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AGAINST AIDS,
TUBERCULOSIS
AND MALARIA



UNAIDS



Expanding the HIV response to drive broad-based health gains:

Six country case studies

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Executive Summary

As progress lags in achieving most of the health targets of United Nations Sustainable Development Goal 3 (SDG 3), efforts to end AIDS as a public health threat by 2030 stand out as a beacon of hope. Since 2010, annual new HIV infections and AIDS-related deaths have declined globally by 38% and 51%, respectively. Although the world as a whole is not currently on track to reach all the SDG targets, evidence clearly indicates that ending AIDS as a public health threat by 2030 is achievable and that clear pathways exist to reach this goal.

Ending AIDS as a public health threat would markedly improve global health and well-being. Recent analyses indicate that progress towards ending AIDS improves educational outcomes, reduces gender inequalities in education access, saves the lives of working-age populations and contributes to both immediate and longer lasting economic benefits for low- and middle-income countries.

The HIV response is not occurring in a vacuum. Broad progress across the SDG 3 targets (including concrete progress towards universal health coverage) would quicken gains towards ending AIDS. Ideally, the HIV response should work simultaneously towards two strategic aims: (1) strengthening and accelerating efforts to end AIDS as a public health threat; and (2) helping build stronger, sustainable systems to improve broader health and well-being.

UNAIDS joined with Friends of the Global Fight Against AIDS, Tuberculosis and Malaria (Friends of the Global Fight) to profile examples of how countries in different regions have leveraged their national HIV responses to improve broader health and well-being. The exercise did not aim to capture all the many ways that HIV investments are strengthening broader health systems, but rather to highlight examples of how countries are 'building out' from their HIV responses and service platforms to accelerate progress towards the full array of SDG 3 targets. Through extensive review of peer reviewed and 'grey literature', as well as interviews with key informants, UNAIDS and Friends of the Global Fight studied examples in Colombia, Côte d'Ivoire, Jamaica, South Africa, Thailand and Uganda.

Experiences in these six countries indicate that substantial efforts have been made to leverage HIV responses for broader health benefits. Far from being siloed, HIV programmes are strengthening health systems and enhancing access to people-centred care:

- *Integration of HIV and non-HIV-specific services is increasing access to holistic, comprehensive health services.* In Côte d'Ivoire, Jamaica, South Africa and other countries, service platforms originally developed to respond to HIV now provide a broad range of health services, including prevention, screening and treatment of noncommunicable diseases.
- *HIV care is inspiring models of care for other diseases.* In Colombia, a model of care specifically developed for HIV is now being used for the provision of comprehensive, coordinated care for other chronic diseases, including diabetes, cancer and cardiovascular diseases.
- *Health system components built through HIV investments are now improving a broad range of health outcomes.* In Côte d'Ivoire, laboratory systems strengthened through HIV investments are contributing to diagnostic services for multiple health issues, including maternal and child health, tuberculosis, viral hepatitis and COVID-19.

The profiles of experiences in six countries highlight the need for more purposeful efforts to identify and capitalize on ‘win-win’ opportunities that simultaneously increase the reach of health services and accelerate progress towards ending AIDS as a public health threat.

- *Community-led systems developed for HIV are increasing resilience against future pandemics.* Uganda leveraged the nationwide community network established through HIV investments to bring an outbreak of Ebola rapidly under control. Similarly, community systems catalysed by the HIV response proved critical in the COVID-19 response in South Africa. Community systems and engagement models pioneered by the HIV response are now serving as the backbone for pandemic preparedness in diverse countries.
- *HIV services are expanding health service access and reducing structural barriers for marginalized populations.* A central challenge for universal health coverage is to ensure that services are trusted, accessible and appropriate for the most marginalized communities. In diverse countries such as Colombia, Côte d’Ivoire, Jamaica and Thailand, HIV investments have enabled the creation of trusted, community-led service options that are now delivering holistic care to communities that are often not well served by mainstream health facilities. In doing so, these key population-led services are helping mitigate the deterrent effects of stigma and contributing to community empowerment.
- *HIV responses are helping improve health services more generally.* In countries such as Colombia and South Africa, HIV activism has increased awareness of and commitment to health as a human right.
- *Leveraging HIV responses to address other health issues benefits the HIV response.* Rather than detract from efforts to end AIDS as a public health threat, key informants said that strategically leveraging HIV platforms to address other health issues has important benefits for the HIV response itself. The availability of coordinated, people centred services attracts people to HIV services and can also help alleviate the stigma associated with HIV specific services.

The profiles of experiences in six countries highlight the need for more purposeful efforts to identify and capitalize on ‘win-win’ opportunities that simultaneously increase the reach of health services and accelerate progress towards ending AIDS as a public health threat. Indicators regarding the broader health benefits of HIV investments should be developed and routinely monitored, which in turn will help make the case for further investments in HIV programmes. Substantial additional investments are needed both for the HIV response and for broader efforts to strengthen health systems and accelerate progress towards universal health coverage.

Case Study Locations



JAMAICA

COLOMBIA

CÔTE D'IVOIRE

SOUTH AFRICA

UGANDA

THAILAND

Introduction

The HIV response has made history, reversing a pandemic that at the turn of the 21st century was the world's most serious health crisis. Since the HIV epidemic peaked in 1995, the number of people who acquire HIV each year has declined by 59% through 2022 (1). Following the peak of global AIDS related mortality in 2004, the number of people dying each year of AIDS related causes has fallen by 69% as of 2022 (1). As a result of this extraordinary progress, there is a clear pathway to end AIDS as a public health threat by 2030 (2).

Progress in the HIV response has yielded broad health benefits across the world. Especially during the first decade of this century, HIV served as a driving force for a remarkable increase in official development assistance for health to low- and middle-income countries (3). The HIV response, with its focus on universality, human rights, inclusive health governance and integrated, person-centred care, has been a pathfinder for new approaches to public health (4, 5). HIV investments are also strengthening health systems. A recent evidence review found that disease specific investments by the Global Fund to Fight AIDS, Tuberculosis and Malaria have substantially strengthened systems for health, closing health workforce gaps, building resilient and multipurpose laboratory capacity, supporting the roll-out of digital health technologies, enabling efficient and effective procurement and supply management of health technologies, and pioneering innovative forms of health governance (6).

Yet, while a clear pathway exists to end AIDS as a public health threat, the world is still far from achieving this goal (2). AIDS remains a major global health priority, with 1.3 million new HIV infections, 630 000 AIDS related deaths and nine million people living with HIV lacking antiretroviral therapy in 2022 (2). Genuine global health security will be impossible with continuing high levels of transmission, morbidity and mortality due to HIV and other infectious diseases. Even greater, sustained investments in the HIV response are essential to realize the goal of ending AIDS.

Moreover, the context in which efforts to end AIDS will unfold in the coming years is increasingly complex and fraught. Although global health-related aims outlined in the United Nations Sustainable Development Goals (SDGs) are visionary and ambitious, the world is not currently on track to achieve the goal of making significant progress towards universal health coverage. Globally, health services coverage has stagnated since 2015, with 4.5 billion people (about half the world's population) lacking coverage for essential health services in 2021.

Moving forward, the world confronts multiple health related challenges. In the case of HIV, it must build on gains to date and close strategic gaps in order to end AIDS as a public health threat. It also needs to lay the foundation to sustain HIV related gains beyond 2030, including maintaining high rates of viral suppression and effectively managing the full array of health conditions that people living with HIV will experience as they age. This will require well-resourced, resilient and people-centred systems for health.

These inter-related goals have focused new attention on how the HIV response might be leveraged to simultaneously accelerate progress towards ending AIDS and bolster the ability of systems of health to provide quality, people-centred care for a broad range of health issues. At the same time that strong, integrated systems of primary care are critical to hopes for ending AIDS (7), the HIV response also has important lessons for broader health practice, systems strengthening, pandemic preparedness and progress towards universal health coverage (5, 8, 9).

The HIV response has made history, reversing a pandemic that at the turn of the 21st century was the world's most serious health crisis. Since the HIV epidemic peaked in 1995, the number of people who acquire HIV each year has declined by 59% through 2022 (1).

The HIV response also brings an ethos and approach that have proved to be central to its success and should be considered for integration into broader health services and pandemic preparedness. Values commonly associated with the HIV response, and detailed in this report, include the important role of advocacy, a focus on reaching key populations, addressing stigma and discrimination, including multiple stakeholders in decision-making, ensuring the greater involvement of people living with HIV at all levels of the response, providing person-centred care and investing in community-led systems of service provision.

This report – a joint effort of UNAIDS and Friends of the Global Fight Against AIDS, Tuberculosis and Malaria (hereafter ‘Friends’) – explores how diverse countries and communities are innovating to ‘build out’ from the HIV response to establish stronger health systems capable of expanding access to integrated, people-centred care. In particular, the report focuses on how the HIV response can inform and accelerate efforts to simultaneously end AIDS and achieve universal health coverage. To capture snapshots of how the HIV response is being leveraged for broader health systems strengthening, experiences in six countries are discussed – Colombia, Côte d’Ivoire, Jamaica, South Africa, Thailand and Uganda.

Development of the case studies

The countries studied here are broadly diverse. Friends and UNAIDS collaborated in the selection of countries, with the aim of ensuring a broad diversity of countries based on geography, income classification, HIV prevalence, epidemic drivers and degree of progress towards universal health coverage.

Geographically, they include examples from Asia and the Pacific, the Caribbean, eastern and southern Africa, Latin America and western and central Africa. Selected countries include one low-income country (Uganda), one lower middle-income country (Côte d’Ivoire) and four upper middle-income countries (Colombia, Jamaica, South Africa and Thailand) (10). Adult HIV prevalence in the six countries (as of 2022) ranges from 0.5% (Colombia) to 17.8% (South Africa).

For each of the countries, a desk review was conducted to understand HIV related trends, epidemic drivers and the structure, funding and strategic priorities of the national HIV response. The review also examined evidence regarding each country’s health system financing (with specific attention on the degree of reliance on donors for HIV financing), as well as country specific health and development indicators.

Development of the case studies on building out from the HIV response began with interviews starting in October 2023 with each country’s UNAIDS country director, UNAIDS multicountry office director, or focal point. UNAIDS country staff provided an overview of the status of each country’s HIV epidemic and response, as well as guidance on how HIV programmes or principles of the national HIV response interact with the broader health system and address health issues beyond HIV. The staff suggested resources for the country specific desk reviews, as well as key informants who could provide additional information on leveraging of the HIV response. Country desk reviews were conducted between October and December 2023.

From October through December 2023, key informants were interviewed in each of the focus countries (three to six per country). Key informants included senior health ministry officials, clinicians, health administrators, leaders of community-led organizations and programmes, people living with HIV and other civil society representatives, donor agency representatives, and staff from multilateral organizations. Many of these key informants provided extensive documentary evidence to support their conclusions and perspectives, which were then taken into account in the development of country case studies. These case studies have been reviewed by each country’s UNAIDS office.

Colombia

Leveraging lessons learned from HIV to develop national models for chronic disease care

HIV and health in Colombia at a glance

Adult HIV prevalence in Colombia is 0.5% in 2022, with the epidemic heavily concentrated in gay men and transgender communities (11). Colombia has made only limited progress towards ending its AIDS epidemic, with new HIV infections declining by only 14% from 2010 to 2022 – a rate that is below the global average of 38% (11). Geographically, new HIV infections are occurring most often in the Caribbean and Andean ‘coffee belt’ regions (12). Colombia has shown important leadership in the response to HIV, declaring the HIV medicine dolutegravir to be of public interest, enabling issuance of a compulsory licence for the medicine and substantially enhancing its affordability in the country by reducing the cost by as much as 80% (13).

Colombia’s policy leadership on HIV is in line with its broader leadership on health service access. Enrolment in Colombia’s health insurance system is compulsory, resulting in 99% population coverage (14). A group of insurance companies, called Empresas Promotoras de Salud- EPS, provides health coverage through the public system, receiving funding that is managed by the Administradora de los Recursos del SGSSS (ADRES). Companies receive a capitated payment per individual enrolled, including people living with HIV. Insurance companies, through the Cuento de Alto Costo (High Cost Account), provide incentives for the best providers and health promoting entities (HPEs) in their management of people living with HIV or other chronic diseases. These HPEs serve as intermediaries in the health system, contracting with health care providers to deliver health services for beneficiaries.

Colombia is home to four of the ten top-rated hospitals in Latin America and also ranks high globally in health system efficiency (15). In recent years, Colombia’s health system has been strained by an influx of migrants from Venezuela and other countries (12, 16, 17). Citing unequal health outcomes and the persistence of preventable chronic diseases, President Gustavo Petro has proposed a major revamping of the health system to strengthen its emphasis on primary care, with particular attention to undeserved rural and suburban areas (18).

Leveraging the HIV response to strengthen health and well-being in Colombia

Although HIV prevalence in Colombia is much lower than in sub-Saharan Africa and in neighbouring countries like Brazil (19), the national fight against HIV has had catalytic effects on the health system more broadly. A gay man living with HIV was the first person in Colombia to claim a right to health in a court of law, asserting his fundamental human right to antiretroviral therapy. In subsequent years, the work of HIV activists has inspired advancement of the right to health across the health system, including health care reforms that led to universal health coverage (20).

In 2006, the HIV response led to Colombia’s creation of the chronic care model of care, which now benefits from enhanced capitation payments to providers through the country’s system of universal health coverage. This chronic care model utilizes a team approach to care, including a physician, nurse, case manager, nutritionist and

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providers from other health disciplines. First developed for HIV, the model is now used by the country to manage cases of other chronic conditions, such as cancer, cardiovascular disease and diabetes.

The multidisciplinary model of care has enabled Colombia to develop holistic care models specifically designed for LGBTQ communities, which may be deterred from seeking health services due to homophobia, transphobia and other forms of stigma. The value of this holistic approach to health service delivery for gay men and other men who have sex with men and transgender people is evident at EHE Hospital, which provides medical services to half of the 1.2 million people living in Cartagena.

After embarking on an effort to ensure that its services are welcoming and person-centred for key populations, EHE Hospital has become the primary responder to HIV in Cartagena. Over ten months in 2023, the health centre sponsored a major combination HIV prevention campaign that provided rapid HIV testing to nearly 20 000 people, including 122 people who were newly diagnosed.

By blending funding from the Global Fund and the Government of Colombia, the hospital has been able to offer comprehensive care for key populations that extend well beyond HIV. The health centre has its own laboratory, enabling it to perform a broad range of diagnostic tests. By leveraging the HIV platform, the hospital ensures that key populations have access to care for cardiovascular disease, cancers, viral hepatitis and other co-existing conditions.

According to senior officials at the health centre, early and ongoing engagement with key populations has enabled the hospital to build trust with communities, which in turn helps increase demand for health services. Key informants particularly highlighted the critical value of community-led monitoring initiatives in providing input to improve the quality and accessibility of HIV and other health services in Colombia.

Photo: With the support of the Global Fund, an app called TeCuidamos.com offers quick access to HIV diagnosis in Colombia. It also provides prevention and counselling to men who have sex with men, transgender people, and sex workers. The Global Fund/Jose Miguel Gomez.



Côte d'Ivoire

Building out from HIV service platforms to address other health issues

HIV and health in Côte d'Ivoire at a glance

Côte d'Ivoire has a generalized HIV epidemic, with adult HIV prevalence of 1.8% in 2022. The country has made significant strides in responding to HIV, with new HIV infections and AIDS related deaths declining by 66% and 70%, respectively, between 2010 and 2022. In 2022, 82% of people living with HIV in Côte d'Ivoire knew their HIV status, 72% received antiretroviral therapy and 62% had a suppressed viral load (21) – outcomes that exceeded the regional average for western and central Africa (22).

Although the national government has made health a political priority, much, perhaps most, of the population lacks adequate health coverage (23). Côte d'Ivoire has made important strides in health, achieving high coverage of antenatal care and witnessing marked reductions in mortality among children under age 5 (24). The government has made universal health coverage the core of its national health strategy and is actively implementing efforts to expand health coverage.

The health system in Côte d'Ivoire has three tiers – primary care through urban and rural health centres and dispensaries, regional hospitals capable of offering both primary care and more complex interventions, and a tertiary level where specialized care is available (25). The national health system suffers from a shortage of health professionals, although the country has one of the strongest health data systems in the region (25).

Photo: Educators from Alliance Côte d'Ivoire conduct an HIV information and prevention campaign at a transport hub for buses, taxis and trucks. Toumodi, Côte d'Ivoire. The Global Fund/ JB Russel/Panos.



Leveraging the HIV response to strengthen health and well-being in Côte d'Ivoire

HIV investments are aiding in addressing health conditions beyond HIV in at least two ways – by helping create robust, multipurpose laboratory capacity, and by leveraging HIV clinical platforms to address a broad array of health issues.

HIV investments and multipurpose laboratory capacity. The laboratory system in Côte d'Ivoire, like the broader health system, consists of three tiers: district laboratories, regional hospital laboratories and teaching hospitals, with oversight provided by the national laboratory. Created in 1972, the Institut Pasteur de Côte d'Ivoire has served as a cornerstone of the national laboratory system, supporting research, training, epidemiological surveillance and other services (26). In addition, two decades of investment by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund have substantially strengthened laboratory capacity across Côte d'Ivoire. These investments have had especially important benefits at the district level, with district laboratories now having the capacity to perform complete blood counts (CBC), CD4 testing, biochemistry and rapid diagnostic screens.

The broad health benefits of the country's increased laboratory capacity were already apparent before the COVID-19 pandemic. Prior to COVID-19, laboratory equipment and personnel supported through HIV investments were enabling analyses used to diagnose and monitor pregnancy, hypertension and other health issues. GeneXpert platforms, available in roughly 80% of tuberculosis laboratories across the country, were used for a host of non-TB health issues, including HIV viral load, early infant HIV diagnosis and viral hepatitis screening. During COVID-19, the value of these laboratory systems funded through HIV and other disease-specific funding streams became especially apparent, as both GeneXpert and other biological diagnostic platforms pivoted to aid in the timely diagnosis of COVID-19.

Although the benefits from HIV investment in the country's laboratory capacity are evident, country-level informants indicate that challenges persist. In particular, the siloed nature of donor funding streams can reportedly make it difficult to coordinate and fully leverage existing laboratory capacity for the full array of health priorities in Côte d'Ivoire. Encouraging or mandating that these programmes work together and coordinate their efforts could enhance the synergistic benefits of existing capacity.

Building out from HIV service platforms to address other health issues. The community organization APROSAM offers an inspiring example of how HIV clinical platforms can evolve to address a broad range of health issues. APROSAM began in 1999 as a community effort to improve health and well-being in the poorest neighbourhoods of the seaport town of San Pédro. Using community contributions, APROSAM in its first year launched an HIV and health awareness initiative.

While undertaking a situational analysis, the United States Government (specifically the United States Agency of International Development and the Centers for Disease Control and Prevention) learned of APROSAM's work and swiftly engaged the organization in supporting the prevention of vertical transmission of HIV).

From these early roots, APROSAM has evolved to provide a full array of HIV related services. APROSAM, in 2023, provided antiretroviral therapy to 1290 people living with HIV and is an innovator and pioneer in expanding access to PrEP in Côte d'Ivoire, including outside the capital city of Abidjan. In 2023, APROSAM employed two doctors, four nurses, laboratory technicians, 50 counsellors/educators and 1912 community health workers, and deployed 12 mobile units, two ambulances and 68 motorcycles for the delivery of health services.

By leveraging diverse funding streams (including PEPFAR, the Global Fund, the European Union, United Nations agencies, the World Cocoa Foundation and other donors), APROSAM has been able to expand to cover nearly all of Côte d'Ivoire. In addition to HIV, APROSAM also now provides diagnostic, preventive and treatment services for a broad array of health issues presented by its extensive client population, including but not limited to malaria, family planning and sexual and reproductive health.

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Jamaica

Leveraging the HIV response to address structural determinants of health

HIV and health in Jamaica at a glance

Jamaica is home to both a generalized and concentrated HIV epidemic (27), with 1.3% of adults living with HIV in 2022 (28). Progress in the HIV response in Jamaica has stagnated, with only a 17% reduction in new HIV infections from 2010 and 2022 and a 4% increase in AIDS related deaths during this period (28). In 2022, 92% of people living with HIV knew their HIV status, but only 50% were receiving antiretroviral therapy and 45% had suppressed viral load (28).

The HIV response in Jamaica has unfolded within a health system that confronts major challenges. Jamaica's health system includes public sector services that are provided free at the point of care, as well as private sources of care that charge a user fee (29). In 2021, a national survey found that 21.4% of Jamaicans had private health insurance (30), meaning that the large majority of people rely on public sector health services. The health system is burdened by a shortage of personnel, infrastructure weaknesses, sub-optimal information systems and a rise in non-communicable diseases (31).

In 2020, the Government of Jamaica launched the 'Vision for Health 2030', a ten-year strategy to reform and improve its health system (32). In particular, Jamaica is prioritizing efforts to address both noncommunicable and communicable diseases and to improve maternal and child health, with a specific focus on strengthening primary care (33). In addition, Jamaica has launched an effort to roll out national health insurance to ensure universal health coverage (34). As part of its effort to transform its health system, Jamaica has launched a health systems strengthening project focused on its pilot phase on strengthening primary care in 11 primary health centres and three hospitals (31).

Photo: Jamaica AIDS Support for Life (JASL) staff. Kingston, Jamaica, January 2022. JASL.



Leveraging the HIV response to strengthen health and well-being in Jamaica

Structural factors undermine health service access and outcomes in Jamaica – not only for HIV but for other health priorities. During the 12 months prior to being surveyed in 2019, people living with HIV reported experiencing stigma and discrimination, including 10% who encountered stigma and discrimination in health settings (36). The risk of violence is especially pronounced for LGBTQ people in Jamaica (37). Widespread hostility towards LGBTQ people in the country deters many from seeking needed health services (38).

The HIV response has played a key role in addressing structural factors that increase vulnerability and reduce health access, not only for HIV but for other health issues. By investing in community organizations and institutions and actively engaging marginalized communities, Jamaica (with the support of UNAIDS, the Global Fund and PEPFAR as well as other donors) has created safe places where key populations can receive services, including standalone

clinics for key populations. Investments in community institutions and dedicated service platforms have also contributed to the solidarity and empowerment of key populations.

For public sector services, Jamaica, in the words of one key informant, recognizes that “HIV care is holistic – it is not just a prescription”. In addition to HIV testing, HIV treatment and ongoing HIV monitoring, Jamaica also provides testing and treatment for sexually transmitted infections, psychosocial support, social work services and case management. Provision of an integrated service package has been aided by Jamaica’s decision to avoid creating HIV-only silos for services. This approach has simultaneously reduced the stigma often associated with seeking HIV services and enabled HIV investments to be used for broader health system strengthening.

While working to prepare the public sector to respond holistically to HIV, Jamaica has also recognized that not all members of key populations are comfortable seeking services through the public sector. As a result, Jamaica has invested in key population-led service delivery systems.

Jamaica AIDS Support for Life (JASL) began in 1991 when a group of friends (mostly gay men) coordinated efforts to respond to the care needs of a single gay man living with HIV. Over time, as this voluntary network kept growing, members of the network recognized that other people living with HIV could benefit from the focused, person-centred, coordinated care they were providing for their friend.

From its early roots as a spontaneous grassroots response to the needs of one person living with HIV, JASL branched out to become a provider of hospice services for people living with HIV whose families would not care for them due to stigma. JASL then evolved to provide HIV prevention services and outreach for gay men, eventually expanding to serve sex workers as well.

When highly active antiretroviral therapy emerged, JASL closed its hospice and began providing more comprehensive care and support. JASL now offers comprehensive HIV treatment and prevention services, currently providing antiretroviral therapy to more than 1000 people living with HIV. Placing peer-based approaches at the centre of its work, JASL supports economic empowerment through income generating activities, supports skills development and educational initiatives, and provides treatment education and literacy services, as well as nutritional support for its clients. JASL offers anal care as well as pap smears, linking people with the services they need. The organization has its own pharmacy, which uses a business-based model, and also links clients with X-rays, magnetic resonance imaging, or ultrasound diagnostics for clients who need them.

In addition to expanding its spectrum of services beyond HIV, JASL has broadened its geographical reach. JASL has three physical locations (in the southeast, north and western parts of Jamaica), and its patients come from all the country’s regions. Prioritizing a stigma-free environment, JASL complements its own community-led services with extensive advocacy on an enabling environment, human rights, legislative and policy affairs and gender-based violence, and also supports clients who are seeking asylum.

JASL has found that its expansion beyond HIV has not hindered or undermined its HIV services but instead has strengthened them, as the availability of comprehensive care and treatment in a supportive environment has proved to be a major draw for new clients. JASL contributes a substantial proportion of all HIV service delivery for men who have sex with men in Jamaica, and according to JASL leadership, the organization has among the best results across the HIV treatment cascade of any provider in the country.

Although JASL has succeeded in creating a safe and reliable place for services for gay men and other men who have sex with men and for sex workers, homophobia and other forms of stigma remain a major barrier. Jamaica continues to criminalize same sex relations and the country also criminalizes using proceeds from sex work.

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South Africa

Strategic use of HIV funding to strengthen pandemic preparedness and expand access to integrated, person-centred care

HIV and health in South Africa at a glance

South Africa is home to the world’s largest HIV epidemic, with 7.6 million people living with HIV and adult HIV prevalence of 17.8% in 2022 (19). The country has achieved remarkable gains in its response to HIV, with new HIV infections and AIDS related deaths falling by 57% and 70%, respectively, between 2010 and 2022 (38).

An important driver of these advances in the national response is South Africa’s success in expanding access to antiretroviral therapy: in 2022, 94% of people living with HIV knew their HIV status; 75% received antiretroviral therapy; and 69% were virally suppressed (38). South Africa’s national HIV response is primarily funded through domestic public sector resources, although external donors, including PEPFAR and the Global Fund, play important roles in financing HIV programmes (39). A Presidential Health Compact, signed by President Cyril Ramaphosa in 2019, provides a roadmap for a more integrated and unified health system (40).

Although South Africa has made major strides towards improving health service access since the end of apartheid, access and outcomes nevertheless reflect substantial inequities. As a recent review found, the vast majority of people in South Africa depend on underfunded and overburdened public sector health services, while the “private sector is largely funded through individual contributions to medical aid schemes of health insurance and is affordable to very few” (41). South Africa’s two-tiered health system tracks broader inequities, as 10% of the country owns 80% of national wealth (42). The public health system has three levels – primary care facilities, district hospitals and larger tertiary hospitals with the capacity to address more complicated health issues (43). Health system weaknesses include: health worker shortages, which translate into long wait times; persistently unacceptable levels of adverse events and avoidable errors; shortages of medicines and equipment; health information challenges; and sub-optimal hygiene and infection control (44).

With the aim of reducing health inequities and improving health outcomes, South Africa is working to implement a scheme of National Health Insurance by 2026 (45). The health insurance programme will initially be funded by pooling existing funds within the public sector, with the future possibility of mobilizing additional resources through tax levies (46). To support introduction of the universal health coverage framework, South Africa has released a roadmap to strengthen the health system as well as educational materials to prepare South Africans for the roll-out of national health insurance.

Leveraging the HIV response to strengthen health and well-being in South Africa

The nationwide mobilization of community activists demanding access to antiretroviral therapy in the 2000s had a profound effect on South Africa. Not only did this activism enable South Africa’s extraordinary HIV related achievements — saving millions of lives — but it also made tangible the national constitutional guarantees of the right to health and inspired activism across the full spectrum of health issues, including growing attention to an epidemic of gender-based violence (47).

By integrating HIV services within the broader health system, South Africa (with support from PEPFAR) has created a one-stop-shop model that aims to deliver comprehensive, holistic services to people living with HIV.

The spirit of innovation of the HIV response is evident across South Africa's health system. In an echo of the more person-friendly HIV differentiated care delivery approach, the nongovernmental organization (NGO) Right to Health has, since 2020, filled more than 330 000 prescriptions which people can collect in smart lockers located in convenient places (48). The HIV response has shown how people-centred monitoring can improve health outcomes, as results from the Ritshidze community-led monitoring initiative, which covers more than half of all people living with HIV nationwide, has driven marked improvements in health service access and quality (49). South Africa is now implementing unique identifiers in its health information system to optimize the coordination of people-centred care and to improve the accuracy of health data for decision-making.

The HIV response has also contributed to progress in scaling up people-centred health service delivery. By integrating HIV services within the broader health system, South Africa (with support from PEPFAR) has created a one-stop-shop model that aims to deliver comprehensive, holistic services to people living with HIV.

As of 2021, 91% of people receiving antiretroviral therapy through PEPFAR support in South Africa had achieved viral suppression (50). South Africa and PEPFAR train and upskill community health workers, who over time are able to assume multiple roles in HIV and health service delivery (such as pharmacy services). PEPFAR-supported services include screening not only for HIV, but also for tuberculosis, diabetes and other noncommunicable diseases.

Local innovation has contributed to the integration of HIV and noncommunicable disease management, including through multidisease screening campaigns and decentralized drug delivery mechanisms (5, 8). Although gains have been made in expanding access to integrated care for HIV and noncommunicable diseases in South Africa, evidence indicates that the scale-up of integrated care models remains incomplete and inadequate, underscoring the need for further efforts (51).

Key informants report that the integration of HIV services within the broader health system has actually served to strengthen the HIV programme. An integrated approach is particularly effective in helping identify previously undiagnosed cases of HIV as, for example, individuals who seek services for their diabetes are also screened for HIV.

The broad benefits of HIV investments in South Africa became especially apparent during COVID-19. When COVID-19 emerged, tens of thousands of community health workers hired through HIV investments were rapidly mobilized to support case finding, make referrals, undertake follow-up of people with COVID-19, and educate and raise awareness within local communities. Within weeks of the World Health Organization's declaration of a global health emergency, 35 000 community health workers had screened nearly six million people for COVID-19 through extensive community outreach (52). The substantial scientific infrastructure developed in South Africa, in large measure through HIV and tuberculosis investments, proved critical to its ability to conduct COVID-19 related clinical trials and other research (53).

According to a leading infectious disease expert based in Durban, the HIV response is a catalyst for broad-based improvements in South Africa's health system:

"This has not just been an investment in HIV. [PEPFAR and the Global Fund] have been investing in people on the most impacted continent, but also in terms of universal health care delivery, and in terms of building one house – lab infrastructure, surveillance, and strengthening of health information systems. I think all of those things have multiple ripple effects. COVID was the litmus test of how important these advances have been beyond the HIV and beyond the TB epidemics" (54).



Photo: Community health worker Nombasa and her husband in Cape Town, South Africa. The Global Fund/Karin Schermbrucker.

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Thailand

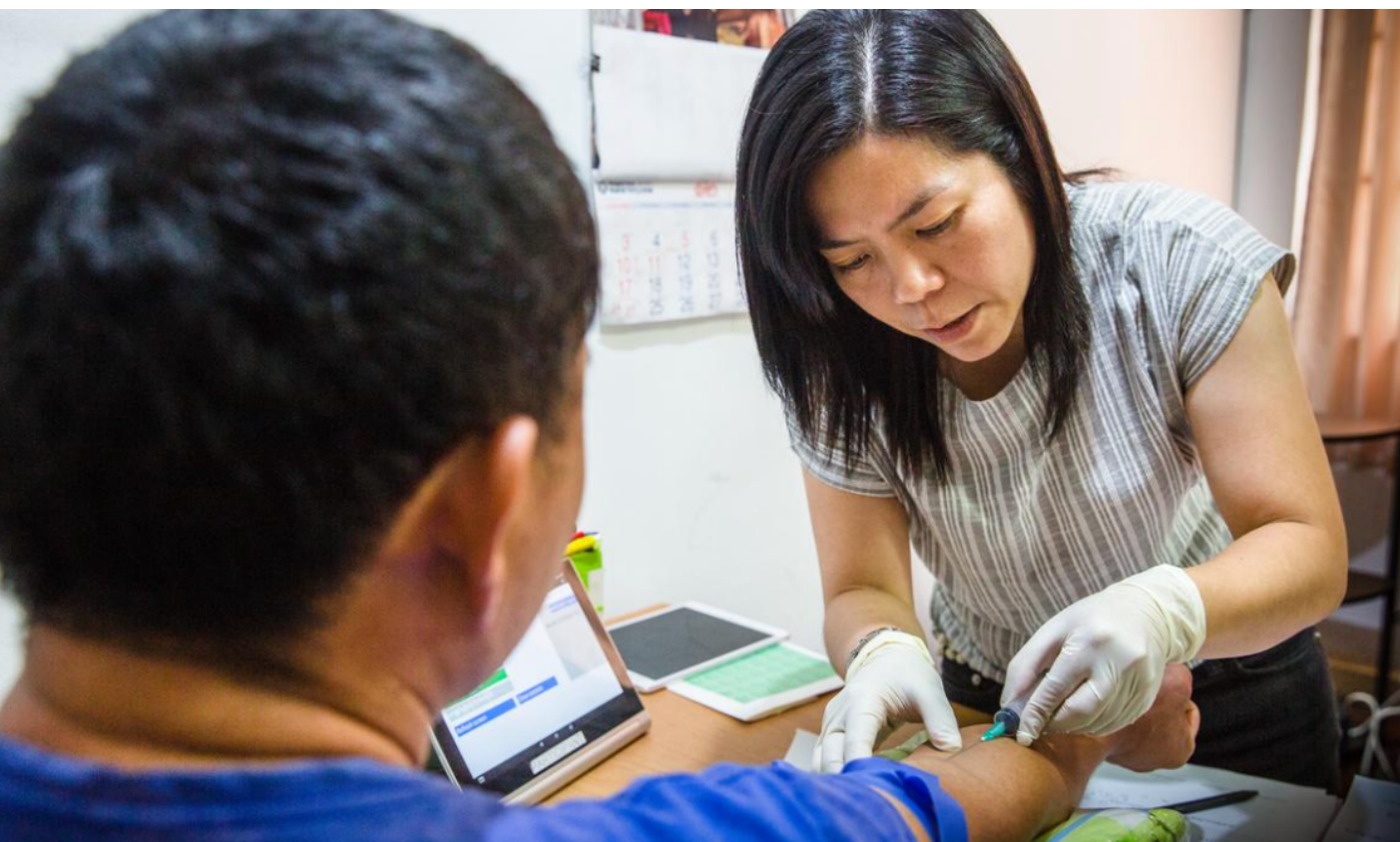
Creating multidisease service platforms for key populations

HIV and health in Thailand at a glance

With 560 000 people living with HIV in 2022, Thailand has an adult HIV prevalence of 1.1% (55). It was one of the earliest HIV prevention success stories (56) and has continued to make progress in its response to HIV in recent years, as new HIV infections and AIDS related deaths fell by 45% and 65% from 2010 to 2022 (55). Antiretroviral treatment coverage in Thailand was 81% in 2022, although treatment coverage was lower among key populations than for the overall adult population (55).

Thailand is a global leader in providing health service access. Thailand ensures universal health coverage for its citizens through a combination of three systems: a scheme for civil servants and their families; social security for private employees; and the universal coverage scheme for all other Thai nationals (57). As the sole buyer of medicines and other health services and products, Thailand is able to exert important cost containment pressure in its negotiations with health providers and pharmaceutical companies (57). To implement universal health coverage, the National Health Security Office contracts with providers, paying a capitated rate for individuals enrolled.

Photo: A male patient is being tested for HIV at MAP Foundation Health Testing Center, Chiang Mai, Thailand. The Global Fund/Jonas Gratzer.



Leveraging the HIV response to strengthen health and well-being in Thailand

Thailand acted early to fold HIV services into its service package for universal health coverage. While this means that people living with HIV are legally entitled to a comprehensive array of health services, the stigma associated with HIV and with key populations can deter some individuals from seeking the services they need. Key informants reported, for example, that some health providers remain uncomfortable serving gay and/or transgender clients. It was noted, for instance, that many health providers continue to view hormone usage among transgender individuals primarily as an aesthetic intervention, rather than understand hormone access as being essential to livelihood and well-being.

Thailand has taken several steps to ensure that services delivered through its universal health coverage scheme are appropriate and welcoming for key populations and other people affected by HIV. The country has undertaken an HIV stigma eradication campaign in health-care facilities and regularly monitors stigma and discrimination in health-care settings (58). In partnership with the Ministry of Public Health, community-led organizations such as the Thai Network of People Living with HIV (TNP) and the Foundation for AIDS Rights hold events in hospitals – both to sensitize staff and to support rates of retention and viral suppression among people living with HIV.

Thailand is also notable for its integration of community-led responses in its health system. Numerous community-led organizations now provide screening, care and referrals not only for HIV but for viral hepatitis, mental health, nutrition, stress management and other health conditions. The availability of community-led service options has proven especially important for key populations, such as transgender people, who often feel more accepted and supported when health information and services are provided by people who share their experiences. With the support of United Nations partners, community-led service providers have taken steps to integrate harm reduction services for people who use or inject drugs (59).

However, the ability of community-led providers to deliver holistic, people-centred services is constrained by laws and regulations that apply to health service delivery in Thailand. Many health services, such as prescribing medicines, can only be performed by a physician or by a certified health facility. Although community-led service platforms play an important and growing role in addressing health among marginalized communities, most have not been certified to deliver truly comprehensive care, including for noncommunicable diseases. To enable access to comprehensive care, a number of community-led organizations now partner with hospitals or individual health professionals.

Key informants agreed on the need for further policy reform to make community-led providers integral parts of universal health coverage. These reforms may require additional development as part of such coverage to spur scale-up of integrated, holistic services to increase service access among key populations throughout Thailand.

According to key informants, the broader health system could also benefit by mainstreaming innovations and lessons learned from the HIV response. During COVID-19, roll-out of multimonth dispensing for antiretroviral therapy preserved service access during pandemic lockdowns and also contributed to COVID-19 control efforts by minimizing the need for patients to go to hospitals or clinics for refills. Yet, according to the key informants, this innovation was limited only to HIV and not applied to other chronic conditions.

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Uganda

Building off the HIV response to effectively fight Ebola by putting communities at the centre

HIV and health in Uganda at a glance

There were 1.4 million people living with HIV in Uganda in 2022, with an adult HIV prevalence of 5.1% (61). Like Thailand, Uganda was among a small handful of low- and middle-income countries that successfully curbed HIV transmission during the HIV pandemic's early years (56). More recently, from 2010 to 2022, the number of people newly infected with HIV fell by 40% and the number of AIDS-related deaths dropped by 64%. Among people living with HIV, 90% knew their HIV status in 2022, 84% were receiving antiretroviral therapy and 79% had achieved viral suppression. HIV treatment coverage among gay men and other men who have sex with men and transgender people is notably lower than the 84% overall coverage (60).

Health services in Uganda are divided between national level entities (e.g. national and regional referral hospitals and centralized systems for laboratory services and commodity procurement/distribution) and district-level entities (including village health teams and district health management teams) (61). Providers of health services include public sector employees, as well as a robust not-for-profit sector primarily composed of faith based organizations (61). An acute shortage of health workers has contributed to a number of strikes by health workers, who have demanded better pay and improved working conditions (62). Health service accessibility is also a major challenge in Uganda, as more than one in four Ugandans do not live within one hour of a health facility (63).

Leveraging the HIV response to strengthen health and well-being in Uganda

One of the great achievements of the HIV response in Uganda has been to generate robust community-led systems of care, support and advocacy. For example, the women-led Alliance for Women Advocating Change (AWAC) is a feminist network of grassroots sex worker-led groups, organizations and collectives (64). Through service delivery, movement building, advocacy, research and individual and organizational capacity-building, AWAC helps address the mental health and sexual and reproductive health and rights of female sex workers, combat stigma, address sex workers' socioeconomic challenges and promote sound policy change. Nationally, AWAC reports that it has 57 member organizations that have reached 32 000 female sex workers.

The value of AWAC and the broader community infrastructure built through HIV investments was amply demonstrated by experience with Uganda's most recent Ebola outbreak. In January 2022, the Ugandan Ministry of Health announced an outbreak of Ebola caused by the Sudan Virus Strain (65). Occurring just as Uganda was recovering from COVID-19, the Ebola outbreak posed a major public health challenge. The outbreak rapidly spread and eventually resulted in 164 cases and 55 deaths (66).

On 11 January 2023, the Government of Uganda declared an end to the outbreak. The community infrastructure built through the national HIV response proved pivotal in helping Uganda bring its Ebola outbreak under control.

The community infrastructure built through the national HIV response proved pivotal in helping Uganda bring its Ebola outbreak under control.

At the beginning of the outbreak, the Ministry of Health developed a multipillar strategy to fight Ebola, including surveillance, laboratories, case management, promotion of safe behaviours, WASH (water, sanitation and hygiene) interventions, risk communications and vaccination. It quickly became apparent to governmental and other stakeholders that community leadership would be needed – to educate communities, encourage safe behaviours (such as safe and dignified burial), combat stigma and reach the traditional healers who were often the first stop contact for people with Ebola (before hospitals or other health centres).

During early strategizing on how to implement an effective, coordinated response, stakeholders recognized that a robust, trusted, nationwide community-centred network was already in place due to investments in the HIV response. As a participant in national planning and implementation of the Ebola response, UNAIDS worked to ensure that communities were at the centre of the Ebola response. UNAIDS engaged the traditional healers network (with over 60 000 members), the network of sex workers (with over 25 000 members, including ‘boda boda’ (motorcycle) riders, and networks of people living with HIV (including survivors of Ebola). Engaging key community-led networks helped ensure that national Ebola control efforts addressed key issues affecting accessibility, acceptability and utilization of services.

As a result of engaging the HIV community systems and infrastructure that have been built over the last 30 years, the Ebola response in Uganda was rapidly able to achieve broader reach. As one example, NAFOPHANU, a national umbrella organization, was able to leverage its more than 62 000 members across the country. The HIV networks leveraged by the Ebola response already had in place trusting relationships with their communities and spoke the many languages used across Uganda. In particular, the HIV community infrastructure had a proven ability to engage marginalized populations (such as sex workers, through the Alliance of Women at Work, a community-led network of sex workers).

HIV community workers proved especially important in engaging traditional healers, whose practices had the potential to contribute to the spread of Ebola. Drawing on their longstanding and mutually respectful relationship with communities, HIV community networks engaged traditional healers with sensitivity, helping them align their practices with Ebola control (such as monitoring fevers of patients, registering the clients who visited shrines with possible Ebola symptoms, washing their hands and avoiding the sharing of pipes or other instruments that are used in shrines).

Although the Ebola outbreak added to the workload of HIV community workers and volunteers, Uganda managed largely to preserve HIV treatment access while the outbreak was being brought under control. Indeed, in some ways, Ebola control efforts buttressed the HIV response, as awareness campaigns on the importance of long term condom use by Ebola patients aligned with the condom promotion efforts of HIV prevention programmes. The multifaceted nature of both HIV and Ebola inspired HIV community actors to articulate the ‘CAHIV’ approach, which aims to monitor the availability, accessibility and utilization of available Ebola, mental health, gender-based violence and sexual and reproductive health services in targeted Ebola districts. In these districts, HIV interventions were coupled with economic empowerment interventions to address social determinants of health.

Partners in the Ebola response in Uganda singled out the work of UNAIDS in advancing the community-led approach as a good practice arising from the response. As a result of HIV community leadership during the Ebola response, community engagement is now prioritized as a pillar of Uganda’s epidemic and pandemic response. The Ministry of Health has adopted a ‘Community Strategy’, to ensure robust community engagement in all public health efforts.



Photo: Sex worker Shakira Ndagire speaks to a counsellor at MARPI Clinic inside Mulago Hospital in Kampala, Uganda. The Global Fund/ Jiro Ose.

During early strategizing on how to implement an effective, coordinated response, stakeholders recognized that a robust, trusted, nationwide community-centred network was already in place due to investments in the HIV response.

Leveraging the HIV response for broader health and well-being

Key findings from six country case studies

This review of experiences in building out from HIV investments in six countries leads to the following findings and conclusions:

- **In diverse settings, substantial progress is already being made in building out from HIV investments to strengthen health systems and address other health priorities.** Experience in diverse settings underscores that HIV programmes, far from being siloed, are actually catalyzing far-reaching innovation. In building out from HIV programmes, countries are tailoring these approaches to their own specific circumstances and priorities. In settings where stigma towards marginalized populations impedes health service access, HIV programmes are pioneering trusted, community-centred platforms that deliver comprehensive care. Where HIV epidemics are generalized, HIV services are being integrated into primary care platforms. Across these six countries, from low prevalence to hyper-endemic settings, the principles on which the HIV response has been grounded is inspiring efforts to apply these principles to health more broadly.
- **HIV service delivery platforms are being used for the delivery of integrated, holistic, people-centred care.** Multidisease screening programmes, decentralized drug delivery initiatives and expansion of service models to provide comprehensive care are enabling health systems to provide holistic services to people living with or affected by HIV. Chronic care models developed in response to HIV are influencing models of care for noncommunicable diseases. Key population-led service platforms are providing holistic support, including anal care, hormone therapy and person-focused mental health and psychosocial support.
- **Other HIV infrastructures that feed into service delivery are helping countries address a broad array of health challenges.** Laboratory systems built through HIV investments are yielding broad health benefits, improving diagnostic services for tuberculosis, viral hepatitis, cancer and maternal and child health.
- **The community infrastructure built through HIV investments is yielding health benefits that extend well beyond HIV.** In several of the countries studied, community-led service systems built through HIV investments are buttressing efforts to address other health issues – including COVID-19 in South Africa, Ebola in Uganda, and stigma-free services for key populations.
- **The resilience and flexibility of HIV platforms point the way towards robust pandemic prevention, preparedness and response.** That the HIV response was able largely to preserve service access during COVID-19, even as gains on other health priorities were diminished, or in some cases erased altogether, underscores the value of the HIV response as a model for pandemic prevention, preparedness and response (67).
- **The ethos of the HIV response is having profound effects on health advocacy and health system planning.** The HIV response continues to inspire activism across the health field, as case studies link HIV activism with broader recognition of the right to health.
- **Although the benefits of building out from HIV platforms are clear and already being realized in many settings, much more could be done to fully leverage HIV investments to accelerate progress towards global health goals.** During the development of these case studies, a number of key informants expressed disappointment that lessons learned from the HIV response, including service innovations and inclusive, participatory approaches to health governance, have yet to be fully mainstreamed across national health systems.

Recommendations

Experiences in these six countries point to several steps to further actions to maximize the health benefits of HIV investments:

- **National HIV programme planners and donors should be more purposeful in leveraging HIV platforms to achieve broad-based benefits.** While these case studies indicate that HIV investments are already yielding health benefits that extend well beyond HIV, it is likely that more strategic action could generate even greater health gains. HIV stakeholders should specifically work to create win-win scenarios that accelerate progress towards global AIDS targets, while also leveraging HIV infrastructure and principles to drive progress across the broad health agenda of the SDGs.
- **The HIV response must make the case for the broad health value of HIV investments.** The knock-on benefits of HIV investments should be rigorously documented, including through the development and monitoring of indicators that show how HIV programmes are benefiting other health conditions.
- **HIV investments should be further strengthened and sustained.** While the HIV response is a welcome bright spot in the context of lagging progress on other SDG health targets, substantial additional investments are needed to end AIDS as a public health threat by 2030. Investing now to end AIDS will not only follow through on the global commitment to end the epidemic but also magnify the broader health benefits of HIV specific investments.
- **Particular action is needed to maintain and further strengthen investments in strong, sustainable community networks of people living with HIV and key populations, including networks led by women and young people.** Across the countries studied, the resourcing, engagement and leadership of community-led responses repeatedly emerged as a critical added value of the HIV response. Although community-led responses play a vital role in efforts to end AIDS as a public health threat and to promote health and well-being more generally, community actors are inadequately financed and insufficiently integrated in decision-making processes (68).
- **Health must be elevated as a priority for investments.** As the substantial coverage gaps in the six countries profiled here underscore, health remains underprioritized. International solidarity and shared responsibility are needed to build robust, resilient, sustainable health systems capable of realizing universal health coverage. Reducing the debt burdens of low- and middle-income countries can help free resources for essential health investments.
- **The principles and values of the HIV response should be mainstreamed across health systems.** Along the road to universal health coverage, health systems should be transformed to enable the provision of integrated, people-centred care for all. The ethos of the HIV response – its emphasis on universal access to public goods, a commitment to leave no one behind, inclusive health governance, community engagement and leadership, and its grounding in gender equality and human rights – offers a useful pattern for ensuring that health systems are fit for the purpose of achieving the ambitious goals and targets set out in the SDGs.

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