

UNAIDS 2020

SRA 8: HIV and health services integration

SRA report 2018-2019

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SRA 8: HIV AND HEALTH SERVICES INTEGRATION

Fast-Track commitments:

- Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C.
- Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020.
- Ensure that at least 30% of all service delivery is community-led by 2020.

SRA 8: People-centred HIV and health services are integrated in the context of stronger systems for health.

Global overview

Opportunities for integrating HIV in broader health, social protection and other sectoral efforts expanded in 2018–2019. The UN General Assembly adopted the Political Declaration of the High-Level Meeting on Universal Health Coverage on 10 October 2019, marking the culmination of concerted efforts to bring the global health community together under a single umbrella.

The need for greater integration of HIV responses is manifest. For example, TB remains the leading cause of death among people living with HIV, accounting for an estimated 32% of the 770 000 AIDS deaths in 2018. Integration of HIV and TB programmes remains incomplete. Only 56% of people living with HIV who also have TB were identified and linked to TB treatment in 2018, and only 48% of estimated people living with HIV with TB received ART. Although the 2016 Political Declaration on Ending AIDS committed to reduce TB deaths among people living with HIV by 75% by 2020 (compared to 2010), only a 42% reduction had been achieved by the end of 2018.

Surveillance for HIV among TB patients remains poor, with only 64% of notified TB patients having a documented HIV test result in 2018. While 1.8 million people living with HIV were reported to have initiated TB preventive therapy in 2018, this only represents half of people newly enrolled in treatment. Children continue to be left behind, and access to TB and HIV care among key populations is suboptimal.

An increasing number of countries have social protection policies in place that address HIV, but it is difficult to ascertain the extent to which the programmes are HIV-sensitive. Despite abundant evidence of the role social protection schemes can play in managing both individual and generalized risks for people living with HIV and HIV-affected households, HIV-sensitive social protection appears not to be commonplace yet.

Joint Programme contributions towards Fast-Track and UBRAF targets

Supporting and leveraging momentum towards universal health coverage

The Joint Programme worked to accelerate and fully leverage growing momentum towards UHC to strengthen health systems, improve health outcomes and promote the long-term sustainability of the HIV response.

- The Joint Programme mobilized and supported the HIV community to engage in UHC processes and influence the UHC political declaration and support to a multistakeholder consultation prior to the High-Level Meeting and a thematic session of the UNAIDS PCB in June 2019.
- WHO and the World Bank Group co-convened UHC2030, a multistakeholder platform focused on strengthening health systems, and the World Bank, WHO and UNICEF supported the [Primary Health Care Performance Initiative](#) to achieve UHC.
- The Joint Programme provided an array of support to aid countries in moving towards UHC and accelerating progress towards the health-related SDGs.
- The Joint Programme joined other multilateral health, development and humanitarian agencies to better support countries to accelerate progress towards the health-related SDGs through collaboration on The Global Action Plan for Healthy Lives and Well-being for All. Under the Global Action Plan, agencies better align their ways of working to reduce inefficiencies and provide more streamlined support to countries.
- The World Bank helped countries define or revisit their health benefits packages (as part of their UHC efforts) by providing analytical support for selection of the most cost-effective packages.
- The World Bank Group and the Global Fund are in the midst of a five-year commitment to contribute \$24 billion to UHC in Africa, with \$15 billion of that commitment resting with the World Bank Group.
- The World Bank's [Multi-Donor Trust Fund for Integrating Externally-Financed Health Programs](#), operated with support from partners including the Global Fund, supported lower-middle income countries working towards UHC and transitioning from external to internal funding.
- The World Bank produced 40 case studies and papers to document how countries are driving UHC reforms, efficiency, and pro-poor policies.

HIV, sexual and reproductive health, gender-based violence services and antenatal care

The Joint Programme remained highly active in these areas of work.




- Since 2018, UNFPA has hosted the Every Woman, Every Child Secretariat for coordination of the Global Women, Child and Adolescent Health Strategy (2016–2030), including reduction of vertical transmission.
- As part of the H6 Partnership, UNICEF, UNFPA UN Women, WHO, The World Bank and the Secretariat supported development of the H6 Implementation Plan (2018–2020) and associated Indicator Framework, including HIV and STI monitoring and reporting.
- UNFPA and WHO continued to co-lead the Inter-Agency Working Group on SRHR/HIV Linkages, and rolled out the Consolidated Guideline on the SRHR of women living with HIV. Working with partners, they also responded to the Evidence for Contraceptive Options in HIV Outcomes (ECHO) trial findings which showed high HIV and STI incidence among adolescent girls and young women attending contraception services in southern Africa.
- As co-chair of the Global Prevention Coalition, UNFPA convened activities to develop a global advocacy plan on HIV & SRHR integration. Through the “2gether 4 SRHR”, UNFPA supported 10 countries in eastern and southern Africa to strengthen implement the SADC SRHR strategy, with attention to the needs of key populations.
- UNFPA’s Maternal Health Thematic Fund, which launched a business plan during the biennium, supports efforts in 39 countries to reduce the impact of HIV and STIs on women, their infants and families, including strengthened midwifery services to reduce vertical transmission.


Integration of health and education

In 2019, UNESCO and partners began work with the African Union to develop a Continental Strategy on Education for Health and Well-being for Adolescents and Young People in Africa. At country level, UNESCO supported Ministries of Education to integrate HIV and health into national education policies. In South Africa, for example, support was provided for the development and finalization of the National Policy on HIV, STIs and TB for Learners, Educators, Support Staff and Officials in the Basic Education Sector. The UNESCO Chair in Global Health and Education initiative (created in 2018) established committees in Algeria, Burkina Faso, Cameroon, Haiti, Lebanon, Portugal, Senegal and Tunisia.

Delivering integrated services

As part of its work to promote integrated health service delivery, the Joint Programme, supported 68% (n=88) of countries to integrate TB, antenatal care and SRH, and gender-based violence services with HIV service delivery (2% short of the 2019 milestone of 70%).

Legend *					
	Meets or exceeds 2019 milestone*		Is equal to or greater than 50% of 2019 milestone		Does not meet the milestone (less than 50% of milestone)


Indicator 8.1: Percentage of countries delivering HIV services in an integrated manner		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
2019 milestone—70%	Status 	65%	66%	68%	68%
Measurements					
HIV, sexual and reproductive health, and gender-based violence services		67%	70%	72%	74%
HIV and TB		91%	88%	88%	89%
HIV and antenatal care		95%	95%	94%	93%

UNDP strengthened its collaboration with the Global Fund to respond to comorbidities including HIV/TB and the relationships between tobacco use, HIV and TB. An example was the 11-country 2018–2020 Multi-Country Western Pacific Integrated HIV/TB Programme, which improved screening for syphilis/HIV by using a new rapid, finger-prick diagnostic test that costs less than US\$ 2 per test.

The World Bank continued to support analysis and programming to improve HIV/TB integration. Examples included the Southern Africa TB and Health Systems Support Project, which achieved treatment success rates to 90% in Mozambique and Zambia and 88% in Malawi in 2019. WFP maintained nutrition treatment support for malnourished people living with HIV on ART/TB-DOTS treatment in 11 countries.

HIV-sensitive social protection

Most UBRAF indicators pertaining to social protection remained stable over the past two years. However, there was an increase in the number of countries with social protection policies/strategies and those reaching people living with or affected by HIV with social protection measures. Several factors may explain the comparatively smaller proportion of countries reporting social protection coverage via national plans and policies for people living with HIV. Those factors include a lack of coordination, political buy-in and ownership for policy traction on social protection processes.

Indicator 8.2: Percentage of countries with social protection strategies and systems in place that address HIV The country has a national social protection strategy/policy with all UBRAF components		2016 [N=73]	2017 [N=76]	2018 [N=78]	2019 [N=79]
2019 milestone—60%	Status 	81%	84%	86%	82%
Measurements					
The country has a national social protection strategy /policy		83%	86%	89%	90%
		Countries with a national social protection strategy/policy			
		2016 [N=73/88]	2017 [N=76/88]	2018 [N=78/88]	2019 [N=79/88]
The national social protection strategy/policy covers people living with HIV and affected by HIV		85%	87%	88%	87%
The national social protection strategy/policy covers orphans and vulnerable children		95%	96%	94%	90%
National health insurance covers people living with HIV		2016 [N=68]	2017 [N=72]	2018 [N=76]	2019 [N=74]
The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover people living with HIV		68%	68%	67%	72%
Social protection programmes are provided to men and women		2016 [N=69]	2017 [N=73]	2018 [N=77]	2019 [N=75]
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV		65%	70%	71%	76%

The Joint Programme worked in 2018–2019 to mobilize political leadership for HIV-sensitive social protection. ILO and the World Bank provided global leadership to the Social Protection Inter-Agency Cooperation Board, which coordinates the global social protection response and includes representation from the IMF, UN-DESA, UNDP, UNICEF, WHO and WFP, as well as Regional Development Banks, Regional Economic Commissions and other relevant organizations. As co-leads for HIV-sensitive social protection within the Joint Programme, ILO and WFP mobilized a global partnership to share the latest evidence on HIV-sensitive social protection with country partners.

The Joint Programme also generated and disseminated evidence to inform and guide efforts to ensure HIV-sensitive social protection. At the global level, UNAIDS Secretariat, WFP, ILO, UNICEF, WHO, Global Fund, Aidsfonds, Housing Works and other partners organized an International Social Protection Conference on the theme “Fast Tracking Social Protection to end AIDS” to share best practices on HIV-sensitive social protection. The UNAIDS publication, *Social protection: a Fast-Track commitment to end AIDS Guidance for policy-makers, and people living with, at risk or affected by HIV*, summarized the latest evidence on HIV-sensitive social protection.

Social protection guidance, policies and strategies

Normative guidance supported sound policy development for HIV-sensitive social protection. WFP, ILO and UNAIDS Secretariat commissioned a comprehensive mapping study of current policies, practices, and knowledge on HIV-sensitive social protection mechanisms in 15 countries in eastern and southern Africa, scheduled for completion in mid-2020. WFP and the ACCELERATE HUB for Africa’s adolescents, developed a policy brief entitled *Leaving no-one behind: how WFP’s approach to HIV-sensitive social protection will help us achieve zero hunger in eastern and southern Africa*.

HIV-sensitivity assessments and advocacy

Sensitivity assessments and advocacy supported national efforts to reach Fast-Track social protection targets. A WFP-co-hosted HIV social protection trainer-of-trainers workshop strengthened the capacities of HIV networks, government officials and UN organizations in 15 countries in Latin America and the Caribbean to use the assessment tool to drive policymaking at country level. WFP, ILO, UNICEF, UNAIDS Secretariat and other partners undertook 10 country assessments for HIV-sensitive social protection during the biennium.

During the biennium, UNICEF, WFP and partners supported cash-based transfer programmes, including the “Cash Plus” approach for adolescents in the United Republic of Tanzania and the community-based preventive social welfare system for vulnerable children and adolescents in Nigeria, which includes an HIV education component.

Sustainable income-generation activities increased access to decent employment and HIV prevention, treatment and care services. In Cameroon, WFP created a Village Saving Loan Association, which reached nearly 1000 beneficiaries living with HIV. UN Women reached over 30 000 HIV-vulnerable women and 6500 women living with HIV with income generation support in 14 countries.

UNDP supported 38 countries in HIV-sensitive social protection. For example, following a UNDP-supported study in Sudan, technical support was provided to the Sudanese Ministry of Social Welfare and the Sudanese People Living with HIV Care Association to increase HIV-sensitive social protection measures, including reaching more than 4000 people living with HIV with health insurance cards.

ILO supported development of social protection programmes in 94 countries. In the United Republic of Tanzania, ILO and the UNAIDS Secretariat supported the government and national partners to assess the HIV-sensitivity of social protection policies. Findings on gaps around HIV-sensitivity are informing the development of a new social protection policy in the United Republic of Tanzania.

WFP provided life-saving nutrition support and social protection during climate shocks to over 130 000 orphans and vulnerable children attending pre-primary school. Orphans and vulnerable children also benefited from access to other services, such as psychosocial support, growth monitoring and early childhood education, including during the El Niño in 2016–2018.

The World Bank had 87 active social protection and labour projects, representing investments of US\$ 15 billion, benefitting millions of vulnerable people including those living with HIV. For example, a multicounty project in the Sahel with health including HIV services as one of its core components had benefited nearly 1.8 million people as of late 2019.

Key challenges and future actions

The integration agenda confronts considerable challenges. UHC continues to be perceived differently by different stakeholders and in different contexts. There is limited understanding of UHC among HIV, SRHR, TB and antenatal care technical experts. There is a need for more collaborative efforts to identify and leverage innovative opportunities for integration. Insufficient political will and financial resources undermine knowledge leadership on the HIV integration agenda and create the risk of sporadic, discrete interventions. Research and development of improved TB diagnostics and more tolerable, shorter treatment regimens, including for multidrug-resistant TB, are urgently needed, especially for children.

HIV-sensitive social protection measures must be inclusive, particularly of key populations and unpaid care work in the context of HIV. Limited funding for HIV is hindering agencies' capacities to implement and embed adapted HIV-sensitive programmes and make social protection programmes more inclusive and comprehensive.

Moving forward, the Joint Programme will continue to support and promote the UHC agenda. The work will include operationalizing integration tools, such as the SRHR essential package, and supporting STI/HIV, sexual health and gender-based violence interventions and other pertinent components. The Joint Programme will also update the monitoring framework on SRHR linkages.

The Joint Programme will build on lessons learned from the ECHO trial results, as well as from regional and country experiences, to strengthen guidance for piloting and scaling up linkages and integration at national level. Cosponsors and the Secretariat will also prioritize the generation of evidence related to the impact of social protection in the context of HIV and support the scale-up of social protection assessments to ensure that HIV-sensitive social protection measures are adequate, comprehensive and cover people living with HIV. In carrying out this work, the Joint Programme will work closely with governments towards implementing reliable, sustainable and accessible social protection schemes across the life course.

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