

Progress towards Universal Access Ghana

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.

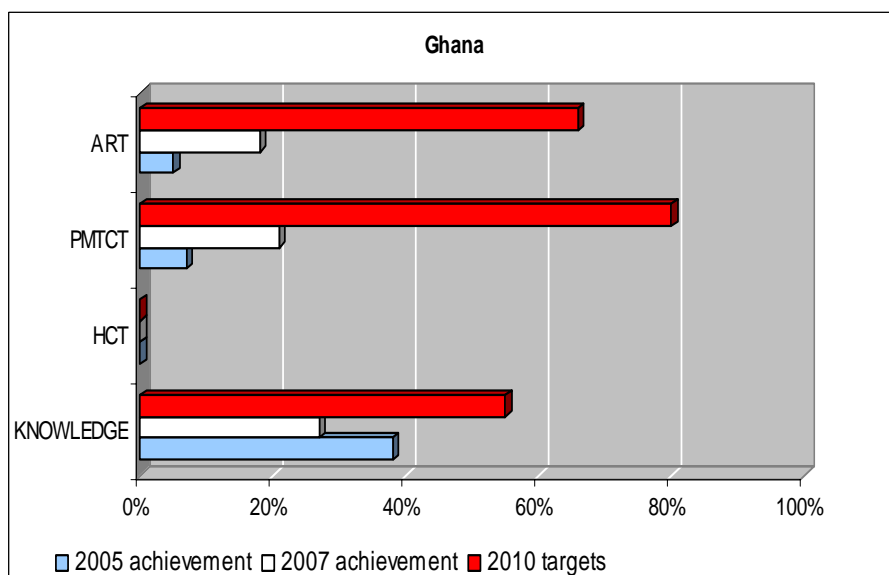
Progress in Ghana

The universal access process in Ghana has had a positive impact. A progress review carried out in 2007 indicates that Ghana is on track and would achieve its 2010 targets provided current efforts are sustained. There has been a marked increase in coverage of ART and prevention of mother to child transmission thanks to an exponential increase of service delivery points in both the public and private health facilities. However, uptake of services remains relatively low due to factors such as stigma and discrimination. Persistently low levels of knowledge underscore the need to improve basic knowledge levels to help reduce stigma and discrimination. The universal access process has had a similar impact on prevention scale up and care and support scale up but innovative strategies to help increase uptake need to be promoted and expanded to achieve the targets.

The level of commitment and harmonization between stakeholders and partners has increased due to set national universal access targets.

The Universal access process is nationally led and it is evident that Ghana is on track to achieving the targets set through the implementation of strategies. But the country still faces some challenges and obstacles in terms of scale up, coordination and implementation.

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)