

# Progress towards Universal Access

## Morocco

**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.

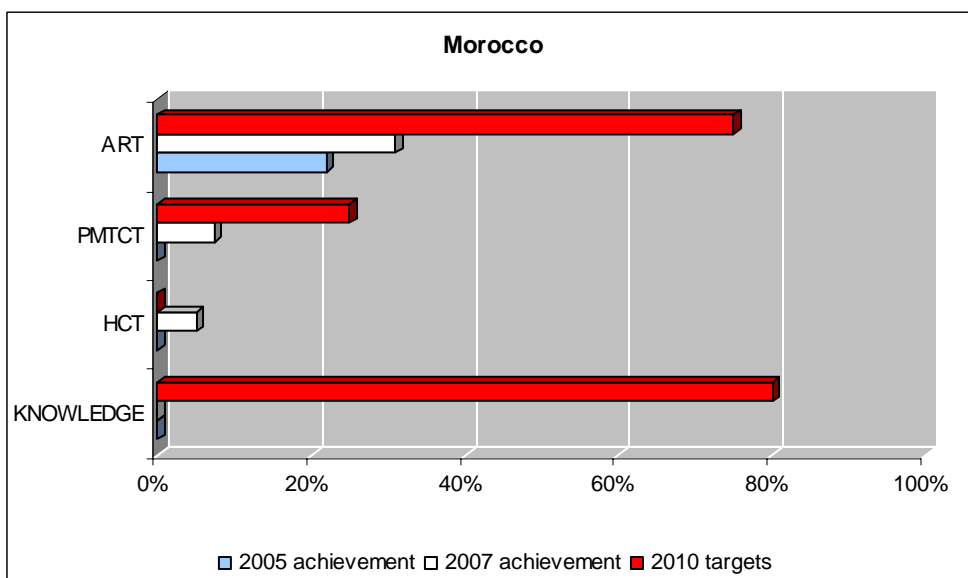
Universal access has generated a continuing engagement with national partners to monitor and review progress towards universal access. This has resulted in a number of countries revising their national targets to ensure a sharper focus on areas in need of additional support.

### Progress in Morocco

The universal access process in Morocco provided significant stimulus to the national response, coinciding with the development of the new National Strategic Plan. Broad national consultations and target setting ensured a more focused and goal-oriented Plan. Currently, five priority regions have strategic and action plans that define specific targets for them as part of the national targets. The universal access process also facilitated a more comprehensive response, resulting in the inclusion of injecting drug use and migrants in the national strategy for the first time ever. Harm reduction programmes are being implemented in the north of the country and outreach programs targeting most at risk populations were expanded to priority regions. Access to ARVs was also ensured to all people living with HIV diagnosed and in need to treatment.

Stigma and discrimination is one of the major challenges to universal access, requiring increased action a government and community level. Mobilization of local non-governmental and community based organizations revealed the need for further support to strengthen their capacities to expand programs with

the adoption of more comprehensive service delivery. While there is also need for better quality assurance of prevention service provision.



**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)