

# HIV and health service integration

UBRAF 2016-2021 Strategy Result Area 8





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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**

Through joint and individual activities, the Joint Programme worked to ensure people living with, at risk of and affected by HIV have access to integrated services, including for HIV, TB, sexual and reproductive health (SRH), harm reduction, and food and nutrition support. The Joint Programme also works with partners to integrate HIV in other programmes, including humanitarian responses, education, decent work and human rights.

The World Bank is a co-convenor with WHO of UHC2030, the global movement to build stronger health systems for universal health coverage (UHC). Typical projects financed by the World Bank in 2017 included activities that aim to improve the utilization of maternal, child health and nutrition services at the primary level of care in target regions. The immediate beneficiaries are women and children dependent on primary health services, pregnant women and children under five, for whom HIV testing is promoted and available as well as prevention of mother-to-child transmission (PMTCT). The Global Financing Facility is providing catalytic funding for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N), ensuring integration of SRH and HIV services in essential benefits packages and in performance-based financing systems. In Liberia, for example, the country is focusing on counties with the highest RMNCAH-N burden, with the goal of delivering quality emergency obstetric and neonatal care and enhancing service delivery at the community level. In 2017, after conducting HIV allocative efficiency studies in Belarus, Peru and South Africa, the World Bank led additional TB allocative efficiency studies in the three countries.

In 2017, UNICEF played a leading role in integrating HIV in programmes across both decades of childhood, including: those focusing on PMTCT; nutrition to promote optimal feeding practices, including exclusive breastfeeding and appropriate complementary feeding; enhanced maternal antiretroviral therapy (ART) adherence counselling during the breastfeeding period; maternal, newborn and child health (MNCH); early childhood development; vaccinations; and TB management.

WFP worked with governments and partners to ensure the needs of vulnerable people living with HIV are addressed in all national and WFP programming and strategies, including in humanitarian responses. WFP's work to address HIV is gender-responsive and focuses on linking food and health systems through the provision of food assistance for better health outcomes, such as nutritional recovery for people living with HIV and TB, retention in care

programmes, and treatment success. WFP contributes through advocacy and communication, partnerships, including food security and nutrition in comprehensive HIV/AIDS national plans to address the needs of vulnerable people living with HIV, and technical support, capacity-building and implementation support. WFP provides direct support, including food and cash-based transfers, at individual and household levels to facilitate improved access and adherence to treatment.

In Lesotho, for example, WFP continued to provide technical assistance and support to the Ministry of Health to enhance nutrition surveillance for people living with HIV. WFP, in partnership with UNICEF and the Elizabeth Glaser Pediatric AIDS Foundation, provided technical and financial support to integrate acute malnutrition and infant and young children feeding indicators into Ministry of Health information systems.

UNDP has established a SDG Technical Support Team to support countries in the roll-out of the 2030 Agenda and has prepared a prospectus on SDG3 (ensuring healthy lives for all) that outlines UNDP's service offerings in this area. UNDP, under the umbrella of the UN Development Group, is supporting countries to implement, monitor and evaluate the SDGs using the MAPS (mainstreaming, acceleration and policy support) approach. In 2016–2017, the HIV team supported 27 country missions by providing an analysis of the HIV and health situation in-country and identifying strategic opportunities to include HIV and health issues in the roadmaps developed to support countries in implementing the 2030 Agenda. Up to 23 additional missions are planned for 2018. UNDP continued to support multiple aspects of health systems strengthening. These include: building the capacity of health workers; strengthening government capacity to deliver services; removing human rights- and gender-related obstacles to access to HIV services; acting on co-morbidities; and strengthening preparedness for health emergencies. For instance, UNDP supported the Zimbabwe Ministry of Health to roll out the Ministry of Finance Public Financial Management System (PFMS) in the health sector, resulting in real-time budgeting, electronic payment in all 59 districts and an accounting system at a central, provincial and district level for Global Fund grants.

### **Decentralization and integration of HIV related services**

UNESCO supported the decentralization and integration agenda through support to develop and refine multisectoral strategies for life skills-based HIV and comprehensive sexuality education (CSE), including in 12 countries in the Latin America and the Caribbean region. A recent success has been the adoption, by the SDG 4 Technical Cooperation Group of an indicator on the delivery of CSE (including HIV prevention education) to monitor progress against SDG 4 Thematic target 4.7. The data collected on this indicator will significantly

enhance UN and Joint Programme capacity to monitor progress on the education sector response to HIV by measuring CSE delivery.

The 13th WHO General Programme of Work for 2019–2023 (GPW 13), which sets the strategic framework and vision for the organization, was drafted in 2017 and developed with inputs from the WHO HIV department. It provides an important framework for evolving HIV efforts within and across WHO and the broader health sector in support of UHC. During 2017 WHO ensured that HIV elimination targets were included in the overall GPW 13 mission. The GPW 13 proposes five platforms to help promote integration, supporting the over-arching goal of ensuring healthy lives and promoting well-being and the three strategic priorities of advancing UHC. WHO, together with UNAIDS, UNFPA and OHCHR also published consolidated guideline on sexual and reproductive health and rights (SRHR) of women living with HIV.

UNFPA supported the training of about 1500 health-care workers to strengthen the integration of SRHR/HIV/GBV (gender-based violence) services and expand the number of facilities providing these in Botswana, Lesotho, Malawi, Namibia, Swaziland, South Africa, and Zambia. New and draft national policies, strategies, frameworks, assessments and analyses were included in the integration process in Botswana, China, Colombia, Kenya, Kyrgyzstan (for key populations), Malawi and Zambia. Support to NGOs in Swaziland helped them reach almost 38,000 adolescents and youth with integrated information and services, and in Kenya, peer educators reached 1,086 first-time young mothers aged 10–24 years, 32 of whom were found to be living with HIV and referred to treatment. Varying delivery models in Bangladesh (drop-in centres), Moldova (positive initiative), Tajikistan (trust point), Ukraine (outreach and referral) and Mexico (PrEP) have increased access for key populations. UNFPA and UNAIDS have supported Kenya, South Africa, Swaziland and Uganda to undertake a situational analysis on SRHR/HIV and GBV integration and continue to support Prevention Coalition countries in implementing the Prevention Roadmap 2020, including establishing national prevention targets.

Through the LINKAGES Project to strengthen the provision of integrated SRHR/HIV and sexual and gender-based violence (SGBV) services in 10 Eastern and southern Africa countries, UNFPA and UNAIDS have documented and shared information on best practices and realized the several milestones.

For example, UNFPA, WHO and the International Planned Parenthood Federation IPPF produced SRHR and HIV Linkages Infographic Country Snapshots for 25 countries, providing an overview of national-level data for more than 150 indicators. The SRHR and HIV Linkages Index, a 30-indicator dashboard for integration to track progress, support advocacy, extend knowledge of the drivers and effects of linkages, and highlight data gaps across 60 countries, continues to be promoted. To take HIV out of isolation and integrate it into broader health and development concerns, the ILO, through strategic partnerships with governments, employer and worker organizations, UN agencies and civil society, supported Member States to implement health and wellness programmes. HIV testing initiatives were situated within multi-disease testing programmes and included screening for cholesterol, blood pressure and blood sugar, an approach that significantly reduced stigma and discrimination, while enhancing interest in and uptake of HIV testing. Integration also ensures the sustainability of HIV workplace programmes targeted at vulnerable workers. During the biennium, more than one million (30% women and 69% men) were mobilized to take an HIV test and 19 000-plus tested positive and were referred to treatment and care services.

### **HIV-sensitive social protection**

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

At the global level, the Inter-Agency Task Team (IATT) on social protection led by the World Bank and UNICEF, with support from the Secretariat, WFP and the ILO, raised the profile of social protection in the HIV response and provided technical support, oversight and advocacy on HIV and social protection. As part of its global work, the Joint Programme worked extensively to include a social protection target in the 2016 Political Declaration. As a result, social protection has become a prominent part of the recommended packages promoted by the Joint Programme on preventing HIV among adolescent girls and young women and treatment care and support.

ILO, the Secretariat, UNDP and partners organized a panel discussion at the World Health Assembly on the theme fast-tracking social protection to end AIDS. Other joint advocacy efforts included an event at the UN General Assembly, where World Bank and ILO inaugurated the Global Partnership for Universal Social Protection and launched 23 country experiences to show that universal social protection is feasible in developing countries.

By September 2017, the World Bank's annual lending on social protection programmes reached US\$ 13.5 billion with US\$ 8.4 billion lending in Industrial Development Authority countries targeting the world's poorest. These resources support safety-net programmes, including cash transfers, public works and school feeding in more than 70 countries. Examples of World Bank projects include the Swaziland Health, HIV/AIDS and TB Project, which aims to increase social safety-net access for orphans and other vulnerable children. In addition to providing financing for HIV-sensitive social protection programmes, the World Bank continued to increase the evidence base for use of HIV-sensitive social transfers, building on its studies investigating how conditional cash transfers can reduce STIs, which has been shown to be effective Lesotho, Malawi and the United Republic of Tanzania.

In 2017, WFP collaborated with All-Ukrainian Network of People Living with HIV to expand a food assistance, social protection intervention via conditional e-vouchers (cash-based transfers), targeting 17 600 HIV-impacted household members (6826 people living with HIV) who lost all other means for survival because of the conflict. This intervention focused on assistance to internally displaced people living with HIV, especially women with young children. People living with HIV on ART, or who planned to start ART, received eight monthly rounds of assistance, contingent on regular attendance at clinics. This resulted in improved food security status in two thirds of beneficiaries, and 34% of beneficiaries improved their adherence to treatment. This intervention also led to reductions in viral load in most of those receiving assistance. In nongovernment-controlled areas, people living with HIV were assisted with two monthly rounds of in-kind food parcels.

UNICEF's community system strengthening aimed to institutionalize community health as an integral part of the health system and a vehicle to reach UHC. In Eastern and southern Africa, cash transfer and social protection initiatives helped children and adolescents living with HIV gain better access to HIV/SRH, treatment and care services.

UN Women has helped improve sustainable livelihoods for women living with HIV by facilitating their access to and control over economic resources. UN Women's Fund for Gender Equality provided small grants to civil society organizations to economically empower women's groups in marginalized and impoverished communities, particularly women living with and affected by HIV. Since its inception in 2009, of the 121 projects supported by the fund, 7% of projects globally, 17% in Europe and central Asia and 16% in Africa involved women living with HIV. In Kyrgyzstan, the fund grantee strengthened the business skills of 73 marginalized women, including those who were living with HIV, used drugs, or were partners of drug users, or were former prisoners, and awarded five micro-grants to women's groups to develop livelihood business plans. In Uganda, UN Women launched an empowerment

programme for adolescent girls and young women aged 15–24, including those living with HIV. The programme provided young women and girls in Karamoja region with life-skills training to improve self-esteem, decision-making and knowledge in entrepreneurship, small/medium business management and financial literacy. All participants are linked to HIV services. The intervention also educated the larger community to the norms/practices that predispose young women and girls to HIV and violence. In 2017, the programme benefitted 265 girls. Early results demonstrated improvements in attitudes towards uptake and adherence to HIV treatment, increased demand for prevention commodities, increased appetite for family planning information and services, and reporting of violence.

In 2017, UNDP supported more than 80 countries in social protection, up from 62 countries in 2016. UNDP's HIV and Health Team ensured HIV-sensitive social protection and cross-sectoral co-financing were included within its broader organizational offer on cash-based programming. This work sets the stage for increased attention to HIV-sensitive social protection in UNDP's in-country programming. For example, through UNDP assistance, more than 100 Indian state and central social assistance schemes extended benefits related to pensions, scholarships, travel allowances, subsidies for food and shelter, among others, to address the needs of HIV-affected people. Lowering the pension age for spouses, for instance, recognizes they may lose their partners at an earlier stage of life. So far, the schemes have responded to more than a million requests for benefits, including multiple types of assistance for individuals with diverse requirements. The experience has informed efforts to expand social protection to HIV-affected people in Cambodia. HIV-sensitive measures in survey instruments now allow a more precise identification of all poor urban households eligible for social protection schemes.

With data from 204 countries and territories, the ILO published the World social protection report (2017–19), which indicated that only 45% of the global population are covered by at least one social protection benefit, leaving 55% with no coverage. The report reinforces the need to ensure social protection schemes are consistently HIV-sensitive in order to leave no one behind. As part of global advocacy efforts, the ILO, UNAIDS and UNRISD as well as, UNDP, Helpage, STOP AIDS NOW and Housing Works, organized two panel discussions in 2016 and 2017 on the theme of HIV-sensitive social protection to realize the right to health and social security and fast-tracking social protection to end AIDS. Twelve countries were supported to implement HIV-sensitive social protection programmes that focus on development of national plans and strategies (Kenya, for example) and strengthening the legal policy framework (Nigeria).

# Challenges

For progress to be sustained, the scope of integration work across other sectors and systems must be accelerated in line with Agenda 2030. The logic of integration is unassailable, but the experience of HIV programmes with integration or mainstreaming has often been disastrous; when earmarked HIV money and personnel are exhausted, the HIV services too often fade away. The integration of HIV into other sector programmes and services requires funding to ensure sufficient HIV expertise is embedded in the social, political, structural and biomedical dimensions of the response, and ownership and responsibility for HIV results are promoted and sustained in the recipient sectors.

SDG targets on HIV and SRHR will not be achieved without government support for integrated, people-centred approaches that further the inter-related HIV and SRHR agendas. This includes the need for rights-based laws and policies that underpin good HIV and SRHR outcomes, including support for appropriate age-of-consent laws to expand adolescent access to services, ending child marriage and eliminating violence in all its forms. Stigma, discrimination and criminalization of sex work and same-sex relations also hinder access to services. Coordination among data systems is limited, while initiatives to keep girls in schools, or social protection schemes to financially support women and girls, are rarely accompanied by complementary interventions to address power relations, enhance self-confidence and the decision-making power of young women and adolescent girls, expand women's access to and control over economic resources (including livelihood and entrepreneurship opportunities), increase women and girls' knowledge, and skills and ability to negotiate safer sex. Despite some progress, the Joint Programme must intensify its work to mobilize all actors to ensure social protection schemes are HIV-sensitive.

# Key future actions

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 continue to link social protection to universal health care (UHC) scale-up and support HIV-sensitive social protection programmes at country level. Identifying ways to support the Global Fund and PEPFAR's new commitment to social protection in the AIDS response will also remain a priority. The Joint Programme will continue to work with political leaders to increase demand for HIV-specific social protection programmes. Agency-specific future actions include the following:

UNICEF will provide leadership on results-driven integrated approaches in three major areas: elimination of mother-to child-transmission of HIV, paediatric treatment and retention in care, and prevention of new infections among adolescents. UNICEF will continue its support to cash transfer plus and other social protection initiatives as part of its combination prevention and to programmes targeting adolescents living with HIV.

WFP will continue to deliver on its mandate to integrate food and nutrition and humanitarian emergencies into HIV responses, and work to better link food/nutrition and health systems with social protection programmes by advocating at global level and by supporting governments. The new WFP 2017–2022 Strategic Plan and Nutrition Policy reiterates its commitment to strengthen capacities to ensure social protection programmes are HIV and nutrition sensitive, including in humanitarian and fragile settings.

ILO will work to link social protection to UHC scale-up and identify ways to better support the Global Fund and PEPFAR's commitment to social protection in the AIDS response.

UNDP will support the implementation of the recommendations of the high-level panel on access to medicines, continue its engagement with the Global Fund, multilateral development banks and key donors to broaden their assistance for health, and further sensitize UN regional bureaux and community organizations on their roles in fully responding during health emergencies.

UN Women, including through its Gender Equality Fund, will continue supporting grass-roots organizations to economically empower women and girls living with and affected by HIV.

UNESCO will collaborate with WHO and partners on the development of a joint UN paper on the links between sexual and reproductive health and rights and HIV.

WHO will address the most critical gaps in normative guidance and place greater emphasis on developing guidance to accelerate country implementation and define packages of essential HIV interventions that should be integrated into national health benefit packages.

UNFPA will maintain its leadership on strengthening integration of SRHR/HIV/GBV in all settings, including metrics, as outlined in its new Strategic Plan 2018–2021, including through technical support alongside WHO, UNICEF and UNAIDS to the five-country Joint UN Programme on SRHR/HIV Integration 2018–2021, with funding from the Swedish International Development Cooperation Agency. UNFPA will fully utilize the integrated SRHR/HIV/GBV platform in its leadership role of the Prevention Coalition and country support for implementation of the Prevention 2020 Roadmap.

The World Bank will continue to provide funding and technical assistance for HIV integration and mainstreaming into health services integration with TB and SRH services. The World Bank will keep working with partners to accelerate progress towards UHC.

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