

# The road towards universal access



## Issues Paper

*"Requests ... that the UNAIDS Secretariat and its Cosponsors assist in facilitating inclusive, country-driven processes, including consultations with relevant stakeholders, including non-governmental organizations, civil society and the private sector within existing national AIDS strategies, for scaling up HIV prevention, treatment, care and support, 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 ..., in particular orphaned and vulnerable children and older persons."*

**United Nations General Assembly resolution A/60/L.43 - "Preparations for and organization of the 2006 follow-up meeting on the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS" (23 December 2005)**

*"(W)e commit ourselves 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 ..., in particular orphaned and vulnerable children and older persons."*

**2005 World Summit Outcome (United Nations General Assembly, A/RES/60/1, 24 October 2005)**

*"We will work to achieve ... With the aim of an AIDS-free generation in Africa, to significantly reducing HIV infections and working with WHO, UNAIDS 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. Limited health systems capacity is a major constraint to achieving this and we will work with our partners in Africa to address this."*

**G8 Leaders Communiqué, 8 July 2005**

---

## **Introduction**

This paper aims to: (i) stimulate discussion by the Global Steering Committee on Scaling up Towards Universal Access (GSC) to prioritize and clarify the major obstacles to scaling up that are being identified by country and regional stakeholders, and (ii) stimulate the identification of solutions and actions. The paper provides a brief background to the process and sets out some of the major challenges and obstacles to scale-up. It does not purport to provide an exhaustive list of obstacles or to identify specific solutions that can be facilitated at international or country levels. The latter is expected to come out of the 9-10 January GSC meeting.

## **Background**

Governments and their civil society partners in countries continue to make important progress in expanding access to HIV prevention, treatment, care and support services. Recent pledges by the United Nations General Assembly, the G8 leaders, and others to support countries to scale up comprehensive AIDS services, and to advance as close as possible to universal access to treatment, mark a new phase in the response to AIDS: they offer stakeholders in countries and in the international community new opportunities to boost the delivery of services to those in need.

Universal access is part of a long historical movement to expand AIDS programmes and to support countries to put in place a comprehensive range of effective services. It builds upon the long struggles for access to treatment by and for people living with HIV, for the human rights of all people for access to prevention services and commodities, for the equal status of women, for the rights of marginalised communities, and for the rights of children to education, care and support. It also builds on several recent and ongoing international initiatives to strengthen countries' abilities to enhance the effectiveness and quality of AIDS programmes.

The Millennium Development Goals and the United Nations General Assembly Declaration of Commitment on HIV/AIDS placed the AIDS epidemic at the top of the global agenda. Since the 2001 Declaration of Commitment, the 3 by 5 initiative, launched initially by WHO and UNAIDS, has helped to mobilize and support governments and their partners to scale up access to treatment: although services have not been expanded to reach 3 million people by the end of 2005, there are now at least one million people in low- and middle- income countries with access to antiretrovirals. The establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank's AIDS programmes, and bilateral programmes such as the US President's Emergency Plan for AIDS Relief (PEPFAR) have dramatically increased the financial resources available for expanded HIV prevention, treatment, care and support services.

For low-income countries, a key challenge is to integrate actions toward universal access with broader development processes in order to maximize sustainability. Efforts to enable countries to be firmly in command of their own development programmes—including the Monterrey Consensus, OECD/DAC agreements on alignment and harmonization, and Poverty Reduction Strategies—have been applied to national AIDS responses through the "Three Ones" principles and the

recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT). The Three Ones principles, and processes such as the GTT, have led to important steps to address several factors that are complicating the ability of countries to put in place effective programmes. They have reconfirmed that national leadership and ownership by government and civil society stakeholders is essential for a successful response, and that donors and the international system should adjust their behaviour to maximize the quality of countries' responses. Ongoing implementation of the Global Task Team recommendations helps to empower national leadership and align multilaterals and international donors with country priorities.

Today the overriding imperative in the response to AIDS is to move beyond small programmes and pilot projects and to deliver services to people, including the impoverished and most vulnerable, on the scale required to advance towards universal access. World leaders – in the Gleneagles G8 Communiqué, the United Nations General Assembly 2005 World Summit Outcome, and the United Nations General Assembly resolution on the implementation of the Declaration of Commitment on HIV/AIDS (Resolution A/60/L.43) – are giving new impetus to scaling up comprehensive AIDS responses. In addition to pledging to mobilize \$50 billion in global assistance, the G8 leaders have committed to work to meet the financing needs for the AIDS response and to work with local stakeholders to implement the Three Ones harmonization principles in all countries. The World Summit Outcome document also committed UN Member States to increase resources for an enhanced AIDS response.

Already these actions at the international level are helping to catalyze the work of others in countries and at the regional level. African ministers of health, working within the framework of the African Union Commission, have called for concrete measures to strengthen treatment and care specifically for the poor, to develop and implement a pharmaceutical manufacturing plan for Africa, and to prepare a roadmap for rolling out comprehensive services in Africa.

### **What are the challenges and obstacles impeding scale-up of comprehensive AIDS services?**

The specific challenges and obstacles that impede scale-up of prevention, treatment, care and support services in individual countries and communities need to be identified and prioritized for action. Country, regional and global consultations have begun to identify a number of common obstacles that may be impeding the ability of low- and middle- income countries in their efforts to scale up programmes.

A key focus of the Global Steering Committee will be to clarify and prioritize the major obstacles. It has been proposed to start by considering obstacles categorized in four broad groupings: (i) adequate financing for scaled up AIDS responses (including addressing the macroeconomic constraints); (ii) human resource capacity, and health, social, and education systems constraints; (iii) affordable commodities and low-cost technologies; and (iv) human rights, stigma, discrimination, and gender equity. In addition the GSC will need to address cross-cutting issues, in particular the role of targets and milestones in driving national efforts to scale up. These categories are proposed to guide the initial GSC discussions. However, the GSC is

encouraged to identify and prioritize other critical obstacles based on country and regional advice. If the issues summarized below do not fully capture the main constraints to scale-up, the GSC will examine other issues.

### **Adequate finance for scaled up AIDS responses (including addressing macroeconomic constraints)**

Problem Statement. Leaders and programme managers in low- and middle- income countries generally are not able at present to count upon adequate and predictable international financing for their response to AIDS. Some governments are also not allocating sufficient domestic resources to the response. Although international and domestic resources mobilized for AIDS programmes have increased from less than \$1 billion to more than \$8 billion in the past five years (of which approximately 40 percent now comes from low- and middle-income countries themselves), the annual financial resources for a comprehensive response by 2008 have been projected to be over \$22 billion. Yet there remain concerns that current resource estimates have not been derived from a common framework, for example, the methods for estimating the level of resources needed to improve infrastructure and human resources. Further work will be required to fully cost a scaled up AIDS response. Macroeconomic policy interests – such as the need to control inflation and avoid large-scale deficit spending -- may limit the willingness of national financial policy-makers to allocate sufficient resources for scale-up. Some national authorities have expressed concern about policies that may lead to long-term dependence on external donor financing. Their concerns are heightened when international financing is not predictable, transparent, harmonized and aligned to national priorities and plans or national development processes and poverty reduction strategies (PRSs).

The Global Steering Committee is invited to consider whether the following questions on financing and macroeconomic issues are priority issues causing major impediments to scale up and, if so, what should be done to address them?

- Do present bilateral and multilateral financing mechanisms need to be reformed to enhance the predictability and sustainability of international donor financing for national and community responses to the epidemic?
- Are macroeconomic stability and anti-inflation policies putting a brake on scale up of the response to AIDS, and if so, what could be changed?
- What do partner countries consider to be the most effective and efficient financial instruments and channels for international support for the national AIDS response?
- How can bilateral and multilateral donors promote equity in the selection of partner countries in the light of information on need, performance and allocations of assistance by other donors to the same countries?
- Does a common costing framework need to be established to enable a more thorough re-evaluation of resource needs?

## **Human resource capacity, and health and social service systems constraints**

Problem Statement. Most countries with the greatest burden of the epidemic presently do not have the human capacity in place to mount comprehensive HIV services on the scale required. Sub-Saharan Africa, for example, has 69 percent of the global HIV treatment need but only 1.8 percent of the world's health workers. In many low-income countries, health, education and other public service sectors are severely underfinanced. Despite increased discussion about the incapacity of health and social sector workers and systems in many countries to cope with the epidemic (much less deliver a massively greater volume of services), few if any bold measures have been taken by the international community or by national partners to address the major factors underlying this constraint.

The Global Steering Committee is invited to consider whether the following questions on human resource capacity and systems are priority issues causing major impediments to scale up and, if so, what should be done to address them?

- Are the recommendations of the High Level Forum on Health MDGs sufficient, if implemented, to scale up the AIDS response, or are additional efforts necessary?
- What measures and incentives can be taken to support the training, recruitment and retention of health, education and social sector workers in low- and middle- income countries?
- Do national laws and regulations governing the training, roles and responsibilities of different health and social service professionals need to be amended to permit nurses, health assistants, counsellors and other professionals and non-professionals to carry out the greatest scope of work consistent with their professional capacities and expertise?
- What needs to be done to address the different concerns and needs of public, private sector and civil society AIDS service delivery?
- Given the increasing flow of AIDS funding through vertical finance instruments, how can adequate international and domestic financial resources be directed toward health, education and social system strengthening, including for processes such as planning, systems management, procurement and supply management, coordination, and monitoring and evaluation?

## **Affordable commodities and low-cost technologies**

Problem Statement. Maintaining a reliable, affordable, adequate supply of condoms, other prevention technologies, quality medicines and diagnostics, and nutritional support to children and adults affected by AIDS, is one of the greatest challenges that countries face in scaling up. For resource-constrained governments and poor people in middle- and low- income countries, the purchase price of medicines, testing kits, laboratory monitoring, prevention materials and commodities for affected people and communities, directly affects the number of people who can access HIV prevention, treatment, care and support. Prices of medicines have decreased dramatically, but cost still is an impediment in the context of per capita income and health expenditures, particularly but not exclusively in least developed

countries. Prices of second-line antiretroviral are substantially higher than first-line, and not proportionate to local purchasing power; the prices of some HIV medicines in middle income countries remain higher than what would be expected in the context of per capita income. Supply distribution systems in many countries are weak, from inventory tracking and ordering, to warehousing and security of supplies. Countries are already experiencing stock outs of medicines, diagnostic kits and condoms. There is a substantial condom and testing gap in many of the most affected countries. Global trade and intellectual property rules (e.g., the WTO Agreement on Trade-related Aspects of Intellectual Property Rights, the WTO “Doha Declaration”), which are intended to promote not only innovation but also access to pharmaceuticals, are only being used by a handful of countries in the manner that major donors encourage them to do. Even where lower-cost simplified regimens are available, however, inability to pay for prevention commodities, medicines, and food for affected people remains a barrier to scale up in some countries.

The Global Steering Committee is invited to consider if the following questions on affordable commodities and low-cost technologies are priority issues causing major impediments to scale up and, if so, what should be done to address them?

- What more needs to be done to ensure a continuous supply of condoms and other prevention commodities, diagnostic tools and medicines?
- What more needs to be done to make current and emerging prevention and treatment commodities more affordable and more universally accessible?
- Can the international community do more to ensure that sufficient incentives are in place for innovation of new prevention commodities, such as vaccines and microbicides, as well as simpler and less toxic treatment regimens, including formulations suitable for children?
- What incentives and support are necessary for countries to strengthen their procurement, supply and distribution systems to ensure continuous supplies of prevention and treatment commodities?
- Do measures need to be taken to expand countries’ abilities to ensure that adequate nutritional support is available for people affected by AIDS, in particular children and the most vulnerable?

### **Human rights, stigma and discrimination, and gender equity**

Problem Statement. Silence, violence, and disparate power relations within societies create exceptional challenges in the response to AIDS. Gender disparities and the low status of women in many societies fuel the transmission of HIV and worsen the impact of the epidemic. Stigma and discrimination severely impede responses to AIDS, and deter people in need, and often those in greatest need, from gaining access to HIV prevention, treatment, care and support commodities and services on an equitable basis. Those most in need are often the groups most frequently underserved or excluded, including women and children, and vulnerable groups. Prevention actions are particularly undermined by homophobia and criminalization

of homosexuality, and the perception among many that groups such as sex workers, drug users, prisoners and migrants do not deserve to have their human rights respected. Prejudice, intolerance and active discrimination also limit access to treatment and care, as do negative attitudes among health and social sector workers towards people living with HIV. The participation and engagement of affected groups, particularly people living with HIV, increases the accountability of governments to achieve effective responses, but these groups often are not adequately represented in the design and implementation of services that may primarily affect them. There has been a varied response by national governments, but overall too little is being done to protect human rights, to reduce stigma, to develop and enforce supportive law, to raise awareness, and to engage people living with HIV and other groups. Even where positive laws have been enacted, they often are not enforced by local authorities. Efforts to promote gender equity are undermined by lack of political will, as well as technical issues such as lack of disaggregated data on service utilization.

The Global Steering Committee is invited to consider whether the following questions on stigma, discrimination and gender equity are priority issues causing major impediments to scale up and, if so, what should be done to address them?

- What concrete actions can be taken to address those aspects of stigma and discrimination and gender inequity that are limiting access to HIV prevention, treatment, care and support services, and what specifically can be done about them?
- What actions need to be taken to enable countries to prioritize reduction of stigma, discrimination and rights-related vulnerabilities? And how should countries be held accountable for actions to address these problems limiting universal access?
- What concrete actions are needed to enable women and girls, and other underserved or marginalized groups, to obtain the right HIV-related information, services and commodities, and to reduce their vulnerability to HIV?
- What can be done to support the further mobilization of civil society – people living with HIV, the media, academics and others – to take action?