

Progress towards Universal Access Ethiopia

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 Ethiopia

Ethiopia has set universal targets and launched a “Millennium AIDS Campaign” that has stimulated rapid scale up of HIV counselling and testing and antiretroviral treatment. Recent participatory reviews of the national AIDS response, led by the national AIDS authority (HAPCO), have identified a number of challenges to scale up including low human resource capacity, insufficient mainstreaming, low utilization of antenatal and PMTCT services by pregnant women, a lack of prevention programmes targeting vulnerable and most-at-risk populations, low treatment adherence and poor linkage of services. The status of women and traditional practices that put women and girls at higher risk of infection also needs to be addressed.

Counseling and testing, antiretroviral treatment, care and support for people living with HIV and programmes to support orphans and vulnerable children are generally on track while more need to be done to accelerate coverage of mother-to-child prevention services.

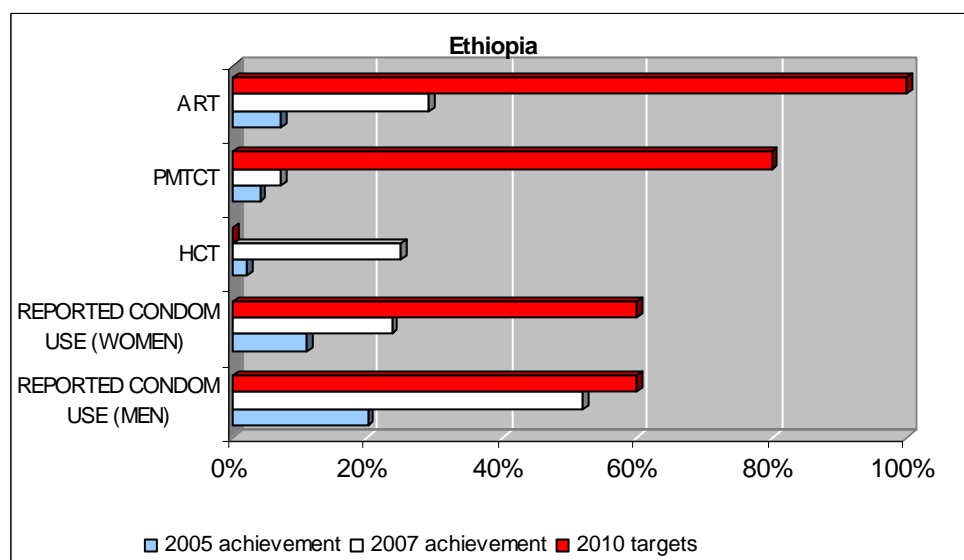


Figure 1. The graph presents a snapshot of progress towards universal access based on 2005 and 2007 reported UNGASS achievements and 2010 reported targets, as per data available.

Please note that the most recent ART, PMTCT and HIV counseling and testing data is from end-December 2007. Scale up of these services has continued in 2008.

“(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)