

Progress Report: Universal Access Target Setting in East and Southern Africa

Report prepared by:
UNAIDS Regional Support Team for East & Southern Africa
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UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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National Commitments – Africa



Addis Ababa, ETHIOPIA P. O. Box 3343 Tel. 251-11-5517 700 Cable: OAU, ADDIS ABABA

Brazzaville Commitment on Scaling Up Towards Universal Access to HIV and AIDS prevention, treatment, care and support in Africa by 2010.

**Brazzaville, Republic of Congo
8 March 2006**

1. We, the participants in the Continental Consultation on Scaling up towards Universal Access in Africa convened by the African Union with support from WHO, UNAIDS, NEPAD and DFID and representing governments, parliaments, civil society, people living with HIV, women and young people, faith based organizations and the private sector of 53 Member States of the African Union, recognise and salute the vital and growing contribution individuals, communities and governments to the fight against HIV and AIDS.

2. Occurring in a reality framed by deep and persistent poverty, food insecurity, indebtedness, economic constraints, youth unemployment, gender inequality, gender-based violence, conflicts, natural disasters, ignorance, fear, stigma and discrimination, contributions referred to above bear testimony to the deep commitment, resourcefulness and resilience of those infected and affected by HIV and AIDS, and all stakeholders.

3. We are ever mindful of the disproportionate share and severe impact of the HIV/AIDS burden borne by Africa, especially by women and girls, and the limitations in ability to match this epidemic in either its scale or complexity. We are nevertheless encouraged by the changing environment shaped by the Millennium Summit, the AU Summit, NEPAD, the UN Special Session on HIV/AIDS, the G8 Gleneagles Meeting, Maputo Resolution on HIV prevention acceleration, the Gaborone Declaration on universal access to prevention, treatment, care and support, the World Summit 2005 and country efforts, which has energized the growing movement in support of scaling up towards Universal Access to comprehensive services for HIV and AIDS.

4. We recognize that the expansion of health, social and development programmes services has to be underpinned by several key principles:

- a) Build on existing international and continental frameworks, such as the NEPAD programme.
- b) Community, national, regional and continental leadership and strong political commitment that builds on and strengthens existing African institutions at all levels, including civil society institutions.
- c) Integration with broader efforts to combat poverty and food insecurity and foster development, whilst recognizing the urgency and exceptionality of the HIV and AIDS response.
- d) Respect for human rights, especially with regard to the fight against stigma and discrimination and to advance equity.
- e) Putting people at the centre of the HIV and AIDS response, especially vulnerable people (e.g. women, young people, orphans and vulnerable children, the disabled, people affected by conflicts, IDUs).

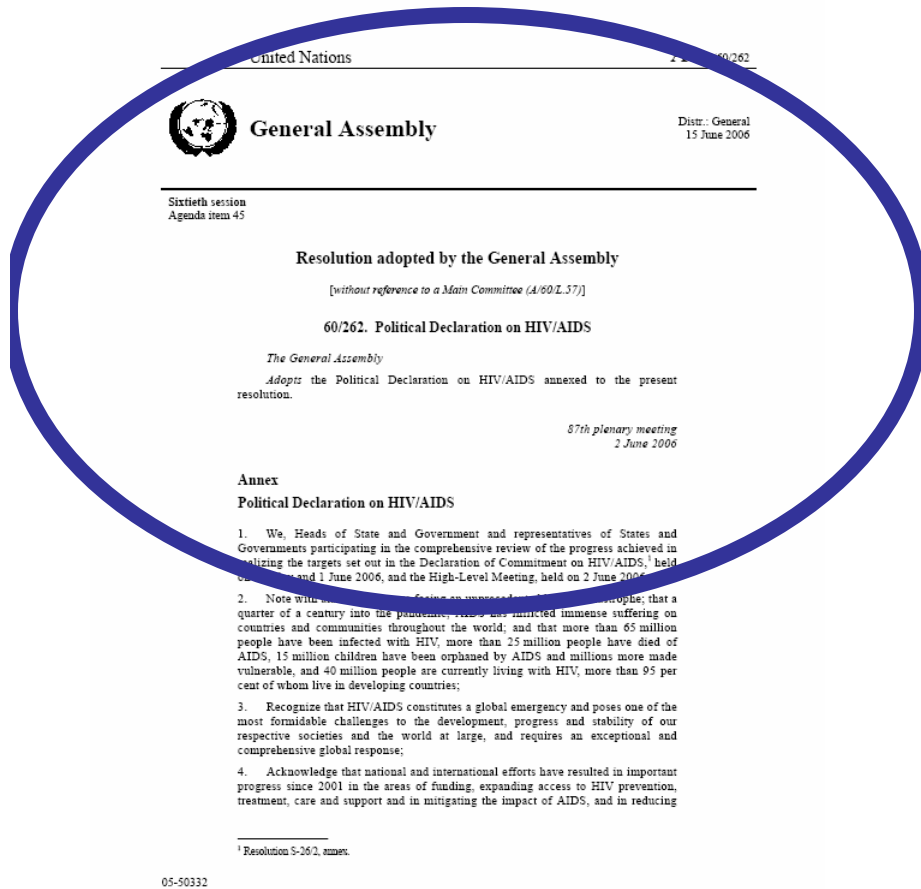
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**AFRICAN SUMMIT ON HIV/AIDS,
TUBERCULOSIS AND OTHER
RELATED INFECTIOUS DISEASES
ABUJA, NIGERIA
24-27 APRIL 2001**

OAU/SPS/ABUJA/3

**ABUJA DECLARATION ON HIV/AIDS,
TUBERCULOSIS AND OTHER RELATED
INFECTIOUS DISEASES**

National commitments – UN



UN member states committed themselves to:

“setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with the core indicators recommended by the Joint United Nations Programme on HIV/AIDS...”;

UN General Assembly World Summit, September 2006

Core indicators



Ref: United Nations General
Assembly 60th Session
24 March 2006

Core – 7

- Treatment – access to antiretrovirals
- Care & support – orphans and vulnerable children support
- Prevention – prevention of mother to child transmission, HIV testing, condom distribution, age of sexual debut.
- National commitment – national resource commitment

Recommended – 4

- Treatment – survival
- Prevention – youth knowledge, vulnerable population reached
- National commitment – “Three Ones” implementation

Rapid Assessment



Purpose: to take stock of:

- country progress in universal access target setting.
- stakeholder consultations, including civil society
- next steps and support needs

Status – as of 15 Sept 2006

Method

- UNAIDS country coordinator short questionnaire, to be repeated monthly.

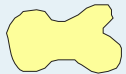
Target Setting Status

14 countries - 70 % - have established targets (6) or will do so by end 2006 (8)



Universal Access Targets Endorsed

Number of countries: 6



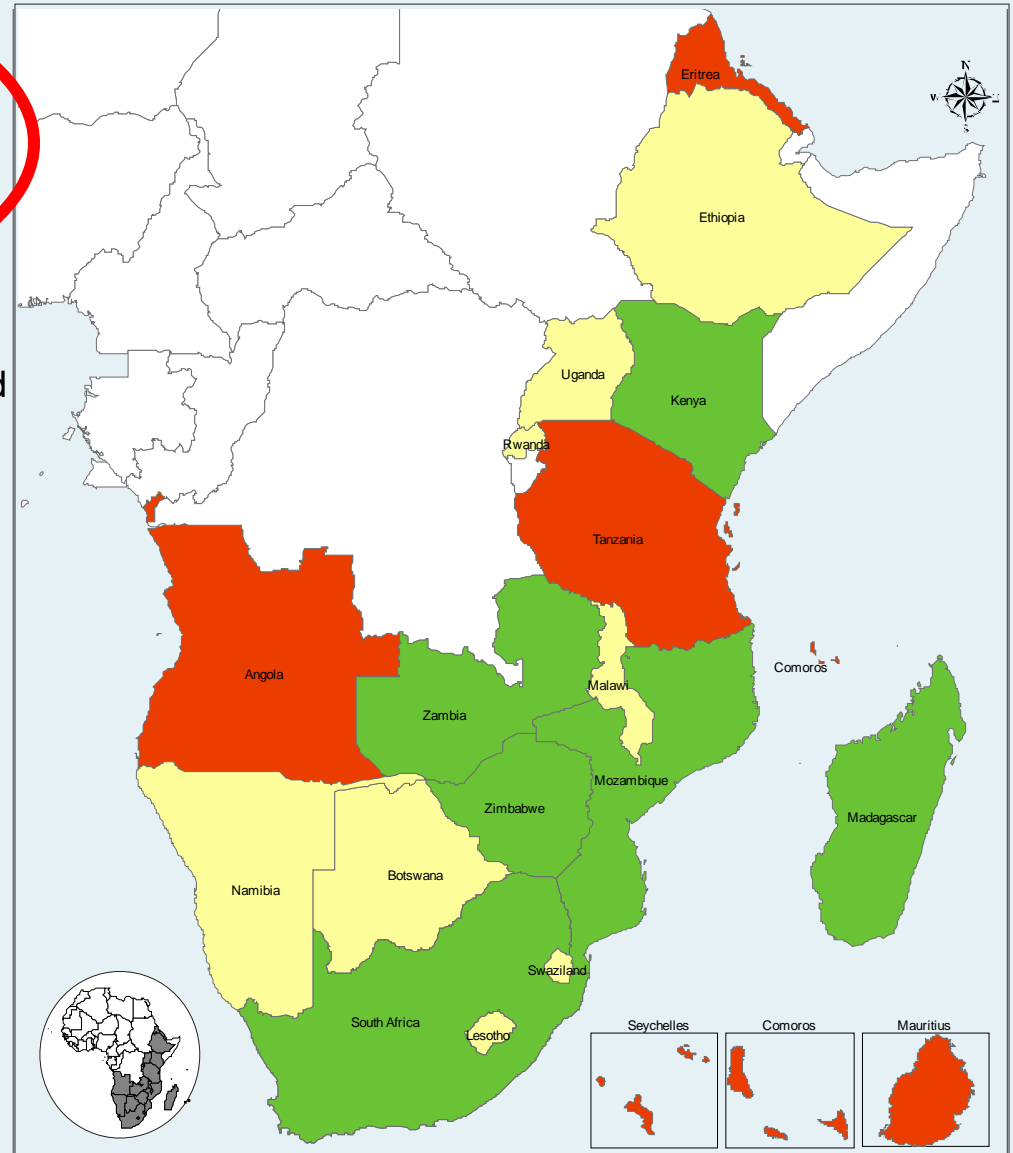
Universal Access Draft Targets Set But Not Endorsed

Number of countries: 8



Universal Access Targets Not Drafted, Nothing In Place

Number of countries: 6



Civil Society Participation

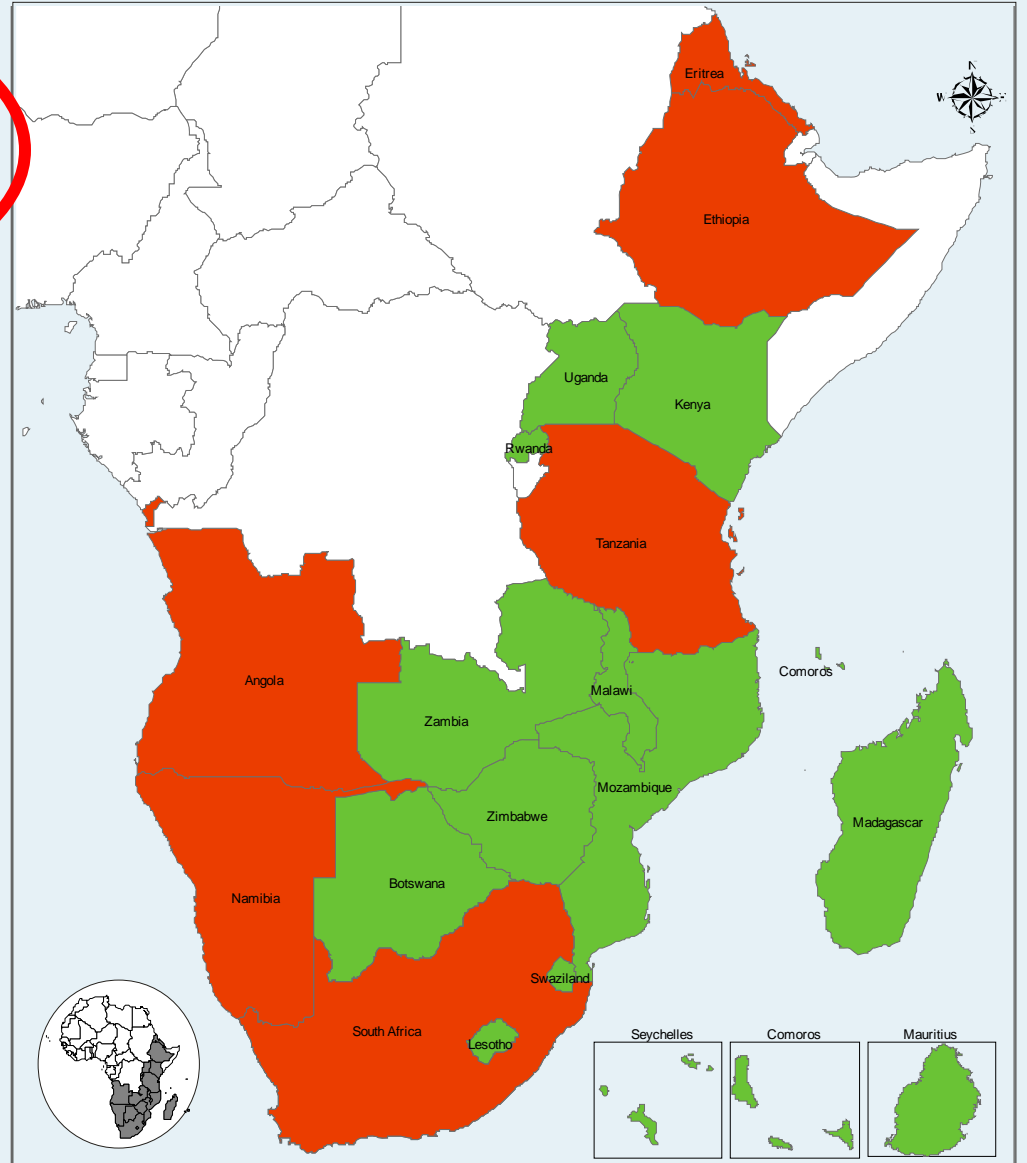
14 countries - 70% - reported consultation process, incl. civil society



Established Consultative Process
Number of countries: 14



Have Not Yet Established Consultative Process
Number of countries: 6



Target setting gaps (14 countries – in process)



Indicator Area	TREATMENT	CARE & SUPPORT	PREVENTION	NATIONAL COMMITMENT
COUNT	10	7	4	2

C O U N T R I E S	TREATMENT	CARE & SUPPORT	PREVENTION	NATIONAL COMMITMENT
	South Africa			
	Botswana			
	Kenya			
	Ethiopia	Botswana		
	<i>Lesotho</i>	<i>Lesotho</i>		
	Madagascar	Madagascar		
	Mozambique	Mozambique	Botswana	
	Namibia	Namibia	Madagascar	
	Swaziland	Zambia	South Africa	South Africa
	Zambia	Zimbabwe	Uganda	Zambia

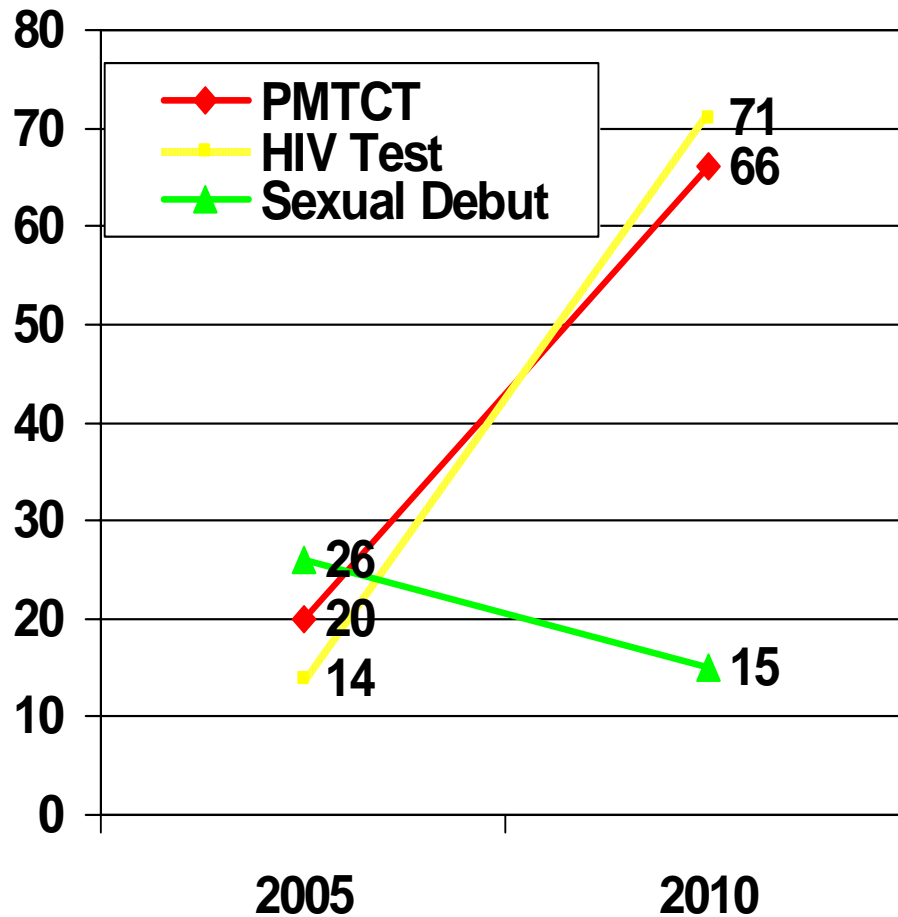
UNAIDS
Regional Support
Team – East and
Southern Africa

Some conclusions



- Target setting underway in all countries
 - 14/20 (70%) have draft or final targets and report consultative process, including civil society
- Target setting is incomplete
 - No country has all 7 core targets.
 - Stronger on treatment (10/20) & care & support (7/20)
 - Weak on prevention (4/20) & national commitment (2/20)
- Constraints & issues.
 - Weak, poor evidence base for target setting
 - Insecure funding impacts ambitious target setting.
 - Weak member state follow up on African Union & UN commitments.
 - Difficulties linking universal access target setting with national planning processes (e.g. poverty reduction strategy papers, national strategic plans): especially timing (e.g Tanzania)
 - Inadequate method (“how to”) guidance on target setting.

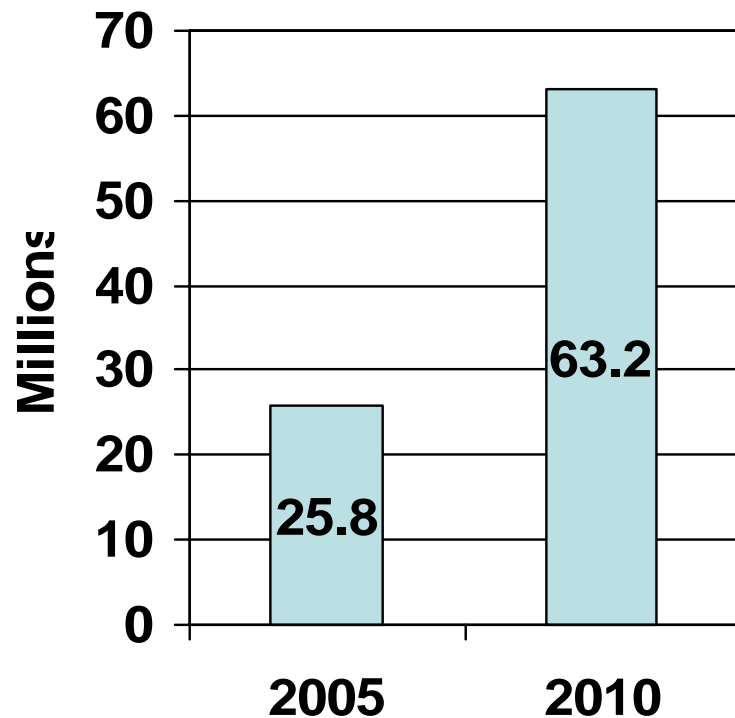
Prevention – ambitious?



- **Only 3/14 have all (3) prevention targets.**
- **Target ranges - 2010:**
 - Prevention mother to child transmission (PMTCT), 11–95%
 - Testing, 50-88%
 - Age of sexual debut
- **Challenge: debut**

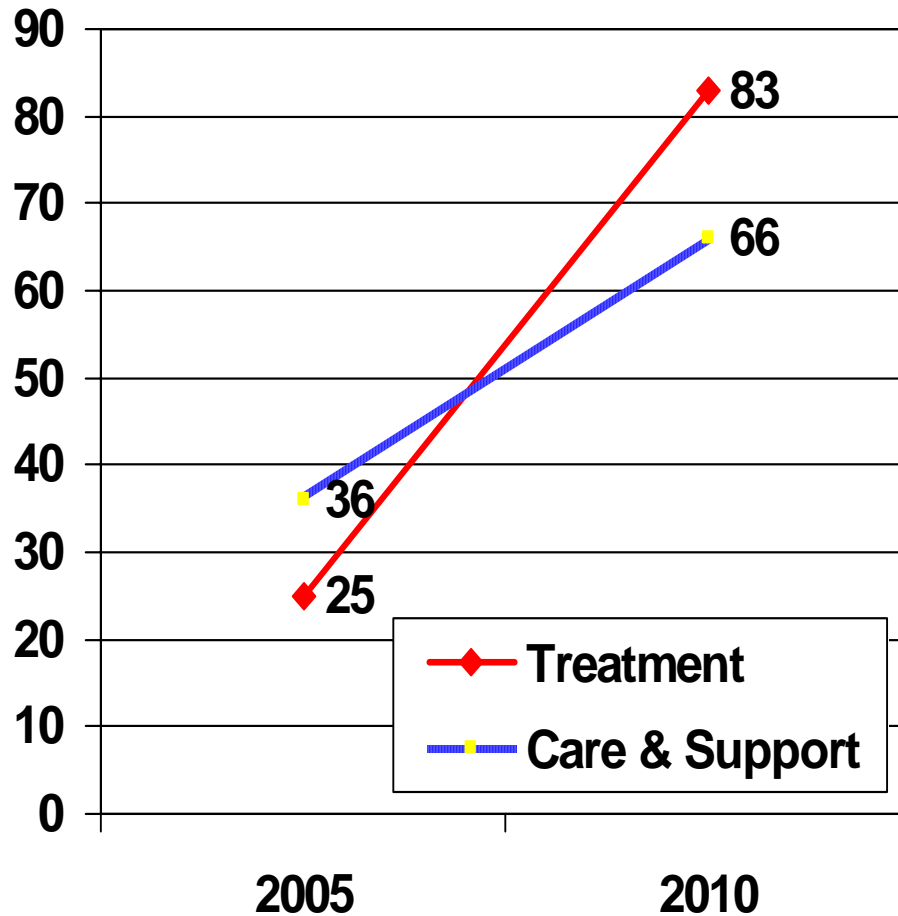
Prevention – ambitious?

Condom Distribution Target



- 8/14 (57%) have condom distribution targets.
- doubling of current distribution.

Treatment, Care & Support Ambitious?



- **10/14 (71%) have treatment & 7/14 (50%) have Care & support targets.**
- **Target ranges:**
 - Treatment, 39 – 100%
 - Care & support, 27-100%
- **Challenge:** care & support

Bottom line

- Challenge of ensuring completeness & consistency of core indicators.
- Address weakness of prevention & national commitment targets: priority focus next 4 months.
- No quick fix: need for strengthened work on:
 - Prevention strategy and action plans (apply AIDS strategy action plan)
 - National AIDS Spending Assessments and costing and budgeting

Next steps, support needs



- Regional management meeting affirmed universal access target setting as # 1 priority
- **UNAIDS country coordinators:** - keep the pressure on, mobilizes support
 - Assess universal access target setting status and develop/update support plan.
 - Advocate with national AIDS commissions, UN country team, donors to set targets by end 2006
 - Facilitate & support stakeholder consultations.
 - Consult & engage civil society in target setting process.
 - Broker technical assistance for target setting & action planning (use AIDS strategy action plan)
 - Monitor and report progress (fortnightly)

Next steps, support needs



- **Regional Support Team**

- UNAIDS country coordinator support: technical, financial, advocacy (\$ 200'000 plus)
- Advocacy: UN, donors, East Africa Community & South African Development Committee, civil society
- Civil society liaison: AFRICASO, Africa civil society Coalition
- Training & capacity building: “know your epidemic”, action planning, costing, monitoring & evaluation (AIDS strategy action plan)
- Monitoring & reporting

- **Geneva**

- Letters to Heads of State and Governments, and national AIDS commission Directors.
- Issue target setting guidance
- Ensure funding for follow up: costing, action planning, monitoring & evaluation