ISSUE PAPER FOR DISCUSSION PURPOSES ONLY:

Assessing progress towards universal access in 2010: UNGASS reporting and country/regional consultations

Overview of country and regional consultations to assess universal access, including support to country UNGASS reporting, links between UNGASS and MDG reporting, and civil society engagement

Background

1. The recently completed 2010 UNGASS reporting round is the fourth round of reporting on implementation of the Declaration of Commitment on HIV/AIDS (2001) (“UNGASS Declaration”), and covers the period 2008-2009.
2. All of the indicators in the UNGASS reporting set are to some degree relevant to fulfilment of human rights. Some indicators illustrate progress in relation to reaching groups that are highly affected by the epidemic, and who are in many cases victims of human rights violations that have increased their vulnerability to infection.
3. One component of the reporting tool – the National Composite Policy Index (NCPI) – includes questions explicitly related to human rights, and the HIV legal and policy environment. In relation to national AIDS policies and strategies, Part A of the NCPI – which is designed to be completed by government officials – asks about the inclusion of human rights protection, reduction of gender and other inequalities, and reduction of stigma and discrimination. Part A also asks whether national laws and regulations protect most at risk and vulnerable population groups, or if they present obstacles to universal access. In addition, Part A asks about the extent to which civil society organisations are included in planning processes and implementation of the national response to HIV and AIDS. Part B of the NCPI – which is designed to be completed by civil society representatives, bilateral agencies and UN organizations – includes a section on human rights, which focuses specifically on the ways in which laws, regulations and policies support or jeopardise human rights, the extent to which human rights issues are addressed in programmes, and a number of other important issues. Part B also pays particular attention to the involvement of most at risk and vulnerable populations, as well as the involvement of civil society organisations, in different aspects of the response to HIV.
4. As of 14 April 2010, 168 country reports have been submitted to UNAIDS – 25 more than the previous reporting period (2006-2007). This suggests that UNGASS reporting continues to be taken seriously by countries, with “peer pressure” between countries and monitoring and evaluation technical assistance from UN agencies supporting an increasing in the number of reporting countries. Rates of completion of the NCPI have also seen an upward trend, with over 160 countries having submitted an NCPI so far for the current round, as compared to 138 in the previous round. Completion rates of Part B by civil society organisations, bilateral partners and UN agencies is also encouraging, with initial

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*The Reference Group is an advisory group to UNAIDS that speaks with a voice independent of UNAIDS.*
analyses showing that all but one of the countries submitting NCPIs in 2010 submitted both Part A and Part B.

5. An additional opportunity to promote accountability for UNGASS commitments is the shadow reports mechanism. Ideally, the mainstream national reporting process should be conducted in such a way that all voices have a chance to be heard, and their views reflected in the final country progress report that is submitted. However, in cases where civil society organisations do not feel their views have been adequately represented, or the government has not submitted an UNGASS report, civil society organisations have submitted “shadow reports”. These reports have the potential to be an important advocacy tool at national level, promoting more open discussion and assessment of progress between government officials, civil society representatives, and other key stakeholders engaged in the national response. During the previous (2008) reporting round, 27 shadow reports were submitted, including one regional shadow report, as well as one global thematic report. In the current reporting round, only three shadow reports have been submitted to date.

6. Following the 2010 UNGASS reporting round, the UNAIDS Secretariat is leading a review of the UNGASS indicator set and reporting process. This will provide an important opportunity for reviewing ways in which human rights related aspects of national AIDS responses are assessed through the UNGASS process, and subsequently improved through follow up action. It will also help identify the biggest gaps in reporting and solutions to resolve these. While comprehensive analysis of 2010 data will take several weeks, initial reviews suggest that some of the most persistent reporting gaps relate to programmes with key populations.

**Universal Access to HIV treatment, prevention, care and support by 2010**

7. The Universal Access country target setting process and review of progress has strengthened the global response to HIV. Over 130 countries have undergone a process to set targets, involving national leaders as well as community representatives and civil society organisations. Universal Access to HIV prevention, treatment, care and support represents one of the most significant health and development commitments ever made at global and national levels. Progress on these commitments is measurable.

8. Universal Access progress review has included an emphasis on identifying and addressing obstacles to progress. As such, stigma, discrimination, and other human rights issues have been clearly identified as being at the heart of the Universal Access agenda – not only as essential conditions for achieving Universal Access, but as goals in and of themselves. However, programmatic action to address these obstacles has been uneven. As noted in an UNAIDS report assessing resource needs for Universal Access, “What is needed today is stronger political will, paired with a deep appreciation of human rights.”

9. In February 2010, the UNAIDS Executive Director called for an international effort to renew commitment to Universal Access, and called on countries to undertake open and

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2 Shadow reports are available on the ICASO website: [http://www.icaso.org/shadow_reports.html](http://www.icaso.org/shadow_reports.html)

inclusive consultation processes to review progress against targets.\(^4\) In his statement, Michel Sidibé noted that progress has been uneven, but emphasised the continued importance of achieving Universal Access, as a key step in reaching the Millennium Development Goals by 2015.

10. The call for a review of progress on Universal Access is linked to calls for an analysis of existing approaches to HIV prevention, so as to “catalyze a prevention revolution that aims for zero new HIV infections”, as well as encouraging countries to “begin thinking about... a new generation of treatment options that are sustainable”.

11. In the second quarter of 2010, UNAIDS will initiate and support discussions on a variety of important elements of universal access at country, regional and global levels. While the UNGASS reporting process identifies the trends, gaps and bottlenecks, the 2010 Universal Access reviews will analyze what needs to change in the response. Thus, the 2010 Universal Access Reviews will mobilize stakeholders for planning on those trends, gaps and bottlenecks. These Universal Access reviews are planned to happen between April 2010 and early 2011. UNAIDS is encouraging that these consultations be inclusive and participatory, with representation from members of key populations and networks of people living with HIV.

**Millennium Development Goals**

12. Universal Access to HIV prevention, treatment, care and support is recognised as a key element of the MDGs, with a specific target within MDG 6: to “achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it”.\(^5\) The goal of Universal Access, and the processes by which it is achieved – i.e. participatory, inclusive of people most affected, with explicit focus on the identification of human rights-related obstacles to progress – will be relevant beyond 2010, and potentially offers lessons for other health and development movements.

13. Greater work is needed to strengthen alliances between the AIDS response and social movements for the other MDGs. This was brought into stark relief by a recent study on maternal mortality published in *The Lancet*. According to the study, HIV currently accounts for 18 per cent of all maternal deaths worldwide.\(^6\) Yet much more can be done to ensure active collaboration between the mainstream of the AIDS movement, and those working to reduce maternal mortality around the world. Accelerating progress on access to family planning and other sexual and reproductive health services, and ensuring that HIV services are appropriately integrated – and vice versa – is one example of the linkages to be strengthened as we accelerate progress towards the MDGs.

**Strengthening attention to human rights as countries move towards universal access**

14. The UNGASS reporting system places greatest emphasis on human rights in the NCPI section of the reporting questionnaire, however human rights are relevant to all areas of universal access progress. Some have expressed concerns that the results of the NCPI are

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15. One of the greatest strengths of the Universal Access movement has been its emphasis on the need to identify and remove human rights-related barriers to progress, and ensure that HIV programmes and services address the needs and rights of excluded and marginalised groups. However, as the 2010 Universal Access deadline approaches, with most targets likely to remain unmet, there is a need to ensure commitment to continuing to monitor progress – with full participation of affected communities, and explicit emphasis on human rights – as the MDGs become the main focus of HIV efforts from now to 2015.

Questions for discussion

1. How does the Reference Group recommend that UNAIDS improve attention to human rights in universal access country reviews and monitoring frameworks?
2. How can UNAIDS best ensure that successes vis-à-vis universal access monitoring are built upon in broader efforts to monitor progress towards the MDGs?
3. Are there other relevant initiatives or tools that represent opportunities for improving measurement of progress on HIV-related human rights?
4. Given the apparent difficulty that many countries face in tracking HIV programming for key populations (including programming to increase access to justice and reduce stigma and discrimination), what action would the Reference Group recommend to UNAIDS to support countries to overcome these difficulties?