



Health Research Brief

Volume 3: Issue 3 (Q3, 2017) | Department of Health Manila, Philippines

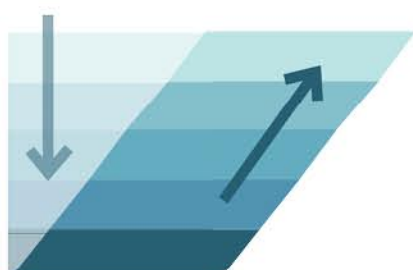
TRIPLE BURDEN SERIES

Do Vertical Programs Strengthen Health Systems? Example from PEPFAR in Uganda

(Did PEPFAR investments result in health system strengthening? A retrospective longitudinal study measuring non-HIV health service utilization at the district level by Luboga, et al.)



RECOMMENDATIONS



Implement paradigm shift to a “diagonal” approach to healthcare (aiming for disease specific results through improved health systems), rather than ‘vertical’ approach (aiming for disease-specific results) or ‘horizontal’ approach (aiming for improved health systems).

Review implementation of vertical programs to ensure that they are contributory to strengthening overall health systems.

Prevent trade-offs in service delivery (competition between vertical programs) by delineating scope, logistics, and strategies.



President's Emergency Plan for AIDS Relief (PEPFAR) is a United States governmental initiative to address the global HIV/AIDS epidemic and help save the lives of those suffering from the disease, primarily in Africa.

KEY FINDINGS

1. There is no demonstrable health systems strengthening in Uganda due to PEPFAR.

2. Compared to districts with low PEPFAR investments, districts with medium to high PEPFAR investments showed:

- **NO significant increase in provision and utilization of most non-HIV services, and even**
- **SMALL DECLINE in delivery of child OPD care, TB testing and facility-based deliveries.**

METHODOLOGY

A quantitative longitudinal study utilizing article-based records from Uganda's Health Management Information System (HMIS) from 2005 to 2011, associations between varying levels of PEPFAR investments at the district level and utilization of non-HIV services (outpatient visits, facility-based deliveries, immunizations, TB tests, malaria smears, and maternal mortality) were considered.

1

Monthly and annual reports collected and reviewed from 112 district health offices.

2

Total number of patients on anti-retroviral therapy (ART) reported end of year (primary indicator for PEPFAR investment); Districts grouped into tertiles; high investment (1,437 - 49,594 patients), medium investments (192 - 1,436 patients), and low investments (0 - 101 patients).

3

Utilization of Non-HIV services from reports and compared with PEPFAR investments through multilevel mixed-effects negative binomial regression models.

4

Incidence-rate ratios (IRR) generated and interpreted as the relative rate of the outcome measure in relation to the lowest PEPFAR investment tertile.

RESULTS

11%
fewer

outpatient visits for children aged 4 and younger in districts with medium and high investment compared to low investment districts

22%
fewer

TB sputum tests in high investment districts compared to low investment districts

13%
fewer

TB sputum tests in medium investment districts compared to low investment districts

5%
fewer

in-facility deliveries in districts with medium and high ART investment compared to low investment districts

Table 1. Comparison of medium and high investment tertiles to the lowest tertile on district non-HIV care service deliveries.

Non-HIV care output indicator	Medium investment in relation to low investment IRR	High investment in relation to low investment IRR
Outpatient visits for children aged 4 and younger	Significant decrease	Significant decrease
In-facility deliveries	Significant decrease	Significant decrease
Immunization coverage (DTP3) for children younger than 1 year of age	Not Significant	Significant decrease
TB Tests	Significant decrease	Significant decrease
Malaria blood smears conducted	Not Significant	Not Significant
Maternal deaths	Not Significant	Not Significant

Produced by the Department of Health, Health Policy Development and Planning Bureau

Editorial Board: USec. Lilibeth David, Dir. Kenneth Ronquillo, Dr. Beverly Lorraine Ho. **Design and Illustration:** Jake Matthew Kho. This summary was developed by ten by y Amadeus Fernando Pagente and Devon Ray Pacial from the DOH-HPDPB. Health Research Briefs provide a summary of relevant literature or commissioned studies to promote evidence-informed decision-making. The views expressed in this publication do not necessarily reflect the views of the Department of Health.

The source material can be found here:

Ooms, G., Van Damme, W., Baker, B. K., Zeitz, P., & Schrecker, T. (2008). The 'diagonal' approach to Global Fund financing: a cure for the broader malaise of health systems?. *Globalization and health*, 4(1), 6.

Elzinga, G. (2005). Vertical-horizontal synergy of the health workforce. *Bulletin of the World Health Organization*, 83(4), 242-243.

Luboga, S. A., Stover, B., Lim, T. W., Makumbi, F., Kiwanuka, N., Lubega, F., Ndizihiwe, A., Mukooyo, E., Hurley, E.K, Borse, N., Wood, A. Bernhardt, J., Lohman, N., Sheppard, L., Barnhart, S., & Hagopian, A (2016). Did PEPFAR investments result in health system strengthening? A retrospective longitudinal study measuring non-HIV health service utilization at the district level. *Health policy and planning*, 31(7), 897-909.



ALL FOR HEALTH
TOWARDS
HEALTH FOR ALL