

Progress towards Universal Access Somalia

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**

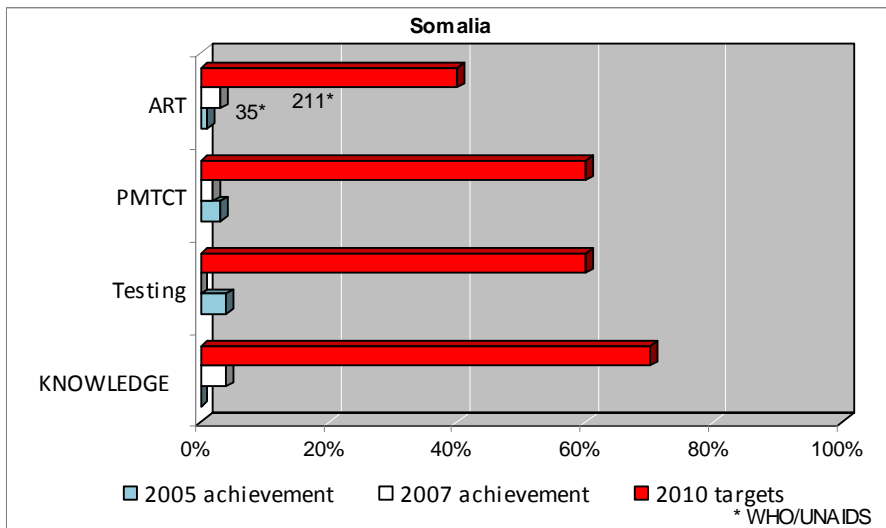
Review of National reports in 2008 demonstrated that Universal Access has catalyzed an accelerated and strengthened national HIV response with more results-based planning and a general overall increase in access to services. National political leadership and coordination were found to be critical to 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 Somalia

Progress towards Universal Access has been made in Somalia despite ongoing conflict and the lack of political stability. Overall, the Somali HIV epidemic is considered to be low-level, most likely concentrated in specific populations. There are some signs of the epidemic becoming generalized in the North West, similar to trends observed in other post-conflict scenarios. ART coverage almost tripled, showing evidence that the response is gaining momentum though remaining low between 2006 and 2007.

AIDS Commissions in the three entities are being strengthened to improve coordination and leadership in the response, and to enhance participation and ownership by Somalis at all levels. Cultural norms and gender inequalities are a barrier to overcoming stigmatization and discrimination and to promoting a sustained dialogue at community, district and higher levels in Somali society. Appropriate strategies are being developed to focus on most-at-risk populations, people on the move, and to focus on strategic risk settings such as port cities and urban centres along major transport corridors and cross border areas.



With significant help from the Global Fund and other donors, Somalis are strengthening the partnership, enhancing the role of civil society. This will enable the implementation of the new HIV/AIDS strategy framework, with a decentralized operational plan and a stronger M&E component, and intensify to prevention, treatment, care and support services for HIV towards universal 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. 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)