

Dr. Prosper Okonkwo. APIN Health Initiative

Topic: STIs/HIV-AIDS and Universal Health Coverage (UHC)

Dr. Prosper Okonkwo is the pioneer Chief Executive Officer of APIN Public Health Initiatives and has been since 2007. He received his medical degree from the University of Ibadan in 1982 and became a member of the West African College of Physicians (Community Medicine) in 1997. He has been a Fellow of the National Postgraduate Medical College of Public Health since 1999, and of the West African College of Physicians (in Community Medicine) since 2012.

He has worked as a Consultant Public Health Physician at Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State. He has also worked with the United Nations Population Fund (UNFPA) as the State Advisor for Delta State (2000-2001), and as a National Reproductive Health Advisor (2001-2003). He is currently an Associate Professor at the Department of Community Medicine and Primary Health Care of Bingham University, Karu, Nassarawa State.

He is a member of several notable associations including Nigerian Medical Association (NMA), the Association of Public Health Physicians of Nigeria (APHPN) etc including being a Board member of University of Medical Sciences, School of Public Health, Ondo.

Outside his work at APIN, Dr. Prosper Okonkwo enjoys facilitating Christian leadership programs and teaching & mentoring the next generation of public health practitioners in Nigeria.

Dr. Prosper Okonkwo

Prof. O.A Ladipo, 80th Birthday and Retirement Virtual Webinar

HIV and Universal Health Coverage

Dr Prosper Okonkwo

Presentation Outline

Overview of
UHC and HIV
program

UHC
underlying
principles

UHC and HIV
program: Areas
of divergence

UHC and HIV program:
Opportunities and areas
of convergence

Overview of UHC and HIV



- ❑ SDG 3.8: Achieve Universal Health Coverage (UHC)
- ❑ UHC encompasses other health related SDGs
- ❑ SDG 3.7: Achieve Universal Access to SRH Information, education and services
- ❑ According to the **World Health Organization (WHO)**, UHC is a situation in which “all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”
- ❑ It is a key step towards ensuring that all people have good health and that HIV services are available for everyone who needs them

Overview of HIV and UHC

- ☐ Great progress in HIV control and move towards epidemic control with decreasing incidence and mortality rates.
- ☐ HIV epidemic control will facilitate UHC by averting the need to commit ever-increasing resources to HIV services
- ☐ A contradiction still persists-HIV programs tending towards more focused interventions to maximize impact, while the national health systems of which they are a part have simultaneously committed to broader objectives.
- ☐ Striking a realistic balance is imperative

UHC Underlying Principles



Leave no one behind



Access to quality services



Eliminate financial hardship



Overview of HIV and UHC

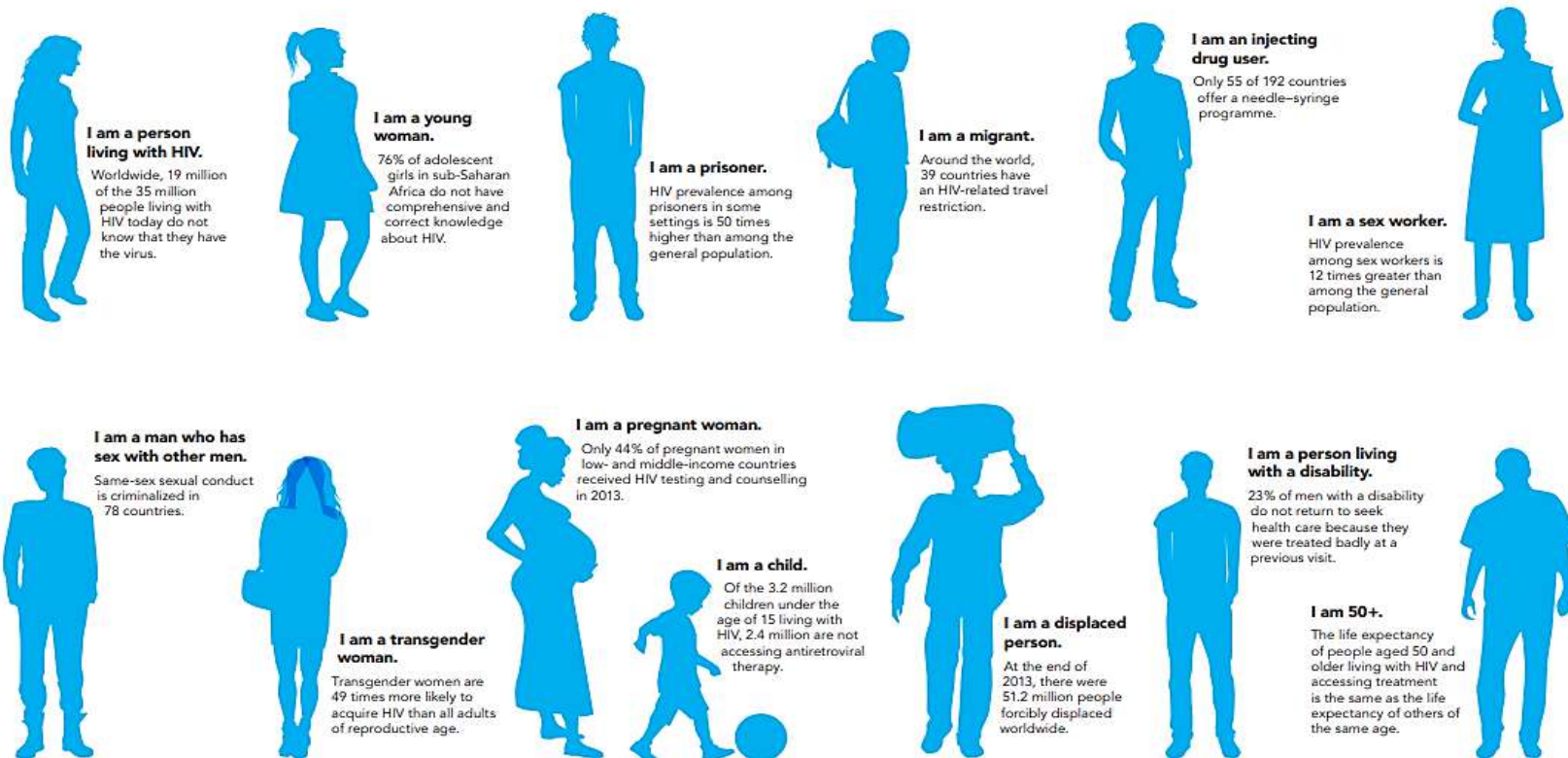
- ☐ Preventing financial catastrophe arising from household Health spending is primarily the responsibility of government.
- ☐ As Implementation partners, we support advocacy and some forms of income generation activities for People Living with HIV.
- ☐ Our discussion will focus on what we are doing to ensure nobody is left behind and removing or minimizing barriers to quality health services

UHC- Eliminate financial hardship

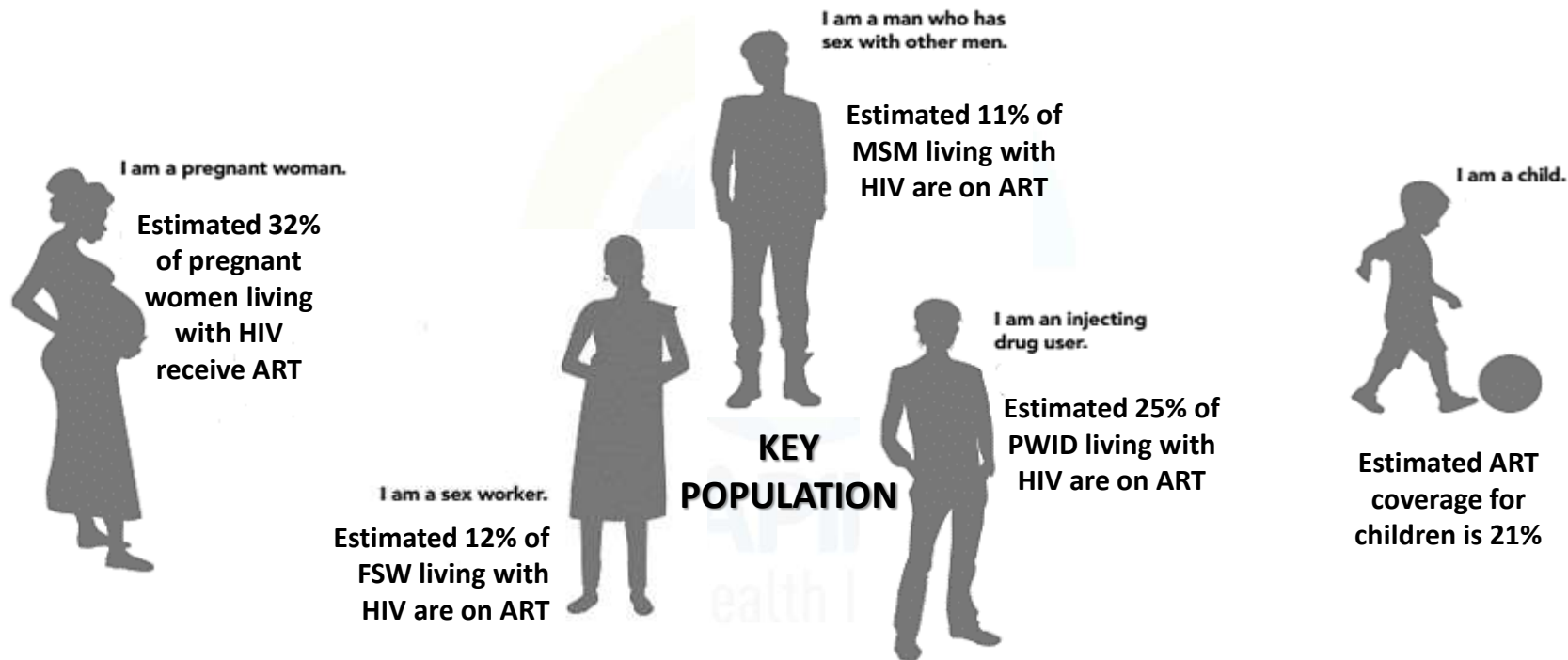
- ☐ Out of pocket (as % of THE) in Nigeria- 76.6 (***World Bank 2018***)
- ☐ Minimize out of pocket payments in order to avoid financial impacts on the most vulnerable and their families
- ☐ User fees are the most common out of pocket expenditure, including where HIV testing and treatment services are nominally free but there are associated costs
- ☐ Possible inclusion of basic STI and HIV services into the minimum package of the Basic Health Care Provision Fund(BHCPF)
 - Nigeria program experience , following withdrawal of supports for hematology and chemistry
 - Out of pocket expenditure for tests apart from HIV test and VL
 - Consultation fees

UHC-Leave no one behind-Global

12 populations being left behind



HIV population left behind in Nigeria



Leaving No One Behind in HIV Response Program

Controlling HIV Epidemic

Efforts are aligned and complementary

HIV Services scaleup to meet the need of growing population of citizens

Microtargeting-focusing more on subnational geographical units and specific population

- HIV Prevention Services: Hotspot mapping and targeted HIV Testing Services
- Antiretroviral Therapy: Differentiated service delivery
 - ✓ Multi-month dispensing > 6months
 - ✓ Community pharmacy distribution points
 - ✓ Community ART group
 - ✓ Healthcare Worker led groups
 - ✓ Adolescents group

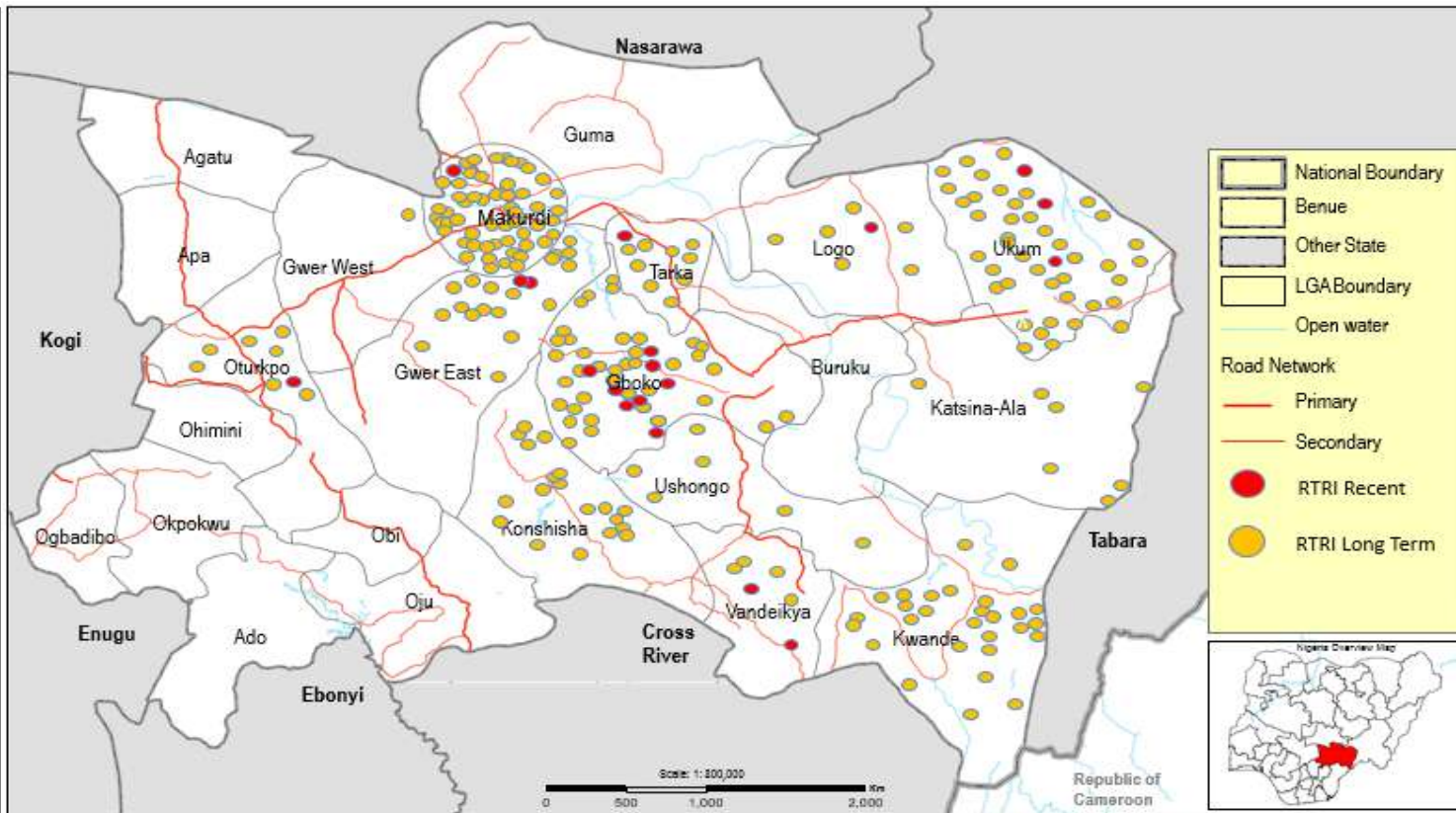
Efforts are aligned and complementary

Achieving UHC

Probable Locations of Ongoing HIV Transmission (FY20)

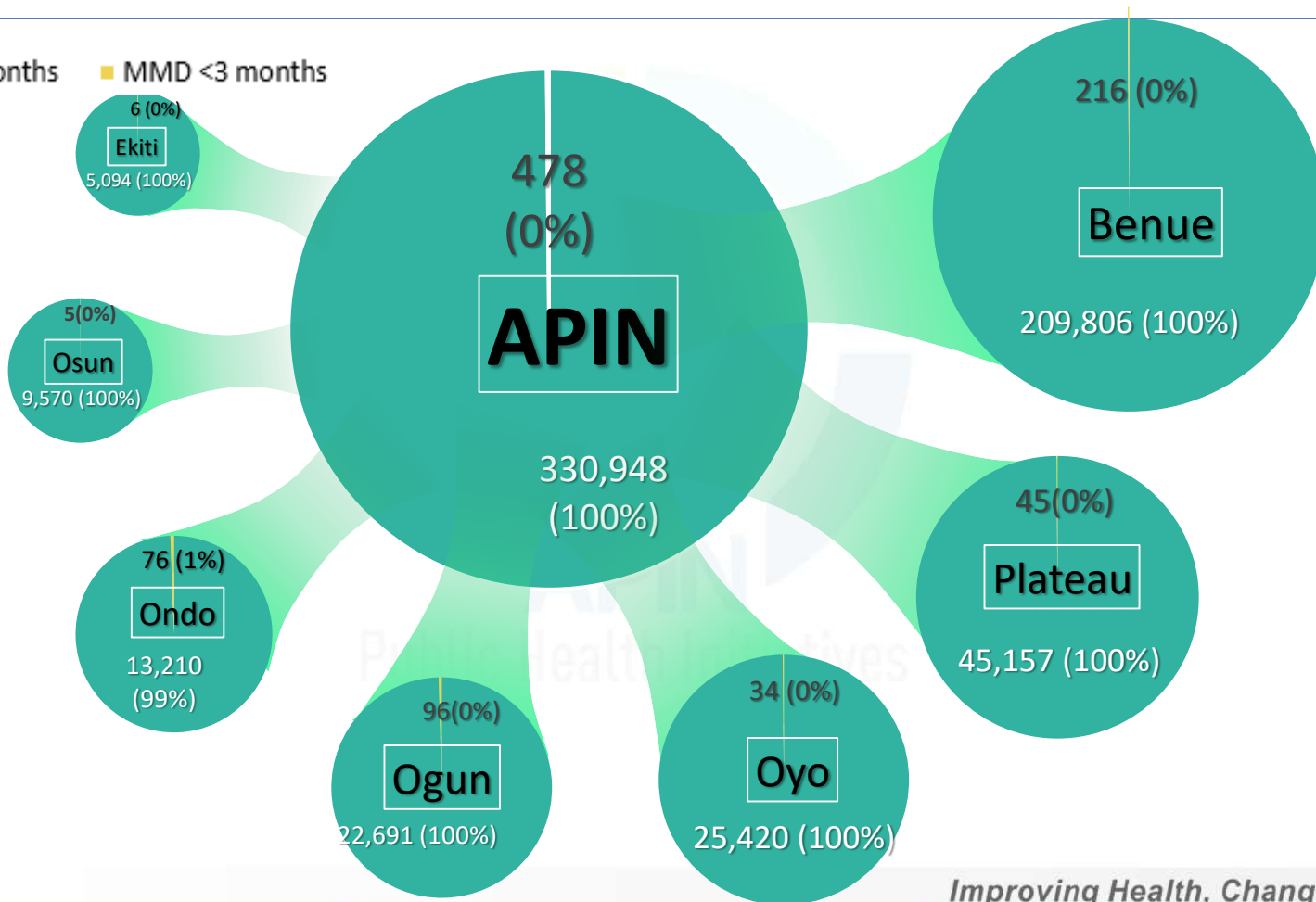
Hotspots

- Gboko (NKST Genyi, Yandev, Mkar, St. Veronica Catholic Church, environ)
- Makurdi (Wadata environ)
- Gwer East (St. Vincent Hospital environ)



MMD Implementation (APIN Experience)

■ MMD ≥3 months ■ MMD <3 months



Other DSD models- APIN Experience

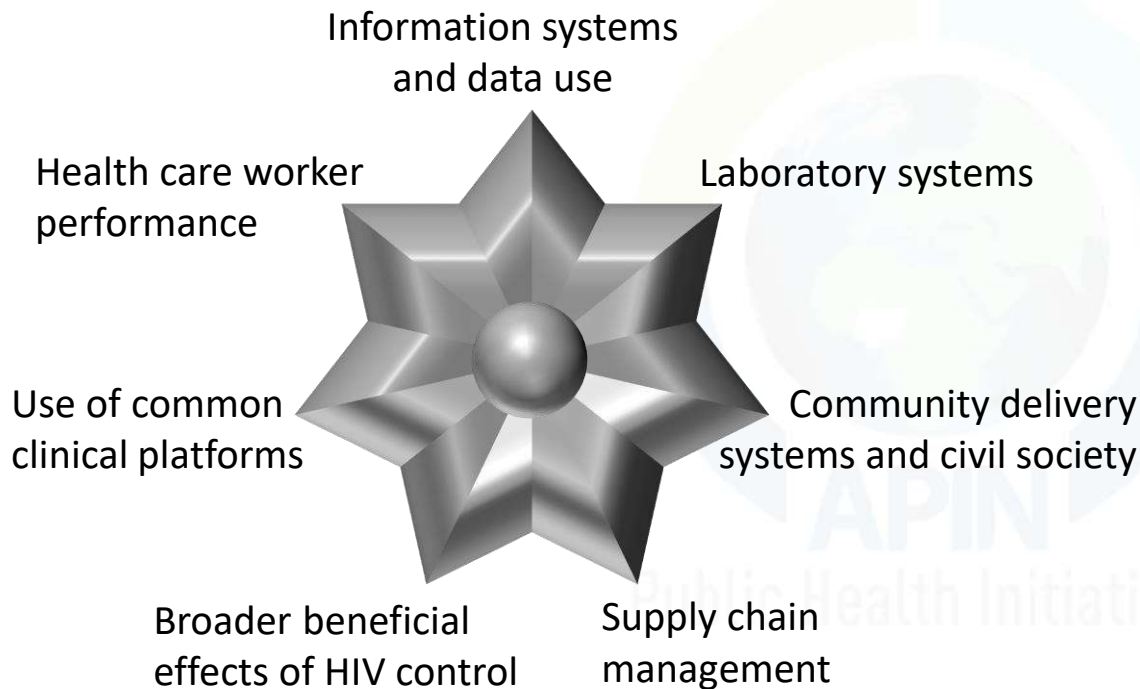
PATIENT DISTRIBUTION TO OTHER MODELS OF DSD APART FROM MMD (JULY 2021)

STATE	ART DECENTRALIZATION	COMM. PHARMACY ART	COMM. ART REFIL GROUP	COMM. DRUG DISTRIBUTION POINTS	HEALTH WORKERS LED	KP MOBILE ART TEAM	TOTAL ON COMMUNITY BASED DSD MODELS	% OF PATIENTS ON COMMUNITY DSD MODELS
Benue	2,118	1,143	967	448	14,824	1,750	21,250	10%
Ekiti	131	138	21	0	333	0	623	11.9%
Ogun	1,164	497	72	89	288	0	2,110	9.1%
Ondo	83	309	154	0	201	0	747	5.6%
Osun	801	165	0	0	0	0	966	9.9%
Oyo	833	620	49	0	62	0	1,564	6.0%
Plateau	410	534	52	0	576	0	1,572	3.4%
Total	5,540	3,406	1315	537	16,284	1,750	28,832	8.6%

Areas of potential divergence between HIV program and broader goals of UHC

Domain	HIV program microtargeting	Integrative strategies for UHC and SDGs
Program coverage	Geographically and risk focused coverage of specific interventions (Cervical cancer screening among HIV positive women)	Broad-based equal access to integrated prevention services for common illnesses and conditions
Consistency of programming	Dynamic and potentially frequent shifts in intervention and funding	Regular access to services for all populations and conditions
Level of stigma and discrimination	Stigma and discrimination around acknowledging and engaging key populations	Services are less targeted and less affected by stigma and discrimination
Degree of investment and influence	Strong donor imperative to reach targets and show success	Generally funded by domestic or out of pocket funding with less accountability
Definition and urgency of meeting goals	Time pressure to meet coverage targets to achieve well define goals for controlling HIV epidemic	The urgency around achieving of UHC remain less well defined and understood than disease specific programs

HIV Response: Areas of Convergence and Opportunity for UHC



Despite potential areas of divergence between HIV program and the overall goals of UHC, there are opportunities and areas of convergence

- ❖ HIV program occur within health systems and must align with National health goals.
- ❖ HIV epidemic control cannot come at the expense of broader health outcomes.
- ❖ In some countries, the desired reduction in morbidity and mortality cannot be achieved in the absence of HIV epidemic control

Areas of Convergence/UHC Opportunity

Broader beneficial effects of HIV control

Reduction in new HIV infections will result in less need for lifelong HIV treatment services, thereby reducing the burden on health systems and freeing up resources for other health priorities

Use of common clinical platforms

Stronger primary health care systems through national UHC financing strategies provide additional routes to deliver targeted HIV services to those patients with less intense clinical needs

Health care worker performance

Improvements in national systems would support pre service education and performance management

Information systems and data use

Responsive electronic information systems developed by HIV program can be leveraged for other diseases and provide vital statistics to support UHC

- The use of unique identifiers and ability to track individuals longitudinally are key for both HIV strategies and for UHC
- NDR/EMR in the HIV program
- Such systems can support other diseases of public health importance

Areas of Convergence/UHC Opportunity

Laboratory systems

Improvements in laboratory systems through microtargeting of high volume sites for HIV service delivery could benefit UHC delivery and support other diseases

- PCR platforms used for COVID 19

Community delivery systems & civil society

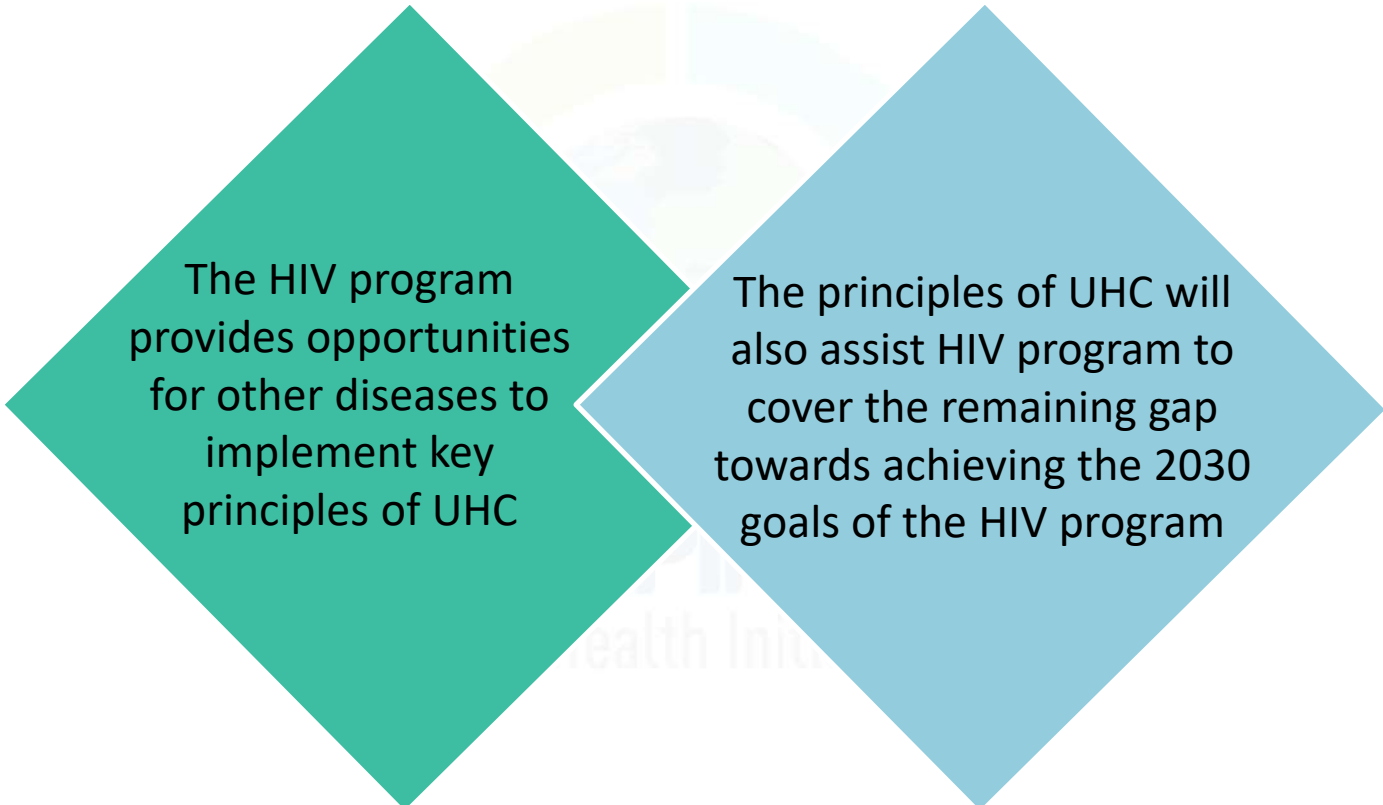
HIV program relies of well managed community systems to deliver focused interventions and UHC can leverage on it

Supply chain management

HIV program and UHC goals require strong and responsive supply chain that are accountable. HIV program has strengthened the National supply chain management systems

- Logistic system used for ATM diseases (HIV, TB and Malaria)

Conclusion



The HIV program provides opportunities for other diseases to implement key principles of UHC

The principles of UHC will also assist HIV program to cover the remaining gap towards achieving the 2030 goals of the HIV program

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- APIN Program data



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