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HEU Policy Briefs present summarised research findings and key policy recommendations on important health care policy issues in Sub-Saharan Africa.

Providing HIV health care to all in need

Are ART services equitable in urban South Africa?

Introduction

Meeting the policy goal of providing health care services to 80% of HIV-infected people in South Africa requires a huge investment in resources. It is also important that these resources are allocated equitably, i.e., in a way that ensures that all in need have an equal opportunity to use ART services, regardless of social status, geographical location or other personal characteristics. It can be difficult to ensure equity when a health service programme is scaled up. This is because the service could initially be used by richer groups as they are better able to overcome any access barriers (including the costs of accessing care and community stigma). This brief looks at whether this is the case in South Africa with regard to the scaling up of ART services in the public health system.



A pharmacist sorts out some of the ART stock for HIV patients in an urban clinic in SA

Research objective

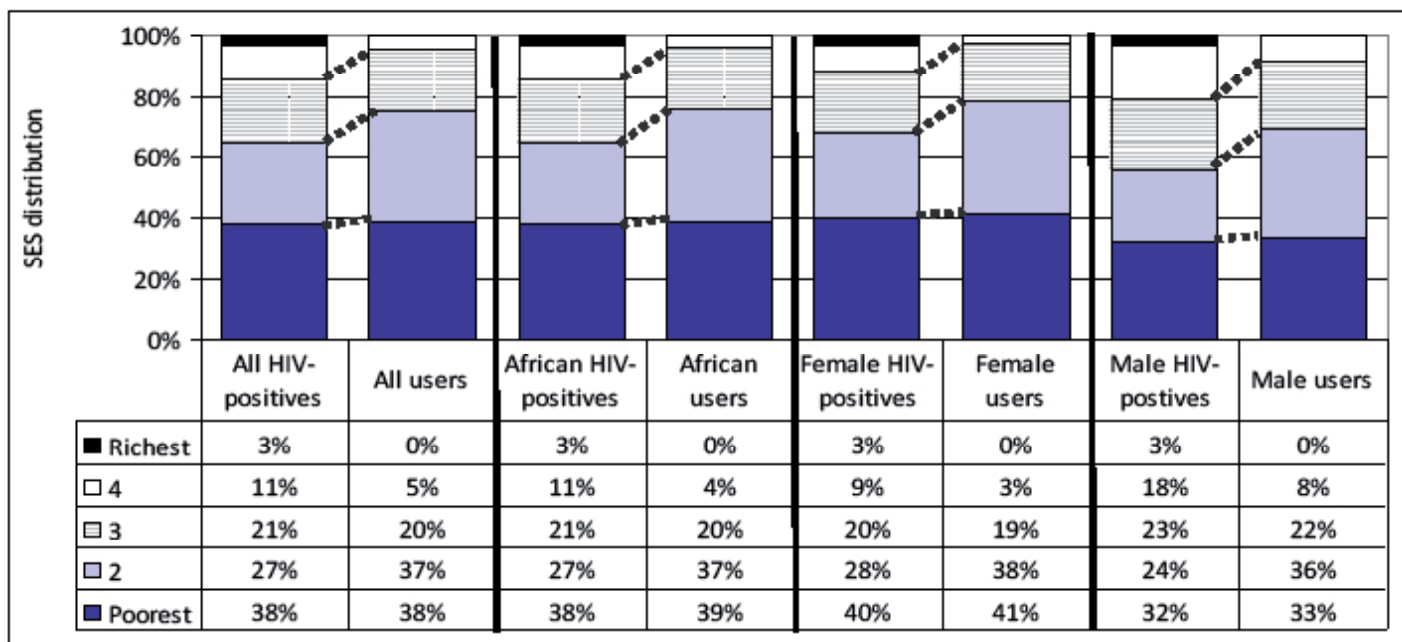
The research investigated whether ART services for HIV-positive adults in the urban population are being distributed in an equitable manner, i.e. in a way that reaches each HIV-positive person in need of this service regardless of socio-economic status or gender. The research was conducted in the Mitchells Plain subdistrict of the Western Cape and the Soweto subdistrict in Gauteng. The results are not generalisable to rural settings.

Methods

To assess if ART services are equitable in urban areas:

- ◆ Step 1: Estimate the socio-economic status and sex of those who are HIV-positive in urban areas (using a national survey).
- ◆ Step 2: Compare the findings in step 1 to the socio-economic status and sex of those using ART in Soweto and Mitchells Plain.

If there are any differences in socio-economic status or sex, then this is evidence of health care inequities.



Findings

- ◆ HIV-positive people were found to be relatively poor. Over 60% of those with HIV fell into the poorest 40% of the South African population.
- ◆ The users of ART services were in general poorer than the HIV-positive population. 70% of these users fell into the poorest 40% of the South African population. This finding was however not statistically significant (in other words, we could not prove statistically that the users of the service were poorer than HIV-positive people).
- ◆ In addition, the proportion of HIV-positive people that were women (or men) was no different to the sex distribution in the users of ART services.

Taken together, these findings suggest that the use of ART services in urban South Africa is equitable.

Policy implications

The findings indicate that the South African ART programme is on track to ensure equitable delivery of treatment services in urban areas. This is encouraging in light of the equity goals of the government, and given the large investment in health care resources that has been made. The researchers hope this finding will add impetus to commitments to reaching and sustaining full coverage of ART for all in need.

For a full list of references used for this document, please contact the author.

Acknowledgements:

- This brief is part of the REACH (Researching Equitable Access to Health Care) Project, a four-year, multi-method programme of work documenting inequalities in access to and use of ART, TB and maternal health services in four sub-districts, two rural and two urban, in SA. The project will be completed in 2012.
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