

The road towards universal access



Concept Paper

Introduction

In the four years since UN Member States made a Declaration of Commitment on HIV/AIDS at the 2001 Special Session of the UN General Assembly, the global AIDS response has steadily grown and gained momentum. World leaders have now committed 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”.

This momentum has occurred within wider efforts to place countries more firmly in command of their own development programmes. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established to provide low- and middle-income countries with additional financing for AIDS and other diseases, the World Bank provides large-scale grants through its Multi-country AIDS Program, and individual high-income countries have significantly increased their bilateral assistance, supplementing increasing public sector budget allocations in low- and middle-income countries. Civil society advocacy, special pricing by pharmaceutical companies for low-income countries, increased generic competition and local production, and negotiations facilitated by philanthropic foundations have slashed the prices of first-line antiretroviral medicines and increased their availability. The 3 by 5 initiative, launched by WHO and UNAIDS, has built on these developments to catalyze and mobilize support for national AIDS programmes to expand access to treatment. Increased funding has also been mobilized for research and trials of vaccines, microbicides and other new technologies. A renewed emphasis on the importance of HIV prevention has reinforced the clear imperative that scale up of the AIDS response must be comprehensive.

The Monterrey Consensus and the Development Assistance Committee (DAC) of the OECD have set standards and criteria for alignment and harmonization, which 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). G8 countries reinforced this approach at their July 2005 Gleneagles Summit. In the end-of-summit communiqué, 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 coming as close as possible to universal access to treatment for all those who need it by 2010. The commitment to scaling up a comprehensive response and achieving as close as possible to universal access to treatment by 2010 was broadened to include all UN Member States at the 2005 World Summit, and recently reiterated by the UN General Assembly in its 23 December 2005 resolution entitled “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” (A/60/L.43). This resolution requested the UNAIDS Secretariat and its Cosponsors to assist in facilitating inclusive, country-driven processes, including consultations with relevant stakeholders, 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. It also requested UNAIDS to present an assessment on these processes—including an analysis of common obstacles to scaling up, and recommendations for addressing such obstacles as well as accelerated and expanded action—to a General Assembly meeting to review progress on the Declaration of Commitment on HIV/AIDS, to be held from 31 May 2006 to 1 June 2006, and a High-Level Meeting on 2 June 2006.

The Task

Based on the above, UNAIDS is facilitating a multi-partner effort, driven by the countries themselves, to scale up towards universal access. The process aims to identify solutions to the key obstacles that are blocking comprehensive and integrated scale up of prevention, treatment, care and support services and to develop nationally agreed, targeted plans or 'roadmaps' for building significantly greater coverage of services by 2010.

The universal access process was not launched in a vacuum. The World Summit and G8 commitments provide an opportunity to leverage additional action to reach the Millennium Development Goal on HIV/AIDS. The process thus builds on a continuum of efforts to better help countries as they scale up their AIDS responses in a sustainable manner integrated with wider development efforts. The critical elements of this process are:

- It occurs within and builds upon existing processes at all levels.
- Countries drive the process, supported by international and bilateral institutions and donors, in line with the "Three Ones" principles and the recommendations of the Global Task Team.
- It covers the scale up of a comprehensive and integrated AIDS response, including prevention, treatment, care and support.
- It focuses on finding practical solutions to the main obstacles to scaling up, building on decisions already made.
- The participation of a wide range of stakeholders—especially civil society and people living with HIV—is critical to its elaboration and success.
- It encourages countries to set their own roadmaps – including midpoint targets and milestones – for themselves in order to advance toward universal access and to achieve the Millennium Development Goal on HIV/AIDS.

The Process

Countries drive the process of scaling up towards universal access. However, this effort is taking place simultaneously at several levels: national, regional and global. Breaking through the obstacles to universal access requires a multi-pronged approach, linking country-level realities to regional and global-level opportunities. UNAIDS has been requested by the UN General Assembly to present an assessment on the process at a 31 May – 2 June 2006 comprehensive review and high-level meeting regarding progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS.

At country level: All low- and middle-income countries have been encouraged to hold inclusive consultations on universal access within their existing AIDS planning and review processes. It is advised that these consultations be led by the national AIDS coordinating authority and the Ministry of Health, and include the participation of all the key stakeholders: line ministries, networks of people living with HIV, other members civil society (including but not limited to AIDS activists, women's groups, nurses and doctors, academics, NGOs, representatives from faith-based organizations, the private sector), and bilateral and multilateral partners. These consultations will be held in late 2005 and early 2006, often on the sidelines of other multi-partner discussions and conferences, in particular actions to implement the GTT recommendations. They will discuss scaling-up in the specific context of each country and the obstacles to such scaling-up, and design nationally agreed roadmaps for scale-up over the next five years (2006-2010). The roadmaps are expected to build upon existing efforts, such as poverty reduction strategies, national strategic plans and UN, bilateral and other partners support of the national AIDS response. It is proposed they contain the following elements:

- milestones in scaling up towards universal access at national level between 2006 and 2010;
- specific proposals for achieving equity through scale-up – in particular, proposals for reaching rural, vulnerable and marginalized populations;
- the main obstacles within countries to such scaling-up, as identified by the stakeholders during the consultations;

- proposed solutions to these obstacles – again identified during the consultations;
- monitoring and evaluation mechanisms during the period covered by the roadmaps;
- recommendations on harmonizing and aligning the efforts of partners with national priorities.

Some countries may choose to distil their targets and roadmaps from existing plans. Others may use the opportunity to revise their existing plans and targets. Still others may integrate this task within an ongoing planning or review activity. Efforts by countries to collect and analyze data for their 2005-06

Regional consultation schedule	
<u>12-14 January:</u>	<i>Latin America consultation in Brazil</i>
<u>14-15 February:</u>	<i>Caribbean consultations in Jamaica</i>
<u>14-16 February:</u>	<i>Asia Pacific consultations in Thailand</i>
<u>1-2 March:</u>	<i>EECA/CIS consultation in Russia</i>
<u>6-8 March:</u>	<i>Africa consultation in Republic of Congo</i>
<u>8-9 March:</u>	<i>South-east Europe consultation in Romania</i>
<u>March:</u>	<i>Middle East (venue to be confirmed)</i>
<u>4-6 May:</u>	<i>African Union Heads of States summit in Nigeria</i>

progress reports on the 2001 Declaration of Commitment on HIV/AIDS will provide valuable and timely information for choosing milestones and developing implementation plans. UN Theme Groups on HIV and AIDS and UNAIDS Country Coordinators are supporting these country consultations upon request.

At regional level: Regional consultations will analyze country consultation reports and distil their outputs. At this level, the process of scaling up towards universal access will rely on the engagement of regional forums (e.g. the African Union, the Pan-Caribbean Partnership against HIV/AIDS), regional civil society groups and countries that have emerged as regional “champions” against the epidemic. These consultations aim to:

- Identify countries’ common obstacles to and opportunities for achieving and sustaining universal access.
- Identify common ways to overcome the obstacles, and any regional actions that can be taken.
- Encourage peer learning and challenge between countries.
- Compile country-level milestones and roadmaps, if appropriate.
- Produce regional reports to the Global Steering Committee.

Whenever possible, regional consultations will “piggy-back” on previously planned regional meetings and conferences organized by regional groupings, individual member states or UN agencies and programmes. UNAIDS Regional Support Teams, WHO Regional Offices and UN regional directors’ forums on HIV and AIDS will support these consultations. These regional entities are already working with UN Theme Groups on HIV and AIDS and UNAIDS Country Coordinators to ensure strong linkages between country and regional consultations.

At global level: Building on the successful format of the Global Task Team, a multi-partner Global Steering Committee has been established to guide this consultative process. Co-chaired by the UNAIDS Secretariat and the Government of the United Kingdom, the Global Steering Committee includes representatives of low- and middle-income countries, donor countries, civil society including networks of people living with HIV and faith-based organizations, academia, the private sector, UN agencies and programmes, and global funding mechanisms. The key tasks of the Global Steering Committee are:

- Mobilize countries, civil society groups, bilateral and multilateral organizations to join the scaling-up effort, and to mobilize longer-term support to the implementation of country roadmaps to get as close as possible to universal access by 2010;

Global Steering Committee meetings	
<u>9-10 January:</u>	<i>Washington DC, USA</i>
<u>21-22 February:</u>	<i>Geneva, Switzerland</i>
<u>16-17 March:</u>	<i>Nairobi, Kenya (TBC)</i>

- Identify the priority critical obstacles for countries in scaling up towards universal access to prevention, treatment, care and support, including sensitive issues requiring stronger global commitment;
- Identify additional efforts needed to ensure a quality and accurate costing of resources needed to mount a comprehensive response to AIDS by 2010;
- Engage in mutual learning on effective scaling-up strategies and determine concrete actions to overcome identified obstacles;
- Promote more efficient financing for AIDS through greater coordination, complementarity and harmonization around national priorities, as well as reduced transaction costs;
- Develop stronger linkages between increased financial support and countries' policy performance; and
- Produce concrete recommendations for the scale-up of comprehensive national AIDS responses toward universal access, for inclusion in a UNAIDS assessment paper to be presented to the UN General Assembly.

At its first meeting, the Global Steering Committee will focus its work on four types of barriers to scaling up that are common to many countries:

1. constraints to ensuring adequate sustained financing, and therefore to planning ahead, for scaled up AIDS responses;
2. too few trained human resources, and health and social systems constraints;
3. barriers to reliable access to commodities and low-cost technologies (e.g. condoms, injecting equipment, medicines and diagnostics);
4. stigma and discrimination, inequity, gender discrimination and insufficient promotion of HIV-related human rights.

In addition, the GSC will consider the role of milestones and interim targets in securing scaled up country efforts to advance toward universal access by 2010.

By the second meeting of the Global Steering Committee, reports from country and regional consultations will be flowing into global-level work. Between the second and the third meetings of the Global Steering Committee, all regional reports will be consolidated into a draft assessment paper. This paper will be reviewed at the third meeting of the Global Steering Committee, ahead of UNAIDS' submission of the paper to the UN General Assembly. The paper will explore the action needed to support countries to scale up prevention, treatment, care and support programmes to come as close as possible to universal access to treatment by 2010.

UNAIDS support: Following the recommendations of the Global Task Team, the UNAIDS Secretariat and Cosponsors will work with their regional and country offices to ensure a joint approach to UNAIDS support for this process that takes into account the comparative advantages of individual UN organizations. This will include financial and logistics support for the consultations, and increased technical support delivered through the UNAIDS Technical Support Division of Labour, the Consolidated UN Technical Support Plan on AIDS, Technical Support Acceleration Funds and the Global Joint Problem-Solving and Implementation Support Team. A small secretariat based within the UNAIDS Secretariat is serving the Global Steering Committee.