



UNAIDS e-Dialogue on universal access

Summary of discussions

Week 2: Capitalising on the Synergies between the

AIDS, Health and Development Agendas

Dear colleagues and friends,

Thank you once again for your on-going participation in the UNAIDS e-Dialogue on universal access. The discussions in week two provided many interesting and thought-provoking insights. Fifteen participants from all sectors- national and international NGOs, community groups, the private sector, youth networks and UNAIDS- and coming from countries including the Philippines, DR Congo, Nigeria, India, Cameroon, Kenya and Tanzania, contributed to this rich dialogue.

Discussing the connection between HIV programming and the broader health and development agenda, respondents recognized the exceptionality of AIDS but argued that there is a definite need to mainstream AIDS responses into health systems strengthening efforts and that HIV can no longer be viewed in isolation from the broader health system. They are not mutually exclusive but rather improvements of one can benefit the other.

Mainstreaming HIV into health services

Participants stated that health related HIV services (i.e. voluntary testing and counselling, condom programming, PMTCT, treatment) should not be developed and maintained separate from other health services and systems. Many voiced the need to strengthen the integration of HIV activities into other health programs, such as family planning, sexual reproductive health services, primary health care, TB programs and IEC services. A recurring theme in both the first weeks of discussions has been the call for greater synergies between sexual and reproductive health services and AIDS services. Participants from various countries have put a strong emphasis on this point.

One colleague from the Cameroon Youth Network noted that separate HIV services reinforce stigma, as people fear to be stigmatized when seen to be going to specialized HIV clinics. Integrating HIV services into routine health services could be a solution, members mentioned. Highlights from an ongoing research made by *ActionAid* in several countries (Sierra Leone, Nigeria, Uganda, Tanzania, India and Pakistan) showed that primary healthcare is often the only option available to the poor and excluded, particularly women. Primary healthcare can provide vital HIV and AIDS (and related) services for those who may be at risk of infection, both in terms of prevention services and in the provision of voluntary counselling and testing. This would ensure early diagnosis and rapid treatment, and counselling at an early stage.

While integration has been shown to optimise the efficiency, quality and long-term sustainability of HIV programs, some respondents noted the risks of losing specialized services to reach most at risk groups. Due to several socio-economic factors and structural barriers such as stigma and discrimination, poverty and lack of HIV awareness, the most at risk or vulnerable groups have limited access to public health systems and primary health care. Considering this, AIDS responses cannot be led at the health system level only, members mentioned. Specialized services provided to IDUs, MSM, sex workers, prisoners and the youth, notably prevention, psycho-



social care and support interventions and harm reduction strategies, are often provided outside primary health care settings and must be protected. These are key challenges for making the linkages between the HIV response, the health sector response and the MDGs.

How HIV programs can strengthen health systems

Members agreed that the AIDS response represented a unique opportunity and entry point to strengthen the wider health sector. Examples were provided demonstrating that AIDS responses have brought clear benefits to non-AIDS specific services. Improvements noted were:

- better integration of services;
- strengthened drug procurement services, laboratory capacity and blood transfusion services;
- provision of training of health care workers on infection prevention practices and communication skills;
- strengthened infrastructure of TB diagnostic and care centres;
- strengthened reproductive and sexual health services, particularly by improving condom programming;
- improved monitoring and evaluation systems, and
- support to community-based organizations.

An example of how HIV programming can strengthen health sector was given by one contributor from the private sector, where a PEPFAR approach for ARV procurement and supply strengthened the drug supply chain management systems as a whole, beyond AIDS services.

Highlights from a discussion on *Solution Exchange AIDS Community* facilitated by UNAIDS Country Office in India explored the interlinkages between HIV programmes and health systems. It noted that another area where health systems are benefiting from the response to HIV is in addressing human rights, along with ethical and legal issues in relation to health. In India, AIDS programmes were found to have placed human rights for marginalised groups higher on the agenda, thus reducing stigma, and also to have raised the profile of services for sexually transmitted infections.

In addition, HIV programs have focused on empowering patients, promoting greater involvement of people living with HIV and can serve as a model for a multi-sectoral and integrated approach to disease management through concerted partnerships and coordination. Taking the agenda of decentralisation a step further, a number of participants called for greater community monitoring of AIDS programmes and increase funding being allocated to community based programmes. It was argued that this will help to improve the impact and efficiency of AIDS services.

HIV in the broader development agenda

Finally, members emphasized the fact that HIV is also a development issue and that there is a need for stronger health and socio-economic systems to sustain successful HIV programs. From Kenya and Tanzania, there were calls for greater coherence in development assistance and macro-economic guidance provided to countries. Two contributors raised the issue of Bretton Woods policies that limit social sector spending whilst at the same time attempting to expand and improve health care services. Participants called for funds available for AIDS to be used to also strengthen basic public health infrastructure which can be used to strengthen AIDS specialized interventions and other broader health services.

Looking forward to more exciting and challenging discussions over the next few weeks!

Best regards,

The moderation team.