



NAP+WA Statement on Universal Health Coverage

Introduction

As the Network of African People living with HIV West Africa (NAP+WA), we advocate for the rights of people living with HIV (PLHIV) and key populations, including men who have sex with men, female sex workers and people who use injectable drugs, in the West Africa region.

In consultations throughout the region, we find that Universal Health Coverage (UHC) for vulnerable groups in West Africa has not been realized. Limited choice and availability, high cost, low quality and lack of integration of health services puts our health and well-being at risk. In particular, stigma and discrimination remain major factors preventing access to healthcare for key populations. The regional context, characterized by humanitarian emergencies, terrorism and related violence and displacement, only adds to the numerous challenges our constituencies face in order to exercise their right to health.

Priority issues

In light of the above, we wish to underscore the following issues of prime concern:

- **Cost and quality:** Free or low-cost services are of low quality, while high quality (often private) services come at a prohibitive cost for already vulnerable populations.

In Mauritania, for example, people in need of healthcare are expected to pay for user fees, laboratory tests, prescription charges, medication, gloves, vaccinations, and in some cases 'unofficial' fees (i.e. bribes), as well as transport, child care, lodging and food costs when travelling to a health facility or hospital beyond the local area. The often significant amounts of time spent on travel and waiting times to attend services represent another cost that service users must bear.

- **Privacy and confidentiality:** Health workers are known to have exposed service users' HIV status within their communities.
- **Stigmatizing and unfriendly service delivery:** Many members of key populations choose to use services provided by NGOs or CSOs because the public health facilities are not welcoming to key populations.
- **Terrorism and political and social crises:** In the affected zones (Mali, Nigeria, Burkina Faso), PLHIV are unsafe, the distribution of ARVs is disrupted and inconsistent, PLHIV become poorer, and their health deteriorates due to difficult access to health services, food, and psychological support
- **Long wait for viral load results and unsuitable sampling times:** Few viral load machines are available; when they work, the reagents are lacking; when we have the reagents, the machines are broken in some countries; waiting times for viral load test results are long, and sample collection times are often unsuitable.
- **Paediatric treatment services perform poorly:** The dose of ARVs at birth is not often administered, the HIV testing rate and early diagnosis in children born to parents living with HIV is very low in half of the countries, and ARV coverage among 0 to 14 year olds is low.



- **Lack of service integration:** While there is some limited evidence of integration (e.g. HIV and TB services in The Gambia), most other health-related services are not integrated with HIV treatment and care. The need to attend HIV-specific services and facilities, rather than receiving integrated care, further heightens stigma and discrimination.

People living with HIV in West Africa want services such as malaria, hepatitis, opportunistic infections, sexually transmitted infections, child health, immunization, family planning/contraception, hypertension, diabetes, cancer, and general health checks to be integrated with their HIV-related care. According to a consultation participant in The Gambia, *“If we can have all these services integrated, we will spend less on transport in moving from one health service to another, our money and time will be saved and stigma issue will disappear.”*

Recommendations

For the benefit of the health and well-being of people living with HIV, key populations and the general population of countries throughout West Africa, we urge Governments and all stakeholders in the region to play a greater role in ensuring that services of good quality are accessible at little or no cost, while strengthening the capacity and skills of health facilities and health personnel and implementing insurance services.

In particular, we call for the following:

- **Integrate services** so as to reduce the stress, stigma, cost, and effort of vulnerable populations to move from one health facility to another for treatment and care
- **Strengthen the capacity and quality** of health facilities in terms of staff and materials
- **Increase the accessibility of diagnostic/analytical equipment** such as viral load machines
- **Improve the availability and control of medicines** in the public health facilities
- **Enable access to health services on 24-hour basis** by creating flexible working hours for public health workers
- **Establish and implement a Universal Health Coverage system** to ensure that we and our fellow citizens receive quality health services throughout our lives
- **Establish an HIV intervention system in emergency situations** to create a new integrated strategy adapted to the specific needs of PLHIV, in emergency contexts of political crisis, instability due to terrorism, and natural disasters
- **Strengthen performance indicators for paediatric treatment** to accelerate access for parents and children born to parents living with HIV and to reduce or eliminate new infections among 0 to 14 year olds and 15 to 17 year olds.

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