

Host and Parasite?

Die Auswirkungen von ART-
Programmen auf ländliche
Gesundheitssysteme

Medicus Mundi Symposium

30 years after Alma Ata:
The Future of Community Health

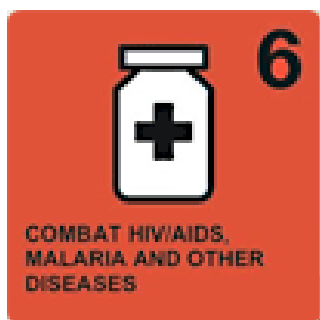
Thomas Gass, SolidarMed, 11. November 2008



Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

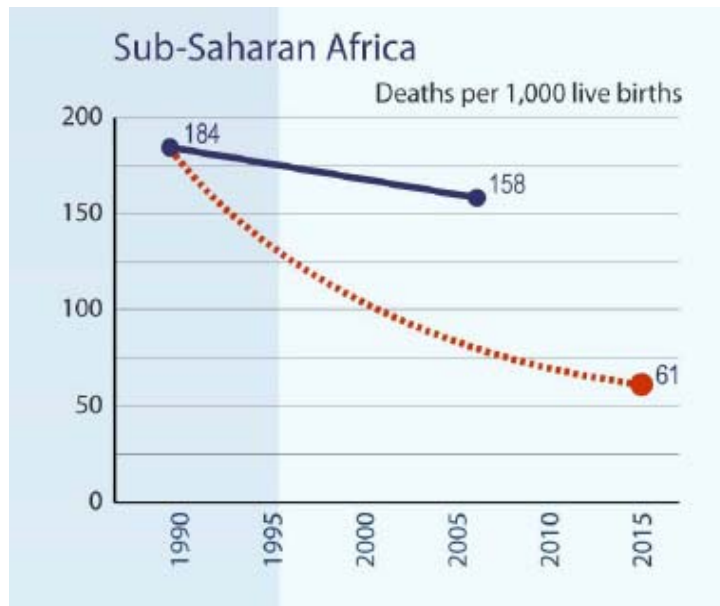


Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

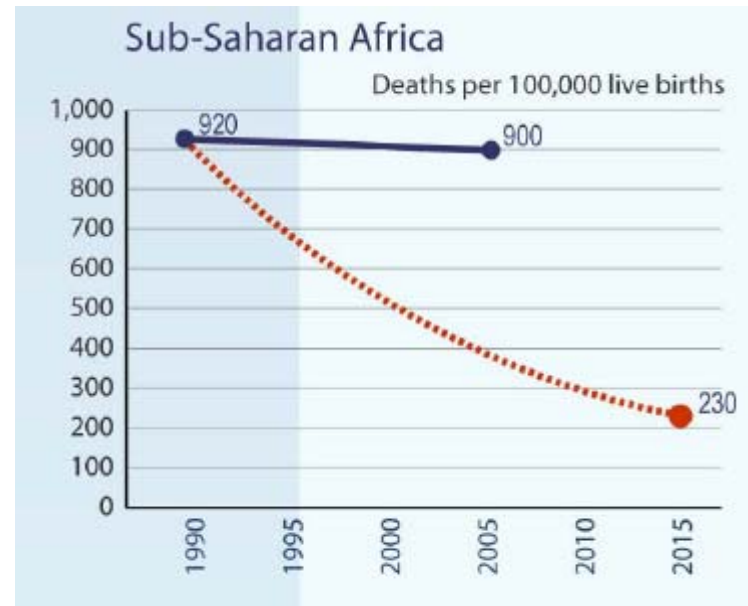


Have halted by 2015 and begun to reverse the spread of HIV/AIDS, the incidence of malaria and other major diseases

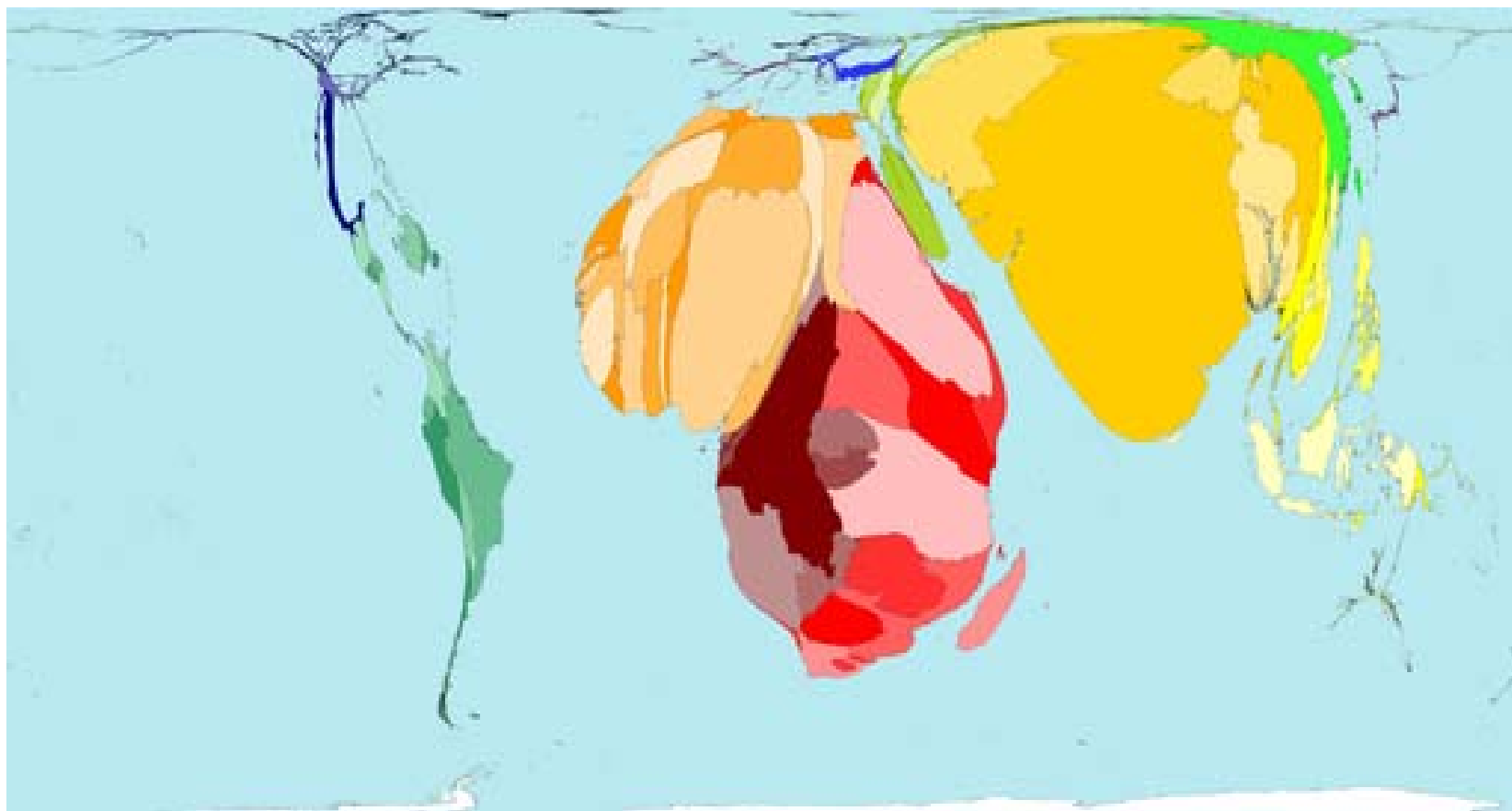
Kindersterblichkeit



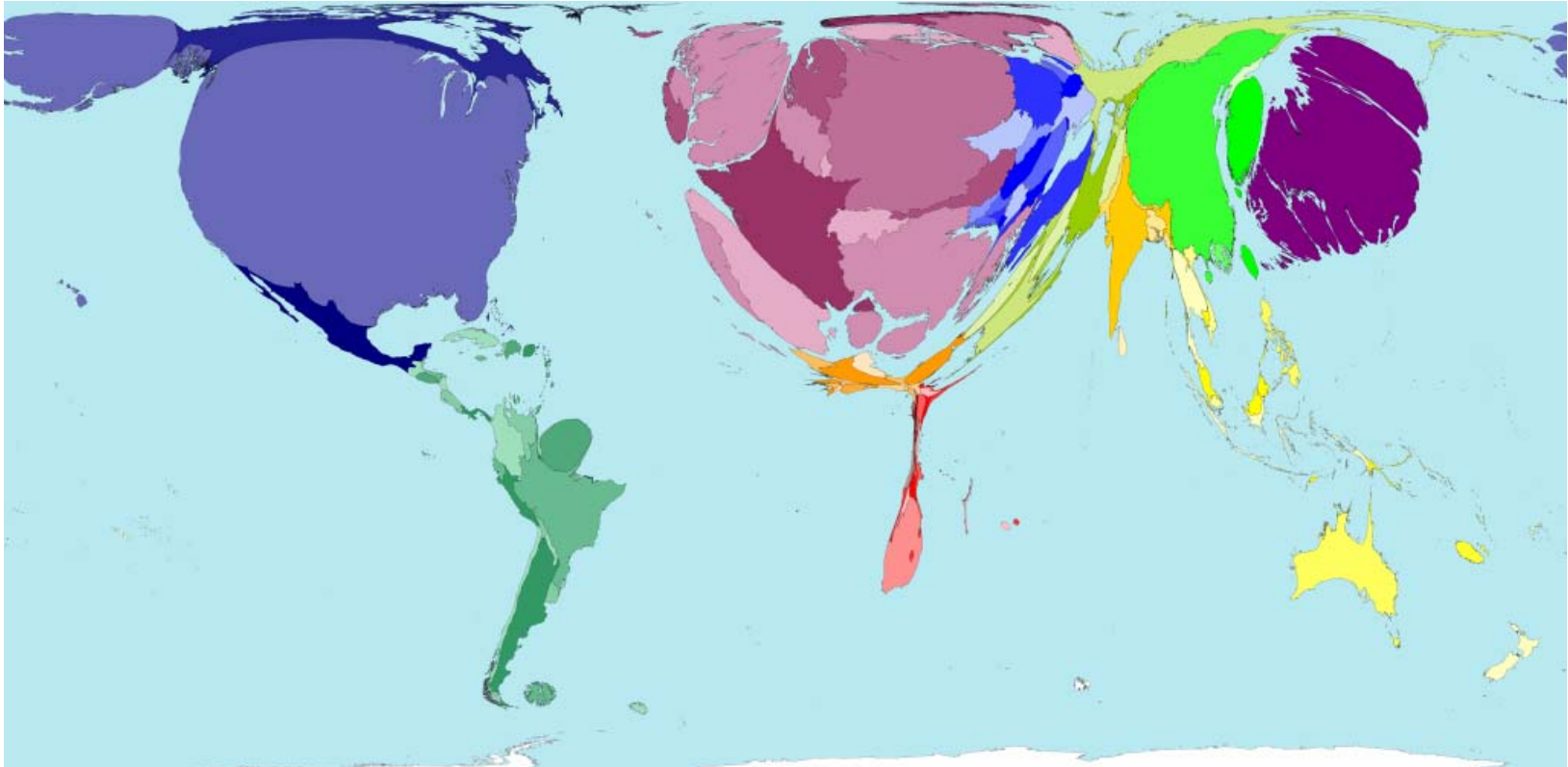
Müttersterblichkeit



Quelle: WHO 2007: Maximizing positive synergies



Quelle: www.worldmapper.org



Source: www.worldmapper.org

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TERMS AND CONDITIONS APPLY

Sunday Times Business Times March 21 2004

Technology qualification



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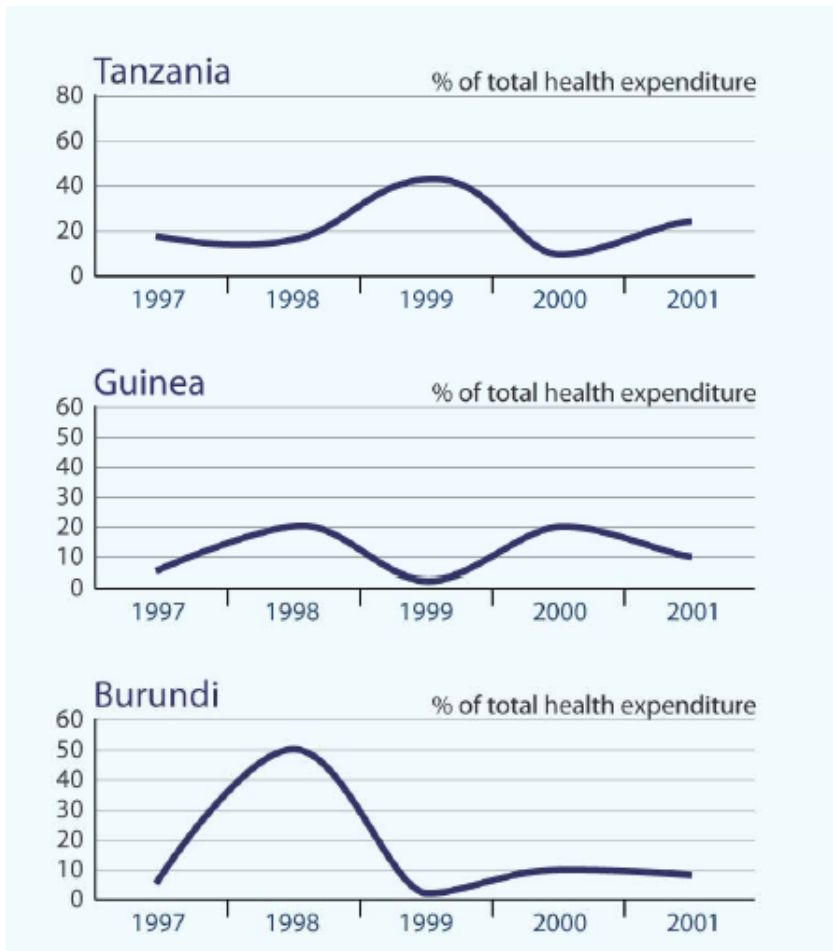
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Globale Initiativen





1. Abhängigkeit von funding trends
2. Verschärfung Personalnot
3. Parallel-Management

Quelle: WHO 2008: Maximizing positive synergies

Renaissance von Primary Health Care

“Primary Health Care increasingly looks like a smart way to get health development back on track.”

Alma Ata, 1978



Almaty, 2008





8 Distrikte in Tansania, Mozambique, Lesotho, Zimbabwe

64'000 HIV-Tests und Beratungen in 36 Einrichtungen

3200 ART-Patienten in 8 Spitälern

76% Retention Rate

Die diagonalen Prinzipien von SMART

- Keine separaten Strukturen, sondern Integration von ART in das Distrikt-Gesundheits-System
- Komplementäre Unterstützung der nationalen ART-Programme
- Dezentralisierung der Versorgung und Stärkung der peripheren Gesundheitszentren
- Verankerung von ART in der community
- Flexible Budgetverwendung für systemstärkende Investitionen
- SMART bei SolidarMed in ein Programm integriert

	Positiver Impact / Synergien	Negativer Impact
Service Delivery	Infrastruktur	Verschärfung der Personalkrise
Community Health Resources	Mobilisierung Jugendliche	Bevorzugung HIV-Patienten
Health Care Management	Qualifizierung Projektmanagement	Multiplikation und Schwächung der Gesundheitsplanung

Schlussfolgerungen SolidarMed

1. Universeller Zugang durch Primary Health Care
2. Diagonaler Ansatz: Vertikale Programme zur Stärkung des Systems nutzen
3. ART: Dezentralisierung und Integration
4. Einführung des Impakt-Monitoring
5. SWAP auf Distrikt-Ebene
6. Professionalisierung von community health work

