

UNAIDS 2021

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# **SRA 8: HIV and health services integration**

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**SRA report 2020**



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## SRA 8: HIV AND HEALTH SERVICES INTEGRATION

### Fast-Track commitment:

- Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for TB, 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. Overall financial investments for the AIDS response in low- and middle-income countries reach at least US\$ 26 billion, with continued increase from the current levels of domestic public sources.

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


### Global overview

Better integration takes numerous forms—from TB and HIV, HIV and SRHR, and HIV and reproductive, maternal, new-born, child and adolescent health integration, to integration of services for HIV and noncommunicable diseases and including HIV-related services in UHC and integrating HIV-related needs in pandemic preparedness and response. For example, TB remains the leading cause of death among people living with HIV, accounting for an estimated 30% of the 690 000 AIDS deaths in 2019. 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 2019, and only 49% of estimated people living with HIV with TB received ART and only half of people with HIV starting ART received TB preventive treatment. Similarly, evidence points to the importance of tackling other comorbidities such as STIs, cervical cancer and noncommunicable diseases, as well as better-integrated provision of HIV services with SRHR and mental health services.

From a systems and primary health care perspective, integration of critical functions, including those related to data and strategic information, the health workforce, health governance, financing and policy frameworks, helps leverage efficiencies and synergies. Integration and access to social protection services are critical for a sustainable, successful fight to end the AIDS epidemic. Progress has been made, but there is still a long way to go and, as the impact of the COVID-19 pandemic have demonstrated, some gains are fragile.

## Joint Programme contribution towards achieving Fast-Track and UBRAF targets

### *Integration*

Indicator: 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 target—80%	Status 	64%	66%	68%	68%	68%
Measurements						
HIV, SRH, and gender-based violence services		67%	70%	71%	74%	76%
HIV and TB		91%	87%	87%	89%	87%
HIV and antenatal care		95%	95%	94%	93%	94%

### *Universal health coverage*

The Joint Programme used UHC momentum to strengthen health systems, improve outcomes and promote the sustainability of the HIV response. WHO and the World Bank Group 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. The Joint Programme supported the Global Action Plan for healthy lives and well-being for all to help countries accelerate progress on the health-related SDGs. Under the Plan, agencies improve alignment of their work to reduce inefficiencies and provide more streamlined support to countries.

The Global Fund and the World Bank launched the first project under their co-financing framework—a joint-investment in Laos to advance UHC by increasing access to integrated essential services, including HIV and TB programmes. The two groups are also involved in a five-year commitment to contribute US\$ 24 billion to UHC in Africa. The World Bank-managed Advance UHC Multi-Donor Trust Fund, with Global Fund support, assisted lower-middle income countries on UHC and transitioning to increased domestic funding. World Bank project examples include a health services project in Burkina Faso targeting UHC and a comprehensive reproductive, maternal, new-born, child and adolescent health, including HIV services; and a project in Angola, where results included an increase in HIV-positive women delivering in health facilities and receiving ART, with 21 additional facilities providing TB diagnoses.

To advance more systematic approaches to integration, UNDP provided support for the UN General Assembly Omnibus Resolution, which calls for protection of people living with HIV and calls on Member States to include infectious diseases in UHC. UNDP also partnered with WHO to advance legal environmental assessments with the ultimate goal of establishing comprehensive legal environment assessments for UHC and SDG3. To support evidence-based decision-making, the World Bank worked with country partners to help define or revisit their health benefits packages (as part of their UHC efforts) by providing analytical support to define the most effective packages including HIV services, and also addressing integration of services for HIV and comorbidities.

*HIV, TB, SRH, gender-based violence, and antenatal care.*

UNFPA and WHO continued to co-lead the Inter-Agency Working Group on SRHR and HIV and supported the working group report on SRHR-HIV linkages focused on increasing SRH and sexual and gender-based violence-HIV/STI integration. Specific SRHR-HIV elements were advanced for the UNAIDS 2025 target setting process. They also co-led development of an updated template for national SRHR Infographic Snapshots. As co-chair of the Global Prevention Coalition, UNFPA convened activities to develop a global advocacy plan on HIV and SRHR integration and HIV prevention and COVID-19. The ministerial meeting formulated a new roadmap for 2021–2025, and an updated template for SRHR country snapshots was drafted to facilitate monitoring of the implementation of the comprehensive SRHR package. Elements of the SRHR package were promoted as an essential element of UHC for inclusion an essential element of UHC in the WHO Handbook and learning platform.

Building on the Evidence for Contraceptive Options in HIV Outcomes trial, which demonstrated the need for greater integration of HIV and STI services in contraception services, WHO and the UNAIDS Secretariat developed integration guidance to support countries and donors. In Guinea-Bissau, UNICEF promoted integration of HIV testing for children with severe acute malnutrition presenting at nutritional rehabilitation centres. By the end of 2019, all 69 nutrition rehabilitation centres offered routine HIV testing to nearly 700 children under age 5, with 24% of them found to be HIV-positive. In Zimbabwe, early infant diagnosis, paediatric treatment and care, paediatric HIV testing and ART services were integrated into child health platforms, such as maternal and child health, and the integrated management of childhood illnesses.

UNODC led development of PMTCT guidelines for women in prisons and women who use drugs, with technical content on SRH needs of women from UNFPA and WHO. In selected contexts, UNHCR used conditional cash transfers to improve demand for health and SRH services, a strategy that has been found to improve access to treatment and treatment adherence for a number of health conditions, including HIV.

Working with the Joint Programme and other partners, WHO completed validation of the elimination of mother-to-child transmission of HIV and/or syphilis in 10 countries or areas and a regional framework for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific 2018–2030. It published new treatment guidelines for HIV infection, hepatitis C and key STIs, and promoted the use of a dual HIV/syphilis rapid diagnostic testing in antenatal services. It also updated the Model List of Essential Medicines to include new treatments STIs, the first combination therapy effective against all six genotypes of hepatitis C virus, and ARV drugs for children and for the use as PrEP to prevent HIV infection.

In western and central Africa, UNICEF and WHO worked with partners to improve access to integrated service delivery models to improve outcomes for children, including integrated testing and treatment in settings such as adult ART clinics, immunization clinics and community care points. In Indonesia, Myanmar, the Philippines and Thailand, UNICEF worked with UNDP, the UNAIDS Secretariat and UN Women to integrate HIV with mental health to address key needs of adolescent and young key populations. WHO and the UNAIDS Secretariat developed materials on integrating mental health and HIV interventions, and supported mental health integration in Global Fund funding requests.

Addressing the links between HIV and cervical cancer, UNFPA supported cervical cancer services in several countries including for women 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 programming in the United Republic of Tanzania reached over 25 800 clients with integrated SRH services. In the first three months of operation of new safe spaces in Malawi, almost 1,500 young women and adolescent girls accessed essential services for family planning, STIs, PEP and HIV. Building on an evaluation of SRH-integration in primary health care in 11 Arab countries, UNFPA and partners developed an enhanced framework for SRH integration in primary care.

WHO continued to lead in the development of policy guidance to reduce the gaps in detection, co-management and prevention of HIV-associated TB and to strengthen integration. The [WHO consolidated guidelines on TB prevention](#) and [operational handbook](#) were published to increase access to TB preventive treatment. [Consolidated guidelines and operational handbook on TB](#) diagnosis were also updated. They now include diagnostics that can be used in HIV settings, such as molecular WHO-recommended rapid diagnostics for pulmonary and extrapulmonary TB, and a lateral flow urine lipoarabinomannan assay for assisting in TB diagnosis people with HIV. Evidence reviews were conducted to assess tools to improve TB screening among people living with HIV, assess optimal timing of ART initiation after starting on TB treatment, and identify interventions to improve linkages in TB and HIV service delivery.

In collaboration with the Joint Programme, WHO supported countries in the development of joint TB and HIV concept notes for the Global Fund and national strategic plans, providing technical assistance to 16 high-burden TB/HIV countries.

In collaboration with the Joint Programme and partners, WHO continued to support countries in strengthening monitoring and evaluation and patient follow-up, including through technical support in setting up DHIS2, supporting the use of digital technology and strengthening inter-programme data linkages. Guidance on indicators to improve the TB/HIV cascade of care were further developed in collaboration with partners and were published in the Consolidated HIV Strategic Information Guidelines.

Supporting the Government of Mozambique, WFP began implementing a project in the Beira transport corridor: a Roadside Wellness Clinic in Manica province to increase SRH service access for mobile populations (truck drivers, female sex workers and adolescents).

### *Integrating health and education*

UNESCO and WHO partnered on the “Make every school a health promoting school” initiative, and developed the Global Standards for health-promoting schools and implementation guidance. An evidence review and eight country case studies were completed, and three early adopter countries (Botswana, Egypt and Paraguay) will pilot the process. In India, UNESCO developed a capacity-building plan for a school health programme covering 1.5 million schools. UNESCO also convened a new partnership on effective school health and nutrition with FAO, GPE, UNICEF, the World Bank, WFP and WHO.

### *Integrating services and COVID-19*

Under Global Fund grants managed by UNDP, 854 000 people living with HIV in care (including PMTCT) were screened for TB in HIV care or treatment settings in six countries. The national TB programme in Moldova, in partnership with UNDP, is scaling up a mobile application for TB patients to video record themselves taking medicines as required, an approach that has almost doubled treatment adherence compared to directly observed treatment. World Bank HIV and TB integration work included projects which yielded treatment success rates of 93% in Mozambique and 90% in Malawi and Zambia.

Leveraging the links between nonmedical interventions and health outcomes, a UN Women-supported program in Uganda provided entrepreneurship and financial skills to girls and young women living with HIV, and linked all participants to HIV services. Participants showed improved attitudes on HIV treatment adherence and were more likely to seek family planning information and services, and report cases of violence.




UNDP worked to strengthen health systems' capacity to respond to co-infections and comorbidities, providing COVID-19 support for 131 countries. As the technical lead in the COVID Socioeconomic Response Framework, UNDP, in close collaboration with other agencies, advanced human rights-based approaches—such as working on COVID prevention and impact mitigation with key populations for HIV in Bhutan, supporting the Seychelles to reach at risk communities, including people living with HIV, with digital surveillance and mapping for contact tracing and containment, and working with the Global Fund and community-led organizations in Panama to offer HIV prevention and treatment services through social media. Using rolling analyses of the socioeconomic impact assessments, UNDP initiated an HIV-specific review of national COVID socioeconomic response plans to assess existing and potential HIV/COVID planning alignment and integration. It initiated support to 29 countries under the Japan Supplementary Budget (e.g. service provision to people living with HIV in Kyrgyzstan). In South-East Asia, WHO supported the continuation of essential HIV services through an approach that successfully decentralized ART distribution from specialist ART centres to primary health care and community facilities.

Using the established Village Savings Loan Associations model, WFP Cameroon integrated COVID-19-related training across 37 associations and provided prevention kits to 2,000 people living with HIV to build knowledge, safety and resilience among participants. The World Bank supported countries in their emergency and longer-term health-related responses to COVID-19. Projects for the emergency response included a US\$ 14 billion World Bank facility, with projects operating in over 110 countries.

### *HIV-sensitive social protection*

Through efforts of the Joint Programme, progress was made on four of the five subindicators that measure progress in extending HIV-sensitive social protection to cover the needs of people living with, at risk of or affected by HIV. However, progress is slower in addressing unpaid care work in the context of HIV. Key populations also face many barriers to the uptake of social protection services, including: stigma and discrimination, lack of information on available programmes, complicated programme procedures, lack of documentation that confers eligibility (e.g. national identity cards), high out-of-pocket expenses, and laws or policies that present obstacles to access.

<b>Indicator: Percentage of countries with social protection strategies and systems in place that address HIV</b> The country has a national social protection strategy/policy with all UBRAF components		<b>2016</b> [N=72]	<b>2017</b> [N=75]	<b>2018</b> [N=77]	<b>2019</b> [N=78]	<b>2020</b> [N=78]
<b>2021 target—70%</b>	<b>Status</b> 	81%	84%	86%	82%	83%
<b>Measurements</b>						
The country has a national social protection strategy /policy		83%	86%	89%	90%	90%
		<b>Countries with a national social protection strategy/policy</b>				
		2016 [N=72/87]	2017 [N=75/87]	2018 [N=77/87]	2019 [N=78/87]	2020 [N=78/87]
The national social protection strategy/policy covers people living with HIV and affected by HIV		85%	87%	88%	87%	88%
The national social protection strategy/policy covers orphans and vulnerable children		94%	96%	94%	90%	90%
<b>National health insurance covers people living with HIV</b>		<b>2016</b> [N=67]	<b>2017</b> [N=71]	<b>2018</b> [N=75]	<b>2019</b> [N=73]	<b>2020</b> [N=71]
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%
<b>Social protection programmes are provided to men and women</b>		<b>2016</b> [N=68]	<b>2017</b> [N=72]	<b>2018</b> [N=76]	<b>2019</b> [N=74]	<b>2020</b> [N=76]
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%

Food insecurity needs due to the COVID-19 crisis, coupled with economic downturns and strained health system, have aggravated the impact of the pandemic on vulnerable populations. Virtually every country and territory has used social protection measures to respond to this public health, social and economic crisis. In 2020, the Joint Programme provided extensive country support, covering a broad array of areas including: normative guidance; capacity development; awareness programmes; funding and grants; extending schemes to cover refugees and people on the move; scaling up cash plus programmes; surveys and mapping exercises; and school-based nutrition programmes.

### *Joint Programme initiatives*

Normative guidance. The Joint Programme issued a call on governments to strengthen HIV-sensitive social protection in response to the COVID-19 pandemic. The call urged countries to enhance responsiveness of their social protection systems to people's basis and changing needs and vulnerabilities, with specific mention of people living with, at risk of and affected by HIV, including other key and vulnerable populations. The ILO and World Bank-led Social Protection Interagency Cooperation Board issued a joint statement on the role of social protection in responding to the COVID-19 pandemic, which called on governments to ensure access to health services and support people in adopting necessary prevention measures. The statement explicitly mentioned people living with HIV.

Capacity development. A capacity development programme on HIV-sensitive social protection organized by the UNAIDS Secretariat, ILO, WFP, UNICEF and the World Bank, was delivered through a series of webinars. Participants included 240 national partners from diverse groups including civil society, academia, networks of people living with HIV, and international development partners.

Mapping and assessments. WFP, ILO, the UNAIDS Secretariat and partners assessed social protection programmes in the Fast-Track countries in eastern and southern Africa to determine whether they are HIV-sensitive. The findings of this project will be used to inform the regional support plan on HIV-sensitive social protection for the 2020–2021 biennium and beyond.

Extension of HIV-sensitive social protection to cover refugees. UNHCR has an ongoing partnership with ILO to identify opportunities and implement schemes for integrating refugees into 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—in the same manner as nationals, through shared risk mechanisms.

Funding. Responding to COVID-19, the World Bank moved quickly to launch a global emergency health response, working closely with national teams, the WHO, UNICEF and other partners. The initial fast-track facility included financing to help countries address urgent challenges, including social protection.

Strengthening national social protection programmes and partnerships. In response to COVID-19, WFP provided safety nets transfers (e.g. in-kind support, cash or vouchers) to support people living with and affected by HIV. In western and central Africa, WFP and the UNAIDS Secretariat implemented a cash-based transfer programme in Cameroon, Côte d'Ivoire, Burkina Faso, and Niger. The pilot reached 4,000 households (19 500 beneficiaries), with many of them using the cash transfers for food and investing it income-generating activities. UNESCO convened a new partnership entitled "Stepping up effective school health

and nutrition” with FAO, GPE, UNESCO, UNICEF, World Bank, WFP and WHO. UNDP and WFP supported greater inclusion of people living with HIV in Sierra Leone’s Safety Net Scheme through a data-driven approach to assess the impact of COVID-19 on people living with HIV. UNESCO, WFP, WHO and UNICEF also signed a joint statement on investing in school health and nutrition to safeguard education from the impact of COVID-19.

### *Individual Cosponsors initiatives*

UNICEF’s normative support to HIV-sensitive social protection continued in 2020. The "Cash and Care" or “Cash Plus” programming approach supported by UNICEF is an attempt to develop a more inclusive HIV-sensitive model for social protection. By strengthening linkages between national cash transfer programmes and other HIV services, the “plus” programmes ensure that more vulnerable children and adolescent can access and use social services, including health, child protection and related services.

UNDP supported 38 countries in HIV-sensitive social protection, including in the context of the COVID-19 response and recovery. Partly via support from UNDP and the UNAIDS Secretariat, transgender people have now been included in "Poor ID", a national initiative in Cambodia to identify poor households and determine their eligibility for social protection programmes. UNDP also strengthened digital systems in India to ensure that people living with and affected by HIV can access the COVID-19 welfare package. It supported women living with HIV in Djibouti to produce personal protection equipment, and provided emergency COVID-19 preventive kits and nutrition for key populations and people living with HIV in Zambia.

UN Women supported women affected by and living with HIV in 18 countries via income-generating activities and by supporting access to decent employment and HIV prevention, treatment and care services.

## **Key challenges and future actions**

Although there has been progress in appropriate integration of services of some health and social protection services, the track record is uneven, with progress poor in areas such as integration of HIV services in antenatal and postnatal services. Separated service delivery remains the norm in too many settings. Moreover, as integration continues, it will be important to consistently monitor activities to ensure the right mix and balance of HIV services are available, both through integrated packages and through standalone service provision options, as necessary, to meet the needs of particular individuals and populations.

Limited domestic capacity and inadequate legal, policy and regulatory frameworks remain issues and will require additional support and advocacy. Successful integration will also require greater support to strengthen the capacity and performance of the health and social service systems on which delivery depends, particularly at primary care level. As the COVID-19 pandemic shows, many of those systems are fragile and great under stress.





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