Development of Framework on Addressing HIV/AIDS in the Context of Universal Health Coverage

Report of a Regional Workshop
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Acronyms

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral treatment
GHSS	Global Health Sector Strategies
HIV	human immunodeficiency virus
HPV	human papillomavirus
HTM	HIV/AIDS, TB, malaria and neglected tropical diseases
MSM	men who have sex with men
NCGM	National Centre for Global Health and Medicine
NHSO	National Health Security Office
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PWID	people who inject drugs
STI(s)	sexually transmitted infection(s)
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Executive summary

Universal health coverage (UHC) is an aspirational goal that aims for all people to access and use the promotive, preventive, curative, rehabilitative and palliative health services they need that are of sufficient quality and do not cause financial hardship. HIV programmes have, more than any other health programme, served as a trailblazer for UHC at the global and regional levels. They have been characterized by their strong drive in ensuring equity of access to HIV interventions and by their clear focus on the three dimensions that define UHC: providing health services, covering populations and covering costs.

The global HIV response over the past 15 years has been relatively successful: antiretroviral therapy (ART) has been rapidly scaled up; and new HIV infections and AIDS-related deaths have declined. Still, there were an estimated 2.1 million new HIV infections and 1.5 million AIDS-related deaths in 2013. With business as usual approach, these figures are projected to increase in the future. In the post-2015 sustainable development era, there is a need to strengthen and accelerate the HIV response using the UHC agenda to achieve the end of AIDS by 2030.

Recognizing the need for a framework to address the HIV epidemic in the context of universal health coverage and the post-2015 sustainable development agenda, the World Health Organization's (WHO) Regional Office for South-East Asia convened a workshop for Member States in New Delhi from 1–3 June 2015. The key objectives of the meeting were to discuss the contribution of the HIV response to UHC and the opportunities to use the UHC framework in strengthening the HIV response that will set the course for ending the HIV epidemic in the South-East Asia Region by 2030.

Some countries in the Region have made significant progress towards achieving high coverage of affordable and quality health services, including

HIV services. Others are at different levels of achievement of UHC with a more restricted health benefit package. The response to HIV in South-East Asia, although imperfect, has been associated with many public health innovations. These can inform efforts towards expanding UHC even in the context of entrenched social disparities, weak health systems and financial constraints.

- A comprehensive package of HIV interventions tailored for different populations has been scaled up rapidly in a number of settings.
- Use of community-based models of activism, health promotion and disease prevention has been successful in reducing costs, improving reach, reducing HIV risk and vulnerability of key populations, and expanding the impact of HIV programmes to achieve broader health and social outcomes.
- The positioning of HIV as a significant threat to economic development and unprecedented political mobilization to address this threat spurred the development of new funding mechanisms and stimulated innovation in health system financing. The support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the United States. President's Emergency Plan for AIDS Relief (PEPFAR) has allowed for dramatic expansion of HIV treatment, which could be offered free at the point of service delivery within public health programmes.
- The price of HIV medicines and related commodities has been reduced significantly as a result of price negotiations, improved procurement mechanisms, increased use of generics and application of voluntary licensing agreements.
- HIV programmes have stimulated efforts to integrate, link and decentralize services and to promote task-shifting and task-sharing, resulting in cost savings and improved quality of many HIV services.

However, much remains to be done. There are major gaps and challenges facing both UHC and HIV that need to be addressed urgently. These include the following:

- The way health is financed in the South-East Asia (SEA) Region needs to be significantly improved. Financial resources for health are limited and not being efficiently utilized. Out-of-pocket health spending (60% of total health expenditures) is the highest among all regions of WHO. Expenditure on medicines is the largest component of out-of-pocket spending, highlighting system inefficiencies. As a result, despite low-cost access to health services, households are being pushed into poverty.
- HIV programmes in all but a few countries remain heavily dependent on external resources. In the face of anticipated reductions in international development assistance and slow increase in domestic spending on HIV, there are concerns regarding sustainability of HIV programmes and financial pressures on people living with HIV.
- It is still a major challenge to reach high-risk and marginalized populations with critical health-related information, service delivery facilities, interventions and commodities. For example, migrant populations have no or limited access to basic health services since they are highly mobile, are not covered by health schemes and do not possess updated medical records. For men who have sex with men, sex workers, people who inject drugs and other key populations, there exist many social, cultural, legal, political, economic and physical barriers to care that are increasing their vulnerability to HIV and other diseases. Many countries in the Region criminalize sex work, homosexuality and drug use and have punitive HIV-related laws. Coverage of essential HIV services is also low among children and adolescents.
- Other challenges include limited integration of HIV services within health benefit packages and existence of a private sector where the affluent access health services.

With increased commitment towards achieving universal health coverage and ending the AIDS epidemic, the following recommendations were proposed.

- The path to UHC should be tailored to the individual country context depending on the current national disease profile, gaps in coverage, existing service delivery models, size of the private sector, level of health spending, fiscal constraints and demography, among others. Given the health-care budget, decisions regarding the health-care interventions to be financed with public funds must depend on economic efficiency criteria (public goods, externalities, catastrophic cost, cost-effectiveness), ethical reasons (poverty, horizontal and vertical equity, rule of rescue) and political considerations. Health information and technology assessment has emerged as an important tool to inform financing decisions and needs investment for evidence generation and policy processes.
- Capacity-building for UHC and HIV responses by increasing government spending on health from domestic funds needs urgent attention in the wake of leveling off of international funding. To ensure sustainability of HIV programmes, the Global Fund is providing support for transition to domestic resources as countries become economically stronger and graduate from Global Fund eligibility criteria. There is also room for greater efficiency, and countries need to invest their limited resources wisely in policies and practices that maximize the impact of expenditures.
- Stronger cross-border programmes are needed to ensure standards, continuity and monitoring of care among people who either cross borders for work or migrate to neighbouring countries. Sharing good practice models; strong South-South collaboration; financing health services through pooled funds; pooled procurement of diagnostics and drugs; developing insurance schemes; building technical capacity; and supporting community-based organizations to provide basic health services were proposed.

- There is an increasing need to address the structural barriers prevent that access to HIV services and strengthen community systems through strong government–civil society partnerships; adequate training, supervision and remuneration for community health workers; and financial and technical support for community-based organizations.
- Data are critical to drive the HIV response in the future. Robust and dynamic HIV information systems facilitate better understanding of the local epidemics and help focus investments on populations and geographical locations where they are going to have maximum impact. There is a need to strengthen monitoring and evaluation systems, particularly the case-based surveillance and use of programme data at local and national levels, and improve capacity on data analysis and data utilization for decision-making in programme management.
- WHO continues to serve a useful role in galvanizing actions and supporting countries in their efforts to achieve universal coverage to HIV services. The Global Health Sector Strategy on HIV 2016–2021 is one of three interlinked global health strategies that outline the priority actions under five strategic directions to accelerate the coverage of high-impact HIV prevention and treatment interventions, using a rights-based and people-centred approach. *"Ending AIDS in the Context of Universal Health Coverage: A Framework for Action in the South-East Asia Region"* provides a checklist of key priorities and actions for Member States under the six building blocks of health systems strengthening that will facilitate review of existing HIV response and guide the development of policy approaches that can take forward the unfinished agenda of HIV in ways that serve the goals of UHC.

The massive expansion of HIV programmes has transformed the HIV epidemic, demonstrating that a comprehensive set of interventions can be provided at affordable prices to those in need even in the most difficult circumstances. As countries in South-East Asia increase their commitment towards achieving UHC, there are important lessons learnt from HIV expansion that can inform the broader effort to achieve UHC. However, there are some critical areas where the HIV response is lagging in South-

East Asia, presenting an opportunity to use the UHC framework to promote health equity, improve the quality of services, ensure financial and social security, strengthen health and community systems, build coherence across different health areas, address the social and economic determinants of HIV, and guarantee human rights.

1. Introduction

The movement towards universal health coverage (UHC) is gaining momentum globally with increased commitment towards providing affordable and quality health services to all, especially through primary health-care and social protection mechanisms. Many advances have been made to improve the coverage of health services, as illustrated, for example, by the progress towards the health-related Millennium Development Goals (MDGs). MDGs have also played a key role in advancing the human immunodeficiency virus (HIV) response, with an impressive scale-up of antiretroviral therapy (ART) and significant reductions in new HIV infections and acquired immunodeficiency syndrome (AIDS)-related deaths.

Nearly 1.1 million people living with HIV in the WHO South-East Asia Region were receiving ART in 2013 compared with 55 000 in 2003. However, coverage of ART among people living with HIV was under 40% in all countries except Thailand. Coverage among key populations and children aged 0–14 years was even lower. There were an estimated 230 000 [140 000–470 000] new HIV infections and 190 000 [140 000–250 000] AIDS-related deaths in 2013. These statistics have remained largely unchanged in the last five years. With "business as usual", the AIDS epidemic will continue to outrun the response and AIDS-related deaths and new HIV infections are likely to rise.

There is growing consensus to accelerate efforts beyond 2015 to complete the "unfinished business" of the MDGs, including sustaining and reinforcing momentum towards universal access to HIV prevention, treatment, care and support services. The Sustainable Development Goals (SDGs) for the post-2015 era build upon the MDGs and include 17 focus areas. *'Healthy lives for all at all ages'* is represented as a single focus area and contains a goal related to ending the HIV epidemic along with tuberculosis (TB), malaria and other diseases (**Table 1**). UHC has the potential to unify the agendas for HIV and other diseases and is being promoted as a fundamental element to the health component of the post-2015 development goals.

***Table 1**: Proposed Sustainable Development Goals (SDGs)*

1. End poverty in all its forms everywhere
2. End hunger; food security and nutrition; sustainable agriculture
3. Attain healthy lives for all at all ages • Reduce maternal mortality • Reduce child and neonatal mortality • **End epidemics of HIV, TB, malaria and neglected tropical diseases and combat hepatitis and other communicable diseases** • Reduce mortality of noncommunicable diseases and improve mental health • Strengthen prevention and treatment of alcohol and other substance use • Reduce mortality due to road traffic accidents • Universal access to sexual and reproductive health • Achieve **Universal Health Coverage** including financial risk protection • Reduce deaths and illness due to hazardous chemicals, pollution and contamination
4. Equitable and quality education
5. Gender equality, empower women and girls
6. Secure water and sanitation
7. Affordable, sustainable and reliable modern energy services
8. Sustainable economic growth and decent work
9. Promote sustainable industrialization
10. Reduce inequality within and among countries
11. Safe and sustainable cities and human settlements
12. Sustainable consumption and production
13. Address climate change
14. Conservation and sustainable use of marine resources
15. Protect and restore terrestrial ecosystems and halt all biodiversity loss
16. Peaceful and inclusive societies and rule of law
17. Global partnership for sustainable development

Source: https://sustainabledevelopment.un.org/sdgs

Major scientific breakthroughs and accumulated lessons learned over the past 10 years have provided the tools to end the AIDS epidemic as a public health concern by 2030. To accelerate progress towards ending AIDS, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has established the "fast-track" 90-90-90 targets for 2020 that call for:

- 90% of people living with HIV to know their status;
- 90% of whom access treatment; and
- 90% of whom achieve viral suppression. The aim is to reduce the number of new infections by 75% compared with 2010.

Achieving these targets will avert 21 million AIDS-related deaths and 28 million new HIV infections worldwide by 2030. In Asia, expanding access to proven prevention and treatment strategies will prevent substantial numbers of new heterosexually acquired HIV infections, and new infections among children, men who have sex with men (MSM), sex workers and their clients.

Recognizing the need for a framework to address the HIV epidemic in the context of universal health coverage and the post-2015 development agenda, the World Health Organization's (WHO) Regional Office for South-East Asia convened a workshop for Member States in New Delhi from 1–3 June 2015. The key objectives of the meeting were to discuss the contribution of the HIV response to UHC and the opportunities to use the UHC framework to "fast-track" the HIV response that will set the course for ending the HIV epidemic in the South-East Asia Region by 2030.

2. Objectives

General objective

To develop a regional framework for ending acquired immunodeficiency syndrome (AIDS) in the context of UHC in the WHO South-East Asia Region.

Specific objectives

The specific objectives of the meeting were to:

- review the progress in Member States on HIV health sector response and the lessons learnt for implementing the response in the context of UHC;
- review the regional UHC strategy for addressing the HIV health sector response in the context of UHC;
- discuss and finalize the draft framework on addressing HIV and sexually transmitted infections (STIs) in the context of UHC in the WHO South-East Asia Region; and
- discuss and seek inputs into the Global Health Sector Strategies on HIV and STIs 2016–2021.

Expected outcome

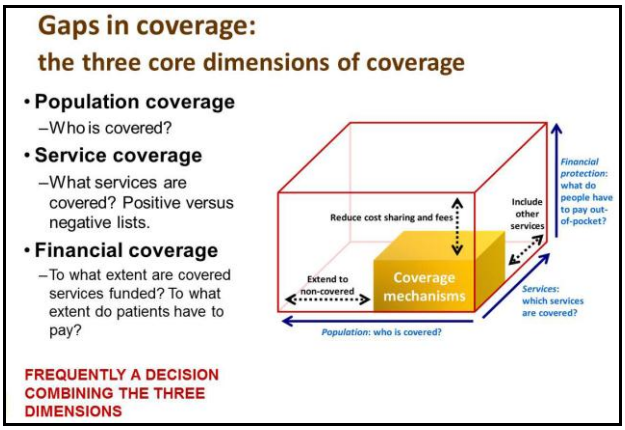
An implementation framework on sustaining the HIV health sector response in the context of UHC in Member States of the WHO South-East Asia Region.

3. Universal health coverage and contribution of HIV towards UHC

Universal health coverage is an aspirational goal whereby all people access and use the promotive, preventive, curative, rehabilitative and palliative health services they need, and which are of sufficient quality to be effective without suffering financial hardship. UHC embodies three dimensions: the relation among them can be illustrated by the UHC Cube (**Figure 1**):

- Extending the full spectrum of good quality health services to those in need.
- Providing financial-risk protection to ensure that the cost of using care does not put people at risk of financial hardship.
- Ensuring equity of access to health services to cover the entire population.

Figure 1: ***The Universal Health Coverage Cube***



Source: The world health report – Health systems financing: the path to universal coverage. *Geneva: World Health Organization; 2010*

Depending on national priorities, countries in South-East Asia are providing different services in the health benefit package. While some countries in the Region have made significant progress towards achieving high coverage of affordable and quality health services (such as Bhutan, Indonesia, Maldives, Sri Lanka and Thailand), others are at different levels of achievement with a more restricted health benefit package. Progress is particularly notable in Thailand, which has invested heavily in providing a comprehensive health service package for its entire population (Box 1).

HIV programmes have, more than any other health programme, served as a trailblazer for UHC at the global and regional levels. They have been characterized by their strong drive in ensuring equity of access to HIV interventions and by their clear focus on the three dimensions that define UHC. Key HIV-related advances that have contributed towards the goal of UHC globally include:

- strengthened health workforce capacity through task-shifting,
- innovative financing mechanisms,
- advanced systems for the provision of services and retention in care,
- improved monitoring and evaluation, better procurement and distribution systems,
- stronger community systems, and
- closer involvement of communities in planning, delivering and evaluating services.

Box 1: An effective design for sustainable UHC in Thailand

The 'UHC benefit package' development process in Thailand is a participatory, transparent, evidence-based and contestable process. There are seven groups of stakeholders that nominate interventions. A stakeholders' working group then prioritizes them after considering the magnitude and severity of the problem, effectiveness of interventions, variation in practice, financial impact on households, and equity and ethical dimensions. The National Health Security Office (NHSO) Board selects interventions after assessment of cost-effectiveness, budget impact and appraisals by the Committee for Benefit Package Development. This robust health information and technology assessment process has also been used by NHSO, which acts as a national purchaser on behalf of the Thai population for price negotiation (e.g. tenofovir and oxaliplatin), saving millions of US dollars for the government.

Thailand has also promoted primary health care to increase coverage of health services, with proper referral systems for specialized care. In addition to well-equipped and appropriately staffed rural health facilities, the government also provides housing, subsidized utilities and food. For more complex service, secondary and tertiary hospitals with specialized personnel, high-quality diagnostic and treatment technologies are available. Since 1975, many social health protection schemes have been implemented to cover all Thai citizens. The 'Universal Health Coverage Scheme', implemented in 2002, is the largest scheme covering nearly 75% of the population.

Such a design for UHC in Thailand has resulted in improving access to health services. Between 2003 and 2009, the outpatient rate in primary health facilities increased by 33% while the admission rate nearly doubled. The UHC Scheme has protected households against health impoverishment over time in all provinces. Thailand is further building capacity for UHC by making a case for increasing fiscal space for health through increased taxes.

There are many important lessons learnt from the HIV response in the South-East Asia Region that can be used to further accelerate progress towards universal health coverage. These include:

3.1 Rapid programme scale-up

The Region has taken notable initiatives to massively scale up a comprehensive package of HIV interventions tailored for different populations at national and sub-national levels, with the goal of achieving universal coverage of critical services. India, for example, has expanded HIV counselling and testing services in 18 369 facilities and ART in 475 centres. Nearly 14.3 million people and 10.6 million pregnant women were

tested for HIV; 851 883 people living with HIV were receiving ART at the end of March 2015. HIV diagnostics, antiretroviral drugs, CD4 and viral load are free for all and the National AIDS Control Organization pays for these services.

In Thailand, more than 246 000 people living with HIV were receiving ART at the end of 2013; and ART coverage of 57% among all people living with HIV was one of the highest globally. Under the "UHC benefit package", a comprehensive set of HIV care and treatment interventions (antiretroviral drugs, treatment and chemo prophylaxis against opportunistic infection and laboratory test) have been made available.

3.2 Community-based activism and programming

Community-based models of activism, health promotion and prevention in the Region have been successful in reducing costs, improving reach, reducing HIV risk and vulnerability of key populations and expanding the impact of HIV programmes to achieve broader health and social outcomes. Sex workers in Asia, threatened by increasing rates of HIV infection, developed innovative community-based programmes, which have not only benefited HIV prevention efforts but also tackled broader issues such as sexual and reproductive health, income generation and gender-based violence. Many HIV treatment activists are now leading efforts to increase access to affordable treatment for other health conditions, such as TB and hepatitis B and C.

Community organizations have also spearheaded critical structural changes in many countries, calling for a rights-based approach to health. The governments of India and Nepal recognize transgender people as a third gender and have implemented special health and welfare programmes to support their needs. Thailand allows people living with HIV to access health-care beyond their registered area, while Indonesia allows for group registrations of marginalized populations in health facilities.

3.3 Resource mobilization and affordable services

Successful resource mobilization is one of the defining features of the HIV response, globally and in the Region. The positioning of HIV as a significant

threat to economic development and unprecedented political mobilization to address this threat spurred the development of new funding mechanisms and stimulated innovation in health system financing. The support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), and the United States President's Emergency Plan for AIDS Relief (PEPFAR) has allowed for dramatic expansion of HIV treatment, which could be offered free at the point of service delivery within public health programmes in all countries.

The price of HIV medicines and related commodities has been reduced significantly as a result of price negotiations, improved procurement mechanisms, increased use of generics and application of voluntary licensing agreements. In Thailand, for example, NHSO acts as a national purchaser to negotiate and buy services on behalf of patients. Along with compulsory licensing on Efavirenz and Lopinavir, the central procurement system has been responsible for a 50% decline in unit cost of first- and second-line antiretroviral drugs between 2007 and 2012. Indian generic producers supply the majority of antiretroviral medicines used in developing countries around the world.

3.4 Task-shifting, task-sharing, decentralization and integration

HIV programmes have stimulated efforts to integrate, link and decentralize services and to promote task-shifting and task-sharing, resulting in cost savings and improved quality of many HIV services. Interventions for the prevention of vertical transmission of HIV are generally included as part of an essential service delivery package of antenatal care – though more work is needed in most countries to address HIV in broader reproductive health (especially family planning) and newborn and child health services. Similarly, strong links have been established between HIV and tuberculosis prevention, care and treatment. Decentralization of HIV treatment services has been made possible by simpler and safer ART regimens and innovations in point-of-care diagnostics.

Thus, the response to HIV in South-East Asia has been associated with many public health innovations, which can inform efforts towards expanding UHC even in the context of entrenched social disparities, weak health systems and limited financial resources.

4. Gaps and challenges facing universal health coverage and HIV

Even though the progress towards UHC and HIV response in the Member States has been noteworthy, much remains to be done. There are major gaps and challenges slowing the progress towards UHC that are also being experienced by the HIV programmes.

4.1 Financial gaps

The way health is financed in the Region needs to be significantly improved. In addition to limited resources for health, there are problems of underutilization of resources and inefficiencies in the system. Out-of-pocket health spending accounts for 60% of total health spending in the South-East Asia Region, the highest among all WHO regions. Expenditure on medicines is the largest component of out-of-pocket spending, highlighting system inefficiencies. This is the only region where health-related impoverishment is higher than catastrophic spending, implying that even low-cost access pushes households into poverty.

HIV programmes in all but a few countries remain heavily dependent on external resources. In the face of anticipated reductions in international development assistance, a slow increase in domestic spending on HIV, and an increased demand for financial resources to support the end of AIDS, there are concerns regarding transition management, financing mechanisms and sustainability of the HIV programmes in all Member States. Civil society and people living with HIV are particularly vulnerable to funding shortfalls.

In Maldives, after the Global Fund grant ended, the national programme was not able to sustain prevention activities for key populations and support civil society due to lack of support during transition to a domestically funded programme. Governments will need to act quickly to reduce their reliance of international donors and step up domestic funding to fulfil their commitments towards the 90-90-90 targets.

4.2 Insufficient coverage among high-risk populations

It is still a major challenge to reach high-risk and marginalized populations with critical health-related information, service delivery facilities, interventions and commodities. Migrant health has become a priority public health issue in the South-East Asia Region. People who cross borders for work or migrate to neighbouring countries usually have no/limited access to basic health services. In decentralized settings, this is an issue even for those moving within provinces or districts in the same country.

Barriers to accessing an appropriate level of health care include lack of knowledge and information, unstable legal status, poverty and lack of insurance (**Table 2**). Even though low-income countries in this region are strengthening the provisions for providing health services to illegal/uninsured migrants, they do not have sufficient resources to support such people since this stretches government systems. Language barriers and lack of medical records also make it difficult to provide services to migrants. Additionally, the rate of attrition among migrants who access health services is extremely high.

Even though countries have prioritized key populations (MSM, PWID, sex workers, others) and taken actions to improve access to health services for them, reaching and engaging them along the continuum of care needs to be improved significantly. There exist many structural barriers (social/cultural, legal/political, economic and physical) that are increasing vulnerability to sexually transmitted diseases and lowering access to care. Many countries in the Region criminalize sex work, homosexuality and drug use and have punitive HIV-related laws. The high-risk populations experience multiple layers of stigma; have higher unemployment rates; and have no/limited access to critical information, facilities, interventions and commodities.

Coverage of HIV interventions among children and adolescents is also lagging. As a result, new HIV infections among adolescents are also showing a rising trend. Problems are many: virological testing for infants is not widely available; fixed dose combinations for children are yet to be developed; adolescents usually do not know where to test; many community-based organizations and health services do not have HIV disclosure guidelines for adolescents aged 10–19 and do not know how to deal with them; and adolescents living with HIV are lost in transition to adult ART programmes.

4.3 Reliance on private sector health services

A significant proportion of the populations in low- and middle-income countries are increasingly accessing health services in private sector institutions. Fragmentation of the health system, with the public sector providing services primarily to the poor and private health institutions providing costly care to the privileged few, impedes equitable access to quality health care for all.

	Thailand	Myanmar	India
ISSUES	• Illegal working migrants and non-Thai prisoners are unregistered and cannot be covered under social security schemes • Migrants generally do not have medical records • High loss-to-follow-up due to high mobility • Different HIV treatment regimens in neighbouring countries raises concerns regarding drug resistance • Some hospitals in border areas, whose 50% patients are illegal migrants, are facing a huge resource crunch • Current services provided with financial support from the Global Fund, raising concerns about sustainability.	• Lack of tracking systems for mobile populations • Language barrier.	• Despite a well-regulated border with Pakistan, illicit drug trade is increasing in bordering states • High loss-to-follow-up among migrants • Significant internal migration from high-prevalence to low-prevalence area • Education programmes at known border entry points lacking • Institutional mechanisms for information sharing are non-existent or informal • Financial constraints

	Thailand	Myanmar	India
ACTIONS	• Memorandum of understanding exists with neighbouring countries • Migrant health assistants posted at hospital • Migrants offered affordable yearly insurance schemes • Planned programmes allowing migrants to move freely across borders to access HIV medicines.	• Regular bilateral meetings with Thailand to discuss the common approach, including provision of treatment • Providing HIV education and testing services in collaboration with the International Organization for Migration • Decentralization of services in border areas • Plans exist for establishing standard referral systems in important border towns • Pilot programme on HIV/migrant monitoring and evaluations system in three border sites planned.	• Collaborative projects with many neighbouring countries (Nepal, Bangladesh). E.g. EMPHASIS (Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support) • National programmes cover people living in India and not only citizens.

Source: Data compiled from country presentations during the meeting.

4.4 Vertical versus horizontal planning

The merits of horizontal versus vertical approaches to global health have been debated for many years. HIV, TB and maternal health programmes started as vertical programmes with generous support from external sources. The popularity of these disease or area-specific programmes lay primarily in the relative ease in maintaining focus, delivering quicker results and measuring impact. However, these vertical programmes have been criticized for creating an imbalance in the global health agenda, fostering parallel approaches to service delivery and diverting human and capital resources from primary health-care services. With growing impetus to integrate vertical programmes into a horizontal structure of resource-

constrained health-care systems, policy-makers are facing the challenge of prioritizing and phasing in interventions to achieve the maximum impact and ensure equity.

For example, Indonesia has implemented a centralized mational health security programme by merging 360+ provincial/district health security schemes (such as *Jamkesda* and *Jamkesma*) and is exploring it as an option for sustainable financing of certain/all HIV-related services. The health benefit packages under consideration and challenges associated with them are presented in **Table 3**. With weak health systems, poor infrastructures and limited resources, 'Option 2' seems like a potential start for an incremental expansion of the basic benefit package, with possibility to include more services into the package over time.

***Table 3**: Benefit packages under consideration in Indonesia*

	Option 1 – Comprehensive Coverage	Option 2 – Basic Coverage	
SERVICES	Benefit package includes all HIV-related services: counselling, condoms, screening tests (pre-ART, other lab tests), ART, STI screening and treatment, prevention of mother-to-child transmission services, ambulatory care, inpatient services	Current Basic Benefit Package coverage plus ART and screening tests	Current Basic Benefit Package; ART provided through government vertical channeling mechanism
FINANCING	Premium contributions	Premium contributions	Premium contributions and government subsidy for ART

	Option 1 – Comprehensive Coverage	Option 2 – Basic Coverage
CHALLENGES	• Integration of different funding mechanisms for HIV services • Comprehensive package will require facility readiness • Lack of good incentive mechanisms for service providers • Coordinated planning and budgeting, including synchronized procurement	• Different payment mechanisms (different sources and channelling) • A clear roadmap is needed for an incremental expansion of HIV service coverage in the basic package

5. Conclusions and recommendations

As countries increase their commitment towards achieving the ambitious goal of UHC, they will need to decide their own approach towards ensuring a well-defined package of benefits depending on the following: current national disease profile, gaps in coverage, existing service delivery models, size of the private sector, level of health spending, and fiscal constraints and demography, among others. Each path is likely to present different opportunities and challenges.

Given a limited health-care budget, decisions regarding which health-care interventions to include in the benefit package will be informed by: economic efficiency criteria (public goods, externalities, catastrophic cost, cost-effectiveness); ethical reasons (poverty, horizontal and vertical equity, rule of rescue); and political considerations. Health information and technology assessment has emerged as an important tool to inform financing decisions and needs investment for evidence generation and policy process**.**

Greater attention towards ensuring the sustainability of UHC and HIV responses, by increasing government spending on health from domestic funds, requires urgent attention in the face of diminishing international funding. There is also room for greater efficiency, and countries need to invest their resources wisely in policies and practices that maximize the impact of expenditures. To address the funding gap in the Region, an AIDS Funding Landscape Panel of public health experts, policy leaders and civil society representatives was formulated in 2013. It analysed the existing

policy and funding commitments for the national HIV/AIDS response and suggested a set of nine recommendations to guide the next decade's response.

The recommendations include introducing funding transition plans, new financing streams and investment cases for HIV, focusing resources where most new HIV infections occur, protecting funding for civil society, creating an enabling legal environment, integrating biomedical interventions into universal health-care schemes, reducing the costs of antiretroviral drugs and other commodities, and ensuring reliable future access to affordable drugs. Economic growth in a number of countries means that they are better able to support their national programmes, but may no longer be eligible for Global Fund support. The Global Fund's Strategy for 2017–2021 plans to provide support to countries during this transition period to ensure that the current progress is not reversed, through effective co-financing and guidance on domestic resource mobilization.

Stronger cross-border programmes should be developed to ensure standardized, continuous and well-monitored care among people who either cross borders for work or migrate to neighbouring countries. There are economies of scale in cross-border collaborations but it also involves diverse and complex dimensions (political, social, financial and technical). Sharing good practice models for delivering services to migrants and their impact on health outcomes; strong South-South collaboration; financing health services through pooled funds; pooled procurement of diagnostics and drugs; developing insurance schemes; building technical capacity; and supporting community-based organizations to provide basic health services were some of the proposed approaches to ensure that this population group is not left behind. There is also a need to assess trends in migrant health by improving country health information systems and developing institutional mechanisms for information sharing.

To reach key populations with essential health services, there is an increasing need for stigma reduction programmes and legal reforms to address the structural barriers to accessing care and strengthening community systems through strong government–civil society partnerships, adequate training, supervision and remuneration for community health

workers, and financial and technical support for community-based organizations.

One solution to help accelerate the HIV response at the country level is to facilitate a more granular understanding of the epidemic. To date, national strategic planning has largely been informed by averages since data are not readily available at a district level. A dynamic and robust HIV information system, which includes case-based surveillance, will facilitate better understanding of localized epidemics and help focus investments on populations and geographical locations where they are going to have the maximum impact. The monitoring and evaluation system should be equity-oriented and capture quality dimensions such as retention and survival rates on ART. There is also a need to improve capacity on data analysis and data utilization for decision-making in programme management.

WHO continues to serve a useful role in galvanizing actions and supporting countries in the development of policy approaches that can take forward the unfinished agenda of HIV in ways that serve the goals of UHC and work towards the improvement of overall health and well-being in the Region.

The WHO Global Health Sector Strategy on HIV for 2016–2021 **(Annex 1)** is under development and outlines the priority actions to accelerate the coverage of high-impact HIV prevention and treatment interventions, using a rights-based and people-centred approach. The new strategy is fully aligned with the post-2015 development agenda and builds on progress to date to achieve the elimination targets. Due to commonalities with sexually transmitted infections and viral hepatitis, the HIV strategy is one of a series of three interlinked global health strategies under development, positioning disease responses in the context of universal health coverage (**Figure 2 and Box 2**).

The draft Global health sector strategy on sexually transmitted infections 2016–2021 builds on the global strategy for the prevention and control of STIs 2006–2015, and promotes a long-term, sustainable response that will be bolstered by strengthening health and community systems, by tackling the social determinants of health that drive the epidemic and hinder responses, and by protecting and promoting human rights and

gender equality as guiding principles and essential elements and interventions of the health sector response. These strategies will contribute to other health-related targets and the wider UHC goal by reducing maternal and infant mortality and premature mortality from noncommunicable diseases; ending the TB epidemic; eliminating viral hepatitis B and hepatitis C; and improving access to sexual and reproductive health-care services, family planning, information and education. The strategies need to be supported by updated WHO guidelines on STIs, which synthesize the latest information available on prevention, diagnosis and treatment of STIs.

Figure 2: ***Structure of the three Global Health Sector Strategies covering HIV, viral hepatitis and sexually transmitted infections, 2016–2021***

Source: Draft Global Health Sector Strategy on HIV/AIDS, 2016-2021. Geneva: World Health Organization; December 2015.

The WHO South-East Asia Region has developed a draft 'Framework for Action for Ending AIDS in the Context of UHC in the South-East Asia Region'. The framework is intended to stimulate discussions among policy-makers and programme managers, and to guide the review of existing plans and programmes, with a view of aligning, harmonizing and synchronizing HIV with national health and development planning. The framework provides a checklist of key priorities and actions under the six building

blocks of health systems strengthening – leadership and governance, financing, service delivery, medical products and technologies, health workforce and information (**Annex 2**). During the meeting, country representatives, after discussion with the key stakeholders, identified a few actions under the first three building blocks of health systems strengthening that need urgent attention at the country level to advance their commitments towards HIV and UHC (**Table 4**). The rich discussions provided important inputs that will help in finalizing the framework.

Box 2: Description of the GHSS Structure as it relates to HIV

Strategic direction 1 focuses on the need to understand the current state of a country's epidemic and status of its response as a basis for national strategic planning (advocacy, political commitment, national planning, resource mobilization and allocation, implementation and improvements). There are 10 global targets and 15 national indicators to monitor the progress.

Strategic direction 2 describes the essential, high-impact interventions that will reduce vulnerability and risk, prevent HIV transmission and acquisition, expand HIV testing and treatment coverage, and provides for chronic care and care for common coinfections and comorbidities.

Strategic direction 3 addresses the best methods and approaches for delivering quality services to different populations and locations to achieve greatest impact and ensure equity. They include creating an enabling environment (addressing legal barriers and structural constraints), community engagement, strengthening human resources, providing quality services, establishing linkages, integration of services and targeting special settings.

Strategic direction 4 discusses the financing dimension with an emphasis on raising funds through domestic and external resources, optimizing resource use and social security schemes to ensure that people have access to the necessary services without incurring financial hardship.

Strategic direction 5 highlights research and innovations in new technologies, medicines, diagnostics, devices, services and systems to strengthen the HIV cascade and shift the trajectory of the HIV response.

In conclusion, the massive expansion of HIV programmes has transformed the HIV epidemic, demonstrating that a comprehensive set of interventions can be provided at affordable prices to those in need even in countries with social disparities, weak health systems and limited financial resources. The collaboration, innovations and investment that have boosted the HIV programmes have also contributed towards UHC in numerous important respects.

The experiences from HIV prevention and treatment programmes can be used to manage other chronic health conditions, further advancing the UHC agenda. However, there are some critical areas where HIV response is lagging, presenting opportunities to use the universal health coverage framework to promote health equity; strengthen health and community systems; improve quality of services; tackle the social and economic determinants of health; protect human rights and gender equity; integrate and establish linkages between HIV and other services; and ensure financial and social security.

***Table 4**: Key actions identified by countries to end AIDS in the South-East Asia Region in the context of UHC under the building blocks of leadership and governance, financing and service delivery*

Building blocks	Priority areas	Actions	Countries
Leadership and governance	Set evidence-informed priorities	Identify existing gaps and give priority to addressing gaps through increased investment in high impact HIV strategies and interventions in geographical areas and populations where they will have maximum impact	Indonesia, Myanmar
	Address structural barriers that impede access to health services	Remove policy and legal barriers to access for key populations; remove HIV-punitive policies and laws; and address stigma and discrimination	Bhutan

Building blocks	Priority areas	Actions	Countries
	Forge inclusive partnerships and strengthen coordination	Nurture partnerships with civil society; support community networks and systems; and monitor, regulate and ensure quantity and quality of services provided by community-based organizations	India, Thailand
		Establish collaborations with neighbouring countries to address migrant health	Thailand
Financing	Mobilize more national resources for health, including HIV	Increase health financing from government revenues and share of HIV in health budgets	Bangladesh, Bhutan, Myanmar, Timor-Leste
		Explore innovative mechanisms and other sources for raising funds for HIV response and other initiatives (e.g., public health funds, private funds through corporate social responsibility)	Bhutan, Maldives, Thailand
		Sustain community-based organizations through government financing and tax concessions; lift policy barriers to enable them to attain financial viability; and encourage income generation activities by them	India, Indonesia, Maldives, Sri Lanka
	Anticipate and manage funding transitions	Develop funding transition plans, supported by bridge funding options	Indonesia, Maldives, Timor-Leste

Building blocks	Priority areas	Actions	Countries
	Remove financial barriers to access to services	Work towards financial risk protection schemes that are universal, covering all populations, including criminals and migrants	India, Indonesia, Thailand
Service delivery	Improve benefit packages and service delivery models	Based on local analysis of costs and benefits, define comprehensive benefit packages with equal focus on key populations and specific settings	Maldives, Timor-Leste
		Introduce task-shifting and task-sharing among health facilities	Thailand
		Implement focused, streamlined, integrated/linked HIV testing, ART, prevention of mother-to-child transmission, harm reduction and blood safety programmes to improve service delivery along the continuum of care	India, Myanmar
	Ensure quality services	Establish effective mechanisms to improve and assure quality of care	India, Timor-Leste
	Decentralize health services to community levels	Expand community health delivery systems to extend the health system	India, Indonesia
	Take high-impact health programmes, including HIV programmes, to scale	Scale up evidence-based HIV interventions to achieve full coverage	Bhutan, Timor-Leste
		Expand HIV services delivery points in both public and private sectors	Bangladesh, India, Sri Lanka

Annexure 1

Global health sector strategies on HIV and sexually transmitted infections

Global Health Sector strategy on HIV, 2016–2021

The global HIV response over the past 15 years has been relatively successful. ART has been rapidly scaled up, especially in Africa, a region disproportionately burdened by HIV and characterized by weak health systems. At the end of 2014, nearly 14.9 million people living with HIV were receiving ART worldwide. However, ART coverage among people living with HIV is under 50% in all regions. There are substantial disparities in access to treatment and care, with key populations (MSM, PWID, sex workers) and children and adolescents lagging behind. Despite showing a declining trend since 2005, there were an estimated 2 million new HIV infections and 1.2 million AIDS-related deaths in 2014. With 'business as usual', these figures are projected to increase in the future. Proceeding at the current pace will not be enough to end an epidemic that is constantly evolving.

There is an urgent need to accelerate the HIV response to end the AIDS epidemic as a public health concern by 2030. The benefits of early ART for prevention of HIV-related morbidity, mortality and transmission are firmly established. Together with pre-exposure prophylaxis (PrEP), voluntary medical male circumcision, condoms, new treatment regimens and new diagnostic technology, ART presents enormous opportunities to eliminate the HIV epidemic.

A process has been initiated to develop a new global health sector strategy on HIV for 2016–2021 that will be presented for adoption at the next World Health Assembly. It outlines the priority actions for countries and WHO to accelerate the coverage of high-impact HIV prevention and treatment interventions, using a rights-based and people-centred approach. The new strategy is fully aligned with the post-2015 development agenda and builds on the progress to date to achieve the elimination targets. Due to commonalities with sexually transmitted infections and viral hepatitis, the

HIV strategy is one of a series of three interlinked global health strategies, positioning the HIV response in the context of universal health coverage. The strategy will contribute to other health-related targets and the wider UHC goal by reducing maternal and infant mortality and premature mortality from non-communicable diseases; ending the TB epidemic; eliminating viral hepatitis B and hepatitis C; and improving access to sexual and reproductive health-care services, family planning, information and education.

Structure of the Global Health Sector Strategy on HIV, 2016–2021

The concept of UHC frames the strategy overall, while the HIV continuum of services that are needed to curb the epidemic provides the organizing framework for specific actions to be implemented. The strategy shares the vision, goals and targets of the UNAIDS strategy. The five strategic directions are described in Figure 2. Leadership, partnership, accountability and monitoring and evaluation are cross-cutting themes across the five strategic directions.

The global targets for 2020

HIV-related deaths: Reduce global HIV-related deaths to below 500 000 for 2020 and below 200 000 for 2030; reduce tuberculosis deaths among people living with HIV by 75%; and reduce hepatitis B and hepatitis C deaths among people living with HIV by 60% (compared with 2009).

Treatment: Ensure that 90% of people living with HIV know their HIV status; 90% of people living with HIV who know their HIV status are initiated on antiretroviral therapy; and 90% of people living with HIV on treatment achieve viral suppression.

Prevention: Achieve 75% reduction in new HIV infections, including among key populations, down to less than 500 000 (compared with 2010); zero new infections among infants.

Discrimination: Zero HIV-related discriminatory laws, regulations and policies, and zero HIV-related discrimination in all setting, especially health settings.

Strategic directions

Strategic direction 1 focuses on the need to understand the current state of a country's epidemic and status of its response as a basis for national strategic planning (advocacy, political commitment, national planning, resource mobilization and allocation, implementation and improvements). There are 10 global targets and 15 national indicators to monitor progress.

Strategic direction 2 describes the essential, high-impact interventions that will reduce vulnerability and risk, prevent HIV transmission and acquisition, expand HIV testing and treatment coverage; and provide for chronic care and care for common coinfections and comorbidities.

Strategic direction 3 addresses the best methods and approaches for delivering quality services to different populations and locations to achieve greatest impact and ensure equity. They include creating an enabling environment (addressing legal barriers and structural constraints), community engagement, strengthening human resources, providing quality services, establishing linkages, integration of services and targeting special settings.

Strategic direction 4 discusses the financing dimension with an emphasis on raising funds through domestic and external resources, optimizing resource use and social security schemes to ensure that people have access to the necessary services without incurring financial hardship.

Strategic direction 5 highlights research and innovations in new technologies, medicines, diagnostics, devices, services and systems to strengthen the HIV cascade and shift the trajectory of the HIV response.

At this regional consultation with national HIV programme management, WHO country offices and key stakeholders, discussions on the draft global HIV strategy focused on a number of key issues. It was acknowledged that there is no single path to achieve the HIV-related targets. Countries will need to decide their own path towards universal coverage depending on the nature of the epidemic; each path will present different opportunities and challenges. Using the global HIV strategy as a reference, the HIV response will have to be localized at the national and sub-national levels.

Even though the targets set out in the strategy are considered ambitious given a short timeframe of five years to achieve them, strong political commitments have been made towards these targets. Governments will need to back these commitments by increasing domestic funding for HIV in the wake of decreasing donor funding. While governments will need to step up the HIV funding and think of new financing mechanisms, there are problems of underutilization of resources and inefficiencies in the system that also need to be addressed to get the maximum out of limited resources.

One solution to accelerate the HIV response at the country level is to get a granular understanding of the epidemic (as highlighted in the report). Also, a more responsive system of governance and ownership of the HIV programme are required and should be included as a priority action in the global HIV strategy.

Global Health Sector Strategy on Sexually Transmitted Infections, 2016–2021

Sexually transmitted infections (STIs) still remain a priority health issue. Nearly 500 million new cases of four curable STIs (chlamydia, *N. gonorrhea*, syphilis and trichomoniasis) occur among 15–49 years olds each year. STIs are among the most important causes of maternal and perinatal morbidity and mortality, and also increase the risk of HIV acquisition. To guide WHO and countries during 2016–2021, WHO is developing the new global health sector strategy on STIs. It builds on the global strategy for the prevention and control of STIs 2006–2015, and promotes a long-term, sustainable response that will be bolstered by strengthening health and community systems, by tackling the social determinants of health that drive the epidemic and hinder responses, and by protecting and promoting human rights and gender equality as guiding principles and essential elements and interventions of the health sector response. The strategy is closely aligned with the post-2015 health and development agenda and targets, the drive towards UHC, and the global health strategy for HIV.

The global targets for 2020

- 90% reduction of *T. pallidum* incidence (2015 baseline).
- 90% reduction in *N. gonorrhoea* incidence (2015 baseline).
- ≤50 cases of congenital syphilis per 100 000 live births in 100% of countries.
- 80% h*uman papillomavirus (*HPV) vaccine coverage.

Strategic directions

The five strategic directions highlighted in the global strategy for STIs are similar to those in the global strategy for HIV. They are also informed by the evaluation of the 2006–2015 global strategy on STIs, which emphasized a need to:

- Strengthen financing mechanisms and human resource capacity;
- Scale up STI interventions, in particular for vulnerable and key populations;
- Increase access to services by integrating the prevention and management of STIs into the broader agendas of HIV, and sexual and reproductive health;
- Strengthen surveillance and improve knowledge of prevalence, etiology and antimicrobial resistance;
- Accelerate access to innovations through the development of point-of-care diagnostic tests and new preventive interventions such as vaccines, microbicides and health-promotion methods.

During discussions on the global STI strategy, the following issues were raised:

- STIs have been prevalent since ancient times but they still remain a major public health problem worldwide. The global STI strategy has deliberately set ambitious targets to move towards elimination of these ancient diseases. To achieve these targets, there is a need to update the WHO guidelines to recommend high-impact interventions for screening and treating STIs.

- The WHO STI guidelines also need to focus on good models of service delivery, including community-based approach for reaching key populations.
- There is also a need for major advocacy efforts to reduce the price of the HPV vaccine, which is hindering vaccine adoption in many countries in the Region.
- Non-sexually-transmitted reproductive tract infections (RTIs) are as common as STIs. It was recommended that the programmatic responses to address prevention, management and control of STIs and RTIs should be combined.

Annexure 2

Policy approaches to end AIDS – Key priority areas and actions under the six building blocks of health systems strengthening

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
Leadership and governance	Set evidence-informed priorities	-Identify existing population gaps. -Give priority to addressing gaps through increased investment in high-impact HIV strategies and interventions (and reduced support for low-impact ones). -Base programme design on international guidance and local analysis of costs and benefits.	✔	✔	✔
	Work with other sectors to lift policy and legal barriers that impede access to health services for underserved populations	-Include upstream interventions to deal with social determinants of health. -With respect to HIV, engage in policy dialogues with all relevant sectors to: • Remove policy and legal barriers	✔		✔

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
		to access for key populations; • Remove HIV-punitive policies and laws; • Step up measures to address stigma and discrimination.			
	Reinforce national health planning mechanisms	-Align, harmonize and synchronize HIV planning with national planning processes. -Make sure HIV is an integral component of national health plans and health services. -Strengthen operational linkages among different health areas.	✔		✔
	Strengthen regulatory processes	-Develop accreditation systems for market entry of providers, institutions and insurers (especially in the private sector). -Take measures to regulate price, quality and distribution of private health services.		✔	

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
		-Regulate procurement and pricing of medicines and commodities.			
	Forge inclusive partnerships and strengthen coordination	-Strengthen regional and national health coordination structures. -Review AIDS-related institutional architecture. -Develop and support PPPs. -Nurture partnerships with civil society. -Support community networks and systems.	✔		✔
Financing	Mobilize more national resources for health, including HIV	-Increase the proportion of health and HIV financing from government revenues. -Explore innovative mechanisms for raising funds for the HIV response and other key health initiatives. -Keep the focus on redressing inequities in the distribution of health resources.	✔	✔	
	Anticipate and manage funding transitions	-Improve tracking of resources for health and HIV.		✔	

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
		-Develop funding transition plans, supported by bridge-funding options. -Strengthen national planning and budgeting functions.			
	Support decentralization, while ensuring equitable allocation of funds	-Lift policy barriers to decentralization. -Redress inequities among decentralized units. -Develop and use needs-based allocation criteria for central funds. -Review administrative decentralization of key health functions.		✔	
	Remove financial barriers to access to services	-Work towards financial risk protection schemes that are universal, covering all populations, including those who are criminalized, marginalized, migrant or displaced, and least able to pay.	✔	✔	
	Reduce out-of-pocket expenses	-Work to reduce out-of-pocket expenses for all key services.	✔	✔	✔
Service delivery	Improve benefit packages and	-Benefit packages should progressively	✔	✔	✔

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
	service delivery models, with a focus on reaching poor and underserved populations, including key populations	include all key services. -Define comprehensive benefit packages for key populations and in specific settings.			
	Ensure quality services	-Establish effective mechanisms to improve and assure quality of care, both in its technical and interpersonal dimensions.	✔		✔
	Plan for long-term sustainable chronic health care, including HIV care and treatment	-Develop models of integrated chronic care for care of HIV disease and other morbidities.			✔
	Promote decentralization of health services down to community levels	-Recognize and resource community health delivery systems, both by involving CSOs and NGOs as contractors to extend the health system, and by lifting policy barriers to enable them to attain financial viability. -Improve coordination.	✔		✔
	Take high-	-In particular, work	✔		

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
	impact health programmes, including HIV programmes, to scale	towards full coverage of key populations.			
Medical products and Technologies	Improve access to essential, high-quality and affordable medical products	-Strengthen and streamline procurement and supply management systems. -Make use of all available strategies to improve access to HIV medicines and related commodities. -Plan ahead for the increased use of 2nd and 3rd line ARV medicines, point-of-care diagnostics and other HIV-related medicines.		✔	✔
	Support rational use	-Improve prescribing practices. -Rationalize the use of medicines and medical products. -Promote the use of affordable generic medicines. -Control prices.		✔	
Health workforce	Strengthen human resources for health	-Improve provider distribution and performance in both the public and private sectors	✔	✔	

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
		through reforms, regulation and the strategic use of incentives. -Continue, as necessary, efforts to develop task-sharing/shifting, with a particular focus on HIV care and treatment.			
Information	Establish robust systems to monitor progress and measure results	-Strengthen and streamline strategic information systems on health and HIV. -Integrate UHC and HIV within a comprehensive framework for tracking health progress and performance.	✔		✔
	Monitor UHC in terms of intervention coverage and financial protection, with a strong equity focus	-Introduce equity-oriented monitoring that addresses all relevant dimensions of inequality.	✔	✔	
	Incorporate quality adjustments	-Include indicators that capture quality dimensions, such as retention and survival rates on ART.		✔	
	Promote	-Ensure the	✔		

Building Blocks	Priority areas	Actions	Expected contributions to the 3 UHC objectives		
			Extend to non-covered	Reduce cost-sharing and fees	Include other services
	transparency and accountability	participation of civil society organizations and the representation of key populations and PLHIV in policy development, programme planning and M&E. -Develop meaningful accountability mechanisms.			

Annexure 3

Programme of activities

1. Disease programmes and UHC – Overview
2. Objectives and outcomes of the Workshop
3. Universal health coverage: A strategy for South-East Asia
4. HIV epidemic and response in the South-East Asian Region
5. Fast tracking the response and the role of UHC
6. HIV contribution to the UHC agenda
7. Building synergies between the response to HIV and UHC in South-East Asia
8. Achieving universal coverage for HIV prevention, care and treatment services
9. Service delivery models for implementing national UHC scheme – how far are HIV services covered
10. Presentation and Discussion on draft Global HIV Health Sector Strategy 2016–2021
11. Scale efficiencies through cross-border collaboration
12. Scale efficiencies through cross-border collaboration – overview
13. Role of communities in achieving Universal Health Coverage
14. Structural barriers – can UHC address these? Lessons learnt from HIV
15. Country experiences
    a. Community health workers, community clinics and community-based research in expanding health services (Bangladesh)
    b. Partnerships and linkages with NGOs for expanding health services – lessons learnt from HIV

16. Global Fund and HTM financing in the context of UHC
17. Transitioning from external to domestic funding – Challenges and role of strategic purchasing for health
18. Presentation and discussion on the draft Global STI Health Sector Strategy, 2016–2021
19. What is the UHC benefit package?
20. Health technology assessments for defining the benefit package
21. Decentralized health-care and benefit package for all – Issues and challenges (Indonesia)
22. Partnership and collaboration for advancing the agenda of ending AIDS in the context of UHC
    a. NCGM
    b. UNICEF
    c. USAID
    d. BMGF
    e. NARI
23. Implementation Framework – Priority actions setting at the country level for ending AIDS in the context of UHC

Annexure 4

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Universal Health Coverage has the potential to unify the agendas for HIV and other diseases, and is being promoted as a fundamental element to the health component of the post-2015 development goals. There is growing consensus to accelerate efforts beyond 2015 to complete the 'unfinished business' of the MDGs. This includes sustaining and reinforcing momentum towards universal access to HIV prevention, treatment, care and support services.

Recognizing the need for a framework to address the HIV epidemic in the context of universal health coverage and the post-2015 sustainable development agenda, the World Health Organization's Regional Office for South-East Asia convened a workshop for Member States in New Delhi on 13 June 2015. The workshop discussed the contribution of the HIV response to UHC and the opportunities to use the UHC framework in strengthening the response to the HIV epidemic in the South-East Asia Region. This is a report of the deliberations of the workshop.

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