

Chapter XV

Programme Management

The Importance of Effective Management

The comprehensive HIV and AIDS Care and Treatment Programme will require energetic and disciplined management. A large number of people must complete tasks and their work must be integrated together in a timely fashion for the programme to succeed.

This will be particularly important in the first few years of the programme. A management failure to execute one part of the plan could jeopardize the execution of all parts. Health professionals can be trained, facilities upgraded for treatment, patient information systems ready to go, but if the capacity to administer CD4 tests is not ready, or one of the necessary ARV drugs is not delivered on time, the whole programme can be delayed. This may occur if any of the multiple essential elements of the plan are not executed efficiently.

This operational plan is designed so that patients will not be put in jeopardy through management failure. Facilities will not be allowed to administer antiretroviral drugs until they are accredited as ready and their staff are properly trained. Drugs will not be made available until they are properly tested and can be securely distributed. Patients will not be given drugs until they are counselled, tested and have community support structures in place to assist them. However, the programme could suffer serious delays, waste significant resources and cause considerable disruption to the nation's health care system if not managed properly.

The management annex of this plan (Annex A.2) details the tasks that need to be performed to implement this programme successfully. This annex also proposes a week-by-week initial schedule for the performance of those tasks in order to help ensure that the various actions necessary for successful implementation occur in tandem. This annex has been computerized and will serve as a tool for management of the project. It will require

continual revision and updating as the project proceeds, but will provide a way to keep managers at all levels working from the same management plan.

Programme Management Principles

There are a number of principles that will guide the management of this programme.

1. Though it will involve a significant increase in health spending, this programme will not create a parallel health system in the country. It will be integrated into the existing management of the national health system.
2. The programme will be integrated closely with the existing health programmes across a broad spectrum, including HIV, AIDS, STI and TB management. In particular, this comprehensive care and treatment programme will integrate with prevention and education programmes.
3. The programme will be coordinated within a national framework to ensure uniform quality, an equitable implementation and efficiencies that can come with scale of operation. However, provinces and health districts will be responsible for on-the-ground implementation.
4. Programme managers will utilise, where appropriate, partnerships between the public and private sector to enhance the effectiveness of the programme's management.
5. The national Department of Health will provide assistance to provinces as required to ensure effective implementation of the programme.

Management Structure

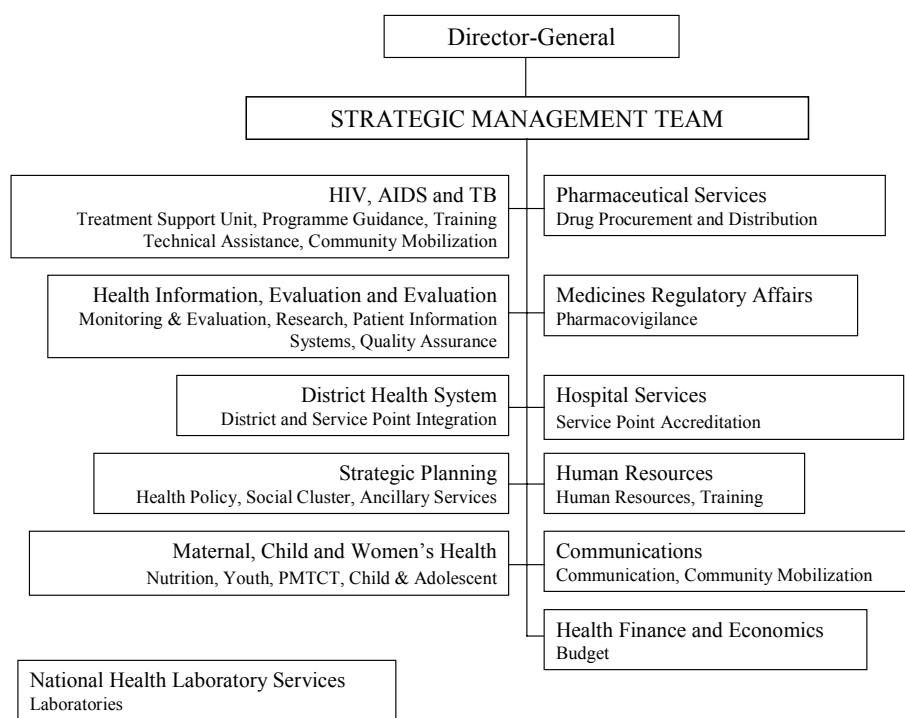
Management of the programme will ultimately be the responsibility of both national and provincial authorities. Some tasks such as procurement and distribution of drugs, laboratory testing, organization of research, pharmacovigilance, information systems and monitoring and evaluation will be managed nationally. Other tasks such as oversight of care and treatment protocols, human resource development and training and certification

of facilities will be implemented locally under frameworks and accreditation established nationally. Still other activities such as mobilisation of community support groups will be coordinated at the provincial level.

National Management

At the national level, the coordination of this programme will be through the existing Strategic Management Team (SMT). The SMT consists of all Cluster Managers in the Department of Health, and is chaired by the Director-General (see Figure 15.1). The SMT already meets on a bi-weekly basis, and this platform will be used to drive implementation, with guidance from the HIV, AIDS and TB Cluster.

Figure 15.1: Strategic Management Team

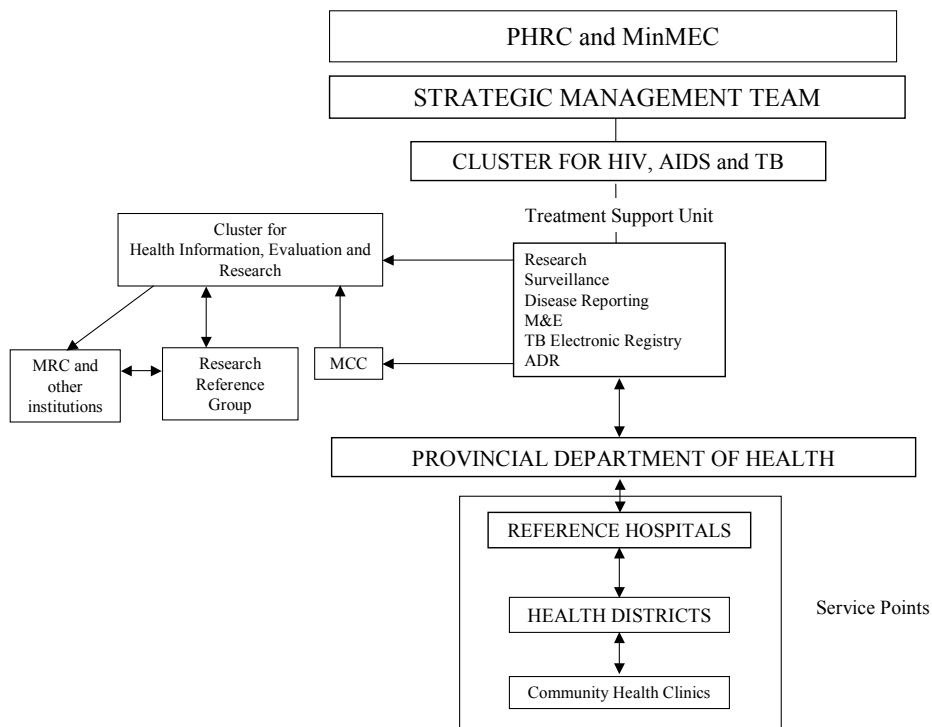


The Clusters that constitute the Strategic Management Team will require additional resources, both human and financial, to implement the various functions contained within the programme. These requirements are planned for in the budget.

The work of the SMT will be informed by a dynamic flow of information between provincial Health Departments and the national Department of Health (see Figure 15.2). Systems already in place will be vital to the quick identification of emerging issues that require attention and a rapid response. Information from service points at the community level, received and managed at the health district level, will capture critical clinical and programme-level issues involved with delivery of the programme. The health districts and tertiary level/reference hospitals are in turn closely interfaced with provincial Health Departments, with reporting relationships that broadly inform programme planning, management and budget activities.

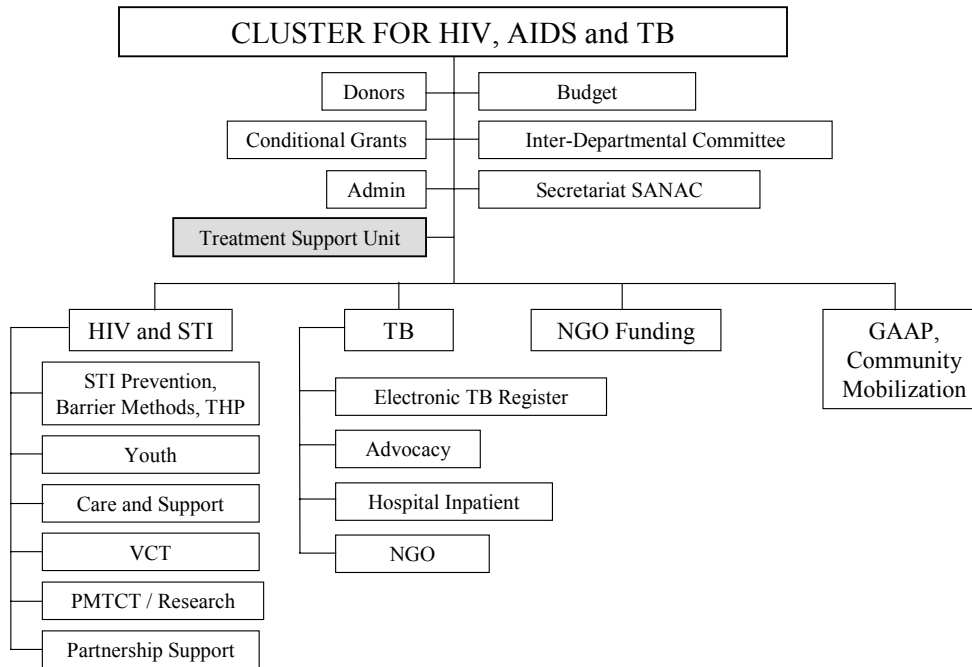
The SMT will report to the PHRC and MinMEC on the progress of implementation. Disease reporting, routine surveillance and a resistance surveillance system, and monitoring and evaluation data will continue to be reported to the Health Information, Evaluation and Research Cluster. Reports of adverse drug reactions will be directed to the pharmacovigilance programme of the Medicines Control Council for further evaluation. Health systems, behavioural and clinical research studies will also be enhanced by the wealth of data that will come forward to the Health Information, Evaluation and Research Cluster from multiple levels of the public health system.

Figure 15.2: Information Flow



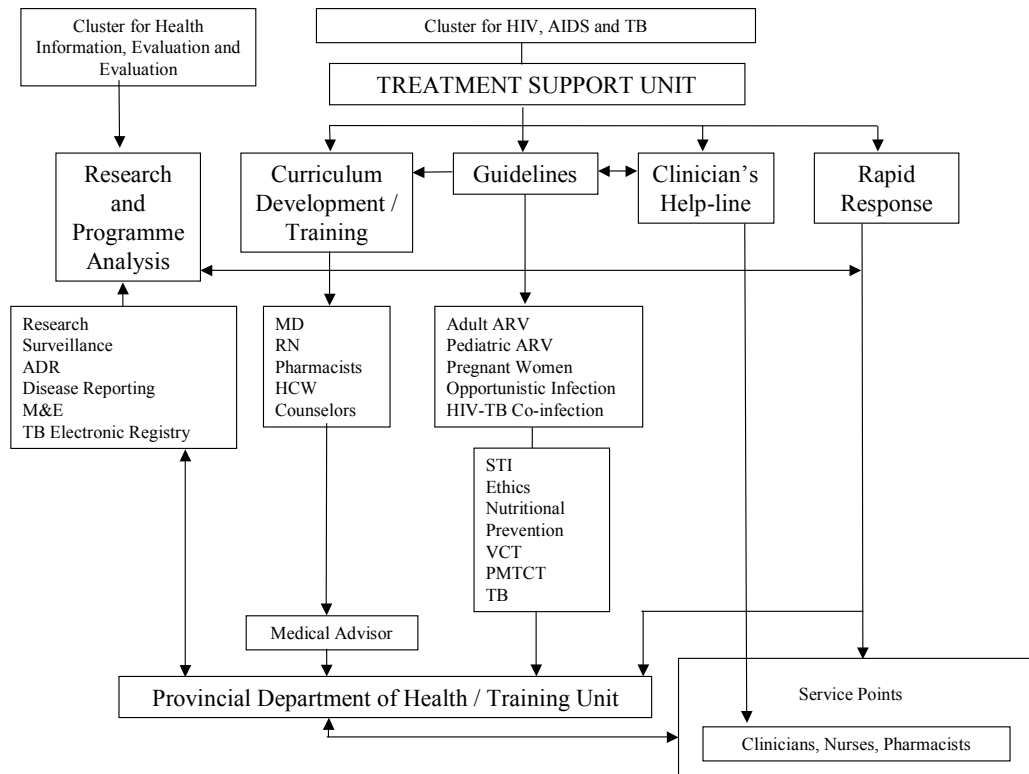
Within the SMT, the Cluster for HIV, AIDS and TB will continue to serve as a focal point for the oversight of HIV, AIDS, STI and TB programmes. Current programmes under the Cluster form the fabric of the national response to HIV and AIDS, to which treatment with antiretrovirals will now be added (see Figure 15.3). The Cluster also includes the Secretariat for the South African National AIDS Council (SANAC) and the Inter-Departmental Committee, which have important roles in informing and coordinating policies and programmes that respond to HIV and AIDS. The Department of Health also has a direct relationship with the Social Cluster to ensure effective information flow and coordination with other government departments.

Figure 15.3: Cluster: HIV, AIDS and TB – Office Structure



Additional responsibilities will be required to strengthen the Cluster in the implementation of this programme, including the establishment of a Treatment Support Unit in the Cluster to oversee the new functions (see Figure 15.4):

Figure 15.4: Treatment Support Unit



Guidelines Review and Development: The current Care and Support sub-directorate within the HIV, AIDS and TB Cluster will need to be strengthened to define and regularly update treatment guidelines for the management of HIV, AIDS, TB and STIs. These will include guidelines for the use of ARVs in adults, adolescents and pregnant women; use of ARVs in paediatric HIV infection; prophylaxis and treatment of opportunistic infections; and use of ARVs in patients with HIV and TB co-infection. In addition, this sub-directorate will need to convene expert panels of HIV specialists and researchers from within South Africa to regularly review and evaluate new clinical information related to the treatment of HIV infection.

Curriculum Development and Training: The Cluster will have responsibility for reviewing national curricula and training materials that have been developed on the treatment and care of HIV, STIs and TB, and develop new training modules on ARV therapy management. Specific curricula for clinicians, nurses, pharmacists, nutritionists, counsellors and community health workers will need to be developed, along with

continuous professional development programmes to update and reinforce the knowledge and skills acquired. These educational materials will be the basis for training programmes used to certify clinicians and train other health care professionals as part of the requirements for accreditation of service points. The Cluster will also have to provide ongoing support and technical assistance to provinces as they develop and implement training centres and provincial training plans.

Clinical HIV Treatment Helpline: A clinical consultation phone line will be established to assist health care workers involved in HIV and AIDS care and treatment, including clinicians, nurses and pharmacists, address clinical questions related to patient care. Staffing of the Helpline will be coordinated within the Cluster, in consultation with national and international experts in HIV care.

Rapid Response Capability: A rapid response technical assistance capability will be put in place within the Cluster to address emerging problems that cover the breadth of care and treatment programme issues that may arise in the course of implementation. The information pathway from service points through the district and provincial level can bring problems rapidly to the attention of the office of the Cluster, where the Cluster can quickly draw on a faculty of experts from around the country to help define the problem and the solution. This ability to mobilize and intervene early can preclude the development of adverse outcomes.

Provincial Management

The implementation of the national HIV and AIDS care and treatment programme within existing programmes and service points will be directed by the provincial Health Departments. Each provincial government will need to integrate within its management structure a defined capacity to oversee and monitor all aspects of the delivery of HIV-related care and treatment services, as part of broader health care services. This would include oversight of human resource development, training, and community mobilisation and communication activities, in addition to clinical services. A medical advisor will need to be made available to each province to assist in developing and carrying out training activities and mentoring support, with an immediate focus on those clinical staff serving in proposed initial service points. Provinces will also require ongoing technical assistance

and support from the SMT as they implement the accreditation process and address crosscutting issues, such as laboratory and pharmacy systems, that require national leadership.

To begin implementing the programme quickly, a number of people could be hired on a temporary basis to initiate the programme while longer-term recruitment takes place.

The SMT will be responsible for overseeing the successful implementation of all aspects of the management plan. They will exercise programmatic control over expenditures associated with the programme and will ultimately be responsible for its success.

Public-Private Cooperation

This programme is designed for implementation in the public sector. However, just as HIV does not observe national borders, the virus does not distinguish between those South Africans who utilise the public health system and those who have private insurance and use private clinicians and hospitals.

HIV and AIDS are national problems that require a coordinated national response. Though government will not directly oversee nor fund care and treatment for HIV and AIDS in the private sector, it should attempt to ensure that the standards it establishes for quality and accreditation in the public sector are replicated in the private sector. Similarly, the pharmacovigilance, monitoring and evaluation and research agendas should be coordinated with the private sector, to help ensure success of national AIDS treatment. Drug resistance can develop in private sector patients as easily as in those treated in the public sector.

Public-private cooperation will also be helpful for the implementation of the public sector programme itself. Private NGOs and companies can assist government with community mobilisation and support programmes, education and communications programmes, and programmes to integrate education and prevention with treatment and other health-promoting activities.

Finally, mechanisms that support contractual arrangements between public health facilities and health professionals and managers in the private sector may assist provincial health authorities to augment their human resource capabilities and facilitate a more rapid and successful implementation of the plan.

Management Review

The Strategic Management Team will ultimately be responsible for the accomplishment of the tasks defined in this plan and for revising both the plan's objectives and the management and task plan as necessary. The SMT should regularly publish reports on programme progress.