



HLSP – Experience in Anti-Retroviral Treatment

HLSP is committed to bringing its experience and expertise in technical consultancy and management to supporting the global response to HIV and AIDS.

- We support global initiatives, national programmes, private sector initiatives, civil society and community based interventions.
- Our expertise includes capacity building for institutions tasked with planning, coordinating and implementing multi-sectoral responses to HIV and AIDS.
- We actively work to increase equitable access to prevention, care and treatment services..
- In addition we have an extensive track record of providing policy and technical advice and we have experience of appraising, designing, implementing, monitoring and evaluating complex national HIV and AIDS programmes.

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HLSP

HLSP is an international professional services firm specialising in the health sector in both the UK and worldwide. Working with international agencies and national governments, HLSP strives to advance health systems, reduce poverty, improve health outcomes and combat HIV and AIDS through long-term sustainable solutions.

Internationally we work in partnership with governments, bi-lateral agencies such as the UK's Department for International Development (DFID), multi-lateral agencies such as the Development Banks, the European Union, and the World Bank, United Nations Agencies, Global Health Partnerships and private sector organisations.

The principal components of HLSP are:

- HLSP providing client focussed technical services, consulting and project management, including programme design, monitoring and evaluation.
- The HLSP Institute which builds on HLSP experience and expertise in health and AIDS policy and practice, health systems and aid management to inform debate and policy on global health issues.

Additionally, we manage two resource centre contracts for DFID: the Health Resource Centre focussed on communicable diseases such as AIDS and sexual and reproductive health; the Health Systems Resource Centre focused on national and international policy and health systems development. These Resource Centres assist DFID in its procurement and management of technical assistance in priority countries for its work in health and HIV and AIDS, as well as supporting DFID's policy and strategy development on these agendas.

HLSP and ART

HLSP has been actively involved in the policy, systems and institutional related challenges of scaling up access to anti-retroviral treatment (ART).

Our work on ART has included:

- Contributing to current thinking on the economics of delivering ART to low-income countries.
- Providing technical support to the Ministry of Health, Kenya
- Supporting WHO's 3 x 5 Initiative
- Researching requirements for scaling up ART provision
- Working with major international donors to develop their thinking in treatment and care

ART in Low-Income Countries

Through the Resource Centre contracts, HLSP has actively contributed to current thinking on the economics of delivering ART to low-income countries. This work included two desk-based reviews, which:

1. Focussed on the cost effectiveness of ART in HIV in low-income countries.
2. Provided a preliminary economic analysis of enhanced access to ART using the existing delivery infrastructure provided by DOTS and MTCT prevention programmes.

The study developed a provisional model to assess the financial and economic impact of access to treatment in terms of costs and benefits for various levels of HIV prevalence, as compared to prevention programmes (condoms, VCT) without treatment access.

Technical Support to the Ministry of Health, Kenya

HLSP is providing ongoing technical support to the Ministry of Health in Kenya to develop a national ART programme strategy and operational plan. The Health System Resource Centre provided a health systems expert to work with Kenya's National AIDS and STD Control Programme (NAS COP) and the Anti-Retroviral Task Force. The consultants undertook a preliminary situational analysis of Kenya's public and private health infrastructure and its capacity to support a national ART programme at all levels. The main outputs of the consultancy were a set of recommendations and an outline of the possible options for a phased approach to the national rollout of ART, based on health systems capacity. Subsequent activities included:

- A stakeholder workshop, to solicit wider GoK / MoH consultation with stakeholders, disseminate the findings of the initial work and seek views and encourage consultation on key policy and strategic aspects of the national programme was held in February 2003
- Support to NAS COP, through a consultative process, to identify basic requirements for service, personnel and infrastructure at each level of the health system for provision of ART.
- Support to the situational assessment of provincial and some high volume district public sector facilities in 2003 to identify needs, gaps and system strengthening requirements. Support included drafting the initial assessment tools and finalising the reports.
- Facilitative support to NAS COP and stakeholders to develop of a five year prioritised strategic plan for the national ART Programme, a two-year operational action plan and budget.

Supporting WHO's 3 x 5 Initiative

HLSP provided consultancy inputs to WHO's first country emergency planning mission under the 3 x 5 initiative on scaling up access to HIV treatment and care. HLSP provided a systems consultant to the Kenya mission in October 2003 and took lead responsibility for drafting the report. The overall objective of the planning mission was to work with the Ministry of Health to support Kenya's response to the challenge of the 3 by 5 initiative.

Scaling up Provision of ART

Through the Resource Centre contract, HLSP researched and prepared a paper for publication: *"Provision of antiretroviral therapy in resource-limited settings: a review of experience up to August 2003"* on behalf of DFID, in collaboration with WHO. The paper aims to increase understanding of the requirements for introducing and scaling up provision of ART as part of comprehensive HIV and AIDS programmes in resource-poor countries. The paper provides an overview of experience and lessons learned with regard to: the feasibility of ART in resource-poor settings; the different approaches being taken to delivery of ART; and the health system issues to be considered in scaling up ART provision.

The HLSP Institute is in the process of developing a toolkit for decision makers that examines private sector strategies for scaling up treatment and care for HIV. This will shortly be available on the website.

Treatment and Care

HLSP has worked with major international donors to develop their thinking in treatment and care. In this context, we researched and provided technical background work to support the development of DFID's emerging HIV and AIDS Treatment and Care Policy (Health Resource Centre, December 2003). Areas covered included equity, pro-poor approach, systems requirements, financing, economics and service delivery mechanisms including the role of the private sector.

Through the Resource Centre contract, HLSP developed and produced a Consultation Paper on DFID's HIV and AIDS Treatment and Care Policy. This Consultation Paper covered the international response, treatment and care, health systems, equity and rights and the economic rationale for the HIV/AIDS continuum. We subsequently supported DFID in early 2004 to coordinate and facilitate a consultation process with academics, NGOs and the private sector.

Additionally through the Resource Centre contract, HLSP responded to a DFID request to summarise field based information to support DFID Regional and Policy Division teams to assess the feasibility and developing approaches to accelerating access to ARV treatment, in line with the 3x5 commitment.

Key documents on ART

- “Supporting the scale up of Anti Retroviral Therapy – A Systems Perspective”, J Mundy, November 2003
- “Provision of Anti Retroviral Therapy in Resource Limited Settings: A Review of Experience up to August 2003”, J Mundy and K Attawell, November 2003

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