

Achieving Universal Coverage of HIV Prevention Services and Commodities Global HIV Prevention Coalition at the 71st World Health Assembly

22 May 2018, 12:30 to 14.00, Palais des Nations, Room XXIV

Member State side event

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Universal Health coverage (UHC) is the central pillar of the WHO GPW13 with “leaving no one behind” a key tenet in its progressive realization. High-impact HIV testing, treatment and prevention interventions will be included in the WHO essential UHC packages and should be integrated into national health benefit packages. The packaging of different interventions need to be tailored for different populations and contexts. Financing mechanisms for UHC, including health insurance, may not explicitly cover the cost of a range of public goods critical for effective HIV prevention, such as community mobilization, peer education, harm reduction, male and female condoms and other prevention commodities. Health financing mechanisms need to determine how these interventions and services can be adequately funded.

In “leaving no one behind”, specific and special consideration will need to be given to key populations as groups who have greatest HIV risk and vulnerability – UHC cannot be achieved if key populations aren’t reached. HIV prevention services need to be adapted to ensure equitable access for those populations and locations most at risk and affected, including through community-based and community-led responses. Particular attention needs to be given to quality-assurance and quality-improvement measures to ensure services achieve greatest impact, meet ethical standards and are acceptable to clients of those services. Despite having a broad portfolio of effective HIV prevention interventions and services further innovation will be required to accelerate prevention efforts.

Major achievements in the in the HIV response to date, such as increasing access to antiretroviral drugs for treatment and prevention of mother-to-child transmission, have been predicated on strong partnerships between the health sector and community organizations. This impressive expansion has resulted in a significant decrease in HIV-related morbidity and mortality and new infections in children. However new infections among adolescents and adults have remained stubbornly high (at approximately 2 million per year) with little decline over the past decade.

WHO has led efforts to evaluate, review and recommend a range of evidence-based effective prevention packages for all populations. HIV prevention is a good investment and modelling analysis shows how adequately funded HIV prevention can bend the trajectory of the epidemic. Evidence-based prevention services such as condom programming, voluntary medical male circumcision, harm reduction for people who use drugs, comprehensive services for key population and pre-exposure prophylaxis are all cost-effective when focused on people who are at high risk of infection. A greater and consistent push is needed for HIV prevention to match the efforts and successes of treatment.

WHO fully supports the vision of the Global Prevention Coalition to reinvigorate the prevention response. WHO recognizes that communities will need to remain central to this effort with addressing structural and legal issues integral part.