Comprehensive approach to HIV/AIDS services: the way to go in resource-limited settings

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Abstract

The response to the HIV/AIDS epidemic by the various health systems in sub-Saharan Africa, that has the highest prevalence of the disease, has been quite significant in recent years. Millions of people are now benefiting from the services rendered for people living with HIV/AIDS.

Considering the state of health systems in these countries that are not only plagued with HIV/AIDS, but have to contend with poor funding, inadequate facilities and shortage of health personnel, there is a need for a comprehensive approach in HIV/AIDS services for it to be sustainable and meaningful in the context of developing nations.

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Introduction

The issue of HIV/AIDS is fast becoming a leading topic in health care delivery in the developing countries that are worst affected by the pandemic. Apart from the fact that no definite cure is currently available, the disease is currently competing for attention with other chronic diseases and health services, and in some instances HIV/AIDS is given greater priority at the expense of other health care services. The health systems in most of the countries with high prevalence of HIV/AIDS are already overstretched, with these systems having to cope with issues such as inadequate facilities, underfunding, shortage of health care personnel and poor morale.

By the end of 2008, about four million people were receiving antiretroviral treatment (ART) globally, compared to three million in 2007 and about 400 000 in 2003.[1] In the areas of sub-Saharan Africa that are worst affected by HIV/AIDS, there has been an increase of about 38% in the number of people accessing ART, which translates to about three million people in 2008 from about two million the previous year.[1] This is obviously a great stride forward towards universal access to ART in the developing world. Because of the weak health systems in these nations, the shortage of health care personnel and lack of long-term sustained funding,[2] these countries need to plan towards providing sustainable, comprehensive HIV/AIDS services without overburdening their already fragile health systems.

One of the tough challenges that seems to be facing the various governments of these developing countries which depend substantially on external donors to supplement funding for HIV/AIDS services, is how to deliver sustainable, equitable and comprehensive HIV/AIDS services to the affected individuals without neglecting other essential health services and, at the same time, avoid putting extra pressure on the already overburdened health system.

The comprehensive approach to health care is a vital tool designed to improve the health status of the population through preventive, curative and rehabilitative measures; it also includes health-promotion activities with community participation, and collaboration with other sectors outside of health to address health problems.[3]

There have been various modifications in the implementation of primary health care (PHC) since the Alma-Ata declaration of 1978, when it was agreed in principle that a comprehensive approach to health care was the most appropriate one. The issue of setting priorities among competing needs in resource-limited settings has led to a debate about the advantages of a selective approach to health care over the otherwise preferred comprehensive approach. Some authors have argued that the selective approach to health care delivery is most appropriate in developing countries because of their limited resources.[4]

The two approaches have proved useful in the implementation of primary health care in resource-limited settings and both have their strengths and weaknesses.[5] The World Health Organization (WHO) advocates the need to identify and exploit areas where there are positive synergies between health systems and global health initiatives whenever the selective approach is used in order to ensure maximum benefit for public health.[6]

Comparison between selective and comprehensive approaches to health care

The selective approach to health care is aimed at selected intervention against diseases; such interventions would include immunisation programmes and HIV/AIDS. It concentrates on the health sector, with very little involvement by other sectors, and therefore shifts the emphasis away from equitable social and economic development through community participation and intersectoral collaboration.[7]

The comprehensive approach, on the other hand, involves interventions that deal with a number of health problems or diseases and focus on an overall improvement in the health of the individual and the community. It puts disease in its social and political context, with emphasis on community participation and intersectoral collaboration.[3]

The selective approach often focuses on curative measures, with little emphasis being placed on preventive and health-promotion activities in the community. In contrast, there are prevention and health-promotion components, in addition to curative and rehabilitative activities, in the comprehensive approach.[8]

Planning of programmes in the selective approach is usually done outside the community by 'external donors', with no input or participation from those who are supposed to be the beneficiaries of such programmes. The comprehensive approach encourages local participation in the planning process of programmes, and such programmes often reflect the needs of the community because of their participation.

The implementation of health programmes through the selective approach is done mostly by high-level professionals with the use of a technological and cost-oriented approach that contravenes using 'technology appropriate to local resources'.[9] The comprehensive approach advocates the use of locally available technology and acknowledges that the entire process should be owned locally by the community, with its being involved in each stage of implementation.[8]

Evaluation of the selective strategy is limited to the assessment of preventative activities using the epidemiological method of disease measurement, which cannot assess social issues related to health. The comprehensive approach encompasses both the health and social determinants of disease and therefore there are various research methods to evaluate its impacts, ranging from epidemiology to qualitative methods.[8]

Comprehensive approach to HIV/AIDS services in a resource-limited setting

The comprehensive approach has been described as the best for the delivery of health care services in all settings.[6] In most developing countries this approach has not been exploited fully when delivering HIV/AIDS services. The trend in these countries is to establish specialised HIV/AIDS services that run parallel to existing health care facilities, costing more money to sustain and occasionally inconveniencing the users. A situation where an HIV-positive diabetic woman on ART has to visit the outpatient department to collect drugs for diabetes and come back the following week to visit the HIV clinic is not getting the best out of the system.

In Haiti, the innovative partnership between the ministry of health and the non-governmental organisations aimed at delivering HIV/AIDS services within a PHC context that increased access to other health care services has resulted in increased visits to antenatal clinics, improved vaccination rates and increased use of contraceptive services.[6]

In terms of health promotion, the collaboration of the health sector with other sectors, like housing and labour departments, will help to address the issue of housing and unemployment, which will reduce the rural-urban migration that has contributed to the spread of HIV/AIDS in low- and middle-income nations. Partnership between the health sector and other government departments to formulate workplace policy will help prevent victimisation and address issues of stigma in the work place. This partnership may also result in an investment in rural women to empower them through the acquisition of informal skills, which will help them to fight the underlying socioeconomic problems that make them susceptible to HIV infection.

HIV/AIDS advocacy groups have a major role to play in terms of awareness-creation campaigns at all levels of society; this may be done through the use of mass media for health education and behavioural change, or through posters, banners and educational materials. Condom distribution in public places is a major preventive measure that can be sustained with the assistance of advocacy groups, without much strain on existing health facilities.

The syndromic approach to the treatment of sexually transmitted infections (STIs), which reduces the chance of contracting HIV, and contact tracing of the partners of STI patients are strategies that could be strengthened at clinics and primary health care centres as part of the services rendered to the public. Screening for HIV can be integrated into antenatal services, together with the programme for the prevention of mother-to-child transmission of HIV. Sexual assault services could be included as part of services in existing health facilities to provide prophylaxis ARTs, STI treatment and contraception to rape survivors.

Measures could be put in place to strengthen the capacity of existing health facilities in managing HIV/AIDS patients so that they can initiate ART, make prompt diagnosis of opportunistic infections like tuberculosis, cryptococcal meningitis and candidiasis, which are common in HIV-infected patients, and down-refer HIV patients who are stable on treatment to their local clinics for follow up. All of the above could be achieved without setting up specialised HIV/AIDS services or dedicated clinics.

Rehabilitative measures can be provided alongside other essential services. The most important thing is that an effort should be made to minimise factors that lead to poor adherence, and that provision should be made for support groups for those on treatment. A hospice can be provided within the hospital setting to nurse terminally ill AIDS patients, or the service could be extended to the homes of terminally ill patients while they are given home-based care.

Conclusion

In conclusion, the provision of HIV/AIDS services in a resource-limited setting through a comprehensive approach is the most appropriate. It will not only tackle the social issues that contribute to the prevalence of HIV/AIDS, but will also address the needs of a society with a high incidence of HIV without worsening the inequalities that already exist in health care, as the selective approach will do.[10]

The comprehensive approach will also prevent the fragmentation of the health sector, as HIV/AIDS programmes will be integrated with other health services in existing facilities. This is very important, because there is tendency to divert attention to HIV services alone if a selective approach is used.[10] This approach will benefit people at a reduced cost to the developing nations, and will solve some of the social problems arising from inequalities that have contributed to the spread of HIV/AIDS.[11] In view of the dwindling resources available in developing countries presently, a comprehensive approach to HIV/AIDS services can be described as the most appropriate.

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