

## **Decentralized AIDS Care in Mozambique – DREAM or Delusion?**

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Global HIV/AIDS policy is in transition. Recent trends in international health discourse on treatment and care favor a shift from the former vertical to a new diagonal approach to antiretroviral drug delivery in sub-Saharan Africa. Major actors, such as the UNAIDS and WHO, are warm proponents of ‘decentralization’ of AIDS care based upon arguments that moving ART delivery from hospitals to clinics will a) improve access and patient uptake and encourage greater retention in care; b) alleviate overburdened hospitals and decrease future need for down-referral of patients; and c) abate a skewing of human resources across health care sectors due to AIDS exceptionalism.

In Mozambique, where treatment has so far been provided through Day Hospitals in partnerships with non-governmental medical organizations, treatment is currently undergoing decentralization in an on-going process of ‘disease normalization’. However, recent research conducted within several local Mozambican AIDS treatment facilities presents evidence to suggest serious caution.

Present paper documents the process of decentralization and transferal of AIDS patients from Day Hospitals of the Italian DREAM Program managed by the Community of Sant Egidio to public health posts (DREAM: Drug Resource Enhancement against AIDS and Malnutrition). From a medical anthropological viewpoint, it is discussed what decentralization means for treatment providers and DREAM patients on the ground as they are deprived of nutritional supplementation and community-based networks of home-based peer educators (*activistas*). Furthermore, it is suggested that combined with a loss of confidentiality and higher treatment-associated costs, decentralization inspires a return to traditional healers and treatment abandonment. Moreover, workloads of health workers increase and working conditions deteriorate in an air of ubiquitous powerlessness due to hierarchical and authoritative structures in a hard-pressed Mozambican health care sector.

An argument is advanced that whereas decentralization of AIDS care in Mozambique, as well as in other sub-Saharan African countries, appears to be a sound political and technical fix, its successful implementation on the ground hinges on the level of prepared- and readiness of PHC facilities to receive massive influxes of HIV+ patients in need of treatment. Consequences of non-adherence, treatment abandonment, and eventually increased AIDS morbidity and mortality, in cases where these were ill-prepared, have already materialized in several provinces. Finally, it is suggested that adoption of certain components inherent to the DREAM Day Hospital model will likely mitigate negative effects of decentralization and improve efficacy of existing infrastructure.