Since 2000, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported HIV prevention, care, and treatment programs for adults and children in 21 countries, working to fulfill EGPAF’s mission to eliminate pediatric HIV/AIDS. As part of EGPAF’s commitment to ensuring sustainable HIV services, EGPAF works with and through existing host country structures to build their managerial, administrative, clinical, and operational capacity and strengthen the health system. EGPAF provides comprehensive technical assistance and other HIV service delivery support to national and decentralized health authorities and civil society organizations (CSO) to contribute to gradual increases in country ownership of the HIV response. In addition to the comprehensive technical assistance support provided by EGPAF, increased country ownership will include policy-level advances among host country governments and donors to sustain, lead, finance, and manage quality HIV services. Improving access to and quality of services requires gains in health worker retention, skills, and motivation; financial, procurement, and human resource management systems; leadership at multiple levels; data collection and utilization; planning; and overall increased accountability at each level, including with patients.

The World Health Organization has defined six building blocks of a health system: service delivery; health workforce; information; medical products, vaccines, and technologies; financing; and leadership/governance. EGPAF has made contributions in each of these areas, as highlighted in the examples below. EGPAF’s approach to health systems strengthening recognizes the dynamic nature of health systems and the need for coordinated intervention at multiple levels (national, regional, district, site, community) with simultaneous increases in the capacity of CSOs and strengthening of the voice of patients and communities.
SERVICE DELIVERY

During the past decade, an unprecedented international commitment of financial resources, technical assistance, and political buy-in have led to enormous strides in reducing the spread of HIV. However, HIV prevention, prevention of mother-to-child transmission (PMTCT), and care and treatment services are often constrained by weak health systems. To address these constraints, EGPAF works to strengthen maternal and child health (MCH), antenatal care (ANC), TB, and primary care platforms and to integrate HIV services into these platforms to provide comprehensive services. Through clinical mentoring; supportive supervision; placement of EGPAF advisors within national, regional, and district health management teams; development of tools and job aids; support for laboratories; commodities and drug quantification and supply; provision of equipment and supplies; and pre-service and in-service training, EGPAF works to improve the quality of services and capacity of health workers to provide HIV services in a variety of MCH, ANC, TB, and primary care settings. Consider the following examples:

• In Kenya, Lesotho, Malawi, Rwanda, Swaziland, Zambia, and Zimbabwe, EGPAF has established integrated systems and services that immediately enroll HIV-positive clients on care and treatment where they are diagnosed in MCH, ANC, and TB services, thereby reducing the number of patients lost to referral and delays in referrals. By integrating HIV care and treatment services in MCH settings, in coordination with national and local health authorities, EGPAF leverages its HIV program-strengthening activities to also strengthen overall MCH staff capacity and systems. Of particular note, in Lesotho, EGPAF has supported the Ministry of Health (MOH) in successfully integrating HIV/AIDS services with MCH services at every health facility across the country. EGPAF is working at the community level through its ACCLAIM project in Swaziland, Uganda, and Zimbabwe to increase uptake of, demand for, and retention in MCH services.

• In Democratic Republic of the Congo, Côte d’Ivoire, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Tanzania, and Uganda, EGPAF is integrating TB and HIV services into MCH and primary health care services. This work includes training health workers at the clinic and community levels to screen for TB, provide accurate diagnosis, and refer for appropriate treatment.

HEALTH WORKFORCE

Existing HIV services, and the capacity to further scale up HIV services, are constrained by an insufficient number of qualified, motivated, and appropriately dispersed health workers. Weak systems and capacity to effectively plan for, manage, and identify human resources (HR) needs result in staff shortages, under-qualified health staff, and poor patient care. To strengthen the health workforce, EGPAF works to address these health system weaknesses at multiple levels, including increasing the HIV clinical capacity of health workers before and during deployment, strengthening national training institutions, training regional and district health management teams to assess staff needs and mentor lower-level facilities, and building the capacity of national, regional, and district health authorities to effectively manage HR. Consider the following examples:

• Since 2007 in Côte d’Ivoire and 2009 in Mozambique, EGPAF has supported pre-service training at leading universities and training institutions in HIV-specific and non-HIV topics. Having had the opportunity to see the impact of their service, in Côte d’Ivoire, about half of the student doctors and social workers placed through the program have requested that they remain at their placement sites, which are mostly rural. In Mozambique, in collaboration with I-TECH, EGPAF supported the development of an integrated curriculum for the training centers, including e-Learning modules, and provided technical assistance to the institutes and MOH national training department.
In Mozambique, EGPAF is working with the MOH to develop and roll out a national HR management manual and accompanying standard operating procedures. EGPAF is supporting the MOH to scale up the use of an existing HR database at district and lower-level facilities. These advances in HR management benefit both HIV and non-HIV services.

In Swaziland and Lesotho, EGPAF is working with the nursing service management to reduce the frequency of trained staff being transferred to other clinical service areas, thereby maintaining and increasing gains in staff capacity and reducing the need for continually training new staff.

Inadequate health management information services and poor data quality impair the ability of clinicians to provide quality care as well as that of policymakers to introduce responsive national policies. In every country where EGPAF works, EGPAF supports health authorities and/or CSOs in improving the accuracy and timeliness of data capture and reporting and in increasing data use.

In Zambia, under the technical leadership of the Centers for Disease Control and Prevention, EGPAF is supporting the roll-out of the national electronic patient records system, SmartCare, by providing strategic and programmatic input, financial management, information technology, staff, training, and procurement of computer equipment and hardware. As of March 2013, SmartCare was deployed in more than 737 health facilities in Zambia. SmartCare has been adopted by the MOH as the national patient records system.

In 2011 in Zimbabwe, EGPAF piloted an electronic patient tracking system in five districts that tracks and links mother-baby pairs from ANC (facility) through postnatal (community), enabling health workers to provide more comprehensive care and to follow up with women who don’t keep their appointments.

**MEDICAL PRODUCTS, VACCINES, AND TECHNOLOGIES**

Sustaining and scaling up HIV services to achieve elimination requires that clinicians have access to necessary technology to diagnose and treat patients and that patients have access to necessary drugs at all times. In the countries where EGPAF works, service providers and patients continue to struggle with drug stock-outs, limited access to laboratory services, and delays in receiving laboratory results. EGPAF works with national and decentralized health authorities to improve supply chain management and bring diagnostic technologies and relevant capacity to more peripheral sites.

Early in the HIV response, EGPAF directly procured medications and supplies when and where they were urgently needed in many countries. As national commodity management practices have strengthened, EGPAF country programs now support the region and/or districts and sites’ distribution and management of medications and consumables. In several countries, EGPAF staff members participate in national working groups to improve supply chain management. In Mozambique, EGPAF supported pharmacy technical advisors at the provincial and national levels to develop a training curriculum, “Principles for Proactive Management of Stocks.” In Lesotho and Zimbabwe, EGPAF is supporting the roll-out of point-of-care CD4 tests in peripheral sites, reducing the need for patients to travel to larger facilities. This has enabled EGPAF to scale up treatment in very rural MCH settings, removing the geographic and financial barriers that prevented many patients from accessing treatment. In Mozambique, EGPAF is supporting the roll-out of point-of-care TB diagnostic tests, increasing access to TB treatment, and improving the integration of TB and HIV in rural settings.

**FINANCING**

Health systems are constrained by a lack of adequate, reliable funds as well as the financial management systems and human capacity to effectively prioritize, manage, and account for these funds. In many countries where EGPAF works, lower-level health authorities have no authority or opportunity to develop budgets based on relevant local needs.
or to manage funds directly. This affects the quality of services as well as health worker motivation. Two examples of EGPAF’s work to strengthen health system financing follow:

- In many countries, EGPAF provides subgrants directly to regional and district health authorities, which, when coupled with EGPAF oversight and assistance, empowers local health authorities to gain experience managing funds, have greater accountability for services and results, and address locally relevant needs. In most cases, EGPAF provides cost-reimbursement subgrants; however, in Côte d’Ivoire, Kenya, Mozambique, and Rwanda, EGPAF has supported 155 performance-based financing (PBF) subgrants. PBF links monetary incentives for health workers to measurably improved performance, thus motivating them to work more effectively to achieve targets. Successful PBF implementation requires establishing transparent performance frameworks between regulators, purchasers, and health service providers.

- In Mozambique, EGPAF worked with MOH to develop and roll out national manuals and standard operating procedures for financial management and planning, including the national “Manual for Financial Execution and Accountability” for the provincial and central levels, which provides guidance for the preparation and submission of financial and programmatic plans according to the requirements of the Department of Administration and Finance.

LEADERSHIP AND GOVERNANCE

EGPAF recognizes that health systems are complex and include many components in addition to facilities and the frontline workers who deliver health services; health systems depend heavily on management and support functions at the national, regional, district, and community levels. EGPAF programs work to increase the capacity of national and decentralized health authorities to effectively manage services and funds while increasing accountability and local ownership. Examples of EGPAF’s work in leadership and governance include the following:

- In Mozambique, Rwanda, Uganda, and Tanzania, EGPAF implements the district approach, which builds on the role of the district as the locus of decision making for service delivery and program planning. District health authorities and EGPAF develop joint work plans for districts to manage HIV service delivery, and many finance districts via subgrants, enabling them to directly support and implement nearly all district HIV program activities. These activities include training, provision of staff salaries, transport of lab samples, patient referrals, physician oversight of HIV services at peripheral sites, supportive supervision, and oversight of operating costs, among others. EGPAF provides technical assistance and administrative support to the districts to help them coordinate and manage all partners and HIV services. District staff are responsible for mentoring lower-level health facilities and for implementing activities and trainings to upgrade their skills.

- In Lesotho and Swaziland, EGPAF supported management, leadership, and planning training for public-sector health managers. The Partnership for Management Development program includes training and development of PMTCT improvement plans followed by a 9- to 12-month period of implementation and provision of technical assistance. Training topics include organization planning, social marketing, financial management, data-based management, leadership, team building, HR and change management, operations management, and supply chain management.

ORGANIZATIONAL DEVELOPMENT OF CSOs

A robust civil society plays a critical role in supporting sustainable, quality HIV services. Local CSOs have multiple functions, which may include providing HIV services through faith-based and private sites, providing technical assistance or financing to public sites, advocating at national and decentralized levels for improvements in HIV services and policies, strengthening linkages to communities and patients, and holding governments accountable for providing services to the population.

EGPAF is committed to strengthening CSOs and has contributed to building CSO organizational capacity across a broad spectrum of hundreds of organizations, including large, national nonprofits and very small, community-based organizations. Examples of EGPAF’s work to strengthen CSOs include the following:

- Three EGPAF-affiliated national CSOs were launched: EGPAF supported the creation of three independent, national CSOs in Côte d’Ivoire (Fondation Ariel Glaser pour la Lutte contre le Sida Pédiatrique), Mozambique (Fundação Ariel Glaser Contra o SIDA Pediátrico), and Tanzania (Ariel Glaser Pediatric AIDS Healthcare Initiative). Beginning in 2010, EGPAF’s support to these affiliates has been extensive, including the transfer of EGPAF staff to the affiliates, supporting the process of registration and identifying board members; providing affiliates with dozens of EGPAF policies, tools, and systems to allow quick start-up; and providing ongoing capacity-building support. Affiliates are accredited, as part of an affiliation agreement, and through this accreditation, EGPAF confirms that affiliates operate according to high organizational standards in program management, operations, governance, and communications. In 2011, affiliates secured competitive, direct U.S. government funding. As a result of EGPAF support and highly qualified leadership and staff at the affiliates, the affiliates have all demonstrated strong growth in organizational capacity in the past two years, and a subsequent growth in program scope and funding levels has resulted.

- Leading national CSOs in Cameroon and India have been strengthened: For more than a decade, EGPAF has provided funding and organizational development support to the leading national PMTCT organizations in Cameroon (Cameroon Baptist Convention Health Services [CBCHS]) and India (Solidarity and Action Against the HIV Infection in India [SAATHII]). CBCHS and SAATHII are both the second largest providers of PMTCT services in their respective countries, second only to the national governments. In addition to funding, EGPAF has provided extensive clinical, operational, and policy support to both organizations, supporting their growth and expansion.

- Organizational Development of National CSOs to support HIV services: Through EGPAF’s PMTCT, care, and treatment programs, EGPAF has built the clinical and organizational capacity of hundreds of CSOs throughout Africa and India. Through subgrants, EGPAF provides operational, clinical, and managerial organizational development support to local organizations, several of which have gone on to secure direct, competitive funding from the U.S. government and other donors. In Lesotho, EGPAF supports LENASO (the Lesotho National AIDS Support Organization), and in Kenya, EGPAF has built capacity of more than 200 smaller CSOs. In Kenya and Malawi, EGPAF is implementing programs specifically designed to build the capacity of national organizations.

For more information about EGPAF’s work in health systems strengthening, please contact Dr. Nancy Fitch, Director of Health Systems and Sustainability, at nfitch@pedaids.org