

UHC ISSUES FOR YOUNG PEOPLE WHO USE DRUGS AND OTHER YOUNG INADEQUATELY SERVED POPULATIONS

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Achieving Universal Health Coverage (UHC) is a goal we should all be striving for. Across the world, countless people are suffering unnecessary harm and death as a result of lack of access to affordable, necessary healthcare. While all of us suffer to varying degrees when healthcare is not universally available, it is the most marginalized in our societies who are impacted the most. As a young transgender woman who uses drugs my communities are among those most impacted by lack of access to healthcare. Young Inadequately Served Populations (ISPs), particularly in the Global South, are the communities who are going to continue to be left behind if we do not achieve UHC.

In the past year, the Covid-19 pandemic has made the need for UHC all the more clear. Over the course of the past year it has become clearer than ever that a lack of access to healthcare for a minority can have a major impact on the health and wellbeing of the majority, meaning to ensure the health and wellbeing of society as a whole, we must ensure that healthcare is universally available. As this report will outline, for young ISPs, even in countries with good access to healthcare overall, this is still not the case.

As we edge closer to 2030, and the deadline set for the targets of the Sustainable Development Goals (SDGs), without UHC it is clear these targets, in particular for SDG 3 of Good Health and Wellbeing, will be all but impossible to achieve. In particular, in relation to the ISPs we work with most closely at Youth RISE; Young People Who Use Drugs (YPWUD), the target of ending AIDS by 2030 is neigh-on impossible if we do not work to ensure UHC, including for HIV, drug-related, and other harm reduction services, is reached.

This report provides an overview of many of the key issues for YPWUD and other young ISPs. It also provides a series of recommendations and advocacy points which will help us move closer and closer to UHC for all.

Ailish Brennan,
Executive Director, Youth RISE.

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EXECUTIVE SUMMARY

Universal Health Coverage (UHC) has been described as a global health priority. Following the Millennium Development Goals, the United Nations member states adopted the 17 SDGs in 2015. These priorities include broad-reaching education, gender equity, poverty reduction, climate change, health, and a series of other important development issues. SDG 3 articulates the health objective as follows: "Ensure safe lives and encourage well-being for everyone at all ages." Achieving UHC is one of the several SDG 3 goals set in 2015, along with the goal of "Ending AIDS".

As many countries work towards achieving UHC, the gap to accessing affordable and quality healthcare continues to expand for inadequately served populations (ISPs), particularly young people who use drugs (YPWUD), sex workers, young people living with HIV (YPLHIV), and young LGBTI people. These marginalized groups face social inequality as well as problems linked to structural barriers.

The report captures the experiences of individuals who are members of ISPs, experts, and advocates working on UHC. It highlights how YPWUD, and other young ISPs are affected by intersecting issues such as unfavourable laws and policies, stigma, discrimination, high out-of-pocket expenses, and other issues related to UHC.

The COVID-19 pandemic has undoubtedly contributed significantly to health inequalities and the limited capacity of countries to implement UHC. This report discloses how YPWUD, and other young ISPs are disproportionately affected by the pandemic and how it poses a barrier to their access to health services. The situation is particularly worse for those in the Global South.

In view of these wide-ranging issues affecting YPWUD and other young ISPs, this report provides recommendations on key advocacy areas and frameworks for UHC to better serve these marginalized populations.



METHODOLOGY

THE STUDY IS BASED ON LITERATURE REVIEW, INTERVIEWS, AND ONLINE SURVEY DATA.

The online survey captured 12 responses of people across seven regions – Latin America, West Africa, East and Central Africa, North America, Asia, Australia, West Eastern Europe, and North America. Respondents were between the ages of 18 – 34 years, with 26 years as the average age. Global e-consultations were conducted with youth-led/youth-focused organizations, and networks who work with YPWUD and other ISPs. Interviews were held with key informants in international health organizations, individuals who are members of ISPs, technical experts, and advocates actively involved in UHC. Consultants conducted these interviews with key informants using a standardized questionnaire.

ABBREVIATIONS

UHC	Universal Health Coverage
YPWUD	Young People Who Use Drugs
ISPs	Inadequately Served Populations
PWUD	People Who Use Drugs
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
YPLHIV	Young People Living with HIV
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Virus
SRHR	Sexual and Reproductive Health and Rights
OSS	One-Stop-Shop
COVID-19	CoronaVirus

"Inadequately Served Populations (ISPs) are populations facing a high HIV risk, mortality and/or morbidity compared to the general population, and at the same time, facing systematic human rights violations and barriers to information and services. They include PLHIV, PWUD, Sex Workers, Gay and Bisexual Men and other Men who have Sex with Men (MSM), Transgender and Intersex People, and Prisoners. They may also include women and girls, youth, migrants, and people living in rural areas (Robert Carr Fund)."

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AN OVERVIEW OF UHC

The UN member states endorsed the 17 Sustainable Development Goals (SDGs) in 2015, after the unfinished business of the Millennium Development Goals. These goals are wide reaching to include education, gender equality, poverty reduction, climate change, health, and many other key development issues. The health goal is articulated in SDG 3: “Ensure healthy lives and promote well-being for all at all ages”. Achieving UHC is one of the numerous targets of SDG 3 set in 2015, alongside the target of ‘Ending AIDS’. The goal is to reach UHC by 2030 through a cycle of reforms, and nations characterizing their objectives, needs, and deciding their financing mechanism. All UN Member States have agreed to commit to achieving UHC by 2030, as part of the SDGs.



SPECIFICALLY:

(Sub) Goal 3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria, neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases.

(Sub) Goal 3.8. Achieve health coverage, including financial risk protection, access to quality essential health care services and access to safe and effective quality and affordable essential medicines and vaccines for all.

ACCORDING TO WHO

UHC means that 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.

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UHC is an opportunity to re-visualize availability, accessibility, acceptability, and quality of health service delivery in a manner that addresses the issues and privileges/rights of all, especially ISPs, including YPWUD, young men who have sex with men (MSM), young sex workers, young trans (and gender diverse) people, YPLHIV etc.

Healthcare coverage is a basic need of every human being, irrespective of individual status. This form of health service should be considered as a basic human right as acknowledged by the United Nations, in which every nation is expected to ensure that all citizens are covered by equal and accessible healthcare, regardless of age, gender, status, race, or income. It has been noted that industrialized and developed countries all over the world have been employing single-payer healthcare for years, which is ascribed to be better than private health insurance at achieving good and affordable healthcare. Even though it is seen as an effective healthcare system, the question is, why can't every nation employ the single-payer healthcare system? Also, why is it that less privileged groups in the society such as youths and ISPs are being deprived of the UHC package on issues that affect them the most, i.e HIV/AIDS, drug use, and communicable transmitted infections?

According to data from the World Health Organization (2020), at least half of the world's population still does not have full coverage of essential health services. About 100 million are still being pushed into extreme poverty (defined as living on \$1.90 USD or less a day) because they have to pay for health care. Over 930 million people (around 12% of the world's population) spend at least 10% of their household budgets to pay for health care.

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Every citizen deserves at least basic healthcare, irrespective of their origin, background, or financial status. Recently, a global coalition of over 500 leading health and development organizations, urged governments to create reforms that will see that everyone, everywhere, has access to quality healthcare without being forced into poverty. This is what has been the underlying principle of UHC.¹ Unfortunately, disadvantaged members of the society such as young people, and other ISPs; considering the prevailing health challenges these groups face, continue to experience marginalization and exclusion. The situation is worse and more pronounced in developing nations.²

The main advantage of UHC is that it gives people who cannot afford healthcare, access to the quality healthcare services they require, when they need it the most. Ideally, this system provides basic services for all citizens without discriminating against anyone.³

This is perhaps the greatest advantage of universal healthcare: every member of society that has this type of healthcare plan can access healthcare, no matter their social status. Since no single human life is more valuable than another, the poor can receive the same type of healthcare that usually would only be afforded to the rich. This type of healthcare does not discriminate against anyone, it puts all members of the society on an equal pedestal.

¹Jabbour, M., Hemadi, N., Abou Samra, C., El-Jardali, F. (2020). *Universal Health Coverage in Times of COVID-19 Pandemic: Actions for EMR Countries*, Knowledge to Policy (K2P) Center, Beirut, Lebanon, July 1, 2020

²Kieny, M. (2016). *Universal health coverage: Unique challenges, bold solutions*. DOI <https://www.who.int/mediacentre/commentaries/2016/universal-health-coverage-challenges-solutions/en/>

³WHO 2021 https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

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UHC emphasizes not only *what* services are covered, but also *how* these services are funded, managed, and delivered. A fundamental shift in service delivery is needed to ensure that services are integrated and focused on the needs of young people and vulnerable groups. This includes reorienting health service providers to ensure that care is provided in the most appropriate setting, with a right balance between in- and out-patient care, and strengthening the coordination of this care.⁴

While the adoption of the Political Declaration by countries on UHC shows unprecedented political commitment towards the achievement of health access for all, it remains a concern that Sexual and Reproductive Health and Rights (SRHR) of ISPs was not mentioned in the recent political declaration, yet countries are supposed to focus on ‘leaving no one behind’.

As UHC implementation continues at the country level, there is an urgent need to ensure that it builds upon principles and successes achieved by the HIV response and ensure that the focus is on the most in need, particularly young ISPs, and the poor.

⁴Amadeo, K., Berry-Johnson, J. (2020). *Universal Health Care in Different Countries, Pros, and Cons. The Balance*, Accessed 20th November 2020: DOI: <https://www.thebalance.com/universal-health-care-4156211>

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UHC ISSUES FOR YPWUD AND OTHER YOUNG ISPS:

There are many layers of challenges faced by YPWUD. In many countries, the benefits package of UHC systems prioritizes the health of children and adults, thereby “leaving behind” the critical population of young people. The situation is worse for YPWUD in health service provision care, as they already belong to a heavily marginalized group. YPWUD are faced with diverse issues ranging from stigma and discrimination to systemic exclusion and inequality, which puts them at risk and increases their vulnerability to HIV, drug overdose and other blood borne diseases.

Generally, young people go through a series of physical, emotional and social changes, and are faced with vulnerabilities that can impact their mental health, coupled with limited information on how to mitigate these challenges.⁵ YPWUD have limited experience compared to older people who use drugs, and are exposed to elevated risks due to their predisposition to experiment with high-risk behaviors such as injecting drug use, poly drug use, and early sexual debut, which invariably results in susceptibility to HIV/AIDS and other Sexually Transmitted Infections.⁶

“Poverty - no money to travel to health centers to access treatment. No food to help us take the drugs, domestic violence for small reasons, family misunderstandings among siblings, husband and wife affecting children”

- Survey respondent on problems associated with accessing affordable, equitable and quality healthcare/treatment services

⁵Ifeanyi Mgbachi. HIV/AIDS and the Nigerian Adolescent. *HealthThink Analytics*. DOI <https://healththink.org/hiv-aids-in-adolescents-and-young-people-in-nigeria/>

⁶Avert.org. YOUNG PEOPLE, HIV AND AIDS. *Global information and education on HIV and AIDS*. DOI <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/young-people>

HIV BURDEN AMONG ISPS: WHAT THE NUMBERS SAY...

While there is limited data that focus on YPWUD, recent available data shows the prevalence of HIV burden among ISPs. In 2019, 62% of all new HIV infections globally, was among ISPs and their partners.⁷ Similarly, in Asia and the Pacific region, ISPs and their partners account for an estimated 98% of new HIV infections, and more than one quarter of new HIV infections were among young people aged 15 to 24 years. The risk of acquiring HIV for people who inject drugs is 29 times higher than for people who do not inject drugs. In North Africa, and the Middle East, People who Inject Drugs accounted for 43% of new HIV infections in 2019.⁸

LEAVING NO ONE BEHIND...REALLY?

In a press statement on 12th December 2020, Winnie Byanyima, UNAIDS Executive Director said;

“It’s a disgrace that inequalities are still impacting the ability of people to access health care, health is a human right, but it is so often denied, especially to the most vulnerable, the marginalized and the criminalized.”⁹



Source: UNAIDS.org website

⁷ UNAIDS (2020, December 07). *New HIV infections among gay men and other men who have sex with men increasing.*
https://www.unaids.org/en/resources/presscentre/featurestories/2020/december/20201207_new-hiv-infections-increasing

⁸ UNAIDS (2020). *Global AIDS Update - SEIZING THE MOMENT - Tackling entrenched inequalities to end epidemics.* DOI
https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf

⁹ UNAIDS (2020, December 12). *UNAIDS calls for rights-based and people-centred universal health coverage.*
https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/december/20201212_universal-health-coverage



A core principle of the Universal Health Coverage agenda is “Leaving No one Behind” and one way to achieve this is by reaching the most vulnerable – “furthest behind” first. YPWUD fit into this group but unfortunately, their health needs are not prioritized in the implementation of the UHC agenda in many countries, and the integration of harm reduction services is missing in the essential health package. The 2020 Global State of Harm Reduction Report reveals a deterioration in the implementation of comprehensive harm reduction worldwide and even in countries where they are available, there are limitations with coverage, accessibility and quality. For example, YPWUD are excluded from accessing Opioid Agonist Therapy in Switzerland.¹⁰ The situation is worse for YPWUD in Sub-Saharan Africa where comprehensive harm reduction services, particularly Needle Syringe Programs, are not present.

CRIMINALIZATION, AGE OF CONSENT, STIGMA, AND DISCRIMINATION

Legal and structural barriers such as criminalization of drug use, stigma and discrimination continue to pose a huge challenge in YPWUD access to quality healthcare services. This is coupled with paucity of youth-friendly services. Besides the issue of service providers having a negative perception about drug use leading to stigmatizing attitudes towards YPWUD, in some cases, healthcare providers lack adequate knowledge and training to meet the unique and diverse needs of YPWUD. As cited by a key informant;

“Many of the healthcare providers are judgmental and they perceive healthcare as a moral issue. This makes young people reluctant to go to health facilities for HIV or Sexual Reproductive Health Services. Nobody wants to be judged”

¹⁰Harm Reduction International (2020). *The Global State of Harm Reduction 2020 7th Edition*. DOI

https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf

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Available evidence also shows the systematic exclusion of YPWUD from accessing healthcare services due to unfavorable eligibility criteria, such as the age of consent laws which determines the age at which a person can consent to and access health services. In some countries, YPWUD under the age of 18 cannot access harm reduction services, HIV testing services, and SRHR interventions without the consent of a parent or legal guardian. This is worrisome, particularly as YPWUD sometimes experience family rejection. Hence, they are discouraged from seeking the health and support services they require. Policies on age of consent seek to protect young people, but it poses a barrier and may result in poor health outcomes among this population, who may be discouraged from seeking HIV testing services or sexual reproductive health interventions due to fear of disclosure. The situation is particularly bad for adolescent girls and young women who use drugs, who are also subjected to gender-based stigma and discrimination. Research examining national age of consent laws for HIV testing in Sub-Saharan Africa shows a 74% increased likelihood of HIV testing among adolescents between 15 to 18 years in instances where the age of consent for testing is reduced to under 16 years compared to countries where it is 16 years or higher.¹¹

Another critical issue facing young ISPs is limited knowledge about UHC and its provisions. Hence, they are constrained in advocating for their rights and holding the government accountable or actively engaging at the UHC planning, implementation and evaluation process.

YPWUD are not the only group who face health inequalities. The mechanisms adopted by many countries to translate UHC principles into reality are limited and not inclusive of other ISPs as well. From an online survey conducted by Youth RISE among 12 members of ISPs, 33.3% of respondents stated that they access health care services via out-of-pocket expenses,

¹¹UNAIDS (2020, March 16). *Parental consent undermines the right to health of adolescents*. DOI https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200316_parental-consent

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and they have at some point been denied access to health care due to financial constraints.

In a Briefing Paper by the Global Network of Sex Work Projects (NSWP), it was echoed that opportunities to engage in UHC were, in fact, indirect (through other civil society organizations) or tokenistic i.e. used by larger organizations and governments to secure funding.¹² This was buttressed by a key informant who stated clearly that;

The lack of involvement of Inadequately Served Populations in the planning, implementation, and evaluation of UHC in countries is a major issue. ISPs are unable to hold governments accountable.

Other issues such as criminalization of sex work in many countries, and eligibility criteria to access UHC, such as provision of home address, makes it difficult for individuals to seek the healthcare services they require.

UHC ISSUES FOR YOUNG LGBTI PEOPLE

In many countries, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people experience criminalization and often face stigma and discrimination, unequal treatment, violence, and other human rights abuses. LGBTI people are still being criminalized in 72 countries and face discrimination in many more, thereby, hindering their access to health services and excluding them from UHC. The attitude of health service providers is another issue in accessing healthcare. A significant number of LGBTI people report negative experiences when seeking healthcare, ranging from disrespectful treatment from providers and staff, to providers' lack of awareness of specific health needs. In a survey of LGBTI people, more than half of all respondents reported that they have faced cases of providers denying care, using harsh language, or blaming the patient's sexual orientation or gender identity as the cause for an illness.¹³

¹²NSWP (2020): Universal Health Coverage: Putting the Last Mile First. DOI https://www.nswp.org/sites/nswp.org/files/uhc_bp_prf01.pdf

¹³Lambda Legal (2014): Equality Unite US 2014 Annual Report https://www.lambdalegal.org/sites/default/files/annual_report_2014_-_final_-_fob.pdf

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A 2018 report by a World Bank Group team on the economic and financial condition of LGBTI people in Thai society (focused on their opportunities and inclusion, or discrimination and exclusion), shows that about a quarter of respondents express that they experience harassment when seeking health services, and 24% said that they were asked to leave the health facilities because of their sexual identity.¹⁴

The harsh experiences of young ISPs drives them underground and many of them give up on seeking health care services due to fear and discrimination. This results in poor health seeking behaviors among them. Those that overcome their fear, sometimes have to conceal their sexual or gender identity from service providers, while some end up frustrated due to lack of tailored services to address their unique needs.

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There were no products and safe spaces for me to receive the services I needed. As a transgender woman I've been denied access to non-essential treatments such as laser hair removal, despite this technically being covered by my health insurance. While I wasn't prevented accessing psychotherapy, this process was made more difficult by the many processes I had to go through to prove I was unable to be assigned a suitable appointment by my health insurance provider. The system used by the health insurance provider is over booked and appointments are assigned regardless of my needs based on my gender.

- Survey respondent

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¹⁴ Ulrich et al (2018). World Bank Group: *Economic Inclusion of LGBTI Groups in Thailand*. DOI <http://documents1.worldbank.org/curated/en/269041521819512465/pdf/124554-WP-PUBLIC-LGBTI-Report2018-full-report-English-23March.pdf>

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Young ISPs are forced to incur out-of-pocket health care expenses which pushes many into poverty and leads to further deterioration of their health, as many of them already face challenges in securing or maintaining employment, education, housing etc.

Proponents of UHC argue that no human, irrespective of social status, should be allowed to go without adequate healthcare. They go further to state that the right to healthcare will help put a stop to medical bankruptcy, reduce overall healthcare spending, and improve public health. However, the question remains if this is the reality for ISPs.

“ To strengthen community engagement and to get the global UHC agenda back on track, rigorous efforts to promote and sustain youth leadership and community-level responses are required, both in HIV Treatment and care, prevention services, as well as in addressing the stigma and discrimination faced by young key populations, especially Young LGBTI people and YPWUD.

- The PACT

UHC ISSUES FOR YPLHIV

As far as HIV is concerned, crucial decisions will have to be taken in every country about the continuity and funding of services. As the 2018 Guttmacher-Lancet Report recommended, HIV, Sexual and Reproductive health and rights services must be made accessible by countries so that nobody, especially those marginalized, or criminalized, are excluded or left behind.¹⁵

¹⁵Lancet 2018; <https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>

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This is what Dr. Tedros Adhanom, Director General of WHO, said at the 71st World Health Assembly: "Without quality, equity, dignity and sexual reproduction health rights, there may be no universal health coverage." In UHC, if a specific segment of society is ignored, there is no equal or fair role. Unfortunately, the UHC 'Leave no one behind' theory has been jeopardized. YPLHIV still face challenges which includes but not limited to:

- High healthcare user fees
- Stigma, discrimination, and other structural barriers such as age of consent policy
- Non-prioritization of HIV services in Government health plans
- Limited availability and accessibility of comprehensive HIV services at the primary health care level

For many YPLHIV, the UHC principle of 'Leaving No One Behind' has been compromised. The issue of healthcare user fees poses a barrier to their access to HIV services. To augment the funding gap in HIV intervention, many countries have adopted user fees, which unfortunately impacts the uptake of HIV services and adherence to HIV treatment. Young people have limited access to economic opportunities, particularly in the Global South, and cannot afford to access these services. Therefore, they struggle to meet their health needs, due to Out-Of-Pocket expenses.

A study was conducted among 2,757 clients at the Nigerian Institute for Medical Research, to compare two user groups – pre user fee cohort and post-user fee cohort - to assess the impact of user fees on HIV care utilization and medication adherence in Nigeria. It showed a 66% decline in client enrollment and 75% decline in number of ART doses dispensed after user fees were introduced.¹⁶

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Stigma and fear of discrimination, particularly by health care providers are more barriers to access to services for YPLHIV. SRHR issues are viewed from the moral perspective, especially in Africa. The judgmental attitude of health care providers discourages many young people from accessing HIV treatment services.

Limiting the age of independent access to HIV and SRHR services is a major barrier to accessing services for YPLHIV. The age of consent is 18 years in many countries, which excludes a critical number of young people from accessing HIV testing services and ART. There are also reports of individuals missing their medical appointments due to fear of intimidation, humiliation, and accidental disclosure of their health status at health facilities. Also, lack of confidentiality is a major issue that causes care interruption for YPLHIV who would rather abstain from treatment than have their information compromised.

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“At 16, I was sexually active and needed access to HIV services. But I could not access that because I was less than 18. I needed my parents consent to access to these services and it was difficult for me. These are some of the issues faced by many young people living with HIV globally.”

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¹⁶Honkhai AA, Regan S, Idigbe I, Adeniyi O, Aliyu MH, et al. (2020) The impact of user fees on uptake of HIV services and adherence to HIV treatment: Findings from a large HIV program in Nigeria. PLOS ONE 15(10): e0238720. <https://doi.org/10.1371/journal.pone.0238720>

Many country laws, including health related policies and guidelines, particularly in the African region, often reflect overarching morality and societal values, which includes the failure to recognize sexual reproductive health as a right. In addition, government health plans have clear priorities for and recognition of children and adults, but not for adolescents resulting in poor planning for adolescents and young people especially YPLHIV. The restrictive legal and policy environment coupled with the sociocultural norms and practices reduces the chances of achieving the 90-90-90 agenda.

CORE PRINCIPLES FOR UHC ENGAGEMENT WITH YPWUD AND OTHER YOUNG ISPS

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The key principle for engagement, I believe definitely should be health for all, treat people as human regardless what community they belong to. If we simply deal with a person who needs the health service as a human being, then the problem is solved. That's the key principle, all humans are equal. All of them. They have the right to access healthcare services without facing economic burden on their shoulders.

– Julian Kerbogossian (Adolescent HIV
Treatment Coalition)

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To inform further advocacy on UHC for young ISPs, there are 3 principles that should be at the core of engagement:

- Community-based health response must be strengthened.
- Promote right-based, and people-centered approaches to health.
- ISPs should be at the center of UHC

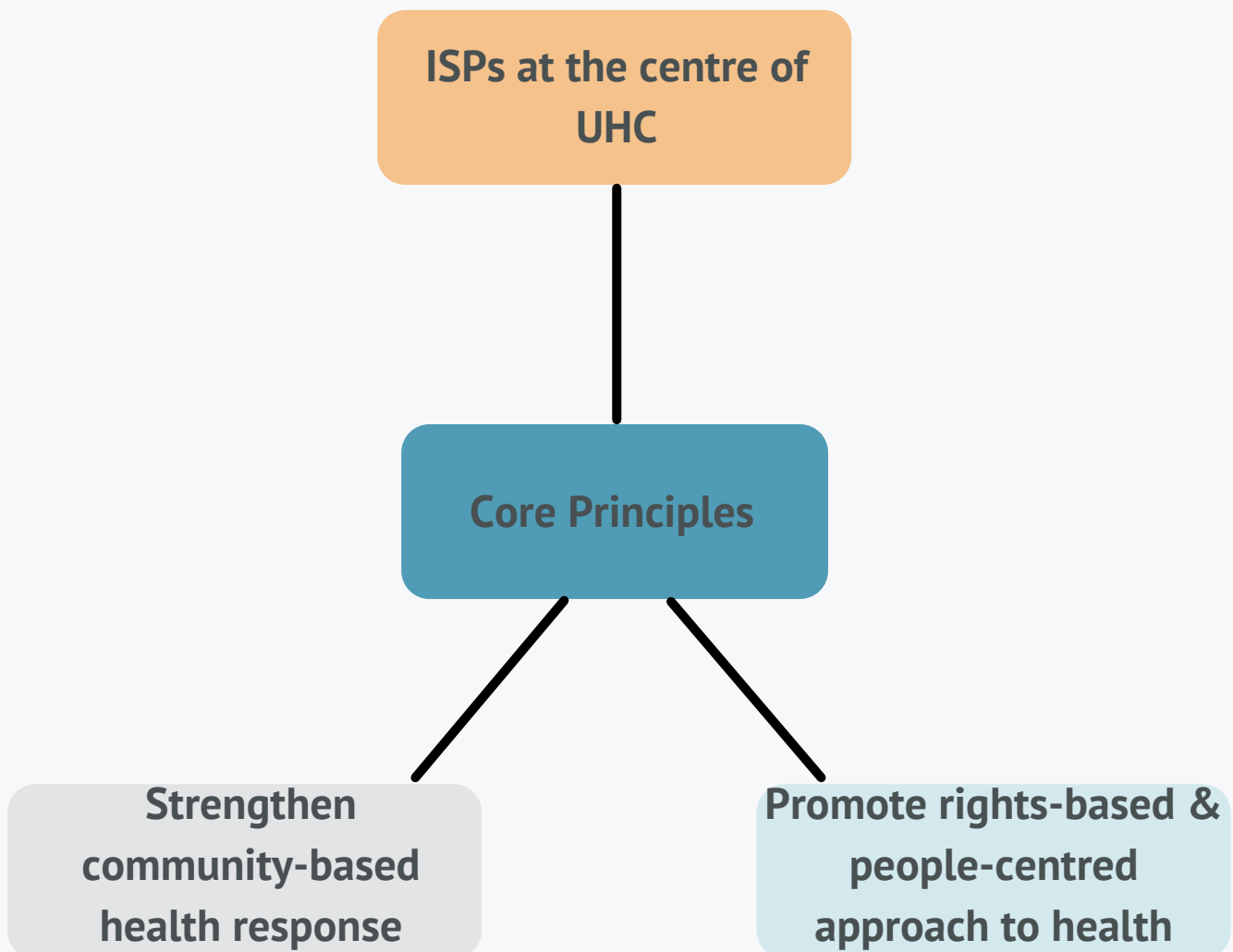
For UHC to effectively address health inequalities and ultimately work for ISPs, there is a need to recognize and leverage on the role of effective community-based response in health and how this supports access to quality health services. Community-based health response supports effective service delivery and brings healthcare close to the people who need it. The One-Stop-Shop (OSS) model in many countries has proved successful in reaching ISPs with HIV prevention and Testing services, mental health support, case management, retention in care, and effective referral. It will be a crucial win to have community-based health responses incorporated into the UHC.

Another principle for UHC engagement with YPWUD and other young ISPs is the need to prioritize right-based and people-centered approaches to health. The "health for all" mandate of UHC must translate into addressing all forms of inequalities, and elimination of discriminatory practices in health care provision. A right-based and people-centered approach in practice means that every individual is treated with dignity, services are tailored to meet specific needs, and health provision is guided by human rights standards.¹⁷

¹⁷World Health Organization (WHO). A HUMAN RIGHTS-BASED APPROACH TO HEALTH. DOI https://www.who.int/hhr/news/hrba_to_health2.pdf

UHC’s goal of “putting the last mile first” must move from rhetoric to actions that prioritize the health, and active involvement of Inadequately Served Populations in the UHC agenda. Mechanisms should focus on preventing harm to vulnerable communities and draw on the lessons learned from the HIV/AIDS response in reducing barriers to accessing health services. It is equally important for ISPs to be actively involved in the conversation and decisions about what should be the essential health package, considering that there are other health priorities. Hence, their involvement, and integral engagement in every step of the process.

IMAGE 1: KEY PRINCIPLES FOR UHC ENGAGEMENT WITH YPWUD AND OTHER ISPS



COVID-19 PANDEMIC: UHC ISSUES FOR YOUNG ISPS

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Since the pandemic, I have had to change endocrinologist clinics as my original endocrinologist stopped seeing transgender patients. I have also voluntarily foregone elective procedures to prevent spreading the virus to high-risk patients in clinics. The outbreak of COVID-19 has restricted access to healthcare as people do not want to visit the hospital in order to reduce their risk of contracting the disease

- Survey Respondent

”

COVID-19 has exposed major gaps in health systems and tested the degree to which countries still lag in achieving Universal Health Coverage commitments. As the general population grapples with its effect, ISPs continue to be impacted disproportionately by the pandemic. Limitations in accessing healthcare, financial burden due to dwindled sources of livelihood, and increased high risk behaviours, are some of the leading challenges caused by COVID-19.

The pandemic, no doubt, has affected the economy of many countries. Governments, particularly in low-middle income countries are faced with competing priorities and have less financial capacity to implement UHC. The strain on healthcare systems means that young ISPs have limited access to required healthcare services such as HIV Testing Services, ARV, Sexual and Reproductive Health services, including psychosocial support. The case is particularly worse for young ISPs in the Global South.

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Due to restrictions and lack of resources, many individuals, particularly YPLHIV have dropped out of treatment.

“
Some of my friends on treatment have stopped taking their drugs (ARV) due to feeding difficulty during this lockdown. I struggle to adhere to the regimen, but my friends have defaulted and unable to continue treatment
”

- Explained a young girl living with HIV in Nigeria.

The PACT, a global coalition of over 80 youth-led and youth-serving organizations, and networks working to advance sexual and reproductive health and rights and reach the end of AIDS by 2030 mentioned that the different levels of COVID-19 control measures in many countries have limited the mobility of young people in their diversities especially YPWUD and YPLHIV to access medication, harm reduction, mental health services, and other forms of counselling, and support needed.

Financial hardship is another issue that bites hard among young ISPs during the pandemic. Some have reported loss of jobs and many are unable to work due to COVID-19 restrictions. Those that are qualified to get jobs during this period are sometimes denied the opportunity due to the bias against ISPs, especially people who use drugs. This means that many cannot afford to feed properly or attend to their basic personal needs.

There is a noticeable rise in high-risk behaviors among young ISPs during the pandemic. Factors such as boredom, and idleness have led to increased drug use among YPWUD. Some also engage in needle sharing practices, as they cannot access sterile needles and syringes due to lockdown and movement restrictions.

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The anxiety caused by the pandemic has also affected the mental health of many young ISPs, who turn to drugs as a coping mechanism. There are reports of individuals initiating drug use as an escape from the stress caused by the pandemic.

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What I have seen at the local level in my country is that the lockdown affected the consumption of drugs because when young people are locked down at home, they're doing nothing. So basically, what is happening is that they are organizing private parties at homes that lead to an increase in drug use. And also, we have seen that some other young people, especially young LGBTQI people who were not initially drug users have started using because during the lockdown they found no other thing to do.”

- Key Informant

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In a report by WHO, 73 countries have cautioned that the COVID-19 pandemic could contribute to the stockpile of antiretroviral (ARV) medications, 24 countries indicated that the availability of these life-saving drugs is either critically poor or disruptive.¹⁸ Failure by providers to offer on-time ARVs and shut down of land and air services, combined with inadequate access to health services in-country due to the pandemic could lead to an increase in mortality amongst people living with HIV.

We cannot talk about UHC until we concentrate on the provision of quality healthcare services without prejudice, accessibility, and affordability. This, however, is not very much available or even accessible in lock down conditions. YPLHIV are unable to meet their need for healthcare.

¹⁸ WHO 2020; <https://www.who.int/news/item/06-07-2020-who-access-to-hiv-medicines-severely-impacted-by-covid-19-as-aids-response-stalls>

Our key informant from Y+Global, a global network of YPLHIV whose mission is to achieve the best quality of life for all YPLHIV expressed the concern that;

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Many health centers concentrate on COVID-19, which leads to the suffering or death of young people living with HIV who do not have access to critical health care.

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BRIDGING THE GAP IN ACHIEVING UHC FOR YPWUD & OTHER YOUNG ISPS

OPPORTUNITIES & RISKS OF INTEGRATION OF GLOBAL HIV RESPONSE INTO UHC

The health focus of the international community is moving from pursuing disease-specific priorities to striving for universal health coverage. It may be imperative to incorporate the global HIV/AIDS response into universal health coverage in order to preserve its long-term milestones and extend these achievements beyond treating a single disease. This incorporation, however, comes at a time when the world's economic support for the global response to HIV/AIDS is diminishing, while political support for UHC is not being translated into financial support.

In general, the major risks of integrating global HIV response into UHC as identified in this report are as follows:

- Exclusion of young ISPs and other marginalized groups if UHC targets focus on obtaining coverage of 80% of the population, without consideration of who is left out, and if socio-cultural and legal barriers for these populations prevail.
- Exclusion of young ISPs who cannot obtain access to health insurance, if this is the chosen mechanism for financing UHC.
- The UHC strategy of some countries could be an obstacle to the affordability or accessibility of services for young ISPs, especially where there are restrictive legal environments and where behaviours of ISPs are criminalized.

Here are some opportunities identified in the integration of global HIV response into Universal Health Coverage for ISPs:

- The SDG3 health goal with multiple health-related targets offers an opportunity for the HIV sector to develop and increase cross-sector engagement and advocacy.
- It provides an opportunity to increase domestic funding (critical as international funding for HIV is diminishing) and it expands the possibility that governments will take greater responsibility for their country's HIV/AIDS response.
- As a new health architecture will be built around the UHC agenda, current HIV frameworks and plans are likely to be expanded and new health frameworks developed. It offers an opportunity for better health services, mainstreaming HIV, comprehensive health care for Inadequately Served populations.

Integration provides possibilities to pass effective components of HIV/AIDS response to UHC, particularly the integration of civil society resources and their participation in decision-making and advocacy. This dedication will lead to creative models for the delivery of healthcare, promote human rights, and extend the access of every person to health services, regardless of their health requirements.

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In some countries, it will work out because they have laws that protect the rights of young key populations, and in other countries specifically in Africa, the Middle East, North Africa, Asia Pacific, Latin America, where we are still wondering how universal health coverage will work, when they still criminalize communities of drug users, sex workers and all. This will pose a great challenge

- Key Informant speaking on implementation of UHC at country level.

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CONCLUSION AND RECOMMENDATIONS:

Countries must continue to expand the scope of their UHC, with ISPs prioritized in terms of access to quality services, and their meaningful involvement in the process.

- It is imperative for civil societies to engage with new partners and stakeholders, within and beyond health, to recognize, and address the social determinants of health such as poverty, housing, employment, social justice etc.
- There is a need advocate for Governments to strengthen and increase investment in community education, and information sharing on Universal Health Coverage.
- Advocacy to the media and with members of parliament to clearly highlight cost-benefit analyses of covering comprehensive harm reduction services within the benefits package of UHC.

IMAGE 2: KEY RECOMMENDATIONS ON ADDRESSING UHC ISSUES OF YPWUDS AND OTHER YOUNG ISPS.

