

# HIV AND UNIVERSAL HEALTH COVERAGE

A GUIDE FOR CIVIL SOCIETY

# TEN ACTIONS FOR CIVIL SOCIETY ON HIV AND UNIVERSAL HEALTH COVERAGE

- 1. Establish good governance.**

Ensure that civil society has a voice and that people living with HIV are at the decision-making table at every stage of the design, implementation and monitoring of the universal health coverage process.
- 2. Ensure that rights-based and inclusive legislation is in place.**

Ensure that legislation to promote universal health coverage is inclusive of people living with HIV and all key populations. Legislation should include mechanisms to address policy and human rights issues and funding for communities to work on advocacy and rights.
- 3. Promote the right to health, including non-discrimination and gender equality.**

Awareness-raising campaigns and strong policies and regulations for gender-responsive health settings that are free from stigma and discrimination are important for promoting the right to better health outcomes. Health-care providers should be sensitized to, and trained on, the needs of key populations and efforts should be made to address stigma and discrimination in the provision of health care.
- 4. Include HIV in the health benefit package.**

HIV prevention, treatment, care and support services that are sensitive to the needs of different communities should be part of the health benefit package. They should be included from the very beginning of the establishment of universal health coverage, even where HIV is externally funded. Universal health coverage is a critical opportunity to bring more unreached people into care.
- 5. Develop short-term and long-term financing plans.**

The financing mechanism should include provision for HIV services. However, the development of universal health coverage funding mechanisms should not hinder or disrupt the momentum to achieve the 2020 targets to reduce new HIV infections to fewer than 500 000 by 2020 and AIDS-related deaths to fewer than 500 000.

**6. Integrate HIV and other health services to achieve better health outcomes.**

Working towards universal health coverage offers an opportunity to address gaps in the HIV response, such as reaching people living with HIV in tuberculosis clinics, in sexual and reproductive health services, in antenatal care and within services for noncommunicable diseases.

**7. Put equity at the centre by reaching the people being left behind.**

Key and vulnerable populations need to be a priority for health services through both facility-led and community-led service delivery mechanisms. This will be demonstrated through a decrease in health disparities between vulnerable populations and the general population.

**8. Develop people-centred community delivery models.**

Community health workers, peer networks and other community-led service delivery should make use of the experience of networks of people living with HIV and other civil society organizations in ensuring that services reach the people who need them.

**9. Minimize out-of-pocket payments.**

Ensure that everyone has access to health services regardless of their financial situation. Ways to allocate insurance cards or health-care cards that safeguard universal access to care, including for criminalized and marginalized populations, should be developed with communities.

**10. Prioritize accountability for results.**

A strong accountability framework that includes communities, with clear targets and indicators for the results, quality and accessibility of services, is important for the establishment of universal health coverage. Community monitoring is essential at all levels of implementation of universal health coverage to ensure stronger health outcomes for all.

## INTRODUCTION

The AIDS response has made great progress over the past decade. Today, millions of people globally have access to life-saving antiretroviral therapy and new HIV infections have slowed.

The target of achieving universal health coverage is ambitious, but if met could be an important step towards ensuring that all people have good health and that HIV services are available for everyone who needs them. It is essential that efforts to achieve universal health coverage include a fully funded AIDS response and strong community engagement and that they build on the gains in human rights and gender equality made by networks of people living with HIV and key populations—gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated people, migrants, as well as women and adolescent girls.

Work towards achieving the goals of achieving universal health coverage and ending AIDS can be, and should be, complementary.

## BACKGROUND

The aim of universal health coverage is that everyone has access to the quality health services they need without suffering financial hardship owing to the cost of paying for those services. Universal health coverage should include quality essential health services—covering health promotion, prevention, treatment, rehabilitation and palliative care—through a clearly defined health benefit package.

Since 1948, with the adoption by the United Nations General Assembly of the Universal Declaration of Human Rights, countries have committed to ensuring the realization of the right to the highest attainable standard of physical and mental health, which includes access to health services for all. In 2015, as part of this broader commitment, United Nations Member States made a commitment in the Sustainable Development Goals to work towards the achievement of universal health coverage, including protection against being pushed into poverty by the costs of health care, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all by 2030.

Universal health coverage has three underlying principles:

- ▶ Leave no one behind, with attention to be given to the poor and people who are vulnerable and marginalized.
- ▶ Ensure progressive access to a wide range of high-quality services, including health-promoting, disease-preventive, curative, rehabilitative and palliative services.
- ▶ Eliminate financial hardship among the users of health-care services.

### Why universal health coverage?

Today, at least half of the world's population do not have full coverage of essential health services. Each year, about 100 million people are pushed into extreme poverty—defined as living on US\$ 1.90 or less a day—because they must pay for health care out of their own pocket. Today, more than 800 million people spend at least 10% of their household budget on health care (1).

## OPPORTUNITIES FOR THE AIDS RESPONSE IN SUPPORTING EXPANSION OF UNIVERSAL HEALTH COVERAGE

### Build on gains in human rights

Significant gains in human rights have been made through the AIDS response. These include ensuring that people living with HIV and key populations are part of the design and implementation of HIV programmes and addressing human rights-related barriers to services, such as travel restrictions for people living with HIV, stigma and discrimination in the health-care sector and the criminalization of certain groups or behaviours.

Universal health coverage should build and expand on those gains and include key populations, which may be criminalized, discriminated against, stigmatized or have less access to services in policies and programmes.

### Progress towards results in ending AIDS

Despite focused attention on HIV in recent years, there are still major gaps in providing quality services for people living with HIV and key populations, who are being left behind worldwide.

- ▶ Globally, four out of 10 people living with HIV do not have access to treatment.
- ▶ About 5000 people in the world are newly infected with HIV every day.
- ▶ Stigma and discrimination, violence and criminalization increasingly exclude people living with HIV and key populations from access to HIV prevention, testing, treatment and care services, as well as broader health and social services in many parts of the world.
- ▶ There continues to be a US\$ 6 billion funding gap annually in the response to HIV.

A good opportunity to address some of the above gaps, by widening the reach of health service providers and expanding access to health services, is presented through work to achieve universal health coverage.

### Reach the people being left behind

A better integration of HIV and other health services can help to address some of the gaps in the AIDS response. Integrated health services should be cohesive and easy for the user to access.

Children living with HIV, for example, are often lost to follow-up owing to a lack of connection between HIV services and postnatal care. HIV and tuberculosis services should, in many locations, be delivered together in order to support improved care and earlier diagnosis. Improved awareness of HIV would provide better results for people accessing services for sexual and reproductive health and noncommunicable diseases such as cervical cancer. HIV, tuberculosis and hepatitis services should be provided together in facilities for harm reduction.

However, it is important to remember that in many cases services may need to be provided separately in order to address the specific needs of the people affected by HIV. In the AIDS response, as in the broader health arena, rising inequalities globally have led to some groups being left behind.

## UNIVERSAL HEALTH COVERAGE AND THE AIDS 2020 TARGETS

To make progress in the AIDS response, two tasks lie ahead for the international community: delivering on the AIDS 2020 targets in the context of achieving the end of AIDS by 2030 and advocating for and engaging in all the necessary steps for including HIV in universal health coverage in the longer term.

The AIDS 2020 targets are:

- ▶ To reduce new HIV infections to fewer than 500 000 by 2020 or by 75% from 2010.
- ▶ To reduce AIDS-related death to fewer than 500 000 by 2020.
- ▶ To eliminate HIV-related stigma and discrimination by 2020.

The total cost of realistic 2020 AIDS targets has been estimated at US\$ 26.2 billion in 2020. Failure to reach these targets would translate to an additional 17.6 million HIV infections globally and an additional 10.8 million AIDS-related deaths globally between 2016 and 2030 (2).

## WHAT IS A HEALTH BENEFIT PACKAGE?

A health benefit package is a core set of services that a government considers essential to meet the health needs of the population and for which financial resources have been secured. In principle, the definition of what is part of the health benefit package should be informed by three considerations:

- ▶ **Equity:** ensuring fair access to services.
- ▶ **The disease burden profile of the country** (i.e. the main health needs of the population).
- ▶ **A cost-effectiveness analysis of the proposed programmes, with the aim of achieving the greatest impact and in accordance with the country's ability to pay.**

Different terms may be used to describe a health benefit package, including minimum health benefit package, essential health benefit package or universal health coverage service package. A list of high-impact programmes for all health services is currently under development by the World Health Organization. The World Health Organization has developed a guide, *Making fair choices on the path to universal health coverage*, which outlines methodologies for the development of a health benefit package (3).

Efforts towards universal health coverage should include a dedicated focus on reaching key populations and marginalized groups—the poor and groups such as adolescent girls and young women and their male sexual partners in sub-Saharan Africa and, in all regions, gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated people and migrants, as well as indigenous people and others made vulnerable by globalization and conflict. People living with HIV and key populations need to be acknowledged as people whose care and well-being should be valued equally.

### **Ensure that communities are at the centre**

Universal health coverage provides a valuable opportunity to highlight the importance of communities as equal partners and valued providers of care and their critical role in monitoring and gathering evidence in order to support evaluation of the results delivered by health services.

## HOW DOES UNIVERSAL HEALTH COVERAGE WORK?

### **Country leadership and governance**

Countries should put in place a committee of stakeholders that will provide governance and coordination for universal health coverage. It is important that this includes civil society in order to ensure that the voices of the people who are most affected are heard in the design of services.

A national plan for universal health coverage should be developed, along with a health benefit package, a budget and a costing for universal health coverage and an accountability framework to regularly monitor the results in terms of services delivery and improved health of the population. There should be oversight from the perspective of communities and of human rights and a mechanism for access to justice and remedy in the event that health rights are violated.

### **Legal framework**

National legislation is required to establish a system for universal health coverage.

It is important to ensure the inclusion of civil society in the process of drafting the laws that will need to be passed to establish a universal health coverage system. In addition, the laws should explicitly guarantee services for all regardless of sex, race, religion, gender identity, profession, age, disease status, disability, migration status, low social and economic status or any other protected status under human rights law. Policy and legal provisions should include measures to address stigma and discrimination and gender inequality.

Universal health coverage should include ensuring access to safe, effective, acceptable, quality and affordable essential medicines and vaccines for all, including the use of the TRIPS (Trade-Related Aspects of Intellectual Property Rights) Agreement flexibilities for health goods.

### **Financing**

Depending on the country context, funding for universal health coverage will come from domestic sources or international sources, or from a combination (pooled funding).

People may contribute to a pooled fund in order to access benefits. Mechanisms should be in place to ensure that people who don't have the means to contribute financially can still access services. Different financing mechanisms could be established, including government schemes or compulsory contributory health-care schemes.

As outlined in the 2016 United Nations Political Declaration on Ending AIDS, social enablers, such as access to education, prevention of intimate partners violence and reduction of stigma, play a critical role in health. United Nations Member States called for 6% of funding to be allocated for social enablers in the Political Declaration on Ending AIDS, and for 30% of HIV service delivery to be community-led by 2030.

Ensuring that there are mechanisms for funding services through civil society, for example through social contracting, is important.

### **Who will cover what is not in the health benefit package?**

If a health benefit package does not provide for a specific health service, government-supported means may be established to provide such services. The government may choose to provide services for public health reasons or compensate for inequities in access to services. These can include population-based health programmes, such as for primary prevention (e.g. condom distribution and information), and outreach services for key populations, especially peer networks of people living with HIV and communities affected by HIV.

There could also be funding to address the social determinants of health and human rights barriers, such as education, community empowerment, comprehensive sexuality education, addressing gender-based violence and law reform and investments in surveillance and data collection.

Condoms or pre-exposure prophylaxis are not always covered, and advocacy will be required to ensure that they are made available, especially for populations at higher risk.

### **Primary health care**

The concept of primary health care has been often redefined. The World Health Organization has developed a cohesive definition based on three components (4):

- ▶ Meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative and palliative care throughout the course of life, strategically prioritizing key health-care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services.
- ▶ Systematically addressing the broader determinants of health—including social, economic and environmental determinants, as well as people's characteristics and behaviours—through evidence-informed public policies and actions across all sectors.
- ▶ Empowering individuals, families and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services and as self-carers and care-givers to others.

Strengthening primary health care—including the professionalization of community health-care workers as part of the health workforce in order to enable a large-scale delivery of services—is the foundation to achieving universal health coverage.

Including HIV services in primary health care is important for addressing some of the gaps in the HIV response, particularly ensuring that services reach the people most in need of them. A well-resourced primary care system is well-placed to provide services for people living with chronic illnesses, including HIV among the general population, but not necessarily for members of key populations.

Primary health-care models need to take into account the different types of service providers, including trained primary care providers, community health-care workers and networks of people experienced in reaching people with services, such as networks of people living with HIV.

### **Equity in access to services**

Equity—that everyone should receive the health services they need without discrimination and without suffering financial hardship—is a central principle of the movement towards universal health coverage. The concept of equity is rooted in the obligation of countries, as set out in the Universal Declaration of Human Rights and elsewhere, to work towards the progressive realization of the right to the highest standard of health, with non-discrimination and equality of access part of that right.

Since people often face significant barriers in accessing health-care services, means need to be established to ensure that everyone, no matter how marginalized they are, has access to services. To ensure equity, it is important to:

- ▶ Prevent stigma and discrimination when delivering services, including in the health system and in community delivery.
- ▶ Ensure that the mechanisms for accessing health care are available to all; for example, insurance cards should be delivered in a way that is not discriminatory, either directly or indirectly.
- ▶ Develop public health programmes that prioritize people who may face inequities in access to care, particularly key populations.
- ▶ Remove discriminatory legal and policy barriers to accessing health care; for example, requiring that adolescents obtain parental consent to access services or the criminalization of key populations.

### **Accountability**

Developing a well-defined accountability framework for universal health coverage that includes specific targets is essential. The adoption of a universal health coverage policy in a country is an opportunity to improve accountability mechanisms within national health-care systems. It is also an opportunity to monitor the results of the health services and the quality of delivery and provide oversight, alternative dispute resolution systems, regular dialogue with communities, legal aid and accessibility to formal mechanisms such as the courts.

Countries that may currently have fragmented monitoring mechanisms can promote a single monitoring and evaluation framework for health in order to



measure progress against targets and collect evidence on equity in access to services and the quality of the services being provided. It is important to develop targets that not only include traditional health indicators but also indicators of quality, inclusion and exclusion, and stigma and discrimination.

Improving mutual accountability between the government, community and development partners should be part of universal health coverage. Countries should recognize the importance and value of community-driven data collection and evaluation and use the evidence and experience of communities to improve systems and services. Monitoring and evaluation of the health services requires dedicated funding.

## **ENSURING THAT HIV IS INCLUDED IN THE HEALTH BENEFIT PACKAGE**

It is important that HIV is included in the health benefit package. That funding for HIV comes from external sources is not a reason for the service not to be included in the health benefit package. Having HIV in the health benefit package will support better integration of services and care, allow for countries to progressively shift, as they are able, to national ownership of HIV financing and ensure that HIV is not missing from national health priorities.

It is important to avoid the risk that better results overall might hide rising inequalities in access to, and the uptake of, services. Safeguards must be put in place to support equal access to services, including:

- ▶ Ensuring that people living with HIV and civil society are part of the design, implementation and monitoring of the universal health coverage programme.
- ▶ Ensuring that people living with HIV have access to services and financial protection for all their health needs beyond HIV, including sexual and reproductive health and services for noncommunicable diseases, in an environment free from stigma and discrimination.
- ▶ Ensuring that a public health and people-centred approach is maintained for HIV prevention services. It is important for countries to keep HIV prevention on the agenda, particularly for key populations, even while rolling out a universal health coverage programme for the general population.
- ▶ Minimizing out-of-pocket payments in order to avoid financial impacts on the most vulnerable and their families. User fees are the most common out-of-pocket expenditure, including where HIV testing and treatment services are nominally free but where the treatment of opportunistic infections, viral load testing and transport are charged to the service users.

## **CIVIL SOCIETY ENGAGEMENT IN UNIVERSAL HEALTH COVERAGE**

Achieving universal health coverage in a country is an ambitious, but transformative, goal. If civil society is not engaged early in the development of initiatives for universal health coverage, decisions will be made about health services without the voice of the people most affected by those decisions.

### **Advocacy, campaigning and participation in accountability**

When national governments establish a committee to coordinate universal health coverage, it is important to ensure that all relevant communities are involved—civil society, including people living with HIV, should be included in decision-making.

### **Community-based service delivery**

A core principle of universal health coverage is that no one should be left behind. Leaving no one behind requires that the health system offers stigma- and discrimination-free services that vulnerable and marginalized people can access. Communities will have a critical role and need to be recognized as designers, planners, decision-makers, key partners, providers and beneficiaries of the universal health coverage programme.

Civil society should play a role at every level in order to ensure that services are designed and delivered equitably. Community-based and community-led service delivery models are needed that:

- ▶ Ensure engagement by different communities, such as faith-based organizations and women's and young people's organizations.
- ▶ Promote the inclusion of the different types of community health workers.
- ▶ Support strong community-led monitoring of the quality and availability of services and their results.

### **Participatory-based research**

Civil society is uniquely placed to support and participate in research on health and human rights. Initiatives such as the People Living with HIV Stigma Index, run by people living with HIV, can be informative for the broader health sector.

### **Community financing**

Financial and legal arrangements, particularly social contracting arrangements, are needed for community health workers and community-lead service delivery, whether they are funded from domestic or international sources.

Social contracting is a legal mechanism whereby a country can commission communities or civil society organizations to deliver certain health services, for example HIV testing and counselling or support for treatment adherence. In many cases, civil society-led health services deliver better results, particularly in reaching key populations and other vulnerable groups. However, countries do not always have legal mechanisms in place to support community service delivery.

## COMMUNITY SUPPORT TO UNIVERSAL HEALTH COVERAGE

### Advocacy, campaigning and participation in accountability

- ▶ Participation in decision-making and monitoring mechanisms, including monitoring the development, enforcement and impact of laws.
- ▶ Securing accountability and fulfilling a watchdog role.
- ▶ Advocacy and campaigning for health issues.
- ▶ Advocacy and campaigning on broader human rights, including law reform.
- ▶ Campaigning across society.

### Community-based service delivery

- ▶ Prevention, including HIV.
- ▶ Confidential and voluntary testing and counselling, particularly for HIV.
- ▶ Treatment, including HIV.
- ▶ Demand creation and service uptake.
- ▶ Care and support.
- ▶ Rights and legal services.
- ▶ Task shifting and task sharing.
- ▶ Training and sensitization of service providers, including health-care personnel, lawmakers and law enforcement officials.

### Participatory-based research

- ▶ Evaluation of programmes and services.
- ▶ Research on human rights, stigma and discrimination.
- ▶ Improving “know your epidemic” and “know your response”.
- ▶ Research on new treatment and prevention technologies.
- ▶ Research to reach key populations with community and rights-based policies and programmes

### Community financing

- ▶ On-granting (forward granting).
- ▶ Resource mobilization.
- ▶ Community financing initiatives

## REFERENCES

1. Fast-Track update on investments needed in the AIDS response. Geneva: UNAIDS; 2016 ([http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Reference\\_FastTrack\\_Update\\_on\\_investments\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Reference_FastTrack_Update_on_investments_en.pdf)).
2. Tracking universal health coverage: 2017 global monitoring report. Geneva : World Health Organization and the International Bank for Reconstruction and Development/The World Bank ; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf?sequence=1>).
3. Making fair choices on the path to universal health coverage: final report of the WHO Consultative Group on Equity and Universal Health Coverage. Geneva: World Health Organization; 2014 ([https://apps.who.int/iris/bitstream/handle/10665/112671/9789241507158\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/112671/9789241507158_eng.pdf?sequence=1)).
4. Primary health care. Geneva: World Health Organization; 2019 (<https://www.who.int/news-room/fact-sheets/detail/primary-health-care>).