

UNAIDS position statement – Leveraging the AIDS response to strengthen health systems

Introduction

At its meeting in December 2009, the UNAIDS Programme Coordinating Board requested “the Committee of Cosponsoring Organizations to convene a time-limited working group with relevant Cosponsors, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other key stakeholders including civil society, supported by the Secretariat, to strengthen collaboration and develop a joint agenda on HIV and global health cooperation in general and health systems strengthening in particular and including a joint position statement and a work plan with clear deliverables”.¹ This working group first met in January 2010.² This document represents the joint position statement proposed by the working group.

UNAIDS recognizes that effective AIDS responses require stronger health systems to achieve universal access to prevention, treatment, care and support services. Equally, AIDS resources can deliver returns for HIV outcomes as well as larger health, development and human rights goals.

UNAIDS supports the strengthening of health systems. HIV-related health outcomes and progress towards other health Millennium Development Goals (MDGs) are closely interrelated. UNAIDS will therefore pursue synergy between AIDS and other health and development initiatives to achieve AIDS plus MDGs goals.

The UNAIDS long-term vision of achieving zero new HIV infections, zero discrimination and zero AIDS-related deaths reflects a holistic and integrated approach to health. The implementation of the UNAIDS strategy (2011–2015) will realize this.

Changing context, challenges and new opportunities

The world has halted and begun to reverse the spread of HIV. The number of people newly infected with HIV has declined by 19% since 1999. Access to treatment has expanded to reach more than 6 million people – a 13-fold increase since 2004 that has led to significant reductions in AIDS-related mortality and morbidity.

Despite the significant progress made, major challenges remain. Globally, HIV is the leading cause of death among women of reproductive age – and a major cause of maternal mortality, childhood illness and death in high-prevalence settings.

¹ 25th meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 8–10 December 2009: decisions, recommendations and conclusions. Geneva, UNAIDS, 2009 (http://data.unaids.org/pub/BaseDocument/2009/20091211_25thcb_decisions_final_en.pdf, accessed 23 August 2011).

² The following organizations participated: WHO (Health Systems and HTM clusters (chair), UNICEF, UNFPA, World Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria, Office of the United States Global AIDS Coordinator, United Kingdom Department for International Development (representing other donors) and Médecins Sans Frontières (representing civil society organizations). The UNAIDS Secretariat served as the secretariat.

Sub-Saharan Africa is home to 67% of the people living with HIV and continues to suffer major impact. The number of people newly infected with HIV is still increasing in eastern Europe and central Asia. At the same time, AIDS resources, which had been increasing during the past decade, have flat-lined, and the AIDS response requires an additional US\$ 10 billion annually.

Although progress towards achieving Millennium Development Goal 6 – Combat HIV/AIDS, malaria and other diseases – is noticeable, progress towards achieving the other Millennium Development Goals related directly to health (4 – Reduce child mortality and 5 – Improve maternal health) has been much slower. However, the international community is increasingly focusing attention on maternal and child health and other neglected health issues, including noncommunicable diseases. Since resources are limited, we must leverage the results of the AIDS response and ensure that investment in Millennium Development Goals 4 and 5 addresses HIV. We need to focus on achieving joint outcomes and efficiency gains, maximizing the opportunities provided through stronger partnerships and new initiatives such as those with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and the United Nations Secretary-General's Global Strategy for Women's and Children's Health.

Strengthening health systems – the organizations, institutions and actions whose primary purpose is to improve health – presents an effective way to develop the common strategies to pursue progress towards achieving all three health-related Millennium Development Goals.

The High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (MDG Summit) in September 2010 made great commitment to accelerate progress towards achieving the Millennium Development Goals. There was good news: US\$ 40 billion pledged for the United Nations Secretary-General's Global Strategy for Women's and Children's Health.³ Some of these funds – pledged over five years – will alleviate the annual US\$ 10 billion shortfall for the AIDS response and the annual shortfall for essential health services of between US\$ 28 billion and US\$ 37 billion.⁴ Nevertheless, forecasting the resources needed and available for AIDS, for the Millennium Development Goals and for health remains challenging. Striving for greater value for money is imperative even in the absence of an economic recession. Joint action will save money and improve outcomes in many cases.

Improving outcomes by strengthening health systems

Evidence suggests that investing in strong health systems is the key to scaling up HIV and AIDS efforts and reaching universal access and the Millennium Development Goals. Expanding the coverage of high-quality antenatal care services supports efforts to reduce the vertical transmission of HIV, and effective HIV programmes reduce tuberculosis incidence and mortality. The AIDS response has led to enormous progress towards scaling up access to treatment and reaching out to people at higher risk of HIV infection, with a strong focus on human rights.

³ *UN Summit launches drive to save the lives of more than 16 million women and children*. New York, United Nations, 2010 (http://www.un.org/en/mdg/summit2010/pdf/GLOBAL%20STRATEGY%20PRESS%20RELEASE%20FINAL%20FINAL3_2_.pdf, accessed 23 August 2011).

⁴ WHO and medium MBB (Marginal Budgeting for Bottlenecks) scenario, in the forecast by the high-level Taskforce on Innovative Financing for Health Systems of IHP+. Mills A. *Constraints to scaling up and costs. Working Group 1 report*. Geneva, Taskforce on Innovative Financing for Health Systems, IHP+, 2009 (http://www.internationalhealthpartnership.net/CMS_files/documents/working_group_1_report:_constraints_to_scaling_up_and_costs_EN.pdf, accessed 23 August 2011).

This has sometimes catalysed and continues to catalyse change in the health systems of many affected countries. For example, AIDS investment has led to improved health governance by including all relevant stakeholders, including people living with HIV. The response to AIDS has leveraged significant investment in training health service providers and promoting innovative approaches such as task-shifting to accommodate increasing workloads. Access to medicines, diagnostics, condoms and universal safe precautions to prevent bloodborne infections has improved dramatically, especially through investment in supply systems for antiretroviral medicine. However, AIDS resources have sometimes not benefited other health services and have even exacerbated staff shortages because of the lure of AIDS-funded posts.

The HIV epidemic is at a crossroads. The rapid scale-up towards universal access urgently needs to continue. However, a more balanced and integrated approach is needed that maximizes efficiency and achieves positive health beyond HIV in the broader health system. We have the opportunity to learn from experience and to further strengthen HIV responses by shifting them towards an AIDS plus MDGs approach.

We need comprehensive, people-centred services to improve health outcomes across various areas: HIV and tuberculosis coinfection, sexual and reproductive health, maternal and child health, HIV and chronic care for other communicable and noncommunicable diseases and conditions, such as drug dependence, cancer and cardiovascular diseases, integrated where it improves efficiency and adds value. We need balanced investment in health systems. We need to address bottlenecks according to country needs. We need to address the social determinants of health, strengthening community systems and supporting broad social and economic development. The response to AIDS has revealed that we need to go beyond the public sector to include civil society and the private sector as legitimate and crucial players in strengthening health systems.

Focus on country ownership

Decisions made at the national level determine whether the environment for action is favourable and determine the local responses. Respect for country priorities and processes has become and should remain a guiding principle for all development work, in accordance with the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action. Integration and synergy have been successful where national and community ownership has been strong. As an increasing number of countries have shown, such as Ethiopia, Malawi and Rwanda, quick gains can be obtained by aligning and synchronizing national multisectoral AIDS strategies and the overarching health and development plans. This enjoys increased consensus among development partners and countries. Their success testifies to the fact that generating sustainable success requires integrating action against HIV into broader frameworks of action for health and development through policy-making, developing strategy and planning. Taking AIDS out of isolation requires not only political will but also concrete action. Aligning health and other sector planning and multisectoral planning for AIDS is one specific type of action required. This is needed to engineer synergy and to ensure that action against AIDS benefits other development objectives, such as those included in the Millennium Development Goals. It is also needed to ensure that the response to AIDS is anchored strongly in a country's priorities and remains vigorous and sustainable.

UNAIDS can contribute significantly to strengthening health systems

The response to AIDS has shaken up the global health agenda and provided strong incentives to the leaders in global health to vigorously pursue a broader health agenda. Leading in the global discourse on HIV, UNAIDS is therefore in a strong position to contribute to the agenda for strengthening health systems. Many lessons can be applied from the AIDS movement to support rapid progress for all Millennium Development Goals, especially those closely related to health. Similar to the AIDS response, efforts need to be based on sound policy, analysis and sharing of experience.

At the country level, six key actions are needed to ensure synergy between national HIV programmes and the development of health systems to optimize health outcomes:⁵

- adapt models for delivering services;
- mobilize financing for health and strengthen social protection systems;
- strengthen human resources for health;
- improve strategic health information systems;
- ensure access to medicines, diagnostics and other commodities; and
- strengthen leadership, governance and strategic planning.

Successfully pursuing these actions will require ensuring the alignment and support of all stakeholders, including the full engagement of people affected by HIV.

UNAIDS will contribute to these actions by building on its comparative advantages, including by:

- strengthening the Joint Programme and its multisectoral scope, harnessing complementarity and convergence among the Cosponsors;
- building on our experience with promoting the participation of civil society and mobilizing partnerships; and
- supporting countries and partners in being oriented towards results and ensuring robust mutual accountability.

Against this background, the UNAIDS will work to achieve coherence with other global health sector strategies and plans, seeking to maximize synergy between all the Millennium Development Goals.

Conclusion

UNAIDS recognizes the need to synergize efforts in HIV and efforts to strengthen health systems while aligning with country priorities and harmonizing efforts with other partners and sectors.

UNAIDS will support a drive towards achieving synergy between the HIV response and the other Millennium Development Goals – in national health and AIDS planning and in the development of health systems. This will be part of the UNAIDS commitment towards supporting comprehensive national plans through the joint assessment of national strategies process, the International Health Partnership Initiative and implementing recommendations by the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors.

⁵ *Draft WHO HIV Strategy, 2011–2015*. World Health Assembly document A64/15. Geneva, World Health Organization, 2011 (http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_15-en.pdf, accessed 23 August 2011).