Background

SCALING UP TOWARDS UNIVERSAL ACCESS

Reaching the Millennium Development Goal on HIV/AIDS – to halt and reverse the spread of the epidemic by 2015 – requires far greater access to HIV prevention services and AIDS treatment, care and support than has been possible until to now. Ultimately, it calls for universal access to a comprehensive range of services.

At the September 2005 World Summit, the UN General Assembly called for the development and implementation of a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it. This built upon a similar commitment made in July 2005 by the leaders of the G8 group of industrialized nations, who called on the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization and other international bodies to support countries and play a key role in efforts to achieve universal access.

Based on the above, UNAIDS is facilitating a multi-partner effort driven by the countries themselves, to scale up towards universal access. The process aims to identify solutions to the key obstacles that inhibit universal access to prevention, treatment, care and support services, and to develop nationally agreed, targeted plans or 'roadmaps' for increasing access over the next five years (2006-2010).

The universal access process was not launched in a vacuum. It joins and builds on a continuum of efforts to better help countries as they scale up their AIDS responses in a sustainable manner. The critical elements of this process are:

- It occurs within and builds upon existing processes at all levels.
- Countries drive the process, supported by international and bilateral institutions and donors, in line with the "Three Ones" principles and the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors.
- It covers the scale up of a comprehensive and integrated AIDS response, including prevention, treatment, care and support.
- It focuses on finding practical solutions to the main obstacles to scaling up.
- The participation of a wide range of stakeholders—especially civil society and people living with HIV—is critical to its elaboration and success.
- It encourages countries to set midpoint targets for themselves on the road to achieving the Millennium Development Goal on HIV/AIDS

National AIDS coordination authorities and ministries of health in low- and middle-income countries are holding consultations with country-level stakeholders in early 2006 to develop their roadmaps. These country roadmaps will be presented at regional consultations for discussion and compilation into regional reports.

A multi-partner Global Steering Committee will consolidate country and regional inputs, analyze common obstacles to scaling up, and make recommendations for addressing such obstacles. A progress report from the Global Steering Committee will be submitted for consideration at the 2006 UN General Assembly Review and High-Level Meeting on HIV/AIDS.

Strategic elements in detail

Occurring within and building on existing processes

Since the 2001 Declaration of Commitment on HIV/AIDS a number of AIDS-related initiatives—global, regional, national and local—have been launched. The universal access process neither replaces them, nor does it seek to turn them away from their specific objectives. Rather it supports the ambitions of existing processes by providing them with enhanced international and national commitment. Similarly, country consultations are held within ongoing national planning processes and reinforce those processes. Country roadmaps will be based on an available planning frameworks and reviews, such as the national strategic plan for the AIDS response, operational plans and joint review processes.

Countries drive the process, in line with the "Three Ones" principles

It is widely recognized that development efforts are more effective and sustainable when countries own them and they are harmonized with priorities determined by the countries themselves. The Monterrey Consensus and the Development Assistance Committee (DAC) of the OECD have set standards and criteria for alignment and harmonization. So far these standards and criteria have been applied to national AIDS responses in various ways: through the "Three Ones" principles, which state that each country will have one agreed AIDS action framework, one national AIDS coordinating body and one agreed country-level monitoring and evaluating system; and through the recommendations of the Global Task Team. The country-driven process for scaling up towards universal access is consistent with these harmonization principles and efforts.

Participation of a wide range of stakeholders, especially civil society and people living with HIV.

Accelerating AIDS responses and achieving universal access require the participation of a wide range of stakeholders, including the private sector, civil society (including non-governmental, community-based and faith-based organizations, AIDS activists, women's groups and networks of people living with HIV), and bilateral and multilateral partners. This broad participation is required at all levels. Civil society and people living with HIV are at the heart of the drive towards more fairness and greater scope and scale in AIDS response. They are strong advocates, and they are critical providers of services. The universal access process reflects this by promoting broad participation in country and regional consultations, and putting global guidance of the process in the hands of a Global Steering Committee that includes all the above stakeholder groups.

Addressing the obstacles to accelerated access to treatment, prevention and care

Existing policies and programmes on AIDS have been developed over many years, and the epidemic is on many national agendas in a systematic way. But as programmes seeking to scale up the response to AIDS have shown, many suffer from seemingly impassable obstructions, such as:

- the difficulty to guarantee sustained financing and therefore to plan ahead;
- too few trained human resources, structural and systems constraints;
- barriers to reliable access to commodities and low-cost technologies (e.g. condoms, single-use syringes, AIDS drugs and microbicides);
- insufficient respect for human rights, stigma and discrimination, inequity and gender discrimination.

All of the above undermine programme coverage, and limit uptake and use of services – even when they are available. The universal access process will home in on these and other critical obstacles and recommend workable solutions.

A comprehensive and integrated approach to AIDS

A growing body of research on prevention, treatment and care shows that these key elements to tackle the AIDS epidemic build on each other. Their integration in a comprehensive package creates synergies that make them all more successful. Coming as close as possible to universal access to treatment cannot happen in isolation: achieving that goal depends also on scaling up towards universal access to prevention and care. Political leadership is crucial to achieving broad recognition of this interdependence and pushing forward a comprehensive approach. The universal access process will drive this forward.

A midpoint on the road to achieving the Millennium Development Goal on HIV/AIDS

The global response to the AIDS epidemic is guided by the Millennium Development Goals and the Declaration of Commitment on HIV/AIDS. The declaration—unanimously adopted by UN Member States in 2001—sets forth concrete, time-bound commitments to ensure a comprehensive and effective global response to the epidemic. The universal access process accelerates momentum towards reaching the commitments in the declaration and achieving the Millennium Development Goal on HIV/AIDS by encouraging countries to set their own midpoint milestones that are both ambitious and realistic, and which a broad range of government and nongovernmental partners buy into.