

# Progress towards Universal Access

## Democratic Republic of Congo

**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 utilize 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 the Democratic Republic of Congo

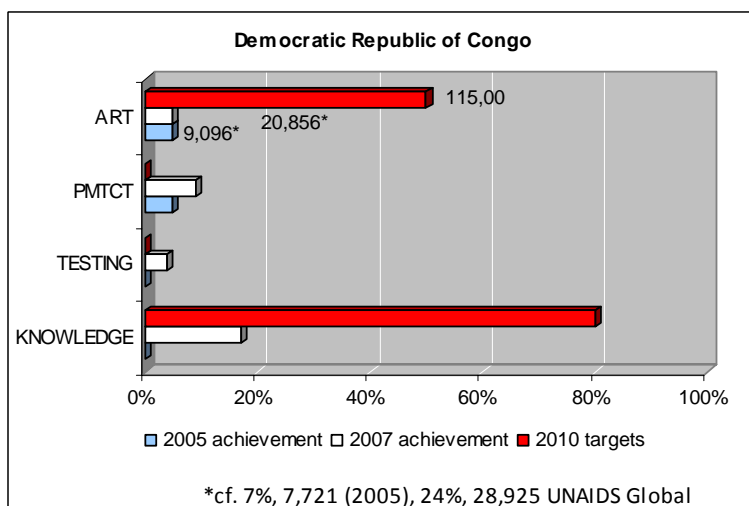
The Democratic Republic of Congo (DRC) translated the universal access road map into provincial universal access plans. The partnership forum created in 2007 and the review of the partners' alignment and harmonization have strengthened the stakeholder's commitment to the national response to AIDS.

DRC is still some way from attaining the national universal access targets as indicated by slow progress made towards a number of indicators. Although service coverage has progressively expanded, uptake of services is still low. In 2006, prevention of mother to child transmission services were available in 296 sites but since 2005 the percentage of HIV positive pregnant receiving antiretroviral treatment remained stagnant. In part this is due to deep-rooted cultural values, a high degree of stigma and discrimination and problems in procurement and logistical systems. A positive evolution is to be noted in HIV prevention among sex workers

whose knowledge of HIV increased as did the number of those receiving test results for HIV.

Key challenges to be addressed to improve progress towards universal access include: ensuring that policies and guidelines are widely disseminated and mechanisms are put in place to enforce their implementation, strengthening the health system, mobilizing financial resources, strengthening capacity to adequately respond to the epidemic at all levels and to monitor and evaluate the national response.

**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)