

HIV and health service integration

UBRAF 2016-2021 Strategy Result Area 8



the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion (United Nations 1999).

There are a number of reasons why the number of children in the world is increasing. One of the main reasons is that the number of children who are surviving to the age of 5 has increased significantly in the past few decades. This is due to a number of factors, including improved medical care, better nutrition, and a decrease in the number of children who are dying from preventable diseases (United Nations 1999).

Another reason why the number of children in the world is increasing is that the number of children who are being born is increasing. This is due to a number of factors, including a decrease in the number of children who are being aborted, and an increase in the number of children who are being born to women who are younger than in the past (United Nations 1999).

There are a number of challenges that are associated with the increasing number of children in the world. One of the main challenges is that there are not enough resources to provide for the needs of all of these children. This is particularly true in developing countries, where there is often a lack of access to education, healthcare, and other basic services (United Nations 1999).

Another challenge is that there are not enough jobs available for the growing number of young people who are entering the workforce. This is particularly true in developing countries, where there is often a high level of unemployment (United Nations 1999).

There are a number of ways that we can address these challenges. One of the most important ways is to invest in education and healthcare for children. This will help to ensure that all children have the opportunity to reach their full potential (United Nations 1999).

Another way to address these challenges is to create more jobs for young people. This can be done by supporting small businesses and creating new industries (United Nations 1999).

It is important that we take action now to address these challenges. If we do not, the number of children in the world who are living in poverty and without access to basic services will continue to increase (United Nations 1999).

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Achievements

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

The UNAIDS Strategy 2016-2021 aspires to reach 75% of people living with, at risk of and affected by HIV, with HIV-sensitive social protection activities. Meanwhile, implementation of the 2030 Agenda for Sustainable Development calls for an integrated approach across the social, economic and environmental pillars of development. The Joint Programme worked collaboratively to include a social protection target in the 2016 Political Declaration on HIV and AIDS: Strengthen child and national social protection systems to ensure 75% of people living with, at risk of and affected by HIV, who are in need, have access to HIV-sensitive social protection activities. As a result, social protection and incentives have become a prominent part of the recommended packages promoted by the Joint Programme on preventing HIV, treatment, care and support.

To this end, in 2016, the UNFPA- WHO led interagency working group on SRH and HIV linkages developed infographic snapshots detailing SRH-HIV linkages. These snapshots summarize progress in mainstreaming HIV within broader SRH services and identify opportunities for programme planning and resource mobilization. These are complemented by a SRHR/HIV Linkages Index, which provides the first ever composite score for measuring country progress towards achieving a linked response to SRHR and HIV and can be used to:

- Track progress of how well a country is linking SRHR and HIV;
- Increase understanding of SRHR and HIV linkages;
- Support advocacy for improved linkages;
- Deepen knowledge on the drivers and effects of SRHR and HIV linkages; and
- Highlight data gaps which need to be filled.

The World Bank also continued to place a strong focus on health system strengthening in 2016, with funding and analytical support provided to decentralization and integration of HIV related services into primary health care centres and SRH. UNESCO supported the decentralization and integration agenda through support to develop and refine multisectoral strategies for life-skills based HIV and CSE, including in 12 countries in LAC.

The Joint Programme also worked to ensure that people living with, at risk of and affected by HIV were empowered through HIV-sensitive national social protection programmes in 2016, including cash transfers. This was done at country level through advocacy, technical support,

and implementation of social protection activities. At the global level, the Social Protection IATT, led by the World Bank and UNICEF, with support from the UNAIDS Secretariat, continued to raise the profile of social protection in the HIV response and provided technical support, oversight and advocacy on HIV and social protection

The UNAIDS Secretariat, with support from UNICEF, the World Bank, ILO, WFP, UNDP, WHO, PEPFAR and others, also developed a HIV and Social Protection Assessment Tool, which will be used for quick assessments of existing social protection programmes and their sensitivity to the AIDS response at country level. The tool has already triggered implementation of HIV and Social Protection Assessments in at least six African countries as well as operationalization of social protection targets. The UNAIDS Secretariat, with support from UNICEF and UNFPA, additionally continued to collaborate with PEPFAR on programming for addressing the social and economic drivers of HIV through social protection, care and support, economic empowerment and access to education for adolescents in 10 DREAMS project countries in Africa (Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe).

UNICEF's HIV Programme on social protection has led to improved access to social services for all children without caregivers and poor households with children in 2016. Over the last year, in partnership with the Joint Programme and others, UNICEF has led the design of tools and guidance to support countries that undertake comprehensive assessments, in a bid to strengthen national responses to HIV in adolescents. These analytical tools have helped countries to identify equity and performance gaps that limit the impact of investments in adolescent programming, as well as the adolescents at greatest risk of infection, illness and death – such as those excluded from services and areas with poor service performance. In addition, the tools can also help to define bottlenecks that contribute to ineffective HIV prevention, treatment, and care.

The ILO's Global Flagship Programme on Building Social Protection Floors for All was launched in 2016. Technical support was provided to support the step-by-step development of nationally defined social protection floors. Tailored support to extend Social Protection programmes to cover vulnerable populations (including people living with HIV) is ongoing in Cambodia, Cameroon, India, Indonesia, Kenya, Nigeria Rwanda, South Africa, Tanzania, Vietnam and Zambia.

Access to sustainable livelihoods and economic resources are crucial for women living with HIV. UN Women and partners therefore worked together to improve opportunities for people living with HIV to access sustainable livelihoods and economic resources.

WFP continued to contribute to the empowerment of people living with HIV through its HIV-sensitive social protection programmes in 2016, including by supporting national governments in designing, operationalizing and evaluating cost-effective food security sensitive safety net and social protection mechanisms for people living with HIV and other vulnerable populations, including in fragile and challenging operational contexts.

Decentralization and integration of HIV related services

Prior to the UNGA HLM on ending AIDS in June 2016, with support from the Secretariat, WHO convened a Ministerial panel discussion, chaired by UN Special Envoy on TB, Eric Goosby, which elicited important commitments on delivery of integrated care from the Ministers of high burden countries (Ethiopia, Nigeria and South Africa) in order to end TB deaths among people living with HIV. At the Women Deliver conference in Copenhagen, WHO, in collaboration with the UNAIDS Secretariat and the Global Fund convened a symposium on the “Female Face of Communicable Diseases”, where participants discussed the importance of TB, HIV and other communicable diseases in women’s health and best approaches for a holistic and integrated healthcare delivery model, from policy to care recipient level.

UNESCO and the WHO have been enhancing joint efforts on the promotion of health and well-being. UNESCO participated in a 2016 meeting on promoting intersectoral and interagency action for health and well-being in the WHO European Region and will be collaborating with WHO to support the development of a practical manual for the implementation of evidence informed violence prevention in schools. In August 2016, the World Bank and WHO, together with the government of Japan, Japan International Cooperation Agency, the Global Fund and the African Development Bank launched ‘Universal Health Coverage in Africa: A Framework for Action’, which provides a big-picture view of UHC in the region and identifies key areas that will be critical to achieving better health outcomes. These include financing, service delivery, targeting vulnerable populations, mobilizing critical sectors and political leadership.

HIV-sensitive social protection

The World Bank, UNICEF and the UNAIDS Secretariat worked together to bring social protection, including cash transfers, care and support into global public policy dialogue, successfully advocating for the inclusion of a social protection target in the UNAIDS Strategy 2016-2021, 2016 Political Declaration on HIV and AIDS and the 10 Fast-Track Commitments. This advocacy has led to the widespread acknowledgement and application of social

protection as a key HIV prevention, treatment and mitigation approach for adolescent girls and young women, people living with HIV, at risk and affected by HIV.

The Joint Programme has collaborated with Oxford University, London School of Hygiene and Tropical Medicines, Columbia University, University of North Carolina and others to generate cutting edge evidence on the impact of social protection and different combination of social protection, cash transfers, cash incentives, care and support on HIV prevention and treatment. The evidence informs the design and implementation of UNAIDS and partners including the DREAMS programme particularly on the social protection, cash and care components. This evidence and its policy application continues to be shared in UNAIDS Secretariat, UNICEF World Bank and Housing Works organised Global Research Network on Social Protection and Social Drivers Annual meeting, supported by the Social Protection, Care and Support (SPCS) working group.

The ILO and the World Bank inaugurated the Global Partnership for Universal Access to compile Social Protection experiences to highlight the feasibility of social protection in developing countries. In Indonesia, the ILO and UNAIDS Secretariat supported the National AIDS Commission to establish a task force to ensure coverage of people living with HIV and key populations under the national social protection scheme. The task force has now been transformed into a working group that will continue to monitor the implementation of the scheme. In Nigeria and Zambia, the ILO, UNICEF and UNAIDS Secretariat are members of the UN Group on Social Protection (SP) and provided technical input to the Social Protection policy with a view to make the policies HIV sensitive.

In El Nino affected countries, WFP supports people living with HIV/TB and their families to compensate for the loss of income-earning potential. E.g. in Zimbabwe, WFP food assistance reached over a million beneficiaries, including orphans and vulnerable children and people living with HIV. In Ethiopia, WFP has worked with PEPFAR to provide nutritional assessment, counseling and support, social safety nets and economic strengthening services to people living with HIV, orphans and vulnerable children and PMTCT clients. Engagement in economic strengthening activities has proven to be a robust predictor of improved retention to HIV care, adherence to ART, access to health services and health related quality of life.

Challenges

Lack of financial resources: This is a major challenge for integration of HIV and health services and social protection, including task-shifting to communities. The Sustainable Development agenda calls for multidisciplinary action; the Joint Programme is a prime example of implementing the SDGs through partnerships and integration, providing a coordinated and multisectoral response to a major global health and development challenge. Channelling funding through UBRAF has been instrumental in making these linkages across the response and the SDGs, however limited funding to the UBRAF could have long standing consequences, such as reduced opportunities to integrate HIV in UHC schemes and lack of support for civil society organizations. For example, while social protection programmes for young women and adolescent girls provide financial security and help to keep girls in school, this work is rarely complemented with gender-transformative initiatives that address power relations, expand young women's access to and control over economic resources, increase women and girls' knowledge, skills and ability to negotiate safer sex.

Under representation in HIV programmes: Key populations, as well as adolescents, people living with HIV and TB patients, remain underrepresented in HIV programmes. Lack of capacity to target the specific needs of these groups could reduce the effectiveness of social protection and other programmes in promoting adherence and retention to care and treatment, which can ultimately lead to the need for more expensive second and third line ART. Furthermore, without adequate support from the Joint Programme, governments may not possess the means or expertise to implement the required social protection programmes for people living with HIV and other vulnerable groups at risk of acquiring HIV. This could be particularly harmful in countries dealing with humanitarian emergencies.

Intensified advocacy, strategic information and technical and capacity building support: The Joint Programme needs to intensify advocacy, generation of strategic information and technical and capacity-building support to mobilize social protection strategies to reduce HIV vulnerability, enhance the impact of HIV services and strengthen the response. Strategic information on the barriers to uptake of health services for people living with HIV should feed into the design or adjustment of social protection programmes at the country or community level.

Key future actions

The Joint Programme will continue to ensure that people living with, at risk of and affected by HIV have access to integrated services, including for HIV, TB, sexual and reproductive health, harm reduction and food support. Strengthening national health systems will be prioritized through integration of community service delivery with formal health systems and supporting countries with Differentiated Service Delivery.

The Joint Programme will also continue to link social protection to UHC scale-up and support HIV-sensitive social protection programmes at country level. Identifying ways to support the Global Fund and PEPFAR's commitment to social protection in the AIDS response will remain a priority. The Joint Programme will also continue to work with political leaders to increase demand for HIV-specific social protection programmes.

Specific future actions by the Joint Programme will include:

- UNICEF will continue to build evidence and overcoming operational challenges to implement HIV-sensitive programmes;
- WFP will finalize and disseminate the results of the study on investment returns of food-based interventions for ART patients in ESA jointly with the London School of Hygiene and Tropical Medicine;
- ILO will prioritise work with Member States to scale up HIV-sensitive national Social Protection Floors;
- UNDP will examine synergies outside of the health sector and multiple disease outcomes;
- UN Women will economically empower women and girls, particularly those living with and affected by HIV;
- UNESCO and WHO will support the development of a practical manual on evidence informed violence prevention in schools;
- WHO will disseminate the Key Considerations and updated Decision Framework for Differentiated Service Delivery for Families and Key Populations;
- The UNAIDS Secretariat will support four countries to conduct HIV and social protection assessments;
- UNFPA and the World Bank will provide funding and technical assistance for HIV integration and mainstreaming into health services, in particular integration with SRH services.

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