

UNAIDS e-Dialogue on universal access

Summary of discussions

Week 3: Reaching Targets and Accelerating the Response towards Universal Access

Dear Participants,

Thanks to all of you that participated in the discussion on week three of the e-discussion forum on Universal Access. Once again, we have had some very interesting and diverse contributions in our multi-lingual forums from across the world.

How can we define success on universal access?

In terms of defining success of Universal Access at the country level, one participant suggested considering the following variables: the establishment of national targets, the level of availability and accessibility of services, the level of engagement of communities, including people living with HIV, and the level of political engagement. Given the diversity of approaches countries have taken in terms of prioritising issues and the nature of HIV programming, countries will have to define for themselves what they consider success in terms of moving towards Universal Access to prevention, care, treatment and support by 2010 and beyond.

Around which indicators and targets should stakeholders align themselves to effectively monitor progress in different areas of the response? It seems clear that countries, UN agencies and civil society must quickly agree on a set of common indicators, respecting countries national priorities, in order to measure the achievement of universal access targets by 2010.

Another recurring challenge was the need for better monitoring systems and dissemination of relevant data on which to frame the interventions needed to scale up national HIV responses. How to improve monitoring systems in countries and how could we better share information so that we all move

Stigma and discrimination as major challenges to reach universal access

In order to reach the targets on universal access for prevention, treatment care and support, UNAIDS, governments and all partners in the response need to focus not only on reaching 100% ART coverage but also on the quality of those targets. Universal access targets are not yet addressing the quality of people's lives, and this has been mentioned by number of you this week. We urgently need to think about the quality and equity in access to services.

As raised in previous weeks, HIV related stigma and discrimination remains a critical challenge to reach universal access. As a participant from India stated, some doctors are reluctant to treat patients with HIV due to the fear and stigma that surrounds the virus. Discrimination and abuse of confidentiality by health care workers continues to be a major hindrance for people to access needed HIV care and treatment services. This demonstrates the seriousness of the challenge when the scourge of stigma and discrimination persists even amongst the best educated medics.

What does it mean to enhance access to voluntary counseling and testing to most at risk groups when discriminatory laws exist in many countries that place those we are trying to help at stake? So long as there are laws and processes that criminalize people living with HIV or those affected by it, there will be pending challenges for achieving universal access to prevention, treatment and care.

Addressing the intrinsic link between human rights and universal access through non-discriminatory laws and policies towards MSM, sex work, IDU will be a top priority for UNAIDS in the coming months. The complexity of the AIDS response means that it is critical to support and promote enabling environments at country level, where the human rights of people living with HIV are fully respected.

Strengthening the role of civil society to overcome obstacles to universal access

Participants proposed a number of strategies to support the scaling up to Universal Access. There were strong calls for strengthened role of civil society both at the community level to monitor and assist in the delivery of services, but also at the national level to ensure participation and to hold governments accountable to their commitments. It was highlighted that civil society is best positioned to help inform and empower vulnerable groups. The civil society will need to be involved in the monitoring of the administration of ART. Decentralisation of the response and transferring capacity and funding to the communities will enable to reach areas and groups beyond the reach of centres.

Integrating HIV programs into broader health care services

With the feminization of the epidemic in many parts of the world, the case for more gender sensitive responses was made strongly by a participant who called for stronger links to sexual and reproductive health services for girls and women, which could extend prevention efforts and early diagnosis . It was contended that the “opt-out” approach to HIV testing has in some cases made women more vulnerable to domestic violence and abuse.

As in week two there were strong cases made for integration of HIV health services with other health services. Action Aid presented the findings of its research from Sierra Leone, Nigeria, Uganda, Tanzania, India and Pakistan. It makes a strong case for integration of HIV services into primary health services. However it is noted that first primary health systems must be strengthened so that the quality of HIV services should not be compromised.

At the same time a contributor from Cameroon noted some of the weaknesses in HIV services – particularly VCT centres. These weaknesses include corruption, lack of staff, inadequate infrastructure and abuse of confidentiality. So, despite the much talked about millions being spend on HIV services, there is clearly a lot of work to be done still to improve quality of services.

Thanks once again for your contributions. Looking forward to more interesting discussions!

The moderation team.