

# Progress towards Universal Access Guinea Conakry

**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 utilize the resources available within civil society and people living with HIV.

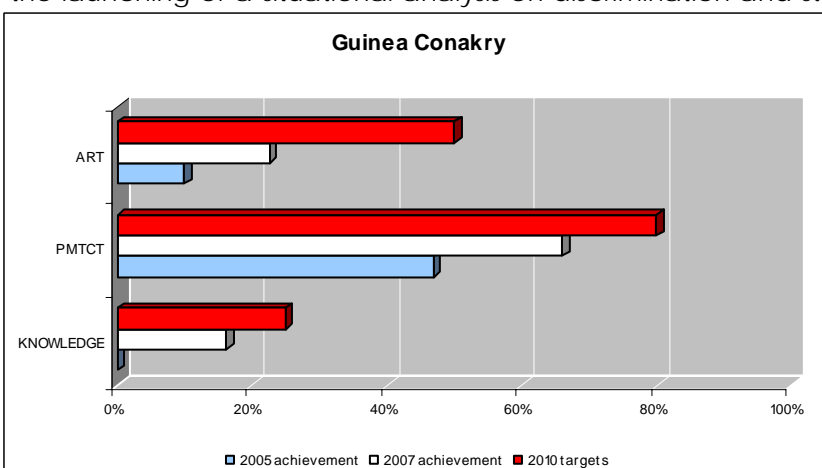
Universal access has generated a continuing engagement with national partners to monitor and review progress towards universal access. This has resulted in a number of countries revising their national targets to ensure a sharper focus on areas in need of additional support.

## Progress in Guinea

The process towards universal access has created considerable momentum to scale up the national AIDS response. The coverage of antiretroviral treatment has exceeded the objectives of 30% set for 2008 with the percentage of people with advanced HIV infection receiving treatment reaching over 37%. Despite an increase in the number of ANC sites with PMTCT services, VCT sites and Health centres for provision of ART, the lack of trained personnel and the shortage of drugs and reagents remain chronic problems. There is also limited capacity for developing and running community-based health services, especially when reaching-out to the rural population and marginalised groups.

Efforts are underway with the active participation all stakeholders, including civil society organizations and parliamentarians, to enforce a legal framework to protect human rights of people living with HIV, groups such as orphans and vulnerable children and adolescents, and gender vulnerability and reduce stigma and discrimination based on HIV and related social status. This includes the review of exiting HIV legislation, and the launching of a situational analysis on discrimination and stigmatization against people living with HIV in

Guinea.



The universal access target setting process has been instrumental in refining the 2008-2012 national strategic planning of the HIV response and in harmonizing data collection with the efforts to strengthen the country health information system.

**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)