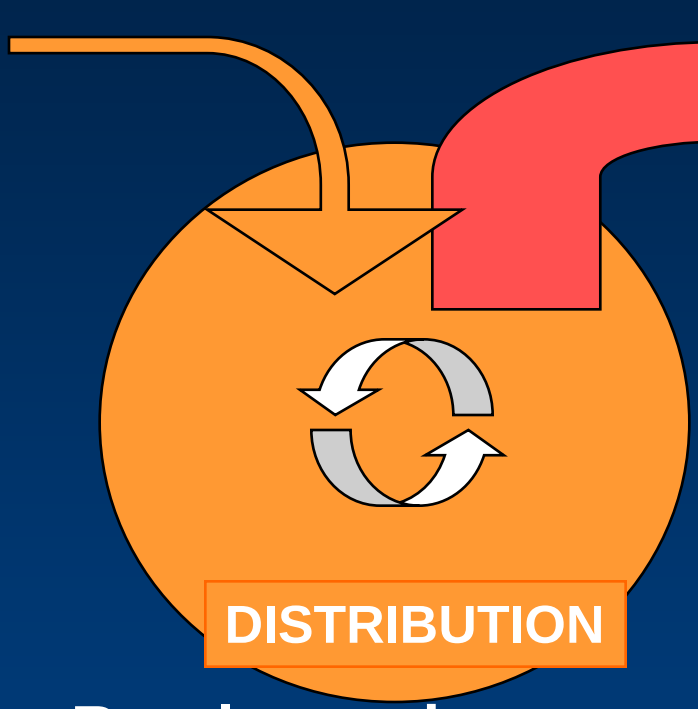
The challenge of scaling up the healthcare workforce in Africa

- **Critical Shortages in 36 countries = 0.82 million (doctors, nurses and midwives)**
- **Assuming 20 years to scale up workforce**
  - **NNT (numbers needed to train) = 2.8 million (140,000/year)**
  - **77,000 trained/country**
  - **3,800 workers per year for 20 years**
  - **10 workers per day!**
- **Current estimates of training output for Africa range from 10% to 30% of what's needed**

The face of the crisis

RECRUITMENT

- Training
- Enrolment



- Death
- Resignation
- Brain drain
- Retirement

- Rural vs. urban
- Health providers vs. managment and supply staff
- Public vs. private

Death from AIDS – largest cause of attrition

HIV prevalence = 15% ➔ up to 33 % loss of health workers in 10 years

Zambia:

- 1980: 2 nurses out of 1000 died
- 2001: 27 nurses out of 1000 died

Botswana:

- 1999-2005: 17% of health workforce died
- 1999-2010: 40% of health workforce will die (projection if no action is taken)

South Africa:

- 2006: 35% of student nurses HIV+

Information and Knowledge

- **Health information systems are poorly developed**
  - **Weak supply and demand for population, clinical, administrative data**
- **Time delay in informing Procurement units**
  - **what is needed**
  - **how much**
  - **when it is required**
- **Frequent supply issues even when stocks are available**

Drowning in Data!

- Rapid growth in demand for data
- Multiple parallel and duplicate demands
- One of the greatest consumers of time for highly skilled clinical providers
- Virtually no qualified staff to manage, synthesize or disseminate information
  - it goes up but doesn't come down!

Funds

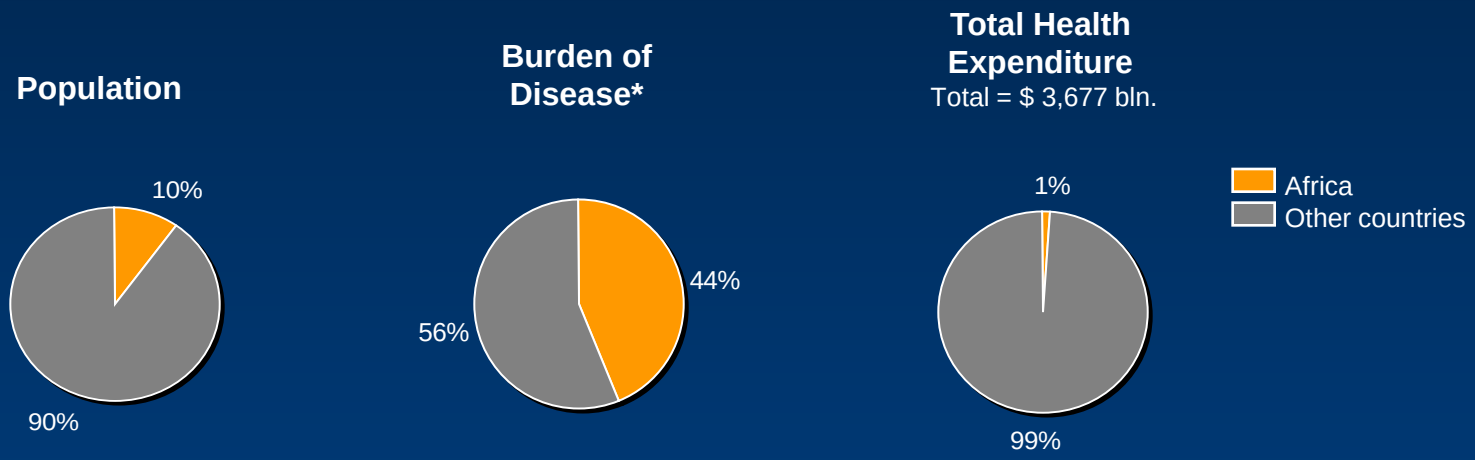
Health and Development

“ **People in poor countries are sick not primarily because they are poor but because of other social organizational failures including health delivery, which are not automatically ameliorated by higher income"**

Angus Deaton,
WIDER Annual Lecture,
September 29, 2006.

Imbalance between Africa's burden of diseases and global health expenditure

- **Africa carries more than 40% of the world's disease burden yet only 1% of global health expenditure**



- **The lack of resources for health in Africa is surprising, as investment in health, especially in communicable diseases, yields one of the highest economic and social returns***

Source: WHO 2003; *Mills and Shillcutt/ Copenhagen Consensus, 2004

*Measured in Disability-Adjusted Life Years

Examples of programs providing HIV/AIDS prevention, treatment and care to developing countries

- President's Emergency Plan for AIDS Relief (PEPFAR)
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Philanthropies and NGOs (e.g. Gates Foundation, Clinton Foundation, MSF)

Infrastructure

- **New or improved infrastructure is required to accommodate accelerated access to care**
  - **For patient space**
  - **For health worker working space**
  - **For laboratory working space**
  - **For supplies and drug storage, etc.**
    - Including appropriate temperature for drugs
- **If one has to promote and sustain quality of care**

Diagnostic Access and Practices

- Approximately 90% of people living with HIV/AIDS (PLWA) have not been tested and do not know their status, despite availability of low cost, highly accurate, easy to use tests
- Access to disease staging tests (CD4, viral load) expanding but remains limited; syndromic management is unreliable
- Resistance to first line drugs increasing, in part driven by lack of diagnostics as quality control for initiating and monitoring therapy
- Special diagnostics (PCR, CD4%) are needed for children and are far less accessible than ‘adult’ diagnostics

Drugs and other commodities

- **Sustainable quality health care demands that:**
  - **Drugs and other supplies (needles, syringes, gloves, etc.) are all available at the same time**
  - **There are of quality standards**
- **Unfortunately this is not the case always**
  - **Particularly in small health units and rural areas**
- **Bottlenecks to procurement need to be constantly addressed**

Conclusion

- Challenges to access to care should be balanced with those which address quality care
- Resources may not be sufficient but what is available can go a long way if properly managed
- Countries and governments need to invest much more in healthcare to supplement the good will from donors and bilateral agencies