



## **Supporting effective scaling up towards Universal Access** *Staff Guide*

### **Summary**

Based on the commitments made at the 2005 World Summit and the Gleneagles G8 Summit to support countries in achieving as close as possible to universal access for all those who need it by 2010, the UNAIDS Secretariat and its Cosponsors plan to facilitate country processes on scaling up towards Universal Access. Building on the UNGASS Declaration of Commitment, scaling up towards Universal Access by 2010 will serve as a midpoint to achieving the Millennium Development Goal (MDG) that seeks to halt and reverse the spread of HIV/AIDS by 2015.

Through an inclusive country consultation, undertaken within the framework of existing national AIDS planning and review processes, countries will build consensus on national efforts to scaling up towards Universal Access. Utilizing the outcomes of the country UNGASS review, the country process will specifically assess the status of the national response, discuss critical obstacles requiring local and global action, define aspirational outcomes and develop a roadmap, which outlines key milestones and

major interventions. The process is not expected to result in a new planning exercise at the country level.

The outcome of the country processes will be discussed at sub-regional consultations, organized in collaboration with regional and sub-regional groupings. The regional consultations are scheduled from Mid-January to Mid-February 2006, and will be compiled into regional reports. The Global Steering Committee on Scaling up towards Universal Access will consolidate a report, based on country inputs, including an analysis of common obstacles to scaling up and will subsequently formulate recommendations for addressing such obstacles, for consideration at the 2006 UN General Assembly Review and High-Level Meeting on HIV/AIDS.

UNAIDS staff, in close collaboration with the WHO country and regional offices, other Cosponsors and the UN Theme Group on HIV/AIDS, are therefore expected to facilitate a country-specific consultation process.

## Concept and Background

Scaling up towards Universal Access provides new momentum to comprehensively scale up and integrate prevention, treatment, care and support within the context of the multi-sectoral national response, as well as broader development processes and efforts to scale up sector responses and systems, including health systems. Universal Access should be regarded an evolving global partnership between developing countries and donors to help countries scale up their national response and contribute to the achievement of the Millennium Development Goals. Universal Access will facilitate a better linkage between increased financial support and developing countries' policy performance. In line with the recommendations of the **Global Task Team**, Universal Access aims to accelerate and expand existing programmes by promoting:

- Increased efficiency and quality of aid for HIV/AIDS through the actions of development partners to maximize coordination, complementarity and harmonization in aid delivery, to contribute towards long-term predictable resource flows, address macro-economic constraints, and reduce transaction costs
- Sustained increase in aid for HIV/AIDS
- Adequate and sustainable domestic funding for HIV/AIDS
- Policy dialogue to address sensitive issues and the identification of specific issues requiring stronger global commitment
- Identification of structural obstacles and potential solutions
- Increased accountability for results
- Mutual learning on what works.

Furthermore, important decisions and commitments have been made to support countries with the “going to scale” process, as outlined below:

The UNAIDS programme Coordinating Board. On 29 June 2005, the 17th meeting of the UNAIDS Programme Coordinating Board (PCB) recognized the importance of a comprehensive approach to AIDS and encouraged UNAIDS “to continue to promote and support countries in the development of evidence-informed AIDS strategies, including efforts towards universal access to prevention, treatment and care services”. The PCB also endorsed the UNAIDS Policy Position Paper on Intensifying Prevention, “*urging UNAIDS to strengthen its leadership of, and support to, global, regional and national efforts to intensify HIV prevention as part of a comprehensive response to AIDS*”.

The G8 communiqué: At the 8 July 2005 Gleneagles Summit of G8 countries, G8 leaders: pledged to increase official development assistance by around US\$ 50 billion a year by 2010; committed to applying the “*Three Ones*” principles in all countries and; called on UNAIDS, WHO and other international bodies “to develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010”.

World Summit: The G8 pledge was broadened at the 14-16 September 2005 UN General Assembly World Summit. In the World Summit outcomes document, UN Member States committed themselves to:

- Developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it, including through increased resources, and working towards the elimination of stigma and discrimination, enhanced access to affordable medicines and the reduction of vulnerability of persons affected by HIV/AIDS and other

- health issues, in particular orphaned and vulnerable children and older persons;
- Working actively to implement the “Three Ones” principles in all countries.

- Thereby welcoming and supporting the important recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International donors.

### Guiding Principles and Expected Outcomes

The guiding principles of scaling up towards universal access are as follows:

- Country-ownership and leadership*, facilitated through a participatory country-driven process;
- Building on existing efforts*, such as poverty reduction strategies and national strategic plans, as well as efforts of UN, bilaterals and other partners to support the national response;
- Inclusive partnership with people living with HIV, civil society organizations and the private sector*, thus promoting greater involvement of people living with HIV and expanding national implementation capacity, in particular to reach rural and marginalized populations;
- A continuum of support to countries*, to ensure natural follow-up to earlier international initiatives and commitments;
- Sustainability of services*, through more predictable and flexible financial support to allow continuity in services;
- Monitoring progress against indicative benchmarks*, to support strategic direction setting, and to enable reporting on performance and demonstrating leadership for results;
- The strive for equity in access*, to ensure that scaling up towards Universal Access

will reach and benefit all people in need of information and services;

- Sharing of experiences* on successful approaches and strategies, in particular enabling South to South learning.

**Outcomes.** The main outcome of the national consultation process will be a broadly-defined roadmap. The roadmap will be based on the status of the national response, clearly identified principal obstacles and local, regional and global strategies to address these obstacles, as well as aspirational outcomes. It will be developed within available planning frameworks and reviews, such as the HIV national strategic framework and joint annual reviews. The country roadmaps will be presented at the regional consultations for discussion, and subsequently compiled into a regional report.

The Global Steering Committee on Scaling up towards Universal Access will consolidate a report based on country inputs - including an analysis of common obstacles to scaling up - and formulate recommendations for addressing such obstacles, to be considered at the 2006 UN General Assembly Review and High-Level Meeting on HIV/AIDS.

### Roles of UNAIDS staff

The UNAIDS Country Coordinators (UCCs), together with UN partners are specifically expected to support the national authorities with the development of a broadly-defined roadmap. The roadmap will outline key milestones and major interventions on scaling up towards universal access. It is envisaged that the roadmap will be better defined in due course. Countries may also want to revisit

existing targets, e.g. those set by the national strategic plan, the poverty reduction strategy or treatment scale up programme, as per identified need.

Resources have been made available to UNAIDS country offices to facilitate the undertaking. The UCCs will also support the national authorities in establishing broad

public awareness on universal access, by engaging the local media and by ensuring participation of a broad range of stakeholders in the consultation process.

Staff should be able to respond to a series of common questions about this country consultation process:

1. What are the expected products from this country consultation process?
2. Is this new and how does it relate to existing strategies and programmes?
3. What does universal access mean-for prevention, for treatment, for care and support?
4. Why is this important now?
5. How do we determine the current status of the national response?
6. How do we identify the main obstacles for scaling up services?
7. How can we overcome these obstacles?
8. Developing the Road Map
9. Where do we go next?

***1. What are the expected products from this country consultation process?***

The participatory consultations will be led by the National AIDS Coordinating Authority and the Ministry of Health and will involve a wide range of partners, to enable broad buy-in to the process.

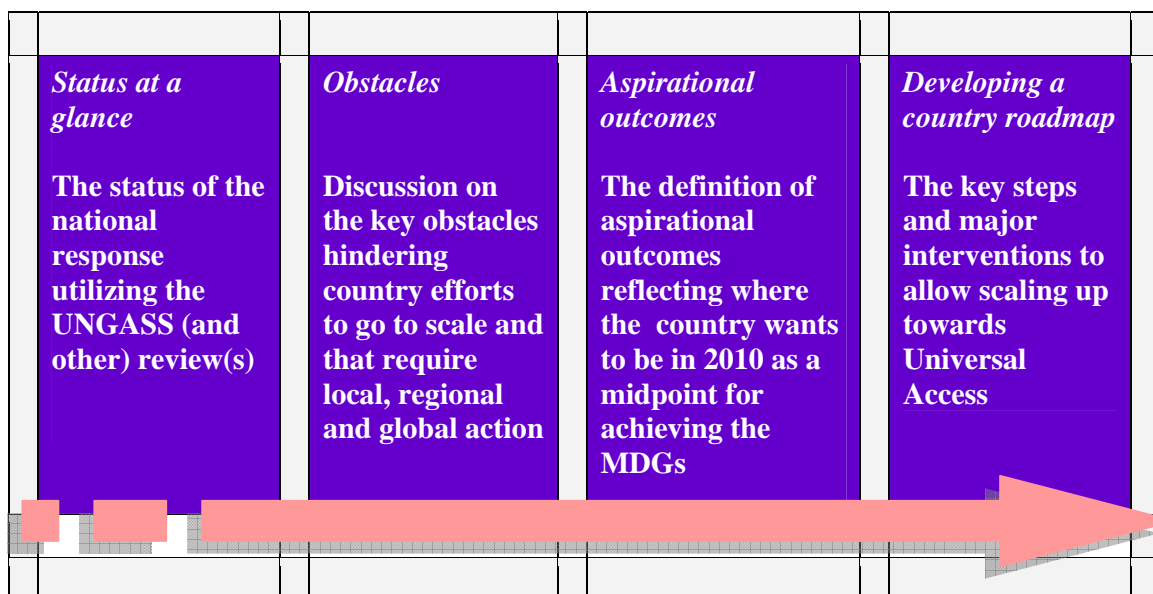
The country consultations should engage civil society organizations, including participation by networks of people living with HIV, other line ministries, bilateral and multi-laterals organizations, the private sector and academia.

Recognizing the ongoing planning and review processes at the country level as well as the limited timeframe until the UN General Assembly Review and High-Level Session, countries are encouraged to adopt a light consultation process. The consultation may be a one-day undertaking, involving the following phases (see figure 1):

- a) Presenting the status of the national HIV response, based on the UNGASS review
- b) Identification of obstacles to universal access, requiring local and global action. It is expected that the main focus of the discussion will be on the identification of major obstacles to universal access and way to address these.
- c) Determining aspired country outcomes by 2010
- d) Developing a broadly-defined country roadmap, highlighting key milestones and major interventions

***It is important to note that the purpose of these initial consultations is NOT to develop rigorous country definitions of Universal Access. We are not asking countries to finalize their list of programme elements, proposed coverage levels, and target dates***

**Figure 1: Process to develop a national road map on scaling-up towards Universal Access**



**2. Is this a new effort and how does it relate to existing targets, national strategies and programmes?**

There are a number of existing global targets that will remain valid. These are outlined in Annex I. This country led process to define universal access for prevention, treatment and care and support within the individual country context will strengthen and complement these other agreed targets. The consultations will take into consideration partners’ efforts to support the national response, for example, the President’s Emergency Plan for AIDS Relief (PEPFAR), as well as current efforts by the UNAIDS family to assist countries such as the UNAIDS/WHO 3 by 5 initiative, the UNICEF-led “Unite for Children, Unite against AIDS” campaign, UNESCO’s support to the Global Initiative on Education and HIV/AIDS (EDUCAIDS), ILO’s engagement in the world of work, and implementing the UNAIDS Policy Position Paper on Intensifying HIV Prevention. Lessons learned from these initiatives and undertakings will be used when developing the country roadmap on scaling up towards Universal Access.

**3. What does universal access mean for prevention, for treatment, for care and support?**

Many will assume that “universal” means 100% access to services. In the area of antiretroviral treatment, WHO currently bases its estimate of resource needs for universal access to treatment on coverage of 80%, on the grounds that this is the highest coverage achieved in high-income countries. Additionally, the coverage of some interventions are easier to estimate and track than others. It is relatively simple to keep track of the amount of people enrolled in national antiretroviral treatment programmes. It is more difficult—and arguably more important—to track the number of patients adhering to antiretroviral treatment. It is more difficult still to quantify access to prevention services and track progress towards universal access. Generally, universal access is based on three critical elements: defining what interventions are to be included in programme implementation; what levels of coverage are to be achieved; and the proposed target dates for achieving these levels of coverage. However, it is not the intention during these first consultations to set or revisit targets

#### **4. Why is this important now?**

The commitment made by the General Assembly at the World Summit calls for “developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it”. Scaling up towards Universal Access has been adopted by the UNAIDS Secretariat as a corporate priority. UNAIDS staff, in close collaboration with the WHO country and regional offices and the UN Theme Group on HIV/AIDS, are therefore expected to facilitate a country-specific consultation process. They will support the national authorities in defining a process on the scaling up of the national response leading to Universal Access, in preparation for the regional consultations

#### **5. How do we determine the current status of the national response?**

Reporting by countries on the UNGASS core indicators is nearing completion. Not every country has access to all of the indicator data that is requested, but many countries do have substantial amounts of this data at hand. During the consultation this data should be reviewed and then the current level of effort be estimated. This process will help participants to develop a simple scorecard that presents where the country is at now and can serve as a basis for discussions about where the country wants to be in the future. Annex II presents an example of a ‘level of effort’ score that is based on a subset of UNGASS core indicators. Annex III presents the full set of UNGASS indicators for easy reference, and Annex 4 provides an example of possible ‘level of effort’ scorecards that countries may wish to use during the country consultation process.

#### **6. How do we identify and define the main obstacles for scaling up services?**

Rapid review of previously identified challenges to scaling up prevention, treatment, care and support services reveals remarkable commonalities. Therefore, rather than

organizing the work of the Global Steering Committee around these four basic areas of a comprehensive response, it is proposed to instead work around four broad obstacles to overall scale up of the national response:

1. Predictable financing and macroeconomic issues
2. Human resource and system constraints
3. Development of low-cost technologies and access to commodities
4. Human rights, equity, stigma and discrimination

#### **7. How can we overcome these obstacles?**

The obstacles identified can be addressed at different levels, including global, regional, national and decentralized levels. The country consultations would discuss and agree on joint actions to address the issues, which can be addressed at the national and decentralized level. The remaining issues will be presented at the regional consultations and to the Global Steering Committee, for regional and global action and commitment.

#### **8. Developing the Roadmap?**

The development of the roadmap may start with a discussion on the parameters of universal access. Improving access to key services includes a number of key parameters: Awareness (outreach programmes must inform target populations about the need and availability of such services); acceptability (staff attitudes and service environments must meet the needs of target populations); affordability (how much will these services cost?); availability (where can these services be accessed?); sustainability (will services be maintained over time?); equity (are all population groups, in particular marginalized groups, able to utilize the services?); and quality (are the services delivered with appropriate supervision based on national guidelines?)

Based on the current status of the national response, the identified obstacles and possible solutions, countries will then define where they would like to reach in 2010. As a next step, the country will define how it wants to reach this point, in terms of key milestones and major interventions. For example, in 2006, the national business council has defined its support to scaling up towards universal access; in 2006, all provincial hospitals are to provide a range of prevention interventions; in 2007 each district has defined a set of interventions for orphans etc. In some countries, the national strategic plan has recently been updated or is in the process of being updated. In these instances, the roadmap would broadly define how to operationalize the national strategic plan. Countries may decide at a later stage to refine the roadmap and include detailed steps and interventions for reaching the milestones.

**9. Where do we go next?**

The UNAIDS Regional Support Teams (RSTs) will follow up with the UCCs and provide support to countries, as required. The RSTs will monitor the country processes and provide regular updates to the UNAIDS

**Time-line**

The country consultations need to be undertaken from December 2005 to January 2006, to allow the products to be discussed at the sub-regional consultations, which will take place from January to Mid-February 2006. The sub-regional consultations provide an opportunity to discuss obstacles that can be resolved by regional action, and also functions as a peer review mechanism. The

Co-chair on progress made. In addition, the RSTs will undertake special efforts to promote country ownership of scaling up towards Universal Access, in countries without a UNAIDS presence.

The UNAIDS RSTs will work closely with the regional offices of the UNAIDS Cosponsors to support the (sub-) regional intergovernmental bodies in organizing the (sub-) regional consultations and consensus building in the regions. The regional consultations are scheduled from Mid-January to Mid-February 2006, and will be compiled into regional reports. The UNAIDS Cosponsors will contribute to the country and regional consultations and support follow-up actions at the country level, in line with the UNAIDS technical support division of labour.

Following the regional consultations, countries are encouraged to continue the consultation process for broad-based national commitment and political buy-in, and update their national strategic plan, according to needs identified by the country.

regional reports will be available by the end of February to allow review and action by the Global Steering Committee. The outcomes of the consultations and the Global Steering Committee will be compiled into a global report by the end of March and presented at the UN General Assembly Review and High Level Meeting at the end of May 2006. (See figure 2).

**Figure 2: proposed timeframe**

