

Strategies for sustaining facility-based antiretroviral therapy (ART) interventions in resource-limited settings: Findings from a survey of ART clinic managers in health facilities in Uganda (2004-2013)

Background:

The acceleration in access to antiretroviral therapy (ART) in Uganda has depended substantially on global health initiatives such as US' The President's Emergency Fund for AIDS Relief (PEPFAR) and The Global Fund commissioned in 2003 and 2002 respectively.

ART interventions were introduced nationally at health facilities in Uganda on trial-basis in June 2004 with PEPFAR seed-grant funding. The enduring global economic crisis in donor countries and reducing international funding for HIV treatment has thrown its long-term sustainability of into doubt, even when the demand for treatment in Uganda is increasing. Implementation research that reports innovations in sustaining HIV interventions through program efficiencies and cheaper delivery platforms is critical in resource-limited settings.

Objective:

The study sought to identify the strategies adopted by facility managers in Uganda to sustain ART interventions beyond the seed-grants provided with PEPFAR support in 2004 and 2009. Four organizational types were targeted including public and non-public health facilities at different levels of the Ugandan health system. The study sought to answer the question, why and how have ART sites been able to sustain ART interventions since the initial seed grants? The study was guided by the sustainability theoretical framework by Shediac-Rizkallah & Bone (1998).

Methods:

Using a nationally-representative sample, data were collected through a mixed- survey questionnaire which was self-administered by 236 ART clinic managers at health facilities across Uganda between December 2013 and April 2014. On-site verifications on clinic days at each of the sampled sites, Key Informant interviews and record review of routinely reported data augmented respondent data. The survey questionnaire generated both quantitative and qualitative data. The quantitative data reveals the numbers and extent of continuing to provide ART and the data set supports quantitative analysis of sustainability influencing factors. The qualitative data generated captures the processes health facilities have used to sustain ART.

Results:

Some of the strategies identified include; integration of ART interventions with other facility services, task shifting to lower cadre staff, partnerships among ART providers and environmental support such as referral mechanisms and laboratory support from

peer providers. The Ministry of Health's service structure supports program continuation through; standardization of ART through published guidelines and posters, referral support mechanisms and regular trainings in standard care. The analysis suggests that the sustainment of ART interventions at the surveyed sites has been realized within a multi-factorial explanatory paradigm and that there is a relationship between sustainability drivers with contextual factors interacting synergistically at multiple levels rather than single factors acting independently. Beyond external donors, the Ugandan public health support system, organizational capacity and patient factors have all combined to facilitate program continuation over the last ten years.

Conclusion:

The strategies adopted were facilitated at three-levels. Specific influences obtain at the facility- level as well as context supports and synergies in the external environment. We call for a broader understanding, one that examines sustainability as a child of the 'ecological system' with in which it is delivered. This study determined that sustained external grants was only one of the factors influential on sustainment and that these factors also relate to the characteristics of ART interventions, organizational and context supports in the local environment. We call for a broader understanding of program sustainability beyond one exclusively focused on availability of funding. This article broadens our understanding of the influences, contexts, processes and conditions that have facilitated program sustainment of facility-based ART interventions in Uganda beyond the initial implementation phase between 2004 and 2009.