OPPORTUNITIES AND CHALLENGES FOR CSO AND COMMUNITY ENGAGEMENT IN UHC

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The Partnership to Inspire, Connect and Transform the HIV response carried out research together with the London School of Hygiene and Tropical Medicines. The main objective was to assess the risks and opportunities of integrating HIV into universal health coverage (UHC) to ensure a rights-based approach to UHC.

Key findings

1. Countries should make a pro-active and deliberate move to ensure the inclusion of the 20% of people left behind.

In all four countries stigma and discrimination in health care, criminalization, cultural believes and social attitudes continue to be major barriers for both ending AIDS and achieving UHC. The HIV movement has mobilised political will to put the right to health at the centre of the response. This resulted in guidelines, frameworks and global initiatives that are contributing to protect the rights of key and vulnerable populations in country. The gains are fragile, and to protect them we need to build on the best practices. For example, in the last three years, the Global Fund has increased funding for human rights programs from USD 6 to 77 million. This kind of political and financial commitment to equity and inclusion of people is unprecedented in any health response in history. These are practical examples on how to translate the “leaving no one behind” into reality. And this vision should guide the implementation of UHC.

2. Countries must recognise and support the full diversity of human resources for health.

In all four research countries, there is support for investing in community health workers to improve primary health care, which is important. But the major concern is that there is little or no support for the wider spectrum of community-led responses, from service delivery to advocacy to accountability and data collection. We found that local communities are providing a wide range of
services ranging from HIV to hepatitis, Tuberculosis, and harm reduction services. For many marginalized groups, this is often the only way they access the services they need. But community-led responses are at risk due to the shrinking space and lack of funding. There is an urgency to reposition community-led responses in the context of UHC and ensure they are properly supported with funding. We have a tremendous opportunity ahead of us with the upcoming HLM on UHC in September and the GAP to ensure a paradigm shift in the way we approach human resources for health.

3. **UHC should build on the principles and structures that contributed to the successful governance of HIV.**

The GIPA principles have shaped the governance of HIV and global health, by ensuring engagement of key populations in decision making bodies. However, this is at stake in all four research countries and research respondents noted lack of sufficient information and meaningful community engagement with UHC. In Indonesia, the National AIDS Commission was dissolved and there are major concerns about the future of the CCM once the Global Fund transitions out of the country. Often these kinds of mechanisms are the only platforms through which key populations could be contributing to UHC. The UNAIDS family should position itself as one of the leaders in the implementation of UHC, not only because it has all the knowledge and experience in responding to a very complex health challenge, but also because it can help revolutionise UHC governance by ensuring the engagement of key and vulnerable groups from the development to implementation and evaluation of UHC.

“If UHC works for HIV and key and vulnerable populations, then it will work for everyone. It is crystal clear that community advocacy and activism will be a game changer for UHC, as it was for HIV.”

**Our contribution**

As Aidsfonds and through PITCH, we are investing significantly in community advocacy on UHC, with a strong focus on key populations, young women and adolescent girls. Domestic resources will not be sufficient to achieve UHC in the foreseeable future, and international donor investment will be critical for the longer term. We count on you to support these efforts by investing in the critical gaps and by championing the right to health for key populations and the community-led response in the upcoming High-Level Meeting on UHC and its implementation. We have a historic opportunity ahead of us, and we need to move all together.