

## Poster 62

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# African healthcare professionals' perspectives on meeting the challenges of HIV/AIDS in Africa

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## Background

The Cohort Programme to Evaluate Access to Anti-Retroviral Therapy and Education (CARE) was initiated in 2001 as a clinical trial that provided comprehensive HIV care for 200 patients at four major urban African treatment centres (Figure 1) with an emphasis on infrastructure requirements. As part of a series of HIV management exchange meetings and educational forums set up to discuss and share the lessons learned from the CARE initiative, a workshop entitled 'Taking CARE with Feedback' took place in Johannesburg in March 2006. This poster, on the outcomes from the workshop, provides the first summary of the views of a broad cross section of African healthcare professionals (HCPs) on how to scale up HIV/AIDS treatment and care in Africa.

Figure 1. Locations of CARE treatment centres



## Objectives

To understand the perspectives of African HCPs on meeting their local challenges of HIV/AIDS and to ensure decisions on potential future activities meet their real needs, rather than those preconceived outside Africa.

## Methods

The 'Taking CARE with Feedback' workshop was conducted on 29 March 2006 in Johannesburg, South Africa, and involved a broad cross section of HCPs working in Africa. Participants were asked a series of nine core questions regarding the state of HIV/AIDS healthcare in Africa and the lessons learned from the CARE programme (Figure 2). The feedback responses, in French or English, were typed directly into tablet PCs by the session attendees and stored electronically. All responses were unattributable to those involved.

Table 1. Core questions asked of workshop participants

1. What are the biggest needs for African healthcare from your perspective?
2. What do you expect to be saying to your family about the HIV/AIDS situation in Africa in 5 years' time?
3. What does Africa, taken as a whole, most need in order to address HIV/AIDS?
4. Of the knowledge and resources you have identified as needed now, which are the most critical to assist the scaling up of HIV/AIDS treatment in Africa?
5. What are the three most powerful learnings from the CARE programme?
6. How useful are the findings from CARE?
7. What do you think is the best/most efficient way of sharing information amongst healthcare professionals in Africa?
8. What would you expect to find in an HIV/AIDS treatment programme 'resource pack'?
9. What do you think is the most appropriate and sustainable role of pharmaceutical companies to make a long-term difference for people living with HIV/AIDS (PLWHA) in Africa?

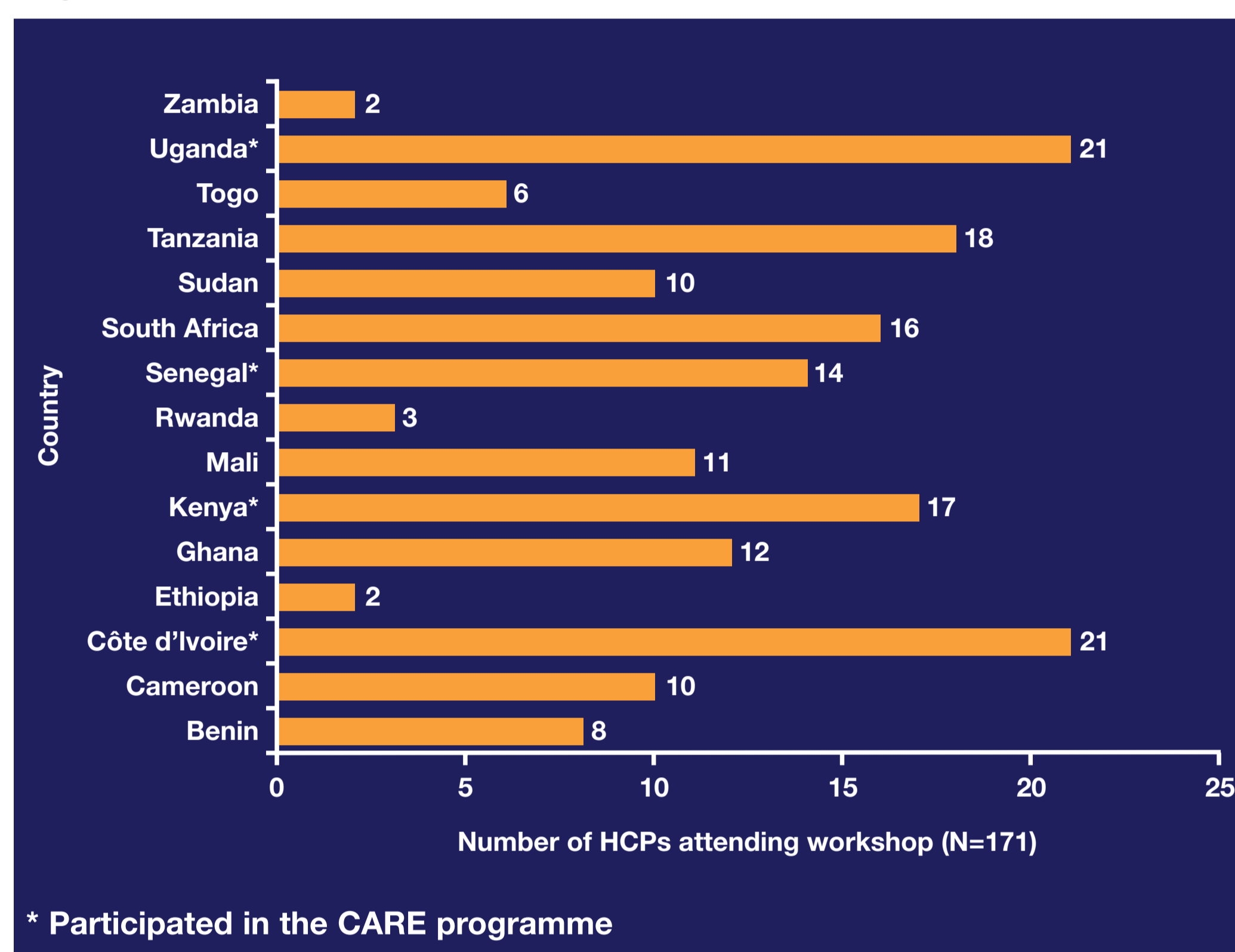
The responses recorded in the workshop were analysed in a descriptive way. Responses were sorted by country of respondent (where identified), and were broken down into individual 'comments'. A thematic analysis was used to determine key themes within the comments, and each comment was assigned to the specific area identified. Themes that were mentioned in five or more responses were reported. Multiple responses per individual were allowed.

## Results

### Participants

A total of 171 individuals, representing 15 African countries, attended the workshop, including 73 from the four countries that had participated in the CARE programme (Figure 2). Of those participants who stated their profession (n = 150), the majority were physicians (92/150; 61%) and the remainder were nurses (11/150; 7%) or other health-related professionals (laboratory staff, social workers, medical officers).

Figure 2. Summary of countries represented in the workshop



### Most common themes identified in participants' responses

Following is a summary of the most frequently recurring themes identified in attendees' responses to each of the nine core questions.

#### Greatest needs for African healthcare (question 1)

The most common theme identified in attendees' responses to question 1 was human resources. This was mentioned in 58 responses (42% of respondents) and by at least one respondent from each country (with the exception of South Africa). Comments focused on the current lack of appropriately trained and motivated HCPs and technical staff. Loss of trained staff due to emigration was noted as a major problem. Reasons for poor staff retention were generally given as lack of continuous education, poor pay and lack of sufficient infrastructure. Overall infrastructure was a common theme (32 responses), with respondents citing poor management structure, excessive bureaucracy and lack of resources. Specific lack of diagnostic equipment and general laboratory facilities was frequently mentioned (17 responses), as was availability of treatment (14 responses). Fourteen respondents cited political commitment and effective leadership as a major need.

#### HIV/AIDS in Africa in 5 years' time (question 2)

Most responses to this question (107/143; 75%) were optimistic about the anticipated situation of HIV/AIDS in Africa in 5 years' time; however, respondents also advised caution, emphasizing the need for continued efforts in raising awareness of HIV/AIDS and investing in all activities working towards preventing and treating HIV. Most positive comments focused around an anticipation of improved awareness of the disease in 5 years' time (43 responses). Respondents considered that the biggest changes to occur over the next 5 years, and onwards, will be due to better public education leading to changes in behaviour, improvements in prevention and reduced stigma.

#### Greatest needs for Africa in order to address HIV/AIDS (question 3)

Increased public awareness was most frequently cited as Africa's greatest need for addressing HIV/AIDS (47/172 responses; 27%). In particular, respondents cited the need for better all-round education and the de-stigmatization of HIV/AIDS. Political awareness/commitment (30 mentions) and economic development (28 mentions) were also frequently cited.

#### Most critical needs to assist scaling up of treatment (question 4)

Responses to the question of which resources/what knowledge are most critical to the scale-up of HIV/AIDS treatment in Africa reinforced the answers to the previous questions. The need for trained and motivated HCPs remained the most frequently cited need (56/196 responses; 29%), while 10% or more of the respondents mentioned funding and sustainable availability of treatment.

### The most powerful learnings from the CARE programme and usefulness of CARE findings (questions 5 and 6)

Responses to questions 5 and 6 were similar, with the three most powerful learnings from the CARE programme identified as 1) the importance of collaboration and exchange of experiences; 2) the knowledge that treatment success with HAART is possible in the African setting; and 3) the importance of effective medical follow-up and continuous patient support.

### How best to share information/deliver knowledge among healthcare professionals in Africa (question 7)

The majority of the 159 responses to this question identified either local workshops or the internet as the best way to share information. Several attendees mentioned the provision of internet access by sponsoring pharmaceutical companies.

### Recommendations for what to include in an HIV/AIDS treatment programme 'resource pack' (question 8)

The 190 responses to this question were extremely varied and were therefore grouped together under general themes. The most frequently cited item was guidelines for treatment and patient management, followed by technical resources for diagnosis and follow-up. Seventeen (9%) respondents requested clear and concise templates for collecting patient data and/or computerized databases. Databases for drug supply management (grouped under logistics and management), patient information packs and a supply of antiretrovirals and treatments for opportunistic infections were also requested.

### How pharmaceutical companies can best (and sustainably) make a long-term difference for PLWHA in Africa (question 9)

The most frequent suggestion for pharmaceutical companies to make a sustainable difference to PLWHA in Africa (31/157 responses; 20%) was to reduce the cost of drugs, including the cost of paediatric formulations. Twenty respondents (13%) also mentioned the transfer of manufacturing technology and the approval of locally produced generics.

## Discussion

Workshop participants identified a number of key needs and, overall, expressed optimism about the HIV/AIDS situation in 5 years' time. The greatest concern was human resources; this fell in the four most frequently mentioned themes for all three questions concerning the needs of African healthcare, and 29% of respondents identified the need for qualified HCPs as the most critical need for scaling up HIV/AIDS treatment. The lack of human resources in health is now being highlighted internationally as one of the most serious obstacles to the roll-out of antiretroviral treatment.<sup>2</sup> Highly trained staff are hard to retain because they are often enticed by a better standard of living in developed countries (the 'brain drain' phenomenon).<sup>3</sup> Of note, in this study the availability of antiretrovirals did not figure highly as a major need, being mentioned by no more than 10% of respondents for any one question. Financial resources (12%, question 4) and the availability of diagnostic and monitoring equipment and general laboratory facilities (12%, question 1) were both more frequently mentioned.

## Conclusions

We believe that this is the first time that opinion from such a broad cohort of African HCPs has been solicited on the state of HIV/AIDS healthcare in Africa. If governments, NGOs and industry can listen to the views and stated needs of HCPs working in resource-limited settings, funding could be better allocated to those areas that will make the greatest difference.

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