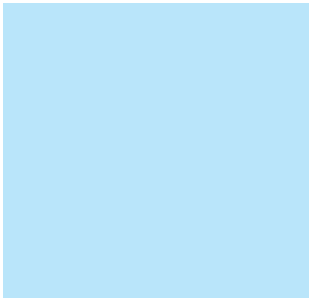


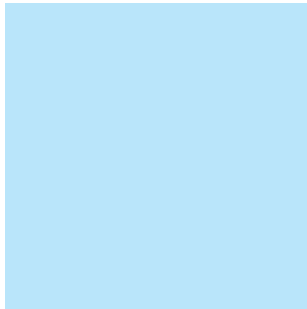
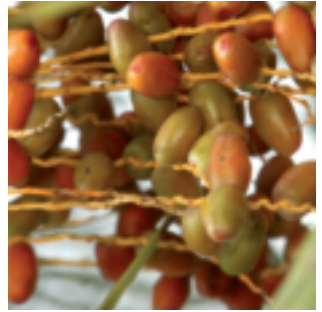


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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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The Road Towards Universal Access





"The road towards universal access is a difficult but feasible one. By setting concrete targets, countries have demonstrated their commitment to working towards universal access and ensuring that their citizens have access to HIV prevention, care, treatment and support services. The progress seen so far reassures us that achieving universal access is not just an aspiration, but a realistic goal"

Peter Piot, Executive Director, UNAIDS

Photos:

UNAIDS/Pierre Viot, UNAIDS/Pierre Viot
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Foreword

AIDS has been with us for over 25 years. In that time, it has grown from a little-known disease outside the mainstream of society to a global development threat. AIDS touches on the taboos of many societies, allowing HIV to take root in society's vulnerable groups. The virus increasingly targets young people, women and the impoverished as it spreads, exploiting their lack of economic, social and sexual power.

In the last six years I have witnessed a sea change in political commitment to the AIDS response. Starting with the Declaration of Commitment on HIV/AIDS in 2001, AIDS has increasingly received the political and financial attention it deserves. On 2 June 2006, the UN General Assembly made a new commitment to scale up towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010. This commitment included the agreement to increase efforts to tackle the major obstacles to scaling up, which were identified by 130 country consultations and seven regional consultations facilitated by UNAIDS.

The universal access process has mobilized countries to strengthen their national AIDS plans by including new, ambitious HIV prevention and treatment targets with the involvement of civil society, the private sector and people living with HIV. Never before in the history of AIDS had we witnessed such determination to work together towards a common goal. Now that the targets have been set the challenge is to achieve them. Each and every one of us has a stake in the success or failure of these efforts to end AIDS.

Michel Sidibe
Deputy Executive Director, UNAIDS



"(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 (UN General Assembly, 24 October 2005)

What is universal access?

Universal access is the global commitment to provide HIV prevention, treatment, care and support services to all those in need, based on national targets set by countries. The targets were developed through country consultations with civil society, people living with HIV and other national partners to assess their epidemics and obstacles to accessing HIV prevention, treatment and care services.

Universal access to HIV prevention, treatment, care and support is a human right. Universal access supports the scale up services that are:

- **Equitable** – information and services must be made available to rich and poor, women and men, young and old, and vulnerable groups, including sex workers, injecting drug users and men who have sex with men.
- **Accessible** – locally relevant information and services need to be made available when and where people need them, and they need to be able to use them without fear of prejudice or discrimination.
- **Affordable** – cost should not be a barrier to existing commodities (e.g. medicines and diagnostics, female and male condoms) and services (e.g. harm reduction), as well as those being developed (e.g. microbicides, vaccines and new medicines).
- **Comprehensive** – services must be planned and delivered with the full inclusion of people living with HIV, faith-based organizations, private sector, international partners and government.
- **Sustainable** – services must be available throughout people's lives rather than as one-off interventions. New technologies and approaches must be developed to meet ever-changing needs.

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Why universal access?

In 2007, around 31% of people in need of treatment were accessing HIV treatment and an estimated 33% of pregnant women were receiving antiretroviral for prevention of mother-to-child HIV transmission. At the same time, an additional 2.5 million new infections were recorded, bringing the total number of people living with HIV to 33.2 million (of which a third live in sub-Saharan Africa).

In an attempt to address these imbalances and re-invigorate the efforts enshrined in the 2001 Declaration of Commitment and Millennium Development goals to halt and reverse the spread of HIV/AIDS, leaders at the 2005 World Summit committed to a massive scaling up of HIV prevention, treatment, care and support with the aim of coming as close as possible towards universal access by 2010 for all who need it. This move toward universal access was endorsed not only by the UN General Assembly, but also by the African Union and the G8 countries.

The defining characteristics of this scale up movement are that it is a country-owned and country-led process, involving partners that are critical to the response, in particular civil society and people living with HIV and it promotes aligning of resources with national priorities.

At the request of the UN General Assembly, the UNAIDS Secretariat and its Cosponsors facilitated inclusive country consultations between December 2005 and April 2006 to develop practical strategies for moving towards universal access.

The country, regional and global consultations produced important recommendations at national, regional and global level to overcome the critical obstacles identified as obstructing an accelerated response.

Actions to reaching universal access*

1. Setting and supporting national priorities

No credible, costed, evidence-informed, inclusive and sustainable national AIDS plan should go unfunded.

2. Predictable and sustainable financing

Meet AIDS funding needs through greater domestic and international spending, and enable countries to have access to predictable and long-term financial resources.

3. Strengthening human resources and health systems

Adopt large-scale measures to strengthen human resources to provide HIV prevention, treatment, care and support, and to enable health, education and social systems to mount an effective AIDS response.

4. Affordable commodities

Remove major barriers – in pricing, tariffs and trade, regulatory policy, and research and development – to speed up access to affordable quality HIV prevention commodities, medicines and diagnostics.

5. Stigma and discrimination gender and human rights

Protect and promote the AIDS-related human rights of people living with HIV, women and children, and people in vulnerable groups, and ensure that they are centrally involved in all aspects of the response.

6. Accountability

Every country should set in 2006 ambitious AIDS targets reflecting the urgent need to massively scale up HIV prevention, treatment, care and support and move as close as possible to universal access by 2010.

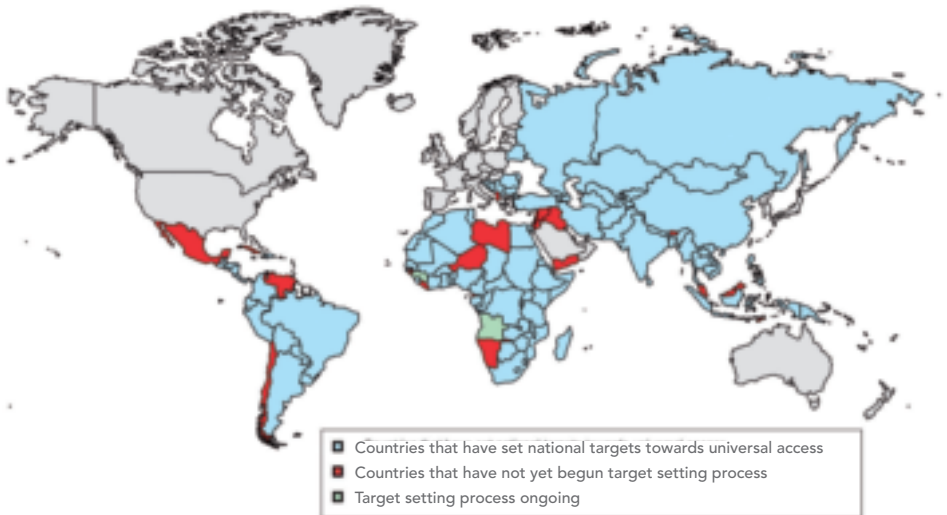
*"Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV Prevention, treatment, care and support", UNAIDS 2006

Progress on setting targets

At the 2006 High-Level Meeting on AIDS, UN Member States committed to set ambitious targets for treatment, prevention and care by 2010.

By February 2008, 101 of the 130 countries that had organized country consultations on obstacles to universal access, had set targets for universal access, while nearly 76 countries had incorporated these targets into their national strategic plans and costed it accordingly. Progress on target setting varies across regions as seen in the map below.

Of the 101 countries with targets, 91 countries (90%) set a target for treatment and a further 95 (94%) set a target for at least one of the six prevention targets. Just over half of countries set targets for critical prevention interventions, such as HIV testing, condom availability, and knowledge and behaviour change among young people.



Lessons learned so far – *galvanizing action*

Two years into this process, the commitment to universal access is increasingly making its mark on those most in need. Several countries, including Kenya, Ethiopia and South Africa, are already well on track to reaching their targets, while others, such as Tanzania and India are due to reach their targets by 2015.

Nevertheless, in many places there is still a limited understanding of national HIV epidemics, affecting countries' ability and willingness to undertake evidence-based planning, with the result that prevention interventions are often overlooked. This is evident from the targets set, as well as the focus and comprehensiveness of the national strategic plans, and unequal allocation of funds across programmatic areas.

Regions face different challenges in drawing together the various prevention interventions to provide a comprehensive response. Even for well established interventions –such as distribution of condoms, prevention of mother to child transmission of HIV, and HIV testing and counseling—there is great variation in the percentage of countries with targets covering these three interventions. By 2007, the number of people on antiretroviral therapy in low- and middle-income countries had increased from 1.3 million to about 3 million people, a 7.5-fold increase during the past four years, while an estimated 2.5 million new HIV infections occurred – the vast majority in low-and-middle-income countries. A renewed emphasis on HIV prevention is therefore critically needed.

Prevention efforts are equally affected by affordability issues, jeopardizing efforts to scale up implementation strategies to prevent mother to child transmission, ensure blood safety, and ensure wide access to preventive measures such as condoms and harm reduction measures. There is limited commitment, both international and national, to long-term predictable funding that continues to hamper the scaling-up of national HIV responses, in particular threatening sustainable access to antiretroviral medicines for those in need. Furthermore, increasing numbers of people on HIV treatment will need to switch from first-line antiretroviral to second- and third-line combinations, yet the prices of newer medicines and some viral monitoring equipment are still high in many parts of the world, in particular in middle-income countries who face a high burden of poverty due to disparity in income.

There is still insufficient scale-up capacity in human resources and systems, forcing countries to identify and adopt alternative service delivery models, without fully utilizing existing capacity among civil society organizations due to their limited access to funding.

Nevertheless, there are some encouraging signs of the impact of universal access across countries who have already begun to scale up, as illustrated in the box below. These examples are part of a growing knowledge base of good practice that will serve as an incentive to other countries.

- Kenya: 30% increase in no. on ART in 100 days (Rapid Response Initiative)
- Congo DRC: UA helped to develop a new national strategic HIV plan
- Zambia, Nigeria: develop sectoral and decentralized plans
- Burundi, Rwanda, Burkina Faso: report progress on integrated service delivery, and improved quality and utilization of (non-HIV) services
- 53 screening centres created in Algeria
- South Africa: the new National Strategic Plan deliberately sets out to strengthen the health system in order to deliver on the UA targets
- Cambodia: significant progress through partnership with civil society
- Ethiopia: adopted several measures to increase HIV access in rural areas



Photos: UNAIDS/Pierre Virost

Rapid investment in prevention and treatment needed

The key to reducing long-term HIV treatment costs is to rapidly expand investment in HIV prevention services. A comprehensive, scaled-up HIV prevention response would avert more than half of all new HIV infections that are projected to occur between 2005 and 2015. Unless new infections can be prevented, future treatment costs will continue to mount.

Similarly, treatment access is essential to ensuring that adults remain productive, reducing costly hospitalization, and alleviating the epidemic's impact on national economies and human development. As HIV disease progresses among HIV-infected people who are not yet on therapy, the number of people needing treatment will grow much larger in the future, creating a larger burden on countries' economies.

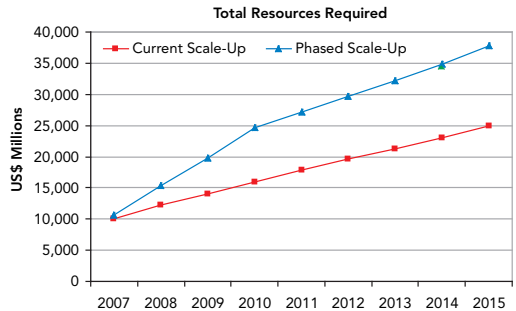
Resources to reach those in need

Financial resources available for AIDS today fall short of what is needed to move towards universal access. Despite marked increases in funding over the past decade – from less than US\$ 300 million of globally available funds in 1996 to US\$ 10 billion in 2007 from all sources– the gap between resources available and the amounts needed to achieve universal access will continue to widen over the next several years if current scale-up and funding trends continue.

If the current scale-up in the coverage of HIV services continues as in the recent past (red line in graph), the resource needs will increase approximately 60% by 2010 and 2.5 times by 2015 compared to 2007. However, this will still be far from enough to reach Universal Access. Another scenario shown in the graph describes what scale up of financial resources would be required if low- and middle-income countries were to reach Universal Access targets between 2010 and 2015 compared to 2007.

Financial resource needs for AIDS are increasing over time – partly due to increasing numbers of people living with HIV who are falling ill as well as increasing numbers of people moving to second and third line treatment and partly as AIDS programmes expand to meet more of those in need earlier.

Additional HIV/AIDS funding is urgently needed from a wide range of partners – international community, governments, and the private sector – if the 2010 universal access target is to be reached.



Next steps – UNAIDS role

UNAIDS will continue to support countries in working towards universal access by:

- Helping to develop their targets and costing their national AIDS plans
- Advocating for additional funding at global, regional and country level
- Providing technical assistance to ensure available funds are spent effectively
- Advocating for partnerships with donors and civil society
- Monitoring and evaluating the progress made towards universal access

These will be undertaken in partnership with international funding mechanisms, such as the Global Fund to Fight AIDS, TB and Malaria and the US President's Emergency Plan for AIDS Relief (PEPFAR).

The road to universal access is challenging, but feasible and will demand a sustained investment in resources and political will by all partners in all countries and regions.

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Peter Piot, Executive Director, UNAIDS



Photos: UNAIDS/G.Pirozzi, UNAIDS/Pierre Viot, WHO/UNAIDS/V.Suvorov

About UNAIDS

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. With its headquarters in Geneva, the UNAIDS Secretariat works on the ground in more than 80 countries worldwide.

Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. With its ten Cosponsors, UNAIDS assists in ensuring better coordination among its partners in the UN system, governments, civil society, donor, the private sector and others.

UNAIDS has five focus areas:

1. Mobilizing leadership and advocacy for effective action on the epidemic
2. Providing strategic information and policies to guide the AIDS response worldwide
3. Tracking, monitoring and evaluation of the epidemic – the world's leading resource for AIDS-related epidemiological data and analysis
4. Engaging civil society and developing partnerships
5. Mobilizing financial, human and technical resources

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Photo: UNAIDS/Pierre Virost

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Cover photo: UNAIDS/L.Taylor

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UNHCR
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United Nations Population Fund



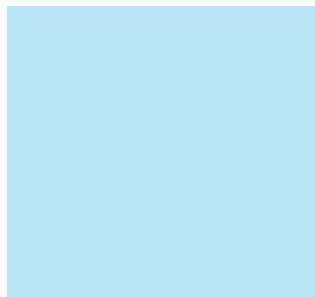
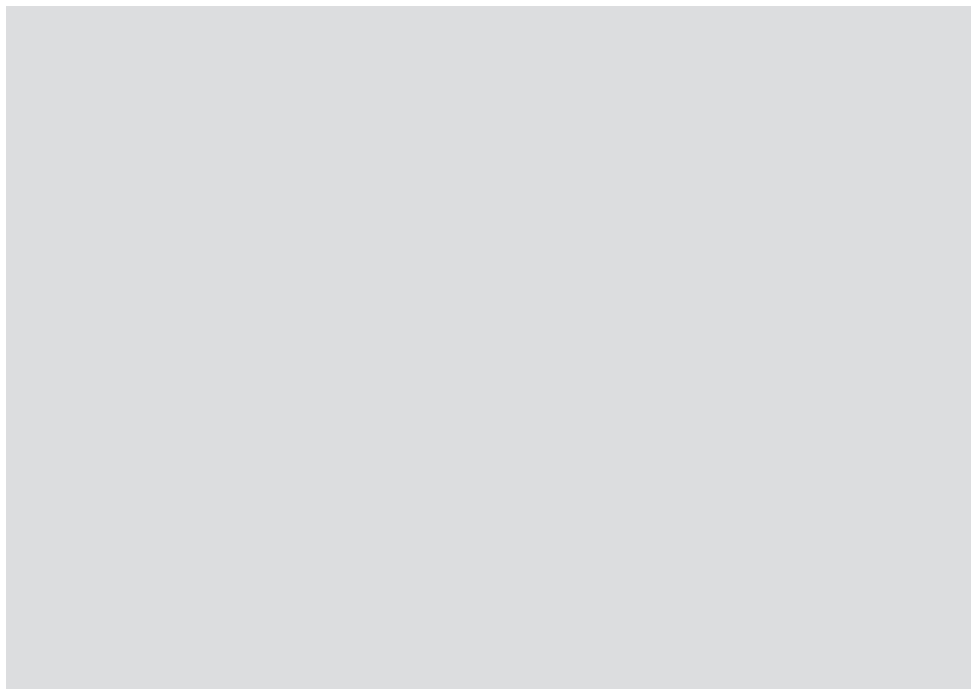
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