

Progress towards Universal Access Zambia

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**

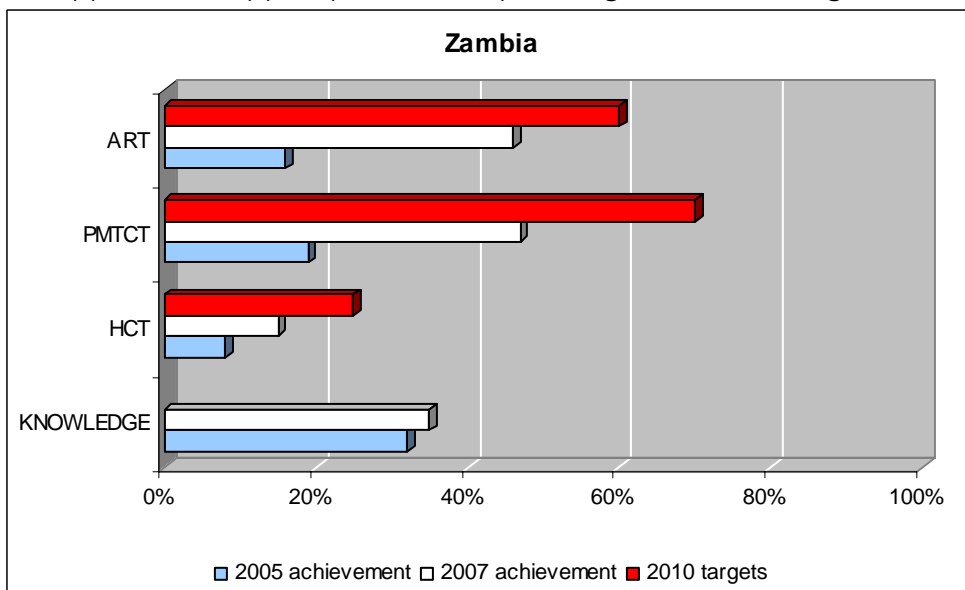
Review of National reports in 2008 demonstrated that Universal Access has catalyzed an accelerated and strengthened national HIV response with more results-based planning and a general overall increase in access to services. National political leadership and coordination were found to be critical to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

The universal access process and the setting of nationally owned and developed targets in Zambia has exposed the importance of result-based programming and has led to an honest look at available resources that are committed and long-term. The impact of the universal access process on treatment scale up has been positive, with more children on treatment and the numbers tripling in the last year. This massive scaling up of treatment services, has resulted in nearly 55% of women and men who need to be on treatment accessing ART services, including associated care; however, of these, only 8% are children. The scale up of services for HIV prevention and support to mitigate the impact needs similar investment to ensure a comprehensive AIDS response.

The process of scaling up towards universal access has contributed to health system and human resources support. The support provided to providing a human being recruited to work on AIDS for example, has



meant that through AIDS, the service points have been provided with a service provider. Improved harmonization coordination and alignment of all partners behind the national response for AIDS has contributed to the process of working towards attaining the clearly defined targets.

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)