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Universal Access

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to:
Take note of the strategic and political directions outlined in the report.

Cost implications for decisions: *none*

INTRODUCTION

1. Governments committed in 2006 to pursue “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”¹. This commitment builds on the 2001 *Declaration of Commitment on HIV/AIDS* where governments first agreed to expand their efforts on HIV. Furthermore, governments made a commitment in 2010 to redouble their efforts as they recognized universal access as “an essential step in achieving Millennium Development Goal 6 and as a contribution to reaching the other Millennium Development Goals.”² The universal access effort is led by countries with support from UNAIDS and other partners.
2. This discussion paper provides a focus on the political and strategic elements of the UNAIDS approach that builds momentum towards universal access. Although there are also important programmatic and technical components related to universal access, these are not discussed in detail in this paper.
3. The core tenets of universal access are that HIV services and products must be accessible, acceptable, affordable, available, of good quality and sustainable. These principles require that governments take all necessary steps toward providing access to evidence-informed services to all people in need, regardless of their status and free from any form of stigma or discrimination.
4. Universal access is a goal to achieve effective health outcomes. It is rooted in health interventions that secure human dignity, human rights and gender equality for people most affected by HIV. This provides an impetus for intensified action by all stakeholders and constituencies by increasing understanding about which populations are at higher risk and most vulnerable to HIV infection. Depending on the context, key populations include young women and new-born babies of HIV positive mothers, and those marginalized and often criminalized segments of society such as people who use drugs, men who have sex with men, transgender people, sex workers and prisoners. These are often the most in need of a supportive environment in order to access prevention and treatment services, and protection from punitive laws.
5. UNAIDS supported countries to establish ambitious national targets based on their national contexts, the type of epidemic and strengths and weaknesses of their response. These targets, drawn from existing United Nations General Assembly Special Session (UNGASS) indicators, cover prevention, treatment, care and support. In most countries these targets are aligned to the national planning process, rather than being stand-alone goals, setting the foundation for political leadership and resource mobilization.
6. Based on the UNGASS set of indicators, the monitoring of targets fell into step with the biennial UNGASS reporting process, providing a regular update on progress. Countries re-assess and renew efforts to set targets periodically and according to planning processes such as those required for funding by donors such as the Global Fund.

¹ UN General Assembly (2006). *Political Declaration on HIV/AIDS* (A/Res/60/262)

² UN General Assembly (2010). *Keeping the promise: united to achieve the Millennium Development Goals* (A/Res/65/1)

7. UNAIDS recognized that while some global targets could be set, as already done for antiretroviral therapy (ART), countries needed to identify their own targets. This would allow for a more flexible and dynamic response to scientific developments and achievements allowing for continuous re-evaluation and appropriate adjustments. For example, the global ART target of 80% coverage of those “in need” of treatment is based on the old WHO treatment guidelines and may be more challenging to achieve given the new guidelines announced in 2010 that recommend commencement of ART much earlier than before.
8. This reality suggests that universal access may not necessarily correlate to 100% coverage of all possible prevention and treatment services for the entire population; rather it suggests ambitious goals within a context based on sound knowledge of epidemic trends focusing on specific services for those who need them.
9. Universal access remains the corporate priority of UNAIDS and continues to serve as a bedrock and central pillar to achieving UNAIDS’ Vision of *Zero new infections. Zero discrimination. Zero AIDS-related deaths*. UNAIDS’ mission is to lead and inspire the world in achieving universal access through uniting, speaking out, mobilising, empowering and supporting civil society, national governments, the private sector, global institutions and people living with and most affected by HIV. The new UNAIDS Strategy 2011-2015 is intended to continue the drive to universal access by revolutionizing HIV prevention, catalyzing the next phase of treatment, care and support, by putting human rights and gender equality at the centre of the response, and by bringing AIDS out of isolation.
10. The Global Commission on HIV and the Law, established in June 2010, will assist in developing actionable, evidence-informed and human rights-based recommendations for effective HIV responses that promote and protect the human rights of people living with and most vulnerable to HIV. To this end, the Commission focuses on some of the most challenging legal and human rights issues in the context of HIV: laws and practices that effectively criminalize people living with HIV and vulnerable to HIV; (2) laws and practices that mitigate or sustain violence and discrimination as lived by women; and (3) laws and practices that facilitate or impede HIV-related treatment.
11. The High Level Commission on HIV Prevention was launched in July 2010 and will pursue high level advocacy for HIV prevention in the various circles of influence. The Commission has been assisted by a Scientific Advisory Panel of a dozen of the world’s leading HIV prevention experts who have advised the Commission on the most urgent steps required to increase the impact of HIV prevention efforts. The Commission will release a declaration rallying global HIV prevention efforts on World AIDS Day, 1 December 2010, as well as prepare the ground for intensified national, regional and global HIV prevention efforts during 2011.

COUNTRY STOCK-TAKING TO DEMONSTRATE PROGRESS

12. Although progress towards universal access has been achieved in some countries in the areas of prevention of mother-to-child transmission of HIV (PMTCT) and the provision of antiretroviral therapy, many countries continue to be hindered by insufficient progress in addressing the obstacles identified in the first set of country consultations. Furthermore, many countries are making insufficient progress to: reduce sexual transmission, prevent

infection among people who use drugs, empower young people to prevent HIV, prevent people living with HIV from dying of tuberculosis, enhance social protection for HIV-affected people, empower men who have sex with men, transgender people and sex workers to protect themselves from HIV and access treatment, remove punitive laws, stigma and discrimination, and empower and meet the needs of women and girls and end sex and gender-based violence. The lack of progress in these areas continues to hold back effective national responses.

13. The 2006 country and regional consultations on universal access also identified a number of other barriers to scaling up AIDS programming, including weak supply systems and financial mechanisms, weak health systems, low levels of human resources, high levels of stigma and discrimination, gender inequality and marginalization of key populations at higher risk.
14. On 18 February 2010 the UNAIDS Executive Director issued a call to countries to undertake a review of progress towards universal access and requested UNAIDS offices to *“facilitate and support countries for an inclusive stakeholder process”*. It was stated that the reviews should:
 - analyze Universal Access achievements to date under national targets, where set;
 - analyze existing approaches to HIV prevention, treatment, care and support, and what is required to achieve targets that have not yet been achieved;
 - analyze data about who contracts HIV and how those populations may have changed over time (such populations include women, young people, migrants, men who have sex with men, transgender people, people who inject drugs, prisoners and pre-trial detainees, and sex workers) according to ‘Know your epidemic and Know your response’;
 - identify current obstacles to achieving universal access, such as those mentioned above, and how to overcome these;
 - define how to accelerate progress where it is lagging; and,
 - set new targets as necessary.
15. In line with programmatic strategies, frameworks and tools, UNAIDS noted that the reviews should:
 - be nationally-owned and led;
 - involve the full participation of all stakeholders at all levels, including all branches of government (executive, legislative, judiciary), donors at country level, UN system and intergovernmental agencies and civil society;
 - be fully inclusive, making efforts to include those living with HIV, women, young people and those marginalized;
 - reflect on legal, social, funding and programming environments affecting the response to HIV; and,
 - promote the human rights and health of all those vulnerable to HIV infection and living with HIV.
16. These reviews are not simply events in themselves but rather they must be aligned to ongoing planning processes that countries undertake to improve their AIDS response. This approach ensures that the universal access reviews feed into the revision of multi-year national AIDS strategic plans and United Nations Development Assistance Frameworks (UNDAFs).

17. Currently there are reviews planned or under way in 117 countries. Each consultation on universal access will prepare an aide-memoire, a record of discussion that identifies the barriers and the steps to address them in order to achieve universal access and the MDGs. These aide-memoires will be used by stakeholders to ensure that the issues identified are addressed in the onward planning of new or revised national strategic plans on HIV. UNAIDS will synthesize the key lessons and monitor how they are used in the future planning of national AIDS strategic frameworks or plans.

ACTION AT THE REGIONAL AND GLOBAL LEVELS

18. In support of stock-taking at the country level UNAIDS has engaged at the regional and global levels to advocate for and advance the universal access agenda and to create momentum. Some of these activities include:
- DFID-hosted High Level Meeting on Universal Access in East and Southern Africa (March 2010).
 - Policy Dialogue among stakeholders and constituencies towards Achieving Universal Access to HIV Prevention, Treatment, Care and Support in the Middle East and North Africa (June 2010).
 - Economic and Social Commission for Asia and the Pacific – Resolution 66/10, Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific (June 2010).
 - AIDS2010 – the International Conference on AIDS: sessions and panels (July 2010).
 - MDG Summit (September 2010).
 - Regional meetings planned and/or under development bringing together stakeholders and constituencies such as the Africa continental consultation with the African Union and WHO Afro (scheduled February 2011), Latin America (scheduled February 2011), the Caribbean, Asia and the Pacific (scheduled March 2011), and Europe and Central Asia (to be determined).
 - Regional conferences such as the International Conference on AIDS and STIs in Africa, International Conference on AIDS in Asia and the Pacific, Foro for AIDS in Latin America and the Caribbean, and others.
 - UNAIDS has also worked through a series of regional intergovernmental fora that mobilize governments to discuss and resolve important policy and programme issues. For example at the African Union, at the Organization of American States (OAS), and others.
19. In 2010 and 2011, four key global reports will highlight progress towards universal access and identify gaps and barriers that need to be addressed. These include:
- WHO, UNICEF and UNAIDS Progress Report: Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector – progress report 2010 (issued on 27 September 2010);
 - UNAIDS *Report on the Global AIDS epidemic 2010* (launch expected 23 Nov 2010)
 - 2011 Secretary General’s Report to the UN General Assembly on the implementation of the 2001 and 2006 declarations on HIV/AIDS (expected March/April 2011)
 - Universal Access Stocktaking Report (expected in June 2011)

20. UNAIDS proposes to establish an International Advisory Group to guide the development of a Universal Access Stocktaking Report for the 2011 AIDS Review by the UN General Assembly. This would be a multi-partner committee based on balanced stakeholder representation from governments, civil society and UNAIDS. Panel members will be drawn from country, regional and global constituents linking with members of key existing advisory groups and committees around priority outcomes (e.g. Treatment 2.0 initiative, the High Level Commission on Prevention, the Global Commission on HIV and the Law, and the UNAIDS Reference Group on HIV and Human Rights). The key tasks of the Group would be to review progress at country and regional levels and make recommendations for scaling up comprehensive national responses for countries and other stakeholders to reach universal access by 2015. The recommendations will be compiled in a UNAIDS Universal Access Stocktaking Report to be presented in June 2011.

REFLECTIONS AND ANALYSIS OF RESULTS TOWARDS UNIVERSAL ACCESS TO-DATE

21. A critical role for UNAIDS – as defined in the 2001 and 2006 declarations mentioned above - is to support countries in their effort to take stock of progress achieved and address the barriers to universal access. This process of stocktaking has yielded the most comprehensive and valuable data on the epidemic and the response to-date.
22. Recent data highlights that significant progress is being made to scale up the response in many countries and among many different populations. Data is also illustrating that progress is resulting in lower incidence.³ Despite progress being made, the data also highlights that barriers and gaps persist.
23. It would seem that results in countries are being achieved with a more efficient use of available resources in a resource-scarce environment. A more focused approach necessitates more relevant and cost effective programmes with greater impact, requiring countries to explore the policy, financing and institutional factors that enable or constrain the integration of HIV programmes with sexual and reproductive health and other programmes. Programmes around co-infection, specifically tuberculosis and hepatitis, need to be analyzed for improved integration with HIV programming.
24. *Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector – progress report 2010* was released on 27 September 2010. This report by WHO, UNICEF and UNAIDS is the fourth annual report for tracking progress and notes that “significant progress has been made in several low- and middle-income countries in increasing access to HIV/AIDS services”. The report also notes that worldwide 5.25 million people are receiving ART and that there has been steady progress for PMTCT services: globally a record 53% of pregnant women who needed PMTCT services received them in 2009 compared to 40% in 2008.
25. The report also highlights the continuing obstacles to scaling up HIV treatment that persist in most countries, including funding shortages, limited human resources, and weak procurement and supply management systems for HIV drugs and diagnostics and other health systems bottlenecks. It also notes that prevention efforts to reach most-at-

³ Early analysis used in the UNAIDS *Report on the Global AIDS Epidemic 2010 (to be released on 23 November 2010)*

risk populations such as sex workers, people who use drugs, and men who have sex with men are limited. Further data and analysis will be made available in the *UNAIDS Report on the global AIDS epidemic 2010*, expected to be launched on 23 November 2010.

26. The present momentum at global and country levels for the removal of restrictions to entry, stay and residence for people living with HIV is an illustration of UNAIDS efforts to ensure that universal access also addresses key legal and policy issues that affect people living with HIV. In early 2008, UNAIDS established the *International Task Team on HIV-related Travel Restrictions* composed of governments, international agencies and civil society, including people living with HIV to increase evidence and action to eliminate these discriminatory and long-standing restrictions. The report and recommendations of the Task Team stimulated global and national policy discussions on HIV-related travel restrictions that led in 2010 to the removal of these restrictions in the USA, China and Namibia. Several other countries have also initiated consultations and legal processes towards the removal of HIV-specific restrictions related to entry, stay or residence based on a person's HIV status.
27. Early reports from the country and regional universal access reviews highlight that stigma and discrimination continues to limit progress towards access to prevention efforts for key populations. These reviews are therefore tackling complex and sensitive issues previously neglected; human rights have become central to the reviews and ultimately in the realization that national strategic plans need to be grounded in public health policies. The reviews also highlight a renewed sense of purpose among constituencies and stakeholders. There is increasing recognition that the goal of universal access can and does inspire countries, stakeholders and constituencies to scale up the response in order to bring tangible benefits to people and communities. Further analysis will be made available in the UNAIDS Universal Access Stocktaking Report (expected in June 2011).
28. For these reasons, UNAIDS efforts will continue to highlight:
 - inequities of access to prevention, treatment, care and support for different types of populations and the importance of disaggregating findings during analysis;
 - importance of keeping political commitment alive, using a renewed UA agenda, MDG and other tools;
 - weakness of country budgets and financial commitments and sustainability;
 - issue of resistance to treatment and changes in basic regimens that may change costs dramatically.

AIDS+MDGs SYNERGIES

29. The MDG Summit provided an important platform for the UNAIDS strategic approach to build the momentum towards universal access within an overall AIDS+MDG approach. The Summit's outcome recognized that the MDGs are "interconnected and mutually reinforcing" and underscored the need to "pursue these Goals through a holistic and comprehensive approach". The outcome stressed that "accelerating progress on the MDGs related to health is essential for making headway with the other Goals".

Governments committed to accelerating progress in order to achieve MDG 6, including through:

- Redoubling efforts to achieve universal access to HIV/AIDS prevention, treatment, care and support services;
- Significantly intensifying prevention efforts and increasing access to treatment by scaling up strategically aligned programmes aimed at reducing the vulnerability of persons more likely to be infected...;
- Dealing with HIV/AIDS from a development perspective;
- Building new strategic partnerships to strengthen and leverage the linkages between HIV and other health- and development-related initiatives...;
- Planning for long-term sustainability including addressing the expected increase in demand for second and third line drug regimens;
- Increasing efforts to achieve universal access through providing adequate funding to multilateral and bilateral channels, including the Global Fund, as well as strengthening innovative financing mechanisms.⁴

30. Significant policy guidance and operational support is now being provided to countries to strengthen integration and linkages; for example, through our engagement in the implementation of UN Secretary General's Global Strategy on Women and Children's Health at country level.

NEXT STEPS: THE IMPORTANCE OF 2011

31. With the 2015 deadline for achievement of the MDGs approaching, UNAIDS has made the AIDS+ MDGs agenda a unifying principle for its work. This integrated approach builds on the commitments made by governments as outlined in the 2010 MDG Summit outcome document.

32. With the MDG deadline in mind, UNAIDS is recommending that the global, harmonized, standardized collection of the 25 UNGASS country indicators, including the 4 global indicators, should continue. A consensus on the ongoing reporting schedule is required, whereby in even years (2012, 2014, and 2016) countries report on the previous year's data.

33. UNAIDS is currently supporting the United Nations General Assembly President to plan and prepare the Comprehensive Review on HIV/AIDS (High Level Meeting) scheduled 8-10 June 2011.

34. UNAIDS shall advocate for the adoption by the General Assembly of a declaration which would:

- provide a demonstrable commitment of the international community to universal access and the vision of "Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths."

⁴ UN General Assembly (2010). *Keeping the promise: united to achieve the Millennium Development Goals* (A/Res/65/1)

- reflect a new framework for a sustained global AIDS response, set revised targets for 2015 and beyond, and promulgate commitments to achieve these rather than merely reiterating previous commitments.
- promote shared accountability through locally driven priority setting as well as monitoring of programme progress, reflecting the AIDS+MDGs approach and knowing the epidemic.
- outline mechanisms for global reporting and monitoring of progress, including the role of UNAIDS in this regard.

35. The Programme Coordinating Board is invited to take note of the strategic and political directions outlined in this discussion paper.

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