

Progress towards Universal Access Myanmar

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 Myanmar

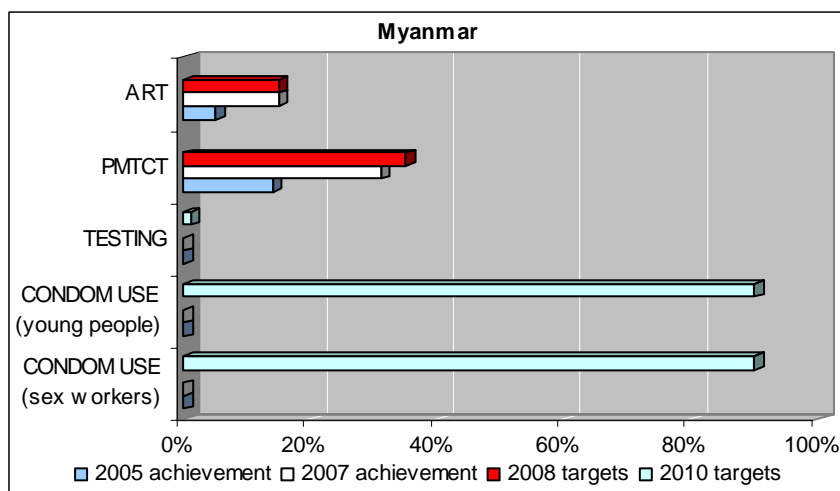
Myanmar developed its first ever participatory, multi-sectoral strategic plan in 2006, at the same time that the Universal Access movement was growing around the world. Thus, broadly speaking, the Universal Access movement buttressed many of the ideas that were being pursued in Myanmar - principally in the context of the participatory development of the first ever National Strategic Plan – such as increased involvement of partners in the design of the plan, establishment of real targets and budget envelopes, prioritization of interventions and investment in health system strengthening.

The response to the HIV epidemic in Myanmar is slowly, but consistently, expanding. Funding has gradually increased during each of the past five years for HIV activities in Myanmar resulting in expanded services. Antiretroviral treatment patients have quadrupled from roughly 2,500 in 2005 to 10,500 in 2007. The number of sex workers, drug users and men having sex with men reached by outreach and peer education services as well as in drop-in centers has increased every year. A growing number of self-help groups of people living with HIV are emerging across the country, and are increasing their capacity to network. However, the

percentage of people in need reached by services remains low.

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)