

Progress towards Universal Access Kenya

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 Kenya

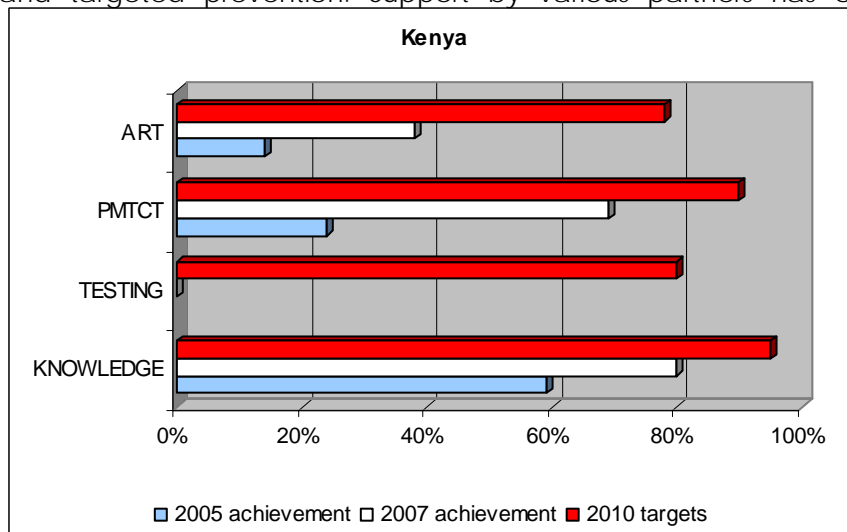
Universal access targets are currently included in Kenya's operational plan, and have been the basis for Kenya's successful Global Fund Round 7 proposal development which includes systems strengthening elements. UA targets have been integrated in the National HIV and AIDS M&E Framework and will also inform the Mid-term Review of the Kenya AIDS Strategic Plan (KNASP) due in Oct. 2008 and subsequent strategic plans.

The Universal Access process has helped to redefine scope of needs and gaps, as well as challenges to meeting the set targets. 2007 saw accelerated focus on the national HIV prevention agenda aimed at providing evidence for a more sharpened and increased cost effectiveness of the prevention response, The Kenya Modes of Transmission Study (2008) and the establishment of the National Prevention Task Force should be seen as clear signs that the country is committed to collecting the evidence required for effective and targeted prevention. Support by various partners has contributed towards facility and systems

upgrades to enable effective implementation and monitoring against core indicators, as well as service quality assurance (e.g. prevention of mother to child transmission and treatment outcomes).

The universal access process has also given an increasing number of people living with HIV and activist groups a platform to be more vocal and visible watchdogs, especially on treatment access.

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.

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

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Please note that ARV and PMTCT targets may be subject to change based on revised numbers in need of ART.

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