



**REPORT BY**

**THE NGO REPRESENTATIVE**

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**NGO**  
**Delegation**  
TO THE **UNAIDS PCB**



**IF IT IS TO BE TRULY UNIVERSAL**

Why universal health coverage will not succeed without people living with HIV and other key populations, women, and young people.

## WHY MORE UHC?



To go beyond

“What we **NEED** from UHC”

to

“What we **BRING** to UHC”

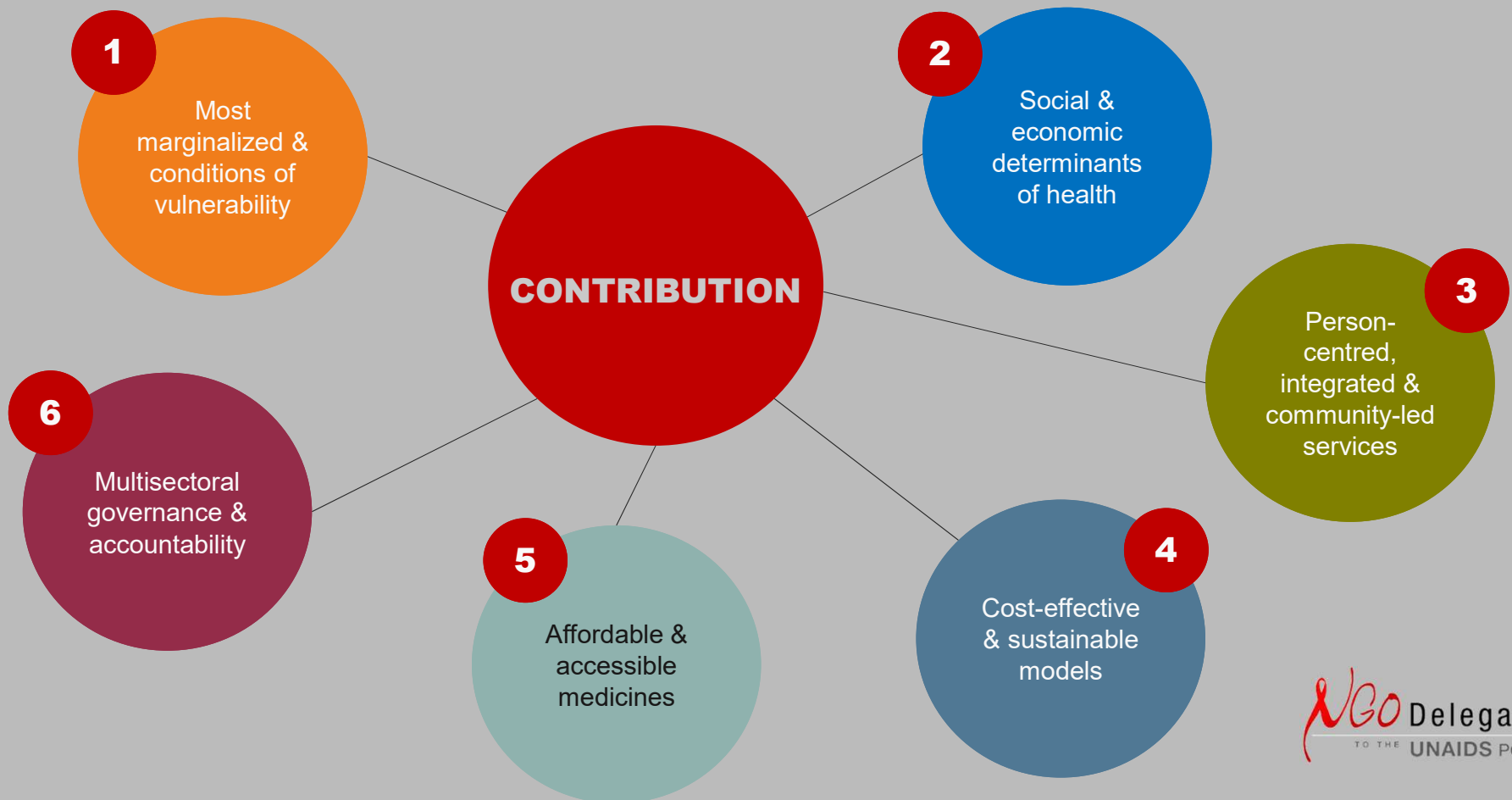


UHC will not succeed without the contributions of people living with HIV and other key populations, women and young people. It also shows that their contributions will greatly increase UHC's potential for success and the fulfilment of truly universal UHC.



# CONTRIBUTIONS

The report illustrates six key contributions which community-led organizations can make to UHC



# CONTRIBUTION 1

## 1. Identifying and reaching people who are most marginalized or in conditions of vulnerability



*“There is a risk that governments see Universal Health Coverage as being just about reaching the “easy” vulnerable groups. Yet it’s those that are “hidden”—the women in violent relationships, the men who have sex with men who don’t identify as gay men, the trans sex workers—that need support the most. It is only key population groups—that work within community dynamics, that know the clandestine places, that understand the local codes and language—that can reach them.”*

– Carlos Garcia de Leon, Latin American and Caribbean Council of AIDS Service Organisations, Mexico

Put "the last mile first", as demanded by Global Network of People Living with HIV (GNP+)18 and by civil society more generally, by developing programmes which prioritize reaching the “10–10–10” populations (the poorest and most marginalized members of society) and which place them at the centre of healthcare;

## CONTRIBUTION 2

### 2. Addressing the social and economic determinants of health

Social determinants are central to UHC's principle of equity. To be truly universal, the approach needs to benefit everyone, regardless of social identity, legal status or ability to pay, for example. **Health is a right, not a privilege.** UHC is not just about access to medicines, financing schemes, and health workers. It is also, perhaps primarily, about social and economic justice.



*“UHC will not be achieved unless the legal, political and social determinants of health are addressed. The right to health has been recognized as a basic human right, articulated in many international declarations and covenants. Therefore, UHC must take a human rights-based approach that ensures equitable access to health services for all.”*

– Global Network of Sex Work Projects

## CONTRIBUTION 3

### 3. Providing person-centred, integrated, and community-led services



*“There is no need for states to reinvent the wheel to address the needs of people who use drugs within UHC. Building on what is already there and investing in community-based services, for example those run by drug-user led organizations, are not just a cost effective option, but consolidate what communities already know works for their own health and communities.”*

– International Network of People Who Use Drugs

UHC packages cannot be “one size fits all”. Within the response to HIV, organizations and networks that are led by people living with HIV and other key populations, women and young people have repeatedly demonstrated their ability to develop high-quality services which are tailored and differentiated for those in greatest need, and which are not prescriptive. As stated the UNAIDS 2019 global update put it, this is a “winning formula” that “alters HIV epidemics.”



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## CONTRIBUTION 4

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### 4. Developing cost-effective and sustainable models

Organizations and networks led by and for people living with HIV and other key populations, women and young people play crucial roles in providing day-to-day, community-based and person-centered services....These services also bring financial advantages, including by averting costly emergency and crisis healthcare. They are also cost-effective.



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*“Health systems need to re-frame their role and their relationship to communities. There is no need for Universal Health Coverage to duplicate systems. Communities and the HIV response have given us the infrastructure we need.”*

*– Mara Quesada, Action for Health Initiatives, the Philippines*

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## CONTRIBUTION 5

### 5. Securing affordable and accessible medicines



*“We have to draw the links between HIV and other areas of health where marginalized communities face the same type of barriers, such as the high prices of medicines. We need accountability from everyone, including pharmaceutical companies and insurance companies. Otherwise healthcare - and Universal Health Coverage - is just about who has money and who doesn’t.”*

*– Elie Ballan, M-Coalition, Arab Foundation for Freedoms and Equality, Lebanon*

In some contexts, the response to HIV has brought a fundamental change to the relationship between service users and medical professionals and corporations. For example, through “knowing your rights” and treatment literacy campaigns, people living with HIV have become experts in their own health condition and treatment options. They have able to engage in and lead dialogues on drug pricing and quality.

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## CONTRIBUTION 6

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### 6. Ensuring multisectoral governance and accountability



*“Global commitments enshrined in a Political Declaration will only have meaning if translated into policies, actions, and financing at the country level. Clear, coherent, and communities and civil society inclusive accountability mechanisms that build upon national, regional, and global processes are needed to move the Political Declaration on UHC from mere rhetoric to reality. The Political Declaration should be accompanied by an accountability framework that establishes targets through which all stakeholders – including key and affected communities – can hold countries to account. These should include specific indicators to assess the extent to which Universal Health Coverage is ‘putting the last mile first’ and meeting the needs of the poorest and most marginalized.”*

– Global Network of People Living with HIV

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THANK YOU

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QUESTIONS?