

2. Moving the agenda forward

In the first quarter of 2006, UNAIDS is facilitating the development of nationally agreed road maps towards universal access to HIV/AIDS prevention, treatment, care and support. The road maps will include country-specific targets to be achieved by 2010 as well as interim process targets to measure progress. By early February 2006, some 30 countries had convened inclusive national consultations on universal access, and nearly 100 other countries had initiated such a process. In addition to promoting country ownership in planning and setting priorities, the process aims to ensure the alignment of external support around country priorities as stressed by the Global Task Team recommendations.⁵⁴

These road maps will build on existing country-level efforts to accelerate the national AIDS response and national development within the harmonization and alignment principles embodied by the “three ones” concept and spelled out in international resolutions on the effective use of development aid such as the Monterrey Consensus of the International Conference on Financing for Development (2002)⁵⁵ and the Paris Declaration on Aid Effectiveness of the High Level Forum on Joint Progress toward Enhanced Aid Effectiveness (Harmonisation, Alignment, and Results).⁵⁶ Targets for scaling up and implementation frameworks for 2010 should be based on existing national development plans (such as poverty reduction strategies) and national HIV/AIDS plans, utilizing where possible the existing processes to review and update these plans. Critical to country-level work will be the input of a broad range of stakeholders, including ministries, the private sector, faith-based organizations, civil society, networks of people living with HIV/AIDS and bilateral and multilateral partners. Ideally, existing national partnership forums and joint reviews of national AIDS plans will be mobilized. Ongoing efforts by countries to collect and analyse data for their 2005–2006 progress reports on the 2001 Declaration of Commitment on HIV/AIDS of the United Nations General Assembly will also provide valuable information for target-setting and the development of implementation plans.

In addition to stimulating broad public debate at the country level, this process relies heavily on subregional groups facilitating and identifying common obstacles to universal access faced by their member countries. To the extent possible, these will involve forums already playing a leadership role in the HIV/AIDS response. A process of regional consultations will consolidate the road maps developed at the country level into regional reports.

A multi-partner Global Steering Committee on Universal Access, coordinated by UNAIDS, is overseeing this process and will consolidate country and regional reports to develop recommendations for consideration by the United Nations General Assembly High-Level AIDS Review in May 2006. The Global Steering Committee’s recommendations will reflect the shared accountability of all countries to scale up prevention, treatment, care and support services to come as close as possible to universal access by 2010.

⁵⁴ *Final report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors.* Geneva, UNAIDS, 2005 (<http://www.theglobalfund.org/en/files/about/replenishment/GTT%20final%20report.pdf>, accessed 13 February 2006).

⁵⁵ *Item 11 of the provisional agenda. Adoption of the Monterrey Consensus. Final outcome of the International Conference on Financing for Development.* New York, United Nations, 2002 (<http://www.un.org/esa/ffd/0302finalMonterreyConsensus.pdf>, accessed 13 February 2006).

⁵⁶ *Paris Declaration on Aid Effectiveness: Ownership, Harmonisation, Alignment, Results and Mutual Accountability.* Paris, Organisation for Economic Co-operation and Development, 2005 (http://www.oecd.org/document/43/0,2340,en_2649_3236398_34430443_1_1_1_1,00.html, accessed 13 February 2006).

3. Supporting the health sector response

In October 2005, WHO held a technical meeting to ensure that countries have the necessary guidance and technical support to implement an appropriate package of health sector interventions to achieve universal access by 2010.⁵⁷ The aims of the meeting were to develop a common understanding of the definition of universal access and its implications for sustained scale-up of HIV/AIDS services in the health sector and to review a proposed technical framework for HIV prevention, care, treatment and support. The framework that results from the meeting and further consultations will form the basis of WHO's technical and strategic recommendations for universal access that will be made available to the Fifty-ninth World Health Assembly in May 2006.

Although WHO will continue to focus on scaling up antiretroviral therapy and providing guidance to assist countries in meeting current treatment targets, universal access will require a comprehensive health sector response that includes prevention, treatment, care and support while contributing to the broader strengthening of health systems. WHO's contribution to realizing the goal of universal access will therefore be based on five strategic directions and a limited set of priority interventions in the health sector that are currently being developed (Table 5). These strategic directions will focus on areas where WHO has a clear mandate and comparative advantage and will be consistent with the division of labour agreed to by UNAIDS Cosponsors. The selection of priority interventions will be based on sound evidence of their ability to significantly influence the HIV/AIDS epidemic. Both the strategic directions and the priority interventions will also be consistent with the Global Health Sector Strategy for HIV/AIDS 2002–2007⁵⁸ and aim to build on the momentum generated by the “3 by 5” target. In addition, they will recognize that approaches need to be flexible and responsive to different epidemiological contexts.

Table 5. WHO strategic directions and priority interventions for universal access (under development)

Strategic direction	Priority interventions
Enabling people to know their HIV status through HIV testing and counselling	<ul style="list-style-type: none"> • Voluntary testing and counselling • Provider-initiated testing and counselling
Accelerating the scale-up of treatment and care	<ul style="list-style-type: none"> • Antiretroviral therapy • Prevention and management of opportunistic infections • Care including nutrition, palliative care and end-of-life care • Prevention for persons living with HIV/AIDS • TB/HIV
Maximizing the health sector's contribution to HIV prevention	<ul style="list-style-type: none"> • Prevention of mother to child transmission (PMTCT) • Prevention of sexual transmission • Prevention of HIV transmission through injecting drug use (harm reduction) • Prevention of HIV transmission in the health care setting • Research on new prevention technology
Investing in strategic information to guide a more effective response	<ul style="list-style-type: none"> • Epidemiology and surveillance of HIV/AIDS and STIs • HIV drug resistance transmission surveillance and monitoring in ART programmes • Monitoring and evaluation of the health sector's progress towards universal access • Operational research
Strengthening and expanding health systems	<ul style="list-style-type: none"> • National strategic planning and management • Procurement and supply management • Laboratory strengthening • Human resource management • Strategies for sustainable financing

⁵⁷ *Proceedings of a Technical Meeting for the Development of an Essential Package for Universal Access to HIV/AIDS Prevention, Care, Treatment and Support to the Health Sector, Geneva, 18–20 October 2005.* Geneva, World Health Organization, 2005 (http://www.who.int/hiv/universalaccess2010/concept_Dec05.pdf, accessed 13 February 2006).

⁵⁸ *Global Health Sector Strategy for HIV/AIDS 2002–2007: providing a framework for partnership and action.* Geneva, World Health Organization, 2002 (<http://www.who.int/hiv/pub/advocacy/ghss/en/index.html>, accessed 13 February 2006).

For each of the five strategic directions, WHO will:

- advocate for action and mobilize partnerships;
- support operational research and disseminate the evidence base on the effectiveness of each intervention and models of good practice for service delivery;
- articulate global and regional policy options;
- set norms and standards and develop, update and adapt assessment, policy, programmes, training as well as monitoring and evaluation tools and guidelines for their implementation;
- provide technical support to countries and build sustainable institutional capacity to scale up national HIV/AIDS responses;
- monitor and evaluate the implementation of the interventions, including assisting countries in selecting indicators and setting targets; and
- ensure that adequate attention is paid to gender and equity in designing and delivering the interventions.

Strong and responsive country offices will be the key mechanism by which WHO will continue to support countries. Collaboration will also be strengthened with key partners, investment will be made in local and regional capacity-building for institutions and technical networks and engagement will be ensured with stakeholders (including civil society, organizations of people living with HIV/AIDS and the private sector) and coordinating bodies such as national AIDS commissions, country coordinating mechanisms and United Nations theme groups on HIV/AIDS.