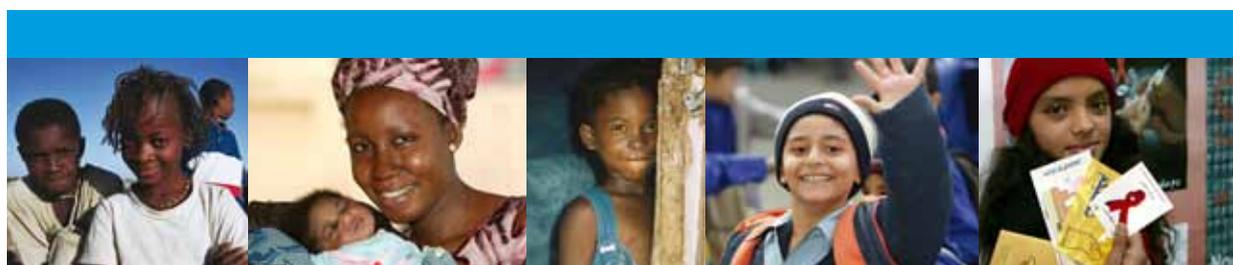


# UNIVERSAL ACCESS TO HIV PREVENTION, TREATMENT, CARE AND SUPPORT:

From Countries to Regions to the  
High Level Meeting on AIDS and Beyond

2011 Road Map





# Universal Access to HIV Prevention, Treatment, Care and Support

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## OVERVIEW





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Since the early days of the HIV epidemic, people have struggled against the odds and faced significant risks in pursuit of a more equitable world that supports their well-being. People with purpose and vision have led the HIV response, and their struggle has evolved into unprecedented national commitment. Recognizing the need to respond to the complex social, health and development challenges inherent in HIV, countries have adopted a multisectoral response to HIV that includes government ministries, civil society, people living with and affected by HIV, international development partners, United Nations agencies, faith-based communities and the private sector.

Over the years, governments have built and agreed upon a number of high-level commitments and set themselves ambitious goals by which to measure the progress achieved and to which they make themselves accountable. As these commitments are monitored, stakeholders continue to identify gaps and obstacles that need to be overcome in order to scale up their response and improve the lives of people living with and affected by HIV.

Universal access to HIV treatment, prevention, care and support is the culmination of these commitments and a midpoint to reaching the Millennium Development Goal to “halt and reverse the spread of HIV”. Universal access as a call for more equitable, affordable and comprehensive HIV services, and as a platform for social justice, has inspired people and communities everywhere to do better.

The purpose of this road map is to chart the preparations under way in countries and regions and globally to take stock of progress in achieving universal access and the path that lies ahead to ensure a renewed commitment to this important goal. This occurs at a pivotal moment for all of us – a new global landscape has emerged, new technological advances are available, and the intersection of health and human rights challenges governments and other stakeholders as never before.

Advocates for the AIDS response face their biggest challenge yet; successes of past few years have in many places led to complacency, just as our efforts are beginning to pay dividends. The development landscape and global economic crisis have shifted, with funding for AIDS flat-lining or even decreasing—all against a backdrop of already crowded competing global priorities, such as climate change and other Millennium Development Goals. In places where the epidemic had stabilized or decreased, infection rates are increasing again, and discrimination, punitive laws and gender violence are increasingly undermining efforts to improve access to services for key populations.

2011 marks 30 years since the first case of AIDS was identified, 10 years since the landmark United Nations General Assembly Special Session on HIV/AIDS, and five years since the 2006 High Level Meeting where the universal access commitment was made. Although these are all important milestones, lives are still being lost. In the context of fiscal austerity and multiple global development challenges, the 2011 High Level Meeting on AIDS provides an unparalleled opportunity to build on unprecedented progress in addressing this global health crisis and to galvanize Member States to commit to a transformative agenda that overcomes remaining barriers to effective HIV services and builds inclusive, country-owned sustainable responses.

## ACCOUNTING FOR UNIVERSAL ACCESS

In 2006, governments made a historic commitment at the United Nations to dramatically scale up the AIDS response. In the Political Declaration on HIV/AIDS (2006), countries committed to move towards universal access to HIV prevention, treatment, care and support services to all those in need by 2010. This commitment has as its foundation the Declaration of Commitment on HIV/AIDS (2001), in which governments made a series of time-bound commitments to expand their efforts to address HIV. Both of these declarations support and generate momentum towards universal access and achieving the Millennium Development Goals, particularly Millennium Development Goal 6, which seeks to halt and reverse the spread of HIV by 2015.

### *How do countries measure their progress?*

The Declaration of Commitment established a clear, systematic and participatory reporting mechanism by which countries could monitor their national AIDS responses. This information, collected biannually, is used in conjunction with other sources of national data to take stock of progress achieved, obstacles that exist, and the next steps to continue scaling up the response. The HIV information system is the best among all disease-specific programmes. With ongoing reporting and dialogue, data emerge that are used to improve national strategies and global partnerships.

For the purposes of this road map, we will highlight the process to analyse this information in order to assess our progress and the obstacles holding back effective programming at three levels:

- *in countries*
- *in regions*
- *globally*

## ACCOUNTING FOR UNIVERSAL ACCESS IN COUNTRIES

Throughout 2010 and in early 2011, UNAIDS supported countries to review progress towards universal access. A total of 117 country reviews were planned, and almost all country reviews have been completed. Aide-memoires and condensed analyses of these templates are used to capture the recommendations for scaling up the response. These are available by contacting the UNAIDS office in the relevant country. The aims of the reviews include providing an opportunity for stakeholders and constituencies to take stock of progress made, identifying obstacles, and deciding what needs to be done in order to achieve universal access and ultimately the Millennium Development Goals. Specifically, the reviews were meant to:

- analyse universal access achievements to date;
- review existing approaches to HIV prevention, treatment, care and support, and identify what is required to achieve the targets;
- analyse data about who becomes infected with HIV and how those populations have changed over the past few decades—“know your epidemic and know your response”; and,
- define strategies to accelerate progress where it is lagging.

The country process was designed primarily for mobilizing and advocating action at the country level through renewed national strategies that strengthen responses in countries.



## ACCOUNTING FOR UNIVERSAL ACCESS IN REGIONS

UNAIDS is also supporting regional consultations on universal access with an emphasis on regional political bodies—social and economic mechanisms—to boost political commitment to address HIV.

It is hoped that these consultations will generate regional political commitments to scale up to universal access and map out ways to achieve them. This has certainly been the case in some regions, for example the Middle East and North Africa region, which held a consultation in June 2010. The *Policy Dialogue Towards Achieving Universal Access to HIV Prevention, Treatment, Care and Support* resulted in a regional consensus statement focused on populations at higher risk in the region, namely “injecting drug users, sex workers and men who have sex with men, as well as migrant and mobile populations demonstrating a need for further commitment and strategic action”.<sup>1</sup>

Consultations are planned in every region of the world:

- **Middle East and North Africa:** Dubai, 28–29 June 2010 – completed.
- **Latin America:** Mexico City, Mexico, 1–2 March 2011 (civil society organizations pre-meeting on 28 February).
- **Europe and Central Asia:** Kiev, Ukraine, 16–17 March 2011 (civil society organizations pre-meeting on 16 March, morning only).
- **Caribbean:** Port-of-Spain, Trinidad and Tobago, 23–24 March 2011 (civil society organizations pre-meeting on 22 March).
- **Asia and the Pacific:** Bangkok, Thailand, 30–31 March 2011 (civil society organizations pre-meeting on 29 March).
- **Africa (with the African Union):** Windhoek, Namibia, date in April to be determined in conjunction with the African Union.

In Africa, two special subregional consultations will be convened to channel analysis into the Africa-wide consultation:

- **West and Central Africa:** Dakar, Senegal, 1–4 March<sup>2</sup> 2011 (civil society organizations pre-meeting on 28 February 2011).
- **East and Southern Africa:** Johannesburg, South Africa, 10–11 March 2011 – (civil society organizations only)

The regional consultations above represent only a small portion of the work undertaken by regions to understand their epidemics and what needs to happen to meet commitments for universal access. As a result of the complexity of issues, regions have developed separate road maps that include various preparatory and follow-up meetings to further mobilize stakeholders and focus discussion and debate on key issues. For example:

- In East and Southern Africa, key meetings have been held with National AIDS Commission chairs and ministers of health in the Southern African Development Community (SADC) region.
- In the Caribbean, a regional dialogue by the Global Commission on HIV and the Law is planned, and there is a meeting in May of the Caribbean ambassadors to the United Nations.

<sup>1</sup> Regional Consensus Statement, Dubai, 28–29 June 2010.

<sup>2</sup> West and Central Africa will hold a consultation on country ownership on 1–2 March followed by a consultation on universal access on 3–4 March.

- In the Asia Pacific region, follow-up will be taken with the Association of Southeast Asian Nations (ASEAN) summit on AIDS tentatively scheduled for October/November 2011 in Indonesia and the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) High Level Intergovernmental Review of universal access and Millennium Development Goals scheduled in November 2011 (as mandated by ESCAP Resolution 66/10).

Underpinning all of these above is the desire to generate a gear shift in the pace of the response, focusing on a more prioritized and evidence-driven response.

Finally, UNAIDS is also supporting a youth summit in Bamako, Mali, on 15–17 April 2011. This youth summit will provide new avenues, opportunities and space for emerging young leaders, including those living with HIV, to demand and support efforts to achieve universal access for HIV prevention, treatment, care and support as well as for achieving the Millennium Development Goals.

### *Who is attending these regional consultations?*

Both the country reviews and the regional consultations involve stakeholders and constituencies representing a broad spectrum of interests. Participants for regional consultations will be drawn from different sectors and constituencies.

Some examples of this involvement are as follows:

#### ***Government sector***

In today's context, a multisectoral approach is increasingly required. Representatives from different ministries, departments and branches and parliamentarians will be involved. This is particularly important in order to build synergies beyond the health sector that the response requires – from financing a sustainable response to how we address the discrimination and stigma that hold back effective responses.

The meeting will include national AIDS commissions, officials from the ministries of health, justice, interior and finance, members of the judiciary, officials from the police force, and parliamentarians.

#### ***Civil Society***

More than ever before, it is important to reach out to civil society networks with regional mandates and those representing key populations and constituencies.

The meeting will include people living with HIV, non-governmental organizations, faith-based organizations, trades unions, representatives of key populations (men who have sex with; women; sex workers; injecting drug users; young people), human rights organizations, key regional networks, business councils (private sector), academia and research institutions. This list also includes people working on cross-cutting issues such as maternal and child health, tuberculosis (TB) and HIV coinfection, and human rights, and people whose work intersects with the broader Millennium Development Goal agenda.

#### ***International partners and United Nations***

Partnerships are essential to support least developed countries to realize and fully implement robust national AIDS strategies. It is important to include representatives that work on HIV, development and social justice issues.

The meeting will include the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); US President's Emergency Plan for AIDS Relief (PEPFAR) and other bilateral partners; regional political bodies such as the African Union and United Nations Economic and Social Commission for Asia and



the Pacific (UNESCAP); various foundations (e.g. Clinton Foundation, Bill & Melinda Gates Foundation); and members or chairs of relevant commissions and committees, such as Global Commission on HIV and the Law, Committee on the Rights of People Living with HIV, Committee of the African Commission on Human and Peoples' Rights, and UNAIDS High Level Commission on HIV Prevention. Regional political bodies vary from region to region.

## **ACCOUNTING FOR UNIVERSAL ACCESS GLOBALLY: THE ROLE OF THE HIGH LEVEL MEETING (HLM) ON AIDS AT THE UNITED NATIONS IN NEW YORK, 8–10 JUNE 2011**

The HLM provides an important milestone for countries to recommit to the response to addressing HIV as an issue of international security and setting the path to reach universal access. It also presents an important opportunity to strengthen global governance, political engagement and mutual accountability for results by increasing the visibility of this commitment.

The President of the General Assembly has overall “custody” of the High Level Meeting and has appointed the Permanent Representatives of Australia and Botswana to the United Nations in New York to facilitate preparations on his behalf, including negotiations on the Outcome Declaration. The UNAIDS Secretariat has been requested to provide substantive technical support in the process, including coordination with its cosponsors, the wider United Nations system and civil society.

In today's context, an effective Outcome Declaration:

- commits the global community to achieving universal access to HIV prevention, treatment, care and support by 2015;
- recognizes and builds on the significant progress and achievements of preceding declarations while critically analyzing remaining gaps and challenges, while laying out a focused, results-oriented road map to achieve breakthrough progress in ending new infections, HIV-related stigma and discrimination and AIDS-related deaths;
- emphasizes shared responsibility through supporting country ownership, highlighting the critical role of emerging political powers in a new phase of development, and strengthening civil society leadership, as well as enhanced monitoring of progress, based on the “know your epidemic/know your response” methodology;
- commits member states, civil society and the private sector to identify and implement innovative solutions to breaking the trajectory of the cost of the response, including through significantly reducing the number of people newly infected, radically simplifying the treatment platform and the transfer of prevention, treatment and health technologies;
- strengthens and maximizes the linkages between HIV and other health- and development-related efforts in support of the AIDS plus Millennium Development Goals agenda;
- recognizes and seizes the opportunity to eliminate the vertical transmission of HIV, and its significant beneficial impact for women's, maternal and child health;
- promotes an HIV response that leads to more inclusive governance, at the national and international level, through the meaningful participation of people living with HIV and affected populations, especially women and young people, in order to democratize problem-solving, open channels to local knowledge and strengthen sustainable community systems and action to enable people to own their solutions; and,
- establishes a commitment of the global community to the vision of “Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.”



## TO THE HIGH LEVEL MEETING ON AIDS AND BEYOND



Member States will ultimately negotiate the Outcome Declaration; therefore, it is critical to harness input from the country level so that national priorities determine the outcome of the High Level Meeting.

For the High Level Meeting the United Nations Secretary-General will issue a report on progress to meet the commitments laid out in the two Declarations (2001 and 2006). Results from the universal access country reviews and regional consultations will be incorporated into the Secretary-General's report.

Furthermore, a special universal access report will also be prepared that incorporates findings and analysis at country and regional levels.

### *The High Level Meeting preparatory process*

The goals and targets agreed by Member States in 2001 and 2006 expired at the end of 2010. For this reason, the High Level Meeting in June takes on critical importance as the Secretary-General's report informs the development and adoption of a new bold strategy that sets directions to overcome remaining barriers and obstacles and sustain the response. This means that countries will negotiate a new declaration during April and May through their Missions to the United Nations in New York.

The President of the General Assembly will organize on 8 April 2011 an informal interactive hearing with civil society and the private sector in order to solicit their input to the High Level Meeting preparatory process. A civil society task force, established by the President of the General Assembly in January 2011, will lead on the preparations of the hearing, in consultation and coordination with UNAIDS.

The President of the General Assembly will draw up a list of non United Nations Economic and Social Council (ECOSOC) accredited non-governmental organizations that have applied to attend the High Level Meeting and share it with Member States – no later than 31 March 2011 – for consideration on a no-objection basis.

## HOW CAN I PARTICIPATE IN THESE PROCESSES?

### *Regional consultations*

Networks that represent the broad civil society movement are being contacted, including networks of people living with HIV, networks representing key populations, and key constituencies. Government officials, international development partners, the private sector, trades unions and others are also being invited. UNAIDS regional support teams are providing technical and convening support. For more information, contact your UNAIDS regional support team (see contact details at the end of this document).

### *High Level Meeting*

Member States are invited to participate at the highest level (head of state or government). It is also recommended to include parliamentarians and representatives of civil society, including young people, and the private sector in national delegations that will attend the High Level Meeting.

Furthermore, there will be other invited participants: United Nations system, including the regional commissions; intergovernmental organizations with General Assembly observer status (e.g. African Union, Caribbean Community and Common Market (CARICOM), ASEAN, Commonwealth of Independent States, Gulf Cooperation Council, League of Arab States, Francophonie), non-governmental organizations that are ECOSOC-accredited or members of UNAIDS Programme Coordinating Board, and invited non-ECOSOC civil society organizations/private sector.



### *How can I voice my opinion if I am not selected to attend a regional consultation or the High Level Meeting?*

The issues related to universal access are broad and diverse. There is no single meeting anywhere that can highlight all the issues and all the discussions necessary to take stock and determine how best to improve national AIDS strategies so that they have maximum impact.

The regional consultations and the High Level Meeting will bring together many different people from various networks. In an era of austerity, UNAIDS is investing limited resources to ensure that the issues and dialogue among stakeholders and constituencies are brought together. Those unable to attend the consultations are encouraged to link with those regional networks that will be participating and also to contribute via the online discussion (see below).

#### *Outreach – Peoples Voices Count*

In order to accommodate a wide body of opinion, UNAIDS will be operating time-limited discussion forums on <http://AIDSspace.org>, with promotion and conversation starters highlighted through UNAIDS' social media channels (Facebook and Twitter). The aim is to allow people all over the world to express their views on how the pursuit of universal access is making a difference in their lives. This will help maximize opportunities for voices to be expressed and heard across the broad spectrum of stakeholders. We intend to reflect these opinions in the Report and the High Level Meeting.

### **WHAT WILL BE RESULT OF THESE EFFORTS OF ACCOUNTABILITY AND MOBILIZATION AT COUNTRY, REGION AND GLOBAL LEVELS?**

The agreements, commitments and dialogues at country, region and global levels aim to improve the lives of people living with and affected by HIV, with a rigorous review of the gaps that exist and the next steps required to address them. Planning and implementation of more effective and to-scale HIV programmes are embedded in the country and regional review processes and the expected 2011 High Level Meeting Declaration.

At the country level, the key aim of the universal access process is renewing commitment by stakeholders and improving national strategies for moving forward towards reaching universal access and the Millennium Development Goals. Country reports are meant to be shared with stakeholders for future accountability and advocacy.

At the regional level, reports will build on country stocktaking but highlight regional trends, issues and commitments.



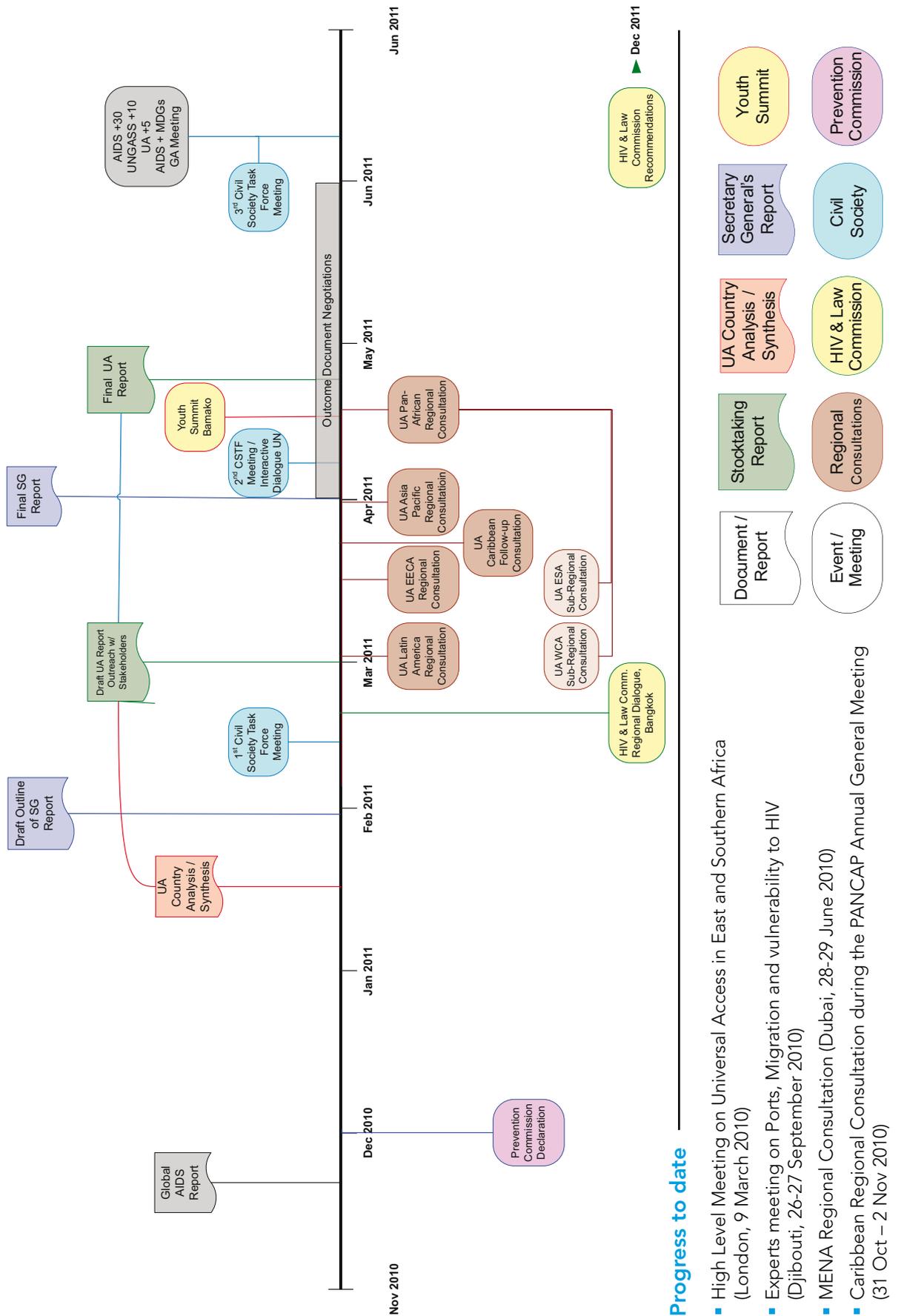
The country and regional reports will be used for a universal access report and the Report of the Secretary-General. The Secretary-General's Report will guide the dialogue around the High Level Meeting by outlining the context, summarizing the latest data, setting the agenda and providing recommendations for the future course of the AIDS response. The Report will serve as the official background document and will inform selection of themes for up to five Panel Discussions on the outcome declaration. The Report will be available in its unedited advance version (English only) in early April and issued in all United Nations languages by 29 April.

The Report of the Civil Society Hearing, organized by the President of the General Assembly, will also act as a primary reference to the High Level Meeting negotiations.

The Universal Access Report will be produced to record the progress made so far, to note the challenges faced by countries and regions, and to support the renewal of commitment towards universal access. It will put forth recommendations for achieving universal access and contributing towards Millennium Development Goals by 2015. The report will be based on the synthesis and analysis of the country reviews and regional consultations backed by data from various recent sources.

The Universal Access Report process will involve engaging with an international advisory group with a broad and inclusive membership. This group will provide guidance to UNAIDS and recommendations for a way forward.

# 2011 UNIVERSAL ACCESS ROAD MAP



## FURTHER INFORMATION

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A background document and instructions on the United Nations General Assembly High Level Meeting on HIV/AIDS and the civil society hearing, and information on the registration process to attend are posted available at <http://www.unaids.org/en/media/unaids/contentassets/documents/2011/HLM>.



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