

# Progress towards Universal Access China

**Universal access implies that all people should be able to have access to information and services that are:**

*Equitable – accessible – affordable – comprehensive – sustainable*

In 2006, countries worldwide committed to setting ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010. The targets focus on what could be achieved if the following obstacles can be addressed:

- **Predictable and sustainable financing**
- **Strengthening human resources and health systems**
- **Access to affordable commodities**
- **Stigma, discrimination, gender and human rights**

Review of National reports in 2008 demonstrated that Universal Access has catalyzed an accelerated and strengthened national HIV response with more results-based planning and a general overall increase in access to services. National political leadership and coordination were found to be critical to scale up. However more emphasis was needed on addressing the obstacles to scale up which would not support reaching universal access but also the achievement of the Millennium Development Goals. Specifically, there is a need to accelerate progress on HIV-prevention efforts, and to better utilise the resources available within civil society and people living with HIV.

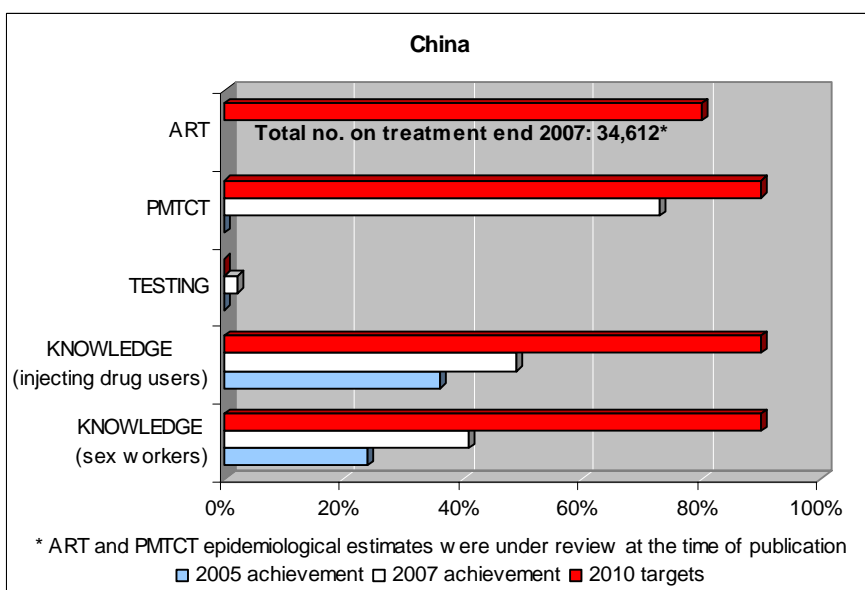
Universal access has generated a continuing engagement with national partners to monitor and review progress towards universal access. This has resulted in a number of countries revising their national targets to ensure a sharper focus on areas in need of additional support.

## Progress in China

Universal access process in China neatly coincided with the National Five year plan period, and the targets set for universal access are similar to those laid out in the National plan. Advocacy and efforts to attain these targets are carried out on a national scale and are a top priority for all stakeholders.

Comprehensive HIV prevention initiatives are increasingly focused on behavioural change among the most-at-risk populations including a number of advocacy campaigns directed at migrants, women, youth and minority populations. Coverage of intervention programmes for sex workers and their clients has been extended with methadone maintenance treatment clinics open in 22 provinces, and 729 needle exchange stations established. Expanding access to free antiretroviral treatment under the 'Four Free One Care' policy has also been a priority, with coverage extended to 1,190 counties in 31 provinces (autonomous regions and municipalities).

In spite of progress however, there are remain a number of challenges including ensuring the availability of comprehensive prevention packages to address high-risk behaviour; ensuring the meaningful involvement of civil society in the AIDS response and the continued limited uptake of voluntary counseling and testing services. Referral systems are not standardized, while implementation of China's 'Four Frees, One Care' initiative remains uneven.



**Figure 1.** The graph presents a snapshot of progress towards universal access based on 2005 and 2007 reported UNGASS achievements and 2010 reported targets, as per data available. Please note that ARV and PMTCT targets may be subject to change based on revised numbers in need of ART.

*"(We) commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses... towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010."*

2006 Political Declaration, (UN General Assembly, 15 June 2006)