



TOWARDS INTEGRATION OF THE HIV AND AIDS RESPONSE INTO UNIVERSAL HEALTH COVERAGE

Experiences from Indonesia, Kenya, Uganda and Ukraine

Purpose

The aim of the report is to inform national and global debates around Universal Health Coverage (UHC) implementation to ensure rights-based, comprehensive and equitable health services for people living with HIV, key populations and all who need them. It builds on the successes and lessons of the HIV and AIDS response. This report examines the risks and opportunities identified by a wide range of stakeholders in the four study countries regarding the integration of HIV and AIDS into UHC.

Main findings

This research serves as an advocacy paper to support country work to avoid the threats of the integration of HIV services into UHC.

- Declining international support for HIV and health poses a major risk for the effective integration of the HIV and AIDS response into UHC. Domestic resources may not be enough to achieve UHC in the foreseeable future and already limited resources will be spread even more thinly across competing health priorities. Even where governments can fund their own HIV and AIDS response, they are not always willing to ensure comprehensive HIV and health services for everyone.
- Domestic funding mechanisms for UHC come with their limitations for HIV services and key populations. The issue of whether HIV and AIDS services should be included in the national health insurance scheme was still to be determined in the studied countries. If the health system is insufficiently funded, organisations and services targeting politically, or socially marginalised groups may be the first to lose funding.
- Legal barriers and prohibitive laws risk leaving key populations behind in UHC. In all four study countries, key populations are faced with persistent stigma, discrimination and legal barriers impeding their access to care. As countries move to domestic financing for health, development partners will have less influence with governments and there is a high risk that human

rights advocacy on HIV will be discontinued due to lack of support in countries with significant legal barriers for key populations.

- The risk of collapse of the community response to HIV and AIDS. The replacement of disease-specific and population-specific international funding with domestic health funding could jeopardise the sustainability of services available for key populations through local CSOs and CBOs, particularly in countries that are hostile to these groups. In addition, many governments are likely to fund biomedical interventions as part of UHC whereas non-medical HIV services might no longer be available.
- Lack of meaningful civil society participation in UHC decision-making processes at country-level. In all study countries there appears to be limited involvement of civil society in the broader UHC planning, implementation and monitoring processes. The lack of meaningful civil society engagement poses a significant risk for realising an equitable and rights-based UHC that leaves no one behind.

Methodology

Desk review and key informant interviews with representatives from government, civil society, and development partners were carried out in Indonesia, Kenya, Uganda and Ukraine. The country assessments were guided by the framework for the integration of targeted health interventions into health systems.

The full report can be found on the PITCH website: Ooms, G., Kruja, K.,¹ Hart, M.,² Fetai, A.,² Ruiz Villafranca, D.² 'Towards transformative integration of the HIV and AIDS response into Universal Health Coverage: building on the strengths and successes of the HIV and AIDS response. Experiences from Indonesia, Kenya, Uganda and Ukraine'. Available at: https://aidsfonds.org/assets/resource/file/PITCH_Global-Report_UHC_WEB.pdf

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