

# The road towards universal access



Scaling up access to HIV prevention, treatment, care and support

14 FEB  
2006

**A country-driven process aiming at scaling up comprehensive HIV prevention, treatment, care and support services with the goal of coming as close as possible to universal access to treatment for all those who need it.**

## What is a country driven process?

The key of the United Nations General Assembly resolution adopted on 23 December 2005 is country ownership. The country consultations are led and owned by country level partners. For all consultations, UNAIDS has been strongly promoting the inclusion of leaders from NGOs, faith based organizations, people living with AIDS and the private sector.

Countries are expected to determine their own understanding of universal access and set their own targets and midpoints in the national roadmaps emerging from the consultations. These roadmaps are examined and consolidated at Regional Consultations whose outcome will, in turn, inform the discussions of the Global Steering Committee.

The objective of these processes is for the countries to identify the obstacles to scaling up their AIDS response and identify concrete and workable solutions to overcome them. It cannot be over emphasized that the process of scaling up towards universal access is not about reinventing the wheel but rather about supporting countries to expand access and uptake of services on a vast scale. It should build on decisions already made and come within the scope of existing national AIDS strategies and existing processes at all levels, in line with the "Three Ones" principles and the recommendations of the Global Task Team.

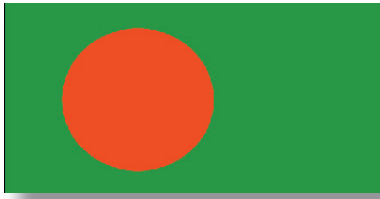
## Countries seize the banner!

By early February 2006, within six weeks of the UN General Assembly's resolution, 45 countries have already convened national consultations on universal access. About 100 countries have received support from UNAIDS and have initiated a broadly inclusive process. However, UNAIDS aim and role is not just to tick off one after another national consultation, but mainly to support partners in countries to hold broadly inclusive public debates about scaling up the national response to AIDS services and, in turn, helping to identify the main obstacles on the road towards universal access as well as the concrete and pragmatic solutions to overcome them.

Below are only a few summaries of the feedback UNAIDS has received so far and they are all showing how focused the discussions are and how pragmatic the entire process is.

**These consultations have been organized by national authorities. However, the following summaries have been provided by UNAIDS country coordinators and have not been cleared by national authorities. They will be posted on [www.unaids.org](http://www.unaids.org) as they arrive.**

## People's Republic of Bangladesh



In response to the identification of four broad categories of issues currently obstructing the

national response, participants advocated for a number of 'aspirational' outcomes including:

- A more supportive policy and legal framework on HIV and AIDS
- Greater leadership and openness from leaders on the issue of HIV and AIDS, as well as promoting a more unified and coordinated national response
- HIV and AIDS integrated into broader development budget review and processes
- Halting the spread of AIDS among the most at-risk groups
- Safer standard of universal precautions practices
- An integrated minimum package of treatment care and support
- Greater empowerment and involvement of people living with AIDS

## Democratic Socialist Republic of Sri Lanka



### What are the obstacles:

- A need for better understanding of the epidemic through improved serological and behavioural surveillance
- Lack of human resources (both medical health professionals and community workers)
- Widespread stigma and discrimination, particularly among health workers, as well as lack of openness about sex and condoms
- Lack of clear baselines from which to set targets

### What are the outcomes:

- Emphasis on maintaining low prevalence rates in the country through widespread prevention
- Greater involvement of people living with HIV/AIDS, particularly in the area of health care and community work
- Need for leadership from top levels government, civil and religious society

## Republic of Trinidad & Tobago



### Who was involved?

Organized by the National AIDS Coordinating Committee in collaboration with the Pan American Health Organization (PAHO) and UNAIDS, the consultation involved representatives from government Ministries, faith-based organizations, vulnerable populations (including men who have sex with men), civil society, non-governmental organizations, direct care providers and service treatment centres.

### What are the priorities?

- Address and decrease levels of stigma and discrimination in all sectors of society.
- Increase female empowerment and access to commodities such as female condoms.
- Increase availability of voluntary counseling and testing.
- Scale up all three prevention interventions (abstinence, being faithful and using condoms).
- Clear policy, guidelines, protocols and advocacy among and for people living with HIV/AIDS
- Ensuring greater understanding of role and function of national AIDS Coordinating Committee
- Streamline the bureaucratic process to unblock available funding

## How to achieve these?

- The decentralization of treatment as a means of increasing access including the integration of HIV services and prevention in family planning (sexual and reproductive health) and STI services.
- Establishment of a proper surveillance system as well as an Information Technology system, with a focus on human rights.
- Promoting and implementing a more comprehensive approach to prevention, care, treatment and support which would involve greater coordination of services in the public and private sectors
- Enact policies and protocols to ensure proper management of specific HIV/AIDS programs/services
- Increase primary health care training, both technical and behavioural

## Republic of Haiti



### What was the process?

- The consultation was preceded by a broad overview of the current national response to AIDS treatment, prevention and care
- There was broad participation from representatives of various government Ministries including of Education, Health, Social Affairs and Women, bilateral agencies, (such as USAID, CDC, CIDA), Cosponsors including UNESCO, UNFPA, WHO, UNDP and the heads of various international NGOs such as the Futures Group and Family Health International.

## What were the outcomes?

- **Structural:**
  - Creation of a national strategic framework
  - Establish an appropriate legislative framework
  - Strengthen healthcare system to ensure coordination, regulation, monitoring and evaluation
  - Reinforcement of donor and partner leadership
  - Decentralization of healthcare services (although care should be taken that this does not affect the current quality of services being provided which may jeopardize adherence to treatment)
  - Combat elitism of the health sector through use of a more diversified workforce to ensure adherence
  - Integration of HIV/AIDS response into poverty reduction strategies
- **Prevention**
  - Equal priority given to healthcare and prevention services
  - Integrate prevention and care services or ensure increased funding to preventive measures
  - Focus on target groups
  - Introduction of testing (voluntary? Not specified) in antenatal clinics
- **Political**
  - Greater and more diverse engagement by government ministries

## Identifying common obstacles

A number of identical obstacles have been surfacing in many national consultations. Below are a few examples of the questions that have been raised by more than one country:

1. What 2 or 3 concrete actions can be taken at global level to address the human capacity crisis in the health sector in Africa?
  - a. Donor funding for training?
  - b. Donor funding for salaries?
  - c. Reducing the external-internal salary disparities in countries?
  - d. Steps to reduce emigration of skilled health and social service workers?
2. What can be done in the normative area to expand the roles and responsibilities of nurses and mid-level health workers? Can task shifting between physicians, nurses and other care-givers play a role?
3. What 2 or 3 concrete measures can be taken to reduce the price of second line antiretroviral regimens?
4. What 1 or 2 actions do WHO, UNICEF and UNFPA seek from the global level to help support stronger commodities supply and distribution systems, including pharmaceutical?
5. Is there some action to be taken at the international level to expedite national drug regulatory processes?
6. What mechanisms can be used to help flood the most highly affected countries with free or more affordable male and female condoms?
7. How can the price of prevention commodities such as the female condom be reduced?
8. Is there something concrete that the global community can do for more countries to make use of the TRIPS Agreement in addressing patent barriers and promoting greater access to generics?
9. What specifically can the international community do to support more local production of HIV medicines, but also condoms and prevention commodities?
10. What 2 actions are needed by donors or others in the international community to support countries in reducing the stigma and discrimination that we know undermine access to services? How can we better help to empower associations of people living with HIV with their work on HIV testing and treatment literacy?
11. How can the connection between testing and access to care, treatment and support be strengthened?