Track: 500 Track E: HIV and health system strengthening - E1.Leveraging the AIDS response to strengthen health systems and improve other health outcomes

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Abstract Title: Opportunities For Leveraging HIV Care And Treatment To Improve Accountability In Primary Healthcare Centres: Findings From A Multi-case Study In Zambia

BACKGROUND: In countries with generalized HIV epidemics large amounts of funding continues to be directed towards HIV care and treatment (C&T). This research examines whether and how the introduction of HIV C&T at the primary level carries opportunities for strengthening primary health centre (PHC) performance via improved accountability.

METHODS: A multi-case study design included 4 PHCs purposefully selected for established (>3yr) HIV C&T and urban, peri-urban and rural characteristics. Case data included healthcare worker (HCW) interviews (60); patient interviews (180); direct observation of facility operations (2 wks/PHC) and key informant interviews (14). Using Shiekh et al's Hardware-Software model and Brinkerhoff's framework for accountability, data were analysed to explore how interactions between PHC hardware and software were influenced by the introduction of HIV C&T and how these interactions influenced HCW performance and PHC political accountability.

RESULTS: Across all facilities provision of HIV in-service training, clinical guidelines, quality assurance support and mentorship improved answerability for individual and team HIV service performance. Payment for HIV services initially acted as a (positive) sanction, improving enforceability of HIV service standards. Strengthened accountability for HIV services was also associated with the political caché of HIV patients who were described as 'real patients' and 'somehow special'. This was reinforced by education and counselling that improved HIV-patients' treatment literacy and ability to impose 'voice' sanctions through complaints about sub-standard care. Yet with one exception (PHC with integrated HIV C&T) strengthened accountability for HIV-services did not improve performance accountability for other (MCH, outpatient, TB) services. In addition, cessation of overtime payments was associated with a decline in HIV performance, demonstrating weak underlying mechanisms for enforcing performance standards in PHC settings.

CONCLUSIONS: Findings indicate that performance accountability was temporarily strengthened via improved resourcing but (in a setting with low public sector remuneration and morale) remained subject to individual, financial incentives. Performance was more enduringly influenced by the strong validity associated with HIV-patients' claim to care. Critically, the particularised nature of these improvements undermined PHC's political accountability for providing equitable services

References:

Sheikh et al. *PLoS Med*, 2011 **8**(8): e1001073
Brinkerhoff. *Health Policy Plan*, 2004, **19**(6): 371-379