

Absorptive Capacity: A Prerequisite for Care or an Excuse for Inaction?

BY KATHRYN UTAN

Kathryn Utan is senior staff writer for AIHA.

People living with HIV are entitled to a future. There are 6 million people [in developing countries] across the globe whose lives are in jeopardy because they cannot obtain life-saving medicines—medicines that can now be supplied for as little as 50 cents a day.”

—Peter Piot, executive director of UNAIDS

While it's difficult to argue against this statement made on the occasion of World AIDS Day 2003, some might qualify the remark by pointing out that many countries with limited resources lack the “absorptive capacity” necessary to effectively provide care and treatment to people living with HIV/AIDS.

In very simple terms, that means that even with an unlimited supply of antiretroviral medications—along with plenty of funding to purchase other related items ranging from diagnostic tests and rubber gloves to disposable syringes and medicine to treat opportunistic infections—countries with limited resources lack both an adequate number of trained clinicians and the integrated healthcare infrastructure necessary to efficiently and effectively distribute HIV/AIDS medicine and services to those in need.

The fact that these countries currently lack a fully-developed capacity to absorb a greater flow of funds and pharmaceuticals is not an adequate excuse for inaction asserts Paulo Teixeira, former director of WHO's Department of HIV/AIDS. Speaking at a Global Health Council briefing at the US Capitol January 29, 2004, at that time in his role as director, Teixeira said, “Every year, 3 million people die because they don't have access to antiretroviral medications. International organizations like to use the absorptive capacity excuse, but in truth many of them are misinterpreting the

term ... or they just don't understand the real interplay between absorptive capacity and antiretroviral treatment.”

This misinterpretation leads to a cycle that is very difficult to break, he cautions. “When local governments and donor organizations do not allocate resources, the human, institutional, and structural capacities [that form the foundation of treatment] are not built, so developing countries then lack ‘absorptive capacity’ and the money earmarked for care cannot be spent effectively.

We must break away from this circularity if we want to make progress in the fight against HIV/AIDS,” he maintains.

As Teixeira explains it, scaling up the provision of antiretroviral therapy (ART) in limited-resource countries actually increases absorptive capacity because it frees up elements of the existing health-care infrastructure that are currently overburdened providing care for HIV/AIDS patients. “In many developing countries, HIV-positive people account for up to 80 percent of all hospitalizations. This means that human and material resources must be diverted from other areas of healthcare, leaving the entire community more vulnerable,” he points out.

Keeping scarce human resources, such as doctors, nurses, and teachers alive and at work in countries with high HIV-infection rates is critical to maintaining institutional memory in the government, civic, and

private sectors. Another problem faced by overburdened systems is “brain drain,” a phenomenon that strips away qualified care-givers and other professionals who are seeking adequate salaries and room for advancement, but often must leave the communities or countries that need them the most to find such



Photo: Grigory Naumovets

Providing accurate, timely, and evidence-based practice guidelines to physicians, nurses, and other care providers helps build national capacity to provide much-needed treatment and support to people living with HIV/AIDS. Here, Arastech Keikawus, director of the Second Department of Internal Medicine, Infectious Diseases, and Gastroenterology at Vivantes Auguste-Viktoria Klinikum in Berlin, Germany, lectures a group of clinicians during a training seminar at the Kiev-based Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia.



opportunities. And, with more foreign assistance being dedicated to fight HIV/AIDS in the wake of WHO's "3 by 5 Initiative" than ever before, countries that have been hardest hit by the pandemic must now prepare to manage higher levels of funding than they currently receive by strengthening health service delivery mechanisms, establishing effective fund distribution channels, and building the human resource capacity necessary to provide treatment and care.

Getting Ahead of the Curve: Save Lives, Preserve Existing Capacity

One developing country that clearly illustrates the value of scaling up ART programs immediately is Brazil, where the National AIDS Program serves as a textbook example of what can be accomplished even with very limited resources. Brazil's concerted response to the HIV/AIDS epidemic dates back to the early 1980s, a time when the country's infection rate was on par with South Africa's. Today, less than 1 percent of Brazil's adult population is HIV-positive while South Africa has one of the highest infection rates in the world. This monumental difference, according to Teixeira, can be attributed to the fact that the Brazilian government reacted to the nation's looming HIV/AIDS crisis quickly and on a number of levels.

"In Brazil, which is the only developing country that provides universal antiretroviral coverage, the scale-up process started in 1992 long before so-called 'ideal conditions' were in place," explains Teixeira, who directed the groundbreaking program until 2003 when he joined WHO. "Had we waited until the circumstances were optimal, I am sure we still would not have started. Instead, by making antiretrovirals available at a relatively early stage of the epidemic, we protected our human re-

sources and institutional memory. This was an investment that strengthened our capacity to respond to the epidemic."

From the beginning, Brazil has had an aggressive prevention program targeting high-risk populations through billboard, magazine, and television advertisements as well as outreach events held in schools, clubs, markets, and even at Brazil's famous Carnivale festivals. While prevention plays a critical, ongoing role in the country's National HIV/AIDS Program, what sets Brazil's efforts apart is an early focus on providing treatment to virtually every one of its citizens living with HIV/AIDS. In Brazil, the types of healthcare services that people in wealthier nations often take for granted—access to HIV/AIDS specialists and life-saving antiretroviral medications, for example—are available to everyone who needs them, free of charge. Because of these prevention and treatment efforts, the country has about half as many HIV-positive citizens as it was projected to have prior to the program's implementation. In real numbers, that means some 600,000 people are healthy today rather than dying from AIDS as experts had predicted, hospitalizations of people living with HIV/AIDS have decreased by almost 75 percent, the annual HIV/AIDS-related death rate has been cut in half since 1994, and the Brazilian government has saved hundreds of millions of dollars by acting promptly, rationally, and humanely to address the country's epidemic.

By channeling a substantial portion of its scarce resources toward the provision of free ART to HIV-positive individuals, Brazil is preserving its existing human resources and thereby overcoming one of the biggest challenges a country can face in the wake of the HIV/AIDS pandemic: the wholesale depletion of human capacity. Stressing this point during a speech at the World Bank in Washington, DC, on November 20, 2003, Peter Piot compared the drain on systems to the way the virus saps the strength of an individual's immune system. "One way in which [HIV/AIDS] drives a vicious circle is by striking hardest at those countries with the weakest capacity for implementation [of prevention, care, and treatment programs]. In many nations, AIDS is now depleting capacity faster than it can be replenished."

According to Piot, the international donor community cannot possibly keep pace with this attenuation by relying on traditional tools. "Already we face an unparalleled crisis in human resources, and it is only going to get worse. We need to broaden our vision of how we approach human capacity ... and we can begin by preserving existing capacity. In other words, we need to keep people alive. That is why providing HIV treatment is



Photo: Grigory Neumovets.

Participants in a training session conducted at the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia review ART guidelines.

so critical,” he explains, noting that the dire situation in Africa today all too clearly illustrates the unbearably high price inaction will exact on countries currently experiencing an explosion of HIV/AIDS. “In hard-hit countries, nothing else—nothing—will so directly or quickly arrest the plunge in public capacity as this single measure. Antiretroviral therapy has reduced mortality by 80 percent in Brazil—what other capacity-building measure can show such a return?”

Adapting the Development Paradigm to Meet the Evolving Pandemic

The reality of the global AIDS crisis 20 years into the epidemic is that infection rates are not leveling off—in part because most prevention efforts are implemented through small-scale projects and treatment remains beyond the reach of the vast majority of people living with the disease. Additionally, UNAIDS data reveal that the epidemic is increasingly affecting women; more than half of all HIV-positive people between the ages of 15 and 49 are female and the proportion is close to 60 percent in Africa, which has led to the collapse of family and community care structures. “We are already beginning to see the profound impacts these enormous demographic shifts are having on the fabric of societies,” Piot says, noting that AIDS orphans will account for 15 percent of all children in the worst affected countries by 2010. “Most worrisome is the impact of AIDS on the capacity of the state and private sector to deliver services because of illness and death among service providers. This, in turn, contributes to failings of development.”

According to Nils Daulaire, president and chief executive officer of the Global Health Council, “A lack of fully established capacity is not an excuse for inaction, rather a justification for more focused action. We have to recognize that we are not starting with a blank slate [and the problems are] not the same from country to country or even program to program. The variability of these issues as they pertain to the ability of countries and programs to build and carry out activities that effectively deal with HIV/AIDS-related issues is really at the heart of the absorptive capacity debate.” And as that debate wages on, so too does the pandemic.

Calling this a time of great opportunity to forge toward the international donor community’s Millennium Development Goal of reversing the HIV/AIDS epidemic by 2015, Piot notes that



Photo: Kathryn Ulan.

A group of clinicians and AIDS advocates from Ukraine visit an AIDS Healthcare Foundation (AHF) clinic in Los Angeles during an ARV Study Tour conducted jointly by AIHA and AHF in February 2004.

there are three clear signs that the global response is entering a new era: growing political momentum to take action, discernable evidence that the epidemic can indeed be controlled, and greatly increased resources from international donors and the governments of developing countries alike.

“Over the long term, we must help countries build strong foundations to sustain their absorptive capacity. This has always been a challenge of development, but it has taken on a new urgency in the age of AIDS,” Piot says, noting that the donor community bears much of the blame for low-resource countries lacking the national and institutional capacity to initiate and sustain effective programs. “In truth, most forms of AIDS assistance over the last 20 years have made little effort to build durable national institutions and if we are to halt and reverse the global epidemic, we cannot continue repeating this mistake. To prevail, we must rewrite the rules.”

Enhancing Absorptive Capacity, Nurturing Human Resources

According to Gaetano Forte of the Center for Health Workforce Studies in Albany, New York, there is one practicing patient care doctor for every 438 people in the United States, but WHO statistics indicate that in some of the countries hardest hit by HIV/AIDS that ratio is as high as one per 30,000. This grim marker clearly illustrates how lack of human capacity can be an enormous stumbling block for development goals. “An inadequate number of healthcare providers has been an obstacle to accessible, quality care [in developing countries] for a long



time and this problem has now reached crisis proportions in Africa where HIV/AIDS itself is having an impact on the workforce,” notes Estelle Quain, a human capacity development advisor at the United States Agency for International Development (USAID) Office of HIV/AIDS, who spoke about the President’s Emergency Plan for AIDS Relief (PEPFAR) at the January 29 briefing.

Not only does HIV/AIDS create a significant workload for healthcare providers, Quain explains, it also strips them away from the system as more and more of them are dying from the virus. “When healthcare workers are not dying from the disease, they are [often] absent from work because they are sick themselves, they need to care for sick family members, they are attending funerals, or they are simply burned out from overwork,” she says, noting that other challenges inherent to treating people infected with HIV include arming providers with the specific knowledge and skills they need to provide related care and overcoming practitioners’ fears of contracting the disease themselves. Add to that list a lack of educational infrastructure, weak human resource management systems, low remuneration for healthcare workers, insufficient funds, and political and social upheaval and the obstacles to providing comprehensive care and treatment are all but insurmountable under the current development model.

“More than 70 percent of all doctors who graduated in 1995 from medical schools in Ghana had left the country by 1999 and Ethiopia lost one-third of its physicians to emigration between 1988 and 2001. Clearly we need to look at new models, including care being delivered by non-medical personnel and volunteers,” Quain posits. Community groups, faith-based organizations, and people living with HIV/AIDS can play a critical role in increasing absorptive capacity as the development paradigm shifts from a largely medical approach to a social model that focuses not only on providing treatment, but also counseling and social support.

Piot agrees that the notion of human resource capacity must be expanded if the HIV/AIDS epidemic is to be effectively addressed—especially in low-resource, high-disease burden settings. Noting that many countries have effectively compensated for a shortage of medical personnel by training lay people to provide basic information and services, he explains that this unconventional approach often results in faster health and education gains than waiting for specialized human capacity to

develop. “Enlisting and empowering a wider range of untapped resources within communities—particularly people living with HIV/AIDS—both swells our numbers and helps break the silence and stigma [that shroud the disease].”

Just as tapping into physicians, nurses, and other medical professionals requires targeted training, so too does making the most of non-medical human resources within a community. Training, done at an early stage in the process of rapidly expanding treatment programs, is critical to successful implementation of ART. In addition to clinicians, building broader absorptive capacity by providing specific skills-based training for allied health professionals such as pharmacists, lab technicians, and psychologists—as well as courses designed specifically for people living with HIV/AIDS, teachers, clergy, and other interested parties—is a prerequisite for sustainable care and treatment programs.

To prevail against HIV/AIDS we must rewrite the rules, Piot stresses. “I once believed that it would be enough for us to simply do more, to do better. I now believe we must act differently as well because an exceptional threat demands exceptional action. The time has come for us to take exceptional action in the way we finance our response to [this disease],” he says, explaining that each community and every nation must reshape the way it deals with sensitive topics including sex, adultery, homosexuality, prostitution, drug use, rape, stigma, gender, and other socioeconomic issues that drive the epidemic.

Noting that AIDS creates an overwhelming dilemma for countries—especially countries in the developing world or those where the epidemic is still in its early stages—because it forces them to manage scarce resources under a cloud of uncertainty, Piot says, “If you don’t know how much risk you face, it’s hard to know how much to invest in guarding against it. But I would argue that this is not so much a dilemma as an opportunity. AIDS—more than anything else—is an invitation for us to redouble our efforts in development. Poverty, ignorance, unemployment, and inequality are the handmaidens of this epidemic. AIDS demands that we do business differently. AIDS requires more than personal behavior change; it also requires institutional behavior change.”

One of the surest ways to accomplish this is by fostering the absorptive capacity of nations that are bearing the brunt of the HIV/AIDS pandemic. ■