

UNAIDS 2022

SRA 8: HIV and health services integration

SRA report 2021

Contents

Global overview	2
Joint Programme contribution towards achieving SRA 8	3
Key challenges and lessons learned	8

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People-centred HIV and health services are integrated in the context of stronger system for health

Global overview






Better integration takes numerous forms—from TB-HIV, HIV-SRHR and HIV-Reproductive, maternal, new-born, child and adolescent health integration to integration of services for HIV and noncommunicable diseases (NCDs). It involves including HIV-related services in UHC packages and integrating HIV-related needs in pandemic preparedness and response, as well as considering the links with nonmedical interventions that can affect HIV outcomes. Ever-increasing evidence points to the importance of tackling other comorbidities such as STIs, cervical cancer and other NCDs, and integrated provision of HIV services with SRHR and mental health services.






Also relevant is integration of critical functions, including those related to data and strategic information, the health workforce, health governance, financing and policy frameworks, which can enhance efficiencies and synergies. Integration and access to social protection services are critical to a sustainable, successful response to end the AIDS epidemic. Progress has been made, including new integration targets in the 2025 AIDS targets, but this transition takes time and a lot of work remains. COVID-19 has highlighted the fragility of some gains.

The 2016 UN Political Declaration included a target to strengthen national social and child protection systems to ensure that by 2020, 75% of people living with, at risk of or affected by HIV benefit from HIV-sensitive social protection. COVID-19 has highlighted the vital importance of robust social protection systems to mitigate the impact of pandemics. HIV-sensitive social protection increases the use of HIV prevention, treatment and care services by reducing financial burdens and other hindrances. However, key populations who face an increased risk of COVID-19 and associated adverse socioeconomic impacts that increase their vulnerabilities are often excluded from current social protection mechanisms, since they tend to work in the informal economy, lack requisite documentation, and experience stigma, discrimination and marginalization. In 2021, approximately 55% of the world's population had no social protection coverage, although social protection measures did increase in the response to the COVID-19 pandemic. By end 2021, 195 countries and territories had introduced and/or adapted a variety of social protection measures, with over 1,000 new and adjusted social protection measures recorded world-wide by June 2020). Many of those interventions were temporary, however.

Joint Programme contribution towards achieving SRA 8

UBRAF indicator progress

Indicator 8.1: Percentage of countries delivering HIV services in an integrated manner		2016 [N=87]	2017 [N=87]	2018 [N=87]	2019 [N=87]	2020 [N=87]	2021 [N=87]	Progress 2016 to 2021
2021 target—80%	Status 	64%	66%	68%	68%	68%	71%	
Measurements								
HIV, sexual and reproductive health, and gender-based violence services		67%	70%	71%	74%	76%	77%	
HIV and TB		91%	87%	87%	89%	87%	90%	
HIV and antenatal care		95%	95%	94%	93%	94%	95%	
<p>In 2021, 71% of 87 reporting countries with Joint Programme presence delivered HIV services in an integrated manner such that clients can receive services for multiple interventions at one facility (during one visit). The percentage steadily increased since 2016 as more than 90% of these countries include TB and antenatal care services. The 2021 target was achieved. However, more countries still need to incorporate HIV, SRH and gender-based violence services in their HIV services.</p>								

Indicator 8.2: Percentage of countries with social protection strategies and systems in place that address HIV		2016 [N=72]	2017 [N=75]	2018 [N=77]	2019 [N=78]	2020 [N=78]	2021 [N=79]	Progress 2016 to 2021
The country has a national social protection strategy/policy with all UBRAF components								
2021 UBRAF target—70%	Status 	81%	84%	86%	82%	83%	84%	
Measurements								
The country has a national social protection strategy/policy		83%	86%	89%	90%	90%	91%	
Countries with a national social protection strategy/policy								
		2016 [N=72/87]	2017 [N=75/87]	2018 [N=77/87]	2019 [N=78/87]	2020 [N=78/87]	2021 [N=79/87]	Progress 2016 to 2021
The national social protection strategy/policy covers people living with and affected by HIV		85%	87%	88%	87%	88%	87%	
The national social protection strategy/policy covers orphans and vulnerable children		94%	96%	94%	90%	90%	91%	

National health insurance covers people living with HIV	2016 [N=67]	2017 [N=71]	2018 [N=75]	2019 [N=73]	2020 [N=71]	2021 [N=70]	Progress 2016 to 2021
The national health insurance (and social health insurance where distinct), life or critical illness insurance, cover people living with HIV	67%	68%	67%	71%	70%	73%	↑
Social protection programmes are provided to men and women	2016 [N=68]	2017 [N=72]	2018 [N=76]	2019 [N=74]	2020 [N=76]	2021 [N=77]	Progress 2016 to 2021
Social protection programmes, such as safety nets and livelihood interventions, are provided to men and women living with HIV and affected by HIV	65%	69%	71%	76%	75%	79%	↑
The 2021 target, 70% for the percentage of countries with national social protection strategies and systems in place that address HIV has been maintained. These social protection programmes cover men and women living with and affected by HIV. In addition, in 2021, 73% of 69 countries having national health insurance reported that their insurance cover people living with HIV, up from 67% in 2016.							

Top achievements in 2020–2021

Leveraged Universal Health Coverage momentum to strengthen health systems and advance integration of HIV-related services

The Joint Programme used momentum around UHC efforts to strengthen health systems, improve outcomes and enhance HIV response sustainability, working in the COVID-19 context to protect gains and advance integration of HIV-related services.

WHO and the World Bank co-convened UHC2030, a multistakeholder platform to strengthen health systems. UNICEF, the World Bank and WHO supported the Primary Health Care Performance Initiative to achieve UHC. UNFPA and WHO worked on a comprehensive SRHR handbook and toolkit, as part of their UHC work. UNFPA launched its new strategic plan, including expanded provision of high-quality SRH as part of UHC, and began to roll out a comprehensive SRH package. WHO and the World Bank released a global monitoring report on tracking UHC, documenting COVID-related affects on health services, including HIV, and produced another report spotlighting the impact of financial hardship on access to services, equity and UHC.

The Global Fund and the World Bank launched the first project under their [cofinancing framework](#), a joint-investment in Laos advancing UHC by increasing access to integrated essential services (including HIV and TB). The World Bank's Advance UHC Multi-Donor Trust Fund assisted low- and middle-income countries around UHC and transitioning towards increased domestic funding. The World Bank worked with country partners to define or revisit their health benefits packages, providing analytical support to define the most effective packages, including HIV services, and addressing service integration for HIV.

Advanced better and more accessible integrated HIV, TB and other services and strengthened health system capacity to respond to comorbidities (including TB, cervical cancer and COVID-19)

The Joint Programme's efforts to advance better and more accessible integrated HIV, TB and other services, including for COVID-19, and strengthen health system capacity to respond to comorbidities through policy changes, new tools and innovative approaches that are adapted to the country needs. UNFPA and WHO led the Inter-Agency Working Group on SRHR/HIV and advanced SRHR-HIV elements for the global HIV 2025 targets. They also developed [SRHR Infographic Snapshots](#) for 194 countries, monitoring SRHR integration. Building on the Evidence for Contraceptive Options in HIV Outcomes (ECHO) trial, WHO and the UNAIDS Secretariat developed integration guidance to support countries and donors.

Working with other Joint Programme members and other partners, WHO completed validation of EMTCT of HIV and/or syphilis in 10 countries or areas; adopted a regional framework for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific (with UNICEF, UNFPA and the UNAIDS Secretariat); and published treatment guidelines for HIV infection, hepatitis C and key STIs. Joint Programme efforts also advanced procurement of dual rapid tests for HIV and syphilis. A new series of WHO global health sector strategies addresses the decentralized delivery of HIV and related services, and a UNICEF series of country-costing analyses supports enhanced primary health care. In western and central Africa, UNICEF and WHO worked with partners to improve access to integrated service delivery models. In South-East Asia, UNICEF, UNDP, UN Women and the UNAIDS Secretariat worked to integrate HIV with mental health. The UNAIDS Secretariat supported community-based mental health services and psychosocial support for people living with HIV in Uganda. The UNAIDS Secretariat and WHO supported mental health integration in Global Fund grants.

Under Global Fund grants managed by UNDP, 854 000 people receiving HIV care were screened for TB in HIV care or treatment settings in 6 countries. The national TB programme in Moldova, in partnership with UNDP, is scaling up a mobile application for TB patients to video themselves taking required medicines, an approach that has almost doubled treatment adherence compared to the DOTS approach (Directly Observed Therapy Short course). UNODC and UNDP developed and piloted a digital tool to ensure continuous clinical, psychosocial support and rights-based monitoring for people receiving opioid substitution therapy. In Djibouti, UNDP adapted HIV mobile clinics to conduct COVID-19 tests.

WHO, with the active engagement and contribution from the UNAIDS Secretariat, UNFPA, UNICEF and other global partners developed and released the Global Strategy for the elimination of cervical cancer, which includes special emphasis on HIV-cervical cancer linkages and comorbidity. WHO developed and published new guidelines for screening and treatment of cervical cancer to prevent cervical cancer with the inclusion of specific recommendations for women living with HIV. The UNAIDS Secretariat—as part of the Go Further public-private partnership with PEPFAR, the GW Bush Institute and other partners—continued supporting 12 eastern and southern African countries with active community engagement in scaling up screening and treatment for cervical cancer integrated with HIV care services. The UNAIDS Secretariat and partners supported the mobilization of over US\$ 9 million from the Global Fund for 12 sub-Saharan African countries. The UNAIDS

Secretariat, WHO and the International Atomic Energy Agency supported Kenya's Ministry of Health, First Ladies at national and county levels, networks of women living with HIV and other community groups with advocacy, resource mobilization and scaling up of integrated cervical cancer and HIV services for women living with HIV. In the United Republic of Tanzania, the UNAIDS Secretariat and WHO, together with partners, have supported resource mobilization, public-private partnerships, community engagement and scaling up cervical cancer services for women and adolescent girls living with HIV.

UNFPA, WHO and UNDP supported the PCB special session and report on cervical cancer and HIV, building on the WHO Cervical Cancer Elimination Strategy. UNFPA supported the roll-out of cervical cancer services, including for women living with HIV in several countries, including Botswana and Nigeria, where human papilloma virus self-sampling was launched for better detection of women and girls who are at high risk for cervical cancer.

The Joint Programme supported the integration of health and education. UNESCO, WHO and UNICEF partnered on the "Make every school a health promoting school" initiative, developing the Global Standards for Health Promoting Schools and various implementation guidance. Botswana, Egypt and Paraguay are working to adopt the standards. UNESCO trained over 2,000 education staff in China, India, Myanmar and Pakistan on health education, including HIV and sexuality education. UNESCO also convened a new school health and nutrition partnership with FAO, the Global Partnership for Education, UNICEF, the World Bank, WFP and WHO.

Contribution to the expansion of social protection system and national social health insurance schemes in the HIV and COVID-19 responses

The Joint Programme contributed to expand social protection systems, which served as an indispensable policy response to the COVID-19 pandemic and improved their inclusion of people living with, affected and at risk of HIV. UNDP supported 52 countries in promoting HIV-sensitive social protection including in the context of the pandemic and the recovery. UN Women promoted the economic rights of women affected by and living with HIV in over 20 countries by increasing their access to financial literacy education, income-generation opportunities and economic resources. The ILO programme on building Social Protection Floors extended support to 50 focus countries to increase access to social protection coverage for 130 million. UNHCR delivered approximately US\$ 670 million to some 8.5 million people in 100 countries, including in challenging contexts such as Afghanistan, Democratic Republic of Congo, the Islamic Republic of Iran and Yemen. WFP supported thousands of the most vulnerable households affected by HIV and COVID-19 to meet their essential nutritional needs through food, cash and voucher transfers with also supporting socioeconomic status.

In response to COVID-19, the Joint Programme issued a Global Call to Action on HIV-sensitive social protection urging countries to enhance the responsiveness of their social protection systems to also address the needs of people living with HIV, including key populations, young people, women and girls, people with disabilities, refugees, asylum seekers, migrants, and populations in a state of food insecurity, malnourishment and in humanitarian settings. UNDP and ILO hosted a global dialogue on social protection for people living with HIV and key populations, convening participants from 52 countries to share strategies and good practices regarding more inclusive social protection schemes and

informing development of a social protection checklist. The ILO released a working paper on making universal social protection a reality for people living with, at the risk of, and affected by HIV or TB.

WFP and the UNAIDS Secretariat collaborated with the Cameroon National Planning Association for Family Welfare, as well as the network of people living with HIV, in a cash transfer initiative to meet beneficiaries' needs for food, transportation, clothing, school fees and health services. In Mauritania, the World Bank and UNHCR worked with the Ministry for Social and Family Affairs to cover the majority of the refugee population, supporting the enrolment of 14 000 refugee households in the national social registry and 6,000 households for social assistance cash transfers.

In Cambodia, UNDP and the Secretariat supported transgender people to identify poor households and determine their eligibility for various social protection programmes. That initiative has been expanded to include people who use drugs, entertainment workers, people living with HIV and persons with disabilities. In Ethiopia, UN Women facilitated a national dialogue between national ministries and the network of women living with HIV, which resulted in agreement on a set of policy actions and actions plans with multiple ministries to strengthen social protection schemes for women living with and affected by HIV. UNICEF collaborated with the Tanzania Social Action Fund, the Tanzania Commission for AIDS and other key stakeholders to implement and evaluate a "Cash Plus" model. It involves combining social protection and economic empowerment interventions with SRH education and services as part of the Government's cash transfer and livelihood enhancement programme.

In 2021, UNDP and ILO co-hosted a Global Dialogue on Social Protection for People Living with HIV and Key Populations most at Risk of HIV. The Joint Programme is already using the outcomes of the dialogue to inform policy and programming. For example, UNDP supported countries to consider including social protection for people living with HIV and key populations in the Global Fund COVID-19 Response Mechanism proposals. In Latin America and the Caribbean, a regional consultation organized with UNAIDS shared examples of good practice for greater inclusion of key populations and supported the development of a roadmap with recommendations to scale up interventions. ILO released a Working Paper on Making universal social protection a reality for people living with and affected by HIV or TB.

UNHCR advanced refugee inclusion in national social health insurance schemes. In Burundi, more than 600 refugee households were enrolled in the mutual health insurance scheme (which includes HIV-related care). An ILO study on medical insurance coverage for people living with HIV in Malaysia spotlighted the value of including HIV in public and private health. Leveraging links between nonmedical interventions and health outcomes, in a UN Women-supported program in Rwanda providing financial empowerment skills to women living with HIV, participants' attitudes on HIV treatment adherence improved and levels of stigmatization experienced dropped.

Key challenges and lessons learned

Although progress has been made in integrating HIV in health and social protection services, the track record is uneven and it remains poor in some areas. Siloed service delivery remains the reality in too many settings. For example, a review by the Global HIV Prevention Coalition highlighted the need to strengthen HIV prevention links with other health and development programmes, as well as for countries to better link and integrate HIV interventions with other health-care platforms and programmes.

As integration progresses, monitoring will be important to ensure the right mix and balance of HIV services, both through integrated packages and through stand-alone service provision options to meet the needs of particular individuals and populations and improve their access. This can be challenging, especially for key populations due to legal and social barriers (e.g. criminalization, stigmatization and a lack of required documentation). Limited domestic capacity and inadequate legal, policy and regulatory frameworks also remain an issue and will require additional support and advocacy going forward.

It is important that integration not compromise the (specific) social and structural components of the HIV response, including those that tackle legal barriers, stigma, discrimination, human rights protections and gender and other inequalities. Successful integration will require even greater support to strengthen the capacity and performance of the health and social service systems on which delivery depends, particularly at the primary care level. It also requires community engagement for awareness raising, service demand generation and ensuring continuum of care and other services. Linking and integrating nonmedical services that have a significant impact on HIV outcomes, such as social protection, also remains a challenge. As the COVID-19 pandemic grew, many of those systems became stressed and fragile.

Despite an increasing number of countries investing in social protection and the intensified action and investment during the COVID-19 pandemic, social protection systems remain patchy in many countries, face multiple challenges (including a lack of human and financial resources) and do not systematically include people living with HIV, affected and at risk of HIV, especially key populations. Here, too, much remains to be done.

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