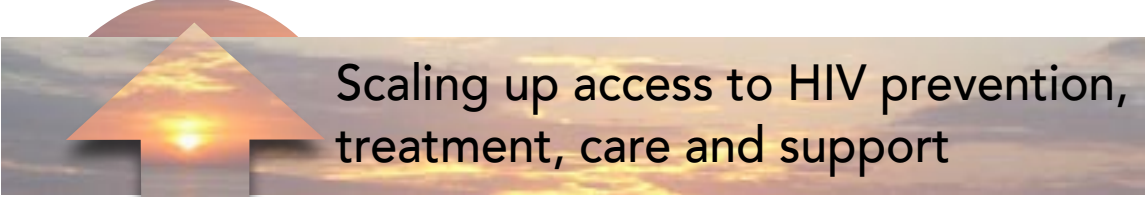


# The road towards universal access



Scaling up access to HIV prevention, treatment, care and support

23 JAN  
2006

Broad participation and country focus is what makes this effort special: it begins and ends with countries and communities delivering comprehensive AIDS services.

## SCALING UP FOR PEOPLE

*First meeting of the Global Steering Committee on scaling up towards universal access, 9-10 January 2006*

The human rights of people living with HIV, the availability of affordable HIV-related commodities, improved human resources and systems to deliver services, and financing that can be counted on: these were the key issues discussed by the Global Steering Committee on scaling up towards universal access during its first meeting in Washington, DC. Co-chaired by UNAIDS and DFID, the Global Steering Committee made preliminary proposals for actions to overcome these obstacles, and also suggested principles for countries to set their own targets to scale up HIV prevention, treatment, care and support between 2006 and 2010.

The millions being infected by HIV and dying of AIDS must be the focus of this process—"if the numbers make you frown, the people behind the



numbers make you cry," said one Steering Committee member. Accordingly, the meeting was summed up as being about "action, accountability and honesty". The Co-Chairs spoke of the political momentum building up behind the process of scaling up a comprehensive response and achieving as close as possible to universal access to treatment by 2010, including the 23 December UN General Assembly resolution and the recent World Summit and G8 commitments. Countries own the process—this was a central message of the Co-Chairs. The main challenges for the Global Steering Committee were defined as: How will the process link up to existing efforts to scale up? How will it focus on practical solutions that make a real difference at country level? How will countries and the international system be held accountable for results? How will it link country-level realities to the global policy debate? How will we ensure it is not just "business as usual"?

## Meeting mechanics

The meeting started on the evening of 9 January with a plenary session where each Steering Committee member expressed high expectations for the process and recalled the human dimension of the epidemic and the

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urgent need to scale up. The second day was devoted to working group meetings to discuss the key obstacles to scaling up towards universal access and come up with concrete proposals to help countries and regions.

*Finding practical field level-action, ending the false division between prevention and treatment...*

## Who was there?

The membership of the Global Steering Committee hails from across the AIDS community and beyond, including people living with HIV. It includes ministers and other senior representatives from low-, middle- and high-income country governments, civil society, faith-based organizations, multilateral funding organizations, UNAIDS Cosponsors (WHO, UNICEF, UNFPA and the World Bank), the pharmaceutical industry (both an innovator and a generic producer) and other private sector partners.

## Milestones

A key event in the process for scaling up towards universal access is the UN General Assembly meeting to review progress on the Declaration of Commitment on HIV/AIDS, to be held from 31 May to 1 June 2006, and the subsequent High-Level Meeting on 2 June 2006. UNAIDS has been requested to prepare an assessment of the country, regional and global consultations on universal access including an analysis of common obstacles to scaling up and recommendations for addressing such obstacles.

At the opening session, the Steering Committee members spoke with passion—of practical field-level action, of ending the false division between prevention and treatment, and of holding governments and the international community at large accountable for their actions in scaling up comprehensive AIDS programmes. People living with HIV are essential to the AIDS response—without them the process does not

have the same reality and urgency, and lacks the expertise of those most affected. Action on the ground, not paper promises, was what people living with HIV and communities expected. As one participant made clear, “This must be like the therapeutic process between doctor and patient, a commitment to a process, with accountability built in”.

The Steering Committee divided into five working groups charged with examining the main obstacles to scaling up. It noted that monitoring progress beyond June 2006 might mean setting targets. This crucial matter of accountability was discussed by the targets and milestones working group. Most members who spoke on the subject expressed the view that no new globally set targets were needed. However, the group emphasized the importance of countries setting their own targets for 2010, including intermediate process targets for 2008, and finalizing these targets by the end of 2006. Targets would build on national strategic plans, and their elaboration and monitoring would integrate civil society, including networks of people living with HIV, at all levels. UNAIDS would support countries by suggesting a few existing indicators on prevention, treatment, care and support, which would serve as a basis for country reporting. Countries would also be encouraged to integrate additional locally specific indicators.



## Discussions in the working groups

### 1. Sustainable financing

*Countries need planning and costing frameworks that fit their national circumstances and enable countries to build a comprehensive programme of prevention, treatment, care and support.*

Mechanisms for long-term funding and reserve mechanisms to ensure better continuity of services would make a difference to the sustainability and predictability of financing the scale-up effort: these ideas were central to the discussions within the finance working group. There would be little value in another global-level resource needs estimate, group members argued. What was important was that countries' own estimates were robust. Countries need planning and costing frameworks that fit their national circumstances and enable them to build a comprehensive programme of prevention, treatment, care and support. Ensuring the most efficient and effective use of current resources may require a re-examination of resource allocation criteria used by major funding initiatives. Donors, it was also suggested, should ensure current funding pledges result in more cash for the design, delivery and monitoring of HIV services in countries. Working group members from low- and middle-income countries also stressed that many donor countries were a long way off reaching their commitment of 0.7% of GDP for aid—and that shortfall impacted directly on the financing of AIDS services. There followed strong discussions on whether new resources would be available and provided in a way that countries could receive maximum benefit, and how to ensure that macroeconomic constraints do not limit the expansion of life-saving treatments and programmes. The importance of the African leaders' Abuja target of allocating at least 15%

of annual budgets to the improvement of the health sector, including the response to AIDS, was noted.

### 2. Human resource capacity and health/social services system constraints

*Donor-specific scale-up targets create parallel systems*

There is an urgent need to ensure that robust systems are in place to deliver comprehensive AIDS programmes, explained the working group on human resources and systems. The group suggested that national planning and priority-setting is often undermined by earmarking, poor cooperation between sectors, and donor-specific efforts that created parallel systems. One issue needing attention is to bring together AIDS and health sector constituencies. The High Level Forum on Health has been looking at how to reverse the crisis in human resources faced by many AIDS-affected countries, especially in Africa. This group considered whether current approaches were sufficiently mobilized to deal with AIDS, including whether alternative options—such as community workers and networks of people with HIV—had been sufficiently explored in order to broaden the resource base. Service delivery models needed to be revised. The group found that many recommendations to deal with endemic obstacles had already been made but were gathering dust in ministries and agencies for lack of political will. Implementing relevant existing recommendations had to become country priorities, the group suggested.

### 3. Development and distribution of affordable commodities and low-cost technologies

*Countries and private sector could work together to determine what creates demand and improve manufacture, supply and procurement.*

Lack of political will was also cited by the commodities working group as a reason why people could not access affordable male and female condoms, testing kits, medicines, sterile injecting equipment and other essential commodities. Favouring criminal approaches over public health approaches to drug addiction or sex work, and the inability of growing numbers of countries to use the public health flexibilities of TRIPS constituted serious obstacles. Key economic and systems barriers also stood in the way of people obtaining access commodities: pricing of commodities including condoms in some countries and medicines including antiretrovirals; the private sector did not know the demand market well enough; supply chains were inefficient; regulatory barriers that are too slow in many cases; and research and development for preventive technology lagged behind that for treatment. The group suggested that countries and the private sector could be encouraged to better forecast demand and improve planning for manufacture, supply and procurement.

### 4. Human rights, stigma, discrimination and gender equity

*Stigma and discrimination pose some of the most serious barriers to access to prevention, treatment, care and support.*

Stigma and discrimination pose some of the most serious barriers to access to prevention, treatment, care and support for people most at risk to HIV infection and people living with HIV. The working group on stigma, discrimination and gender

equity concentrated on finding ways to support the human rights of people at risk and living with HIV. The group proposed to explore the possibility of a Special UN Rapporteur on AIDS and Human Rights in order to monitor major abuses and raise awareness on stigma. At country level, the group wanted to stimulate repeal and reform of legislation hampering the AIDS response, as well as adequate financial and technical resources for groups of people living with HIV and civil society as a whole to mobilize even more strongly. Before the next Global Steering Committee meeting, the group would prepare for consideration a simple human rights checklist for countries to use when reforming legislation or policy.

### What's next?

The next meeting of the Global Steering Committee will be held in Geneva on 21-22 February 2006. The work of the Global Steering Committee will continue between meetings, in particular in facilitating and assisting countries and regions during their universal access consultations.

### Supporting the process

UNAIDS is committed to ensuring a highly transparent and inclusive process. A website is being developed and a Universal Access e-Forum is under construction.

The following documents are available for electronic distribution.

- ➔ Universal Access Concept Paper
- ➔ Universal Access Issues Paper
- ➔ List of participants to the Global Steering Committee 1<sup>st</sup> meeting in Washington DC
- ➔ Finding practical solutions to scaling up access to HIV prevention, treatment and care (10 January 2006 Press Release)
- ➔ United Nations General Assembly Resolution (23 December 2005) Preparations for and organization of the 2006 follow up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS.