

Seventy-first World Health Assembly / Soixante et onzième Assemblée mondiale de la Santé

Palais des Nations May 2018 / Mai 2018

# Side event application / Formulaire de demande de réunion parallèle

#### Contact

Name/Nom: Giulio Marini	Date of application: 06/05/2018
Delegation(s)/Délégation(s): Italy	
Telephone, Email/Téléphone, courriel: 079 3426513	

# Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers\* / Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l'ordre du jour et les orateurs\* :

#### Country and institutions co-sponsoring the event

Germany, Principality of Monaco, Kenya, Malawi, Republic of Guinea, and Global Fund

#### Title of the event

Health for all: the case for HIV, TB and Malaria as trail-blazers towards universal health coverage

### **Background**

The theme of the 70<sup>th</sup> World health Assembly will be "Health for all: commit to universal health coverage." In the 2030 WHO agenda for sustainable development, he goal of the 3.3 aim is to achieve the end of AIDS, TB and malaria pandemics.

This goal cannot be achieved if not accompanied by wider availability of health coverage and significant strengthening of Health System. At the same time, the experience generated by the HIV, TB and Malaria response over the last decade has been a trail blazer in promoting Universal Health Coverage as expressed in the Discussion Paper: "HIV, Universal Health coverage and the post-2015 development Agenda" (<a href="http://www.who.int/hiv/pub/toolkits/universal-coverage2014/en/">http://www.who.int/hiv/pub/toolkits/universal-coverage2014/en/</a>)
As described in the document, the response to HIV has promoted innovation in the way health services are delivered and funded, especially in areas that are particularly relevant for the achievement of universal health coverage (UHC). The response (1) defined comprehensive intervention and service delivery packages which merited funding through the public system; (2) strengthened quality assurance and quality improvement systems; (3) championed health access strategies, which reduced the price of health commodities and improved the efficiency of service delivery; (4) addressed health inequities, particularly by engaging civil society and key populations.

In recent years, the test and treat approach to HIV/AIDS in high prevalence countries has massively increased the access of a high number of patients and posed the issue of equity and quality of care to national health systems with many vulnerabilities. A patient- centered approach will likely facilitate management of these challenges through the use of different tools or interventions within a public health program.

There are many examples through which strategies and tools developed in the fight against AIDS, TB and Malaria can reach beyond these diseases and be implemented in other sectors, thus contributing to the strengthening of health systems. This has been seen in the model of care developed by the most effective programs conducted by state and non-state players.

### Objective

The objective of the proposed event is two-fold:

- To identify the best strategies and interventions that foster UHC and equity starting with the experience of existing HIV/AIDS, TB and Malaria programs.
- To analyse best practices developed in the fight against HIV/AIDS in resource limited settings and replicate them for
  use in other conditions, thus contributing to the creation of improved health systems.

# **Expected results**

We identified key aspects of patient-centered approaches to be discussed in the event so that we can develop clear indicators for improvement of national programs. These include

- Integration of screening and diagnostic services as done in HIV, TB, malaria, and cervical cancer to one single location (one stop centre) to facilitate patient access to such services.
- Define the role and challenges of data collection within health programs, in order to strengthen quality assurance
  and quality improvement systems, but also to use data as a management tool for health personnel in their daily work.
- Review the role of communities. The establishment of a link between a clinical centre and surrounding
  communities is the best way to assist patients in an holistic way, also addressing psycho-social issues, and
  supporting the most vulnerable patients and key populations. This is possible through the use of expert clients and
  the involvement of local authorities, both formal and informal, within program planning and monitoring
- A customized service: all health personnel should be trained to spend more time listening to patients and defining treatment protocols, which should be tailored to their specific needs. When medical doctors are scarce and overwhelmed, other personnel can interact with patients including counselors, social workers and expert clients.
- Discuss the role of non-medical staff in clinical centres, as coordinators of services. They do not necessarily need a medical background, but can have a crucial role in assuring the integration of services while providing a holistic approach to the patient care process.
- Education to health. The patient is not only a passive user of services, but someone who has to be properly informed and made aware of the treatment proposed. Health education programs, in the clinical setting and within the communities are essential for fostering treatment adherence and disseminating healthy behaviours.
- Health personnel need ongoing training, not only in the clinical aspect of their work, but also in psycho-social
  aspect, in order to establish better relationships with patients and guide them properly through the process of care.

These key points will be addressed in the presentations to be delivered. These will review the experience of international programs, civil society representatives, and the public sector, in order to share best practices and provide practical guidance for development of better health systems.

#### List of speakers

- 1. Minister of Health of Malawi: Dr. Atupele Muluzi
- 2. Minister of Health Republic of Guinee: Dr. Abdou diallo
- 3. Dr Gottfried Hirnschall. Director HIV/AIDS Department and Global Hepatitis Programme. World Health Organization
- 4. Professor Leonardo Palombi, Italian delegation, full professor of Hygiene University of Tor Vergata, scientific director of DREAM progra,
- 5. Christoph Benn. Global Fund. Director External Relations
- 6. Michel Sidibè. UNAIDS Director
- 7. Representative of the Italian Government

# Event details / details de la réunion

Other language/autre langue:

Expected number of participants/Nombre de participants attendus : 100
Exact title of the meeting/Titre exact de la réunion: Health for all: the case for HIV, TB and Malaria as trail-blazers towards universal health coverage
Interpretation/Interprétation Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2561 CHF; 3 languages: 5123 CHF; 6 languages: 11953 CHF.
L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2561 CHF; 3 langues : 5123 CHF; 6 langues : 11953 CHF.
Are interpretation services requested? / L'interprétation est-elle requise ? Yes/Oui ☐ No/Non ☒
(If yes, which languages)/(Si oui, en quelle langue)

English/Anglais 🔲 French/Français 🔲 Russian/Russe 🔲 Spanish/Espagnol 🔲 Chinese/Chinois 🔲 Arabic/Arabe 🔲

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http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument

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# \*Badges/ Badges d'accès

WHA side events are for participants of the WHA and, as such, panellists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to / Merci de remplir le formulaire et de l'envoyer à hqqoverningbodies@who.int