Management Capacity and ARV Rollout: Brazil and Tanzania
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The Case for ART

- Anti-Retroviral Therapy
  - Multi-drug approach
  - Slows progression and reduces risk of opportunistic infections
  - $13,000/year versus $140/year

Sub Saharan Africa

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children living with HIV/AIDS</td>
<td>25,400,000</td>
</tr>
<tr>
<td>Adult HIV prevalence</td>
<td>7.5%</td>
</tr>
<tr>
<td>Percent of global HIV/AIDS cases</td>
<td>65%</td>
</tr>
<tr>
<td>New infections 2004</td>
<td>3,100,000</td>
</tr>
<tr>
<td>AIDS deaths 2004</td>
<td>2,300,000</td>
</tr>
<tr>
<td>Women as % of total PLWHA</td>
<td>58%</td>
</tr>
<tr>
<td># of AIDS orphans</td>
<td>12,000,000</td>
</tr>
<tr>
<td># of PLWHA on ART</td>
<td>50,000</td>
</tr>
<tr>
<td>Life expectancy without AIDS</td>
<td>62</td>
</tr>
<tr>
<td>Current life expectancy</td>
<td>47</td>
</tr>
<tr>
<td>Economic Impact (Decline in growth)</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
Overview

- The 3x5 Initiative
  - 3 million people on ART by 2005
  - Universal access to prevention and treatment is a human right

- Why Brazil and Tanzania?
  - Brazil: model of success
  - Tanzania: willingness to prevent and treat
    - resembles sub-Saharan overall statistics

<table>
<thead>
<tr>
<th>People living with HIV/AIDS</th>
<th>2.3 m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult prevalence</td>
<td>7.8%</td>
</tr>
<tr>
<td>AIDS orphans</td>
<td>1.1 m</td>
</tr>
<tr>
<td>Decrease in life expectancy due to AIDS</td>
<td>9 yrs</td>
</tr>
<tr>
<td>Annual cost of ARV</td>
<td>$360</td>
</tr>
<tr>
<td>GDP per capita</td>
<td>$478</td>
</tr>
</tbody>
</table>

The Tanzanian Situation

Strengths
- Government support: national care and prevention plan
- International support: PEPFAR, country, World Bank, Clinton Foundation, GTZ
- NGO prevention and education activities and home care
- Public sector distribution of HIV/AIDS commodities
- Strategy for logistics management

Weaknesses
- Weak organizational capacity and little communication
- Few formal procedures for forecasting, distribution, monitoring, procurement
- Inadequate patient monitoring and long-term care systems
- Reliance on donor aid
- Poorly paid, overworked staff
- Unreliable supply of ARV: India
The Brazil Model

- **Model:**
  - Provides universal and free access to ART
  - Integrated approach
  - Patient Monitoring
  - Generic drug manufacturer
  - Complementary prevention, education efforts

- **Results:**
  - HIV+ population less than predicted (660,000 vs. 1.2 million)
  - Less hospitalization, lower cost, cheaper drugs
  - Higher adherence

An Integrated approach
But are they comparable?

- Similarities between Brazil and Tanzania
  - Similar populations affected
  - Ability to negotiate with pharma companies
  - Government acceptance of AIDS as a national health crisis
  - Strong prevention programs by governmental agencies and NGOs.

Lessons Learned

- Patient monitoring and drug tracking
  - Initial implementation in urban areas
- Logistics
  - Distribution managed on national, regional and patient center levels
  - Forecasts based on historical data
- Level of patient care
  - A coordinated multi-tiered approach is critical to ensuring patient adherence to ART
- Generic drugs
  - Ensure stable access through joint generic production with other East African nations.
  - Continue to negotiate lower drug prices in coordination with organizations, such as the Clinton Foundation
- Reducing stigma
Additional Information

- WHO 3x5 initiative - http://www.who.int/3by5/en/
- Brazilian Gov’t AIDS program - http://www.aids.gov.br/
- UC San Francisco HIV InSite - http://hivinsite.ucsf.edu/

Increased Spending

![Graph showing institutional spending for HIV and AIDS 1996–2002 (US$ disbursements in millions)](source)
Projected Financial Need

Projected annual HIV and AIDS financing needs by region, 2004–2007 (in US$ million)

Bilateral Aid

Projected disbursements on HIV and AIDS by top bilateral donors (US$ in millions) for 2003