

Editorial

During the course of past ten years, the international community has continually given priority to responding to HIV/AIDS as part of commitments to achieve global health goals. At the United Nations General Assembly High-Level Meeting on AIDS in 2006, countries including SAARC Member States committed to work towards Universal Access to comprehensive HIV prevention, treatment, care and support by 2010.

Universal Access is the promise of commitment to provide HIV prevention, treatment, care and support for all those who need it. Achieving Universal Access is a critical mid-way point to reach the Millennium Development Goal to “halt and reverse the HIV/AIDS epidemic”. Universal access signifies both a concrete commitment and a renewed resolve among people all over the world to reverse the course of the HIV epidemic. It is a process that builds on past initiatives and infuses existing efforts with greater momentum. Universal Access does not imply that there will be, or should be, 100% coverage of HIV prevention, treatment, care and support services. However, the world has committed to make concrete, sustained advances towards high-level of coverage for the most effective programmes needed to manage diverse epidemics in all regions. The basic principles for scaling up towards Universal Access emphasize that services must be equitable, accessible, affordable, comprehensive and sustainable over the long term.

Different countries including Member States of the SAARC Region have diverse HIV epidemics and often have distinctly different needs. Therefore, each country will adopt varying time lines and strategies to achieve scaling up of services. Except Afghanistan and Bhutan, other Member States of the SAARC Region target the universal access to prevention and treatment by 2010. In addition to that, Nepal has also targeted to achieve the universal access to care and support by 2010. However, the Member States need to achieve high coverage for programmes addressing the most at risk populations. By setting national targets, Member States are making efforts to reach Universal Access within the time frame and that will set them on the way to reach the 2015 Millennium Development Goal to “halt and reverse the HIV/AIDS epidemic”.

Access to antiretroviral [ARV] treatment continues to expand at a rapid pace in low and middle income countries during the year 2008. More than 4 million people in low and middle income countries were accessing ARV treatment in the year 2008. Approximately 565,000 people received ARV in the East, South and South-East Asian Region in 2008 scaled up from 420,000 in 2007, a 35% increase over the previous year and an eightfold increase since 2003.

At the end of December 2008, 238,000 [214,000 – 263,000] people living with HIV/AIDS were receiving ARV treatment in the SAARC Region, achieving a coverage of 31% [25% - 39%] of estimated number of those who need the treatment.

UNAIDS has identified nine priority areas for its support to countries to achieve their Universal Access targets. They are reducing sexual transmission of HIV, Preventing mothers from dying and babies from acquiring HIV infection, Ensuring that people living with HIV receive treatment, preventing people living with HIV from dying of tuberculosis, protecting drug users from acquiring HIV, removing punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV/AIDS, empowering young people to protect themselves from HIV, stopping violence against women and girls and enhancing social protection for people infected and affected by HIV/AIDS. These areas will contribute both to achieve targets of Universal Access and enable advancement to the Millennium Development Goals.

Achieving country defined targets by 2010 presents an opportunity to change the pace of the response to HIV/AIDS epidemic. It will save lives, protect babies and young people from getting infected and ensuring that orphans have access to quality education. Achieving Universal Access will also have a significant impact on broader health and development goals such as maternal mortality, poverty and gender equality. It will also contribute to the strengthening of health systems and increasing human resources.

Hence, this worldwide movement towards Universal Access aims not only to contain the epidemic, but to mark the beginning of the end of the spread of HIV.