



## OPINION

### HIV/AIDS impact on health services – lessons learnt

Tim Quinlan, Nina Veenstra

In May 2001 an article in the *SAMJ*<sup>1</sup> warned of how the AIDS epidemic in KwaZulu-Natal (KZN) was overwhelming public hospitals, and cited health professionals' fears of an exponential increase in the burden. The scenario depicted was one of desperation – health services plummeting into a spiral of collapse, with their only hope of being rescued coming in the form of radical intervention. It was not the only alarming view on the state of health services – not surprisingly, given that HIV/AIDS and its impact struck at the health sector relatively early and quickly. For example, already in 1998, 54% of patients in the medical wards of a tertiary hospital in KZN were found to be HIV positive.<sup>2</sup> However, 5 years on there is reason to question whether our health services have really been overwhelmed and whether earlier predictions masked other problems in our health services and therefore misdirected responses.

#### HIV/AIDS evolving impact on health services – a reality check

South Africa, with an HIV/AIDS epidemic set to peak later than in many other countries in the region, has not always used the opportunity to learn from the experience of others. Researchers taking cognisance of experiences elsewhere proposed that neither health systems nor economies collapse.<sup>3</sup> The long-wave nature of the epidemic means that systems will adapt to changing circumstances.

Kenyatta National Hospital in Nairobi, Kenya, provided some of the best early insights into the impact of HIV/AIDS on health services.<sup>4</sup> It experienced an initial, inexorable increase in the HIV/AIDS disease burden, followed by some level of stabilisation. The authors suspected that the burden of chronic

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HIV/AIDS disease had slowly shifted onto communities because of stigma, the belief that hospitals have little to offer the chronically unwell, and the costs of seeking care.

Our research at 5 hospitals in KZN supports those arguments.<sup>5</sup> Comparing our results with studies<sup>2,6</sup> done locally in the late 1990s, we found the 'burden' on hospitals to be high, but stable – 50% of beds in medical wards were taken up by patients requiring HIV-related care and hospitals were not dealing with an increasing number of patients. This is not to say that the burden has not been shifting from one service area to the other, or that new initiatives such as step-down care and the antiretroviral therapy (ART) programme have had no impact. They have simply not been of a sufficient scale to explain the broader trends in health facilities. However, in the future, ART is expected to shift the burden of care from inpatient services to outpatient services and from hospitals to clinics. We predict it will also cause a temporary increase in the number of people requiring care, as they live for longer.

#### The missing links and implications for the future of HIV/AIDS programmes

It is not possible to understand health service concerns related to HIV/AIDS by studying health facilities alone because in many cases people don't access services for many reasons – beliefs about the benefits of seeking biomedical care, costs (for transport and user fees), difficulties with mobility, and concerns about taking time out of daily activities. HIV/AIDS is affecting households and communities in diverse ways, although in sum often increasing poverty and so limiting ill patients' ability to access services.

Such community constraints are now being taken more seriously with the scale-up of ART and concerns about adherence. We are now grappling with issues such as if people aren't accessing care for occasional opportunistic illness how do they gain access to treatment programmes, and what happens when people on treatment cannot manage the regular visits to health facilities for monitoring and collecting their medication?

Our message is that AIDS is exceptional, but it is a contributor to, rather than a cause of, our health system problems. It should not be taken out of context and allowed to divert our attention away from important systemic issues such as poor access to care, poorly integrated services, or human resource constraints. In reality, HIV/AIDS exacerbates pre-existing health service weaknesses. If we remain committed



to addressing these, then HIV/AIDS-related care will benefit automatically.

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