

Progress towards Universal Access Rwanda

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 Rwanda

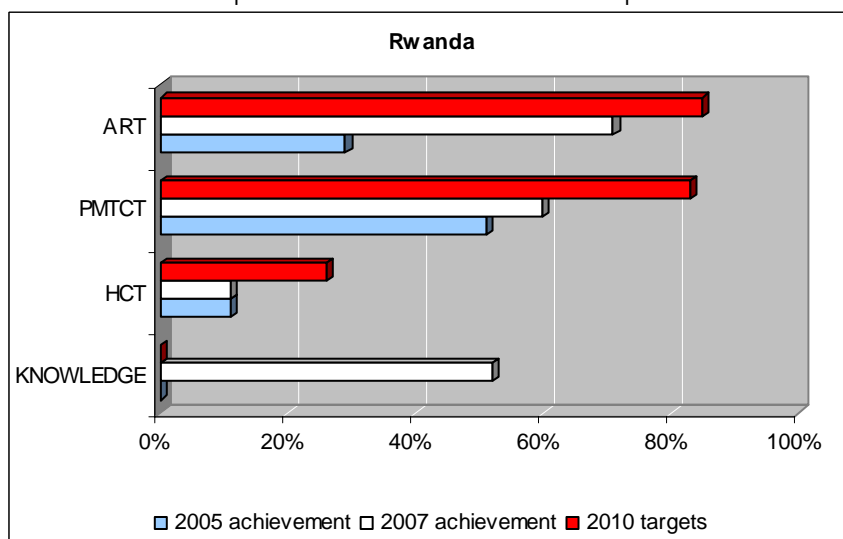
Rwanda appears on track to meet its current Universal Access targets although it is envisaged that these will be revised during the development of the new National strategic Plan and likely increased. Rwanda is also undertaking a process to triangulate existing data and collect more evidence on most at risk populations (sex workers and clients, prisoners, MSM) to better determine the drivers of the epidemic in Rwanda and build the response accordingly.

The scale-up of ART (free and integrated into health services) is a major success. Each of the 30 districts offers at least one complete package of HIV services (for example, ART, PMTCT or VCT) and has at least one NGO or CSO partner involved in service delivery. The number of tests conducted is also increasing, yet, there is as yet little data available to convey a clear sense of the reach of HIV prevention programmes with regard to most-at-risk populations. Low condom use and condom availability also remain a challenge as well as the development of an evidence-based prevention strategy. Nevertheless, the process involved in

the revision of the Strategic Plan will provide a key opportunity to address the challenge to focus and scale up prevention efforts.

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)