

# **Result Area 9: Integrated systems for health and social protection**

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**2022 Results report**



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# Result Area 9: Integrated systems for health and social protection

## Budget and expenditures for all Cosponsors (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$4,302,400	\$3,997,177	\$17,550,900	\$16,727,290	\$21,853,300	\$20,724,467

## Joint Programme 2022 results

*Better integrated systems for health, social protection, innovations and technologies to reduce health inequalities for people living with, at risk of and affected by HIV through policy guidance, advocacy, technical support and knowledge products.*

Half the world’s population lacks access to quality health services. Strong, inclusive, integrated health systems that reach all are crucial for ending AIDS as a public health threat by 2030. The Joint Programme worked with governments to include HIV service elements—such as peer educators, community outreach and point-of-care laboratory systems—into primary health care systems and universal health coverage. In addition, the Joint Programme contributed to broader health system strengthening programmes, including through technical advice and operational support for human resources, health benefit packages and improving community engagement. This also involved promoting uptake of innovations such as digital systems for health at the primary health care level.

**Policy guidance.** The Joint Programme continued to provide normative guidance on service integration. Simplified guidance published by WHO in 2022 focused on integrating HIV services with other health services (e.g. viral hepatitis B and C, STIs, SRH, noncommunicable diseases and mental health) and with services for key populations (e.g. harm reduction services for people who inject drugs).

The 7th World Health Assembly noted with appreciation the [Global health sector strategies on, respectively, HIV, viral hepatitis, and sexually transmitted infections for 2022–2030](#) and approved their implementation over the next eight years. The strategies outline a common vision to end epidemics and advance universal health coverage, primary health care and

**Indicator progress on integrated systems for health and social protection (RA 9)**

- **67 countries** have **ART services**, for both treatment and prevention purposes, organized and financed as part of overall health systems, including through primary health care.<sup>1</sup>
- **48 countries** included **cervical cancer screening and treatment** for women living with HIV in their national strategies, policies, plans or guidelines for HIV, cancer, cervical cancer, noncommunicable diseases or other health areas.<sup>2</sup>
- **44 countries** were supported by the Joint Programme to generate data and evidence or revise **social protection policies or programmes** to enhance comprehensiveness and adequacy for the inclusion of people living with, at risk of and affected by HIV.

<sup>1</sup> This primarily included PrEP (52 countries), combination ART (50 countries) and post-exposure prophylaxis (44 countries).

<sup>2</sup> Specifically, cervical cancer was included in national strategies, policies or guidelines (49 countries); national AIDS plans (41 countries); and national HIV-treatment/testing guidelines (43 countries).

health security in a world where all people have access to high-quality, evidence-based and people-centred health services. They include actions focused on enhancing integration and linkages to address a range of health-related issues that are relevant to preventing HIV and to providing extensive health care for people living with HIV (including for other communicable diseases, noncommunicable diseases, SRH and mental health).

**Advocacy.** UNAIDS and other partners strongly advocated to strengthen health systems and ensure that they meet the needs of people. This work included collaboration through the [Global Action Plan for Healthy Lives](#) to help countries accelerate progress towards SDG3 by mobilizing more resources for health, invest them better, and strengthen health system capacity. The World Bank's [Advance UHC Multi-Donor Trust Fund](#), operating with support from partners such as the Global Fund, supported low- and middle-income countries in working toward universal health coverage. WHO and the World Bank Group also continued to co-convene the UHC2030 multistakeholder platform for strengthening health systems.

**Technical support.** The Joint Programme guided more effective Global Fund investments for strengthening formal and community health systems and responses by providing technical support to implementing countries. The Joint Programme also supported PEPFAR in shaping its [new five-year strategy](#), published in 2022, which includes a focus on support to countries to integrate vertical HIV programming more efficiently and effectively into local health service delivery infrastructure.

**Social protection.** The Joint Programme contributed to the expansion of social protection systems, an important policy response to enhance inclusion in national safety nets and platforms of people living with, affected by, and at risk of HIV. The ILO supported over 50 countries to promote policies and assisted countries to provide adequate levels of social protection to all members of society, especially those most vulnerable, in line with international social security standards. UNDP supported 31 countries in promoting HIV-sensitive social protection, while UNICEF and WFP also contributed their expertise, including by helping the Somali Government register over 50% of people living with HIV in the government's social protection programme. In Georgia, UNFPA, collaborating with UNDP, developed an analytical case study of an HIV-sensitive social protection system, which focused on the needs of key populations.

UNHCR launched a [new cash-based interventions policy for 2022–2026](#), which outlines the key priorities for cash assistance in the next five years. To enhance protection, enable individuals to meet their basic needs, and facilitate access to essential services, [UNHCR scaled up cash-based interventions](#), which delivered US\$ 977 million to 10 million people in over 100 countries and contributed significantly to reducing vulnerability among forcibly displaced persons. Evidence indicates that cash transfers can enhance people's dignity, personal agency and options. UNICEF continued to collaborate with the Tanzania Social Action Fund, the Tanzania Commission for AIDS and other key stakeholders, to implement and evaluate a "Cash Plus" model, as part of the Government's cash transfer and livelihood enhancement programme. UNICEF also initiated the first systematic review of bundled interventions for adolescents at risk of, or living with HIV.

Across 19 countries, UN Women invested in economic empowerment initiatives for women living with HIV. It did so by using a mix of approaches, including training and capacity development, rights-awareness, mobilizing and organizing into self-help groups, advocacy, and by addressing structural causes of inequalities. WFP supported over 45 countries by integrating food and nutrition into national HIV and TB responses, helping individuals and households meet their basic nutritional needs via food, cash or vouchers transfers to offer life-saving and life-changing support. The World Bank supported over 500 active social protection and labour projects, representing investments of US\$ 12.5 billion, which reached more than 1 billion people.

**Direct support for service integration and health systems resilience.** The World Bank's US\$ 27 billion global health portfolio in fiscal year 2022 included over 200 projects helping countries strengthen the health systems on which the HIV response relies on and improve health outcomes. These included a [health system strengthening project](#) using an integrated approach in 21 Angolan municipalities, which increased the percentage of pregnant women living with HIV who received ART from 14% in 2021 to 80% in 2022. The World Bank also supported programming to improve AIDS-TB integration through programmes such as the [Southern Africa TB and Health Systems Support Project](#) and a [project launched in Indonesia](#) to improve TB services including for people living with HIV. The Global Financing Facility for Women, Children and Adolescents provided financing and technical assistance to help integrate SRH services into comprehensive health benefits packages and to implement the needed health systems and financing reforms to accelerate results.

*Service integration and access to social protection services for people living with, at risk of, and affected by HIV and TB through data generation and better use of evidence.*

**Data generation.** The Joint Programme contributed to evidence generation on social protection and service integration. A multiyear research collaboration between WFP, the University of Cape Town and Oxford University examined the [critical role of food security in the global HIV response](#), with the findings published in a journal article. It underscored how food security has been proven to reduce HIV risk and negative coping strategies, especially among adolescent girls and young women. WFP also developed an accompanying [policy brief](#) on critical enablers for reducing HIV-related vulnerabilities among affected populations groups.

**Guidance to translate data into action and results.** Normative guidance and tools developed by the Joint Programme enabled implementation and expedited roll-out of evidence-based social protection. WFP developed operational guidance on [planning, implementing, and monitoring of social protection programmes](#) in the context of HIV/TB. The ILO and UNDP jointly developed a [checklist on social protection for key populations](#), which provides a framework for countries to promote the inclusion of people living with HIV and key populations in social protection policies and programmes. Launched in 2022 at the 24th International AIDS Conference, the checklist presents a set of questions to assist in the planning and evaluation of inclusive and gender-responsive social protection programmes.

UNHCR and ILO partnered to seek opportunities and implement schemes to integrate refugees in existing national social protection systems, specifically health insurance schemes. The aim is to enable refugees to access health services—including HIV prevention, treatment and care—at the same level as nationals, through shared risk mechanisms. The ILO launched a publication titled [Making social protection a reality for people living with, at risk of and affected by HIV or TB](#), which highlighted good practices adopted by social protection institutions to respond to HIV and TB needs.

**Guidance for increased service integration.** The World Bank used the "health interventions prioritization tool" to support Zambia in integrating service packages. It also supported the development of universal health coverage evidence through datasets such as the [Health Equity and Financial Protection Indicators](#), the [Health, Nutrition and Population Data Portal](#), and the [Primary Health Care Performance initiative](#) (also supported by UNICEF and WHO). The World Bank produced numerous analyses, including a health systems resilience report identifying key features and providing a road map to operationalize integrated resilience. Its [Health Systems Flagship Programme](#) helped countries strengthen their systems and move toward universal health coverage, with the core course reaching over 1,000 participants.

An important, ongoing independent evaluation of the work of the Joint Programme on social protection during 2018–2021 period is assessing the relevance, coherence, effectiveness and equity of the Joint Programme’s initiatives on HIV-sensitive social protection. Its findings and lessons will contribute to the strategic assessment and future planning of HIV-sensitive social protection initiatives, programmes and/or activities to strengthen their reach and inclusion of people living with, at risk for, or affected by HIV, including key populations.

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