

Progress towards Universal Access Mozambique

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:

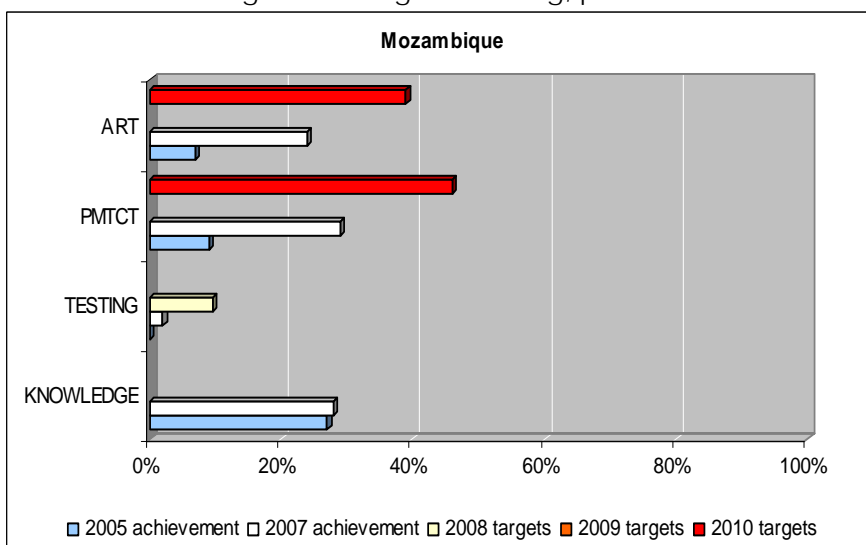
- **Predictable and sustainable financing**
- **Strengthening human resources and health systems**
- **Access to affordable commodities**
- **Stigma, discrimination, gender and human rights**

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 Mozambique

The significant focus on HIV and AIDS as a development issue in Mozambique has provided the Ministry of Health and its partners with the opportunity to strengthen the health system across the board. Ongoing efforts are being made to integrate HIV and AIDS care and treatment with other relevant programmes and to ensure that HIV and AIDS financing is fully included as a central part of the overall Government budget. There has been a tremendous expansion in the number of health units providing ART corresponding to 70% coverage of all districts, while access to treatment has rapidly expanded. Human resource constraints across the sector continue to be a major challenge to scaling-up services at central and provincial levels, both in terms of numbers and capacity, at management and implementation levels. Certain responsibilities are being transferred to lower-level but qualified medical staff wherever possible, including an amendment in 2006 to allow for the provision of ARV treatment by health technicians. Programmes are being implemented to allow non-medical staff to carry out non-medical but essential HIV and AIDS related activities including counselling and testing, prevention of mother-to child transmission, HAART counseling).



There is growing recognition of the need to better address most at risk groups and several activities are underway or planned, including a behavioural surveillance survey to monitor and assess baseline information in HIV-related knowledge, attitudes, and behaviours among key risk groups.

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)