

Progress towards Universal Access Burkina Faso

Universal access implies that all people should be able to have access to information and services that are:

Equitable – accessible – affordable – comprehensive – sustainable

In 2006, countries worldwide committed to setting ambitious national targets for scaling up towards Universal Access to HIV prevention, treatment, care and support by 2010. The targets focus on what could be achieved if the following obstacles can be addressed:

- **Predictable and sustainable financing**
- **Strengthening human resources and health systems**
- **Access to affordable commodities**
- **Stigma, discrimination, gender and human rights**

Review of National reports in 2008 demonstrated that Universal Access has catalyzed an accelerated and strengthened national HIV response with more results-based planning and a general overall increase in access to services. National political leadership and coordination were found to be critical to scale up. However more emphasis was needed on addressing the obstacles to scale up which would not support reaching universal access but also the achievement of the Millennium Development Goals. Specifically, there is a need to accelerate progress on HIV-prevention efforts, and to better utilise the resources available within civil society and people living with HIV.

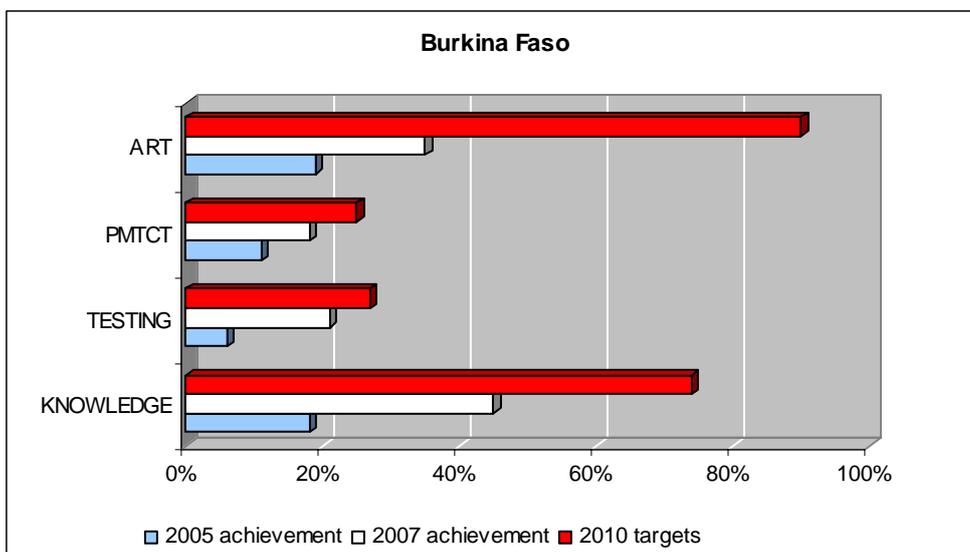
Universal access has generated a continuing engagement with national partners to monitor and review progress towards universal access. This has resulted in a number of countries revising their national targets to ensure a sharper focus on areas in need of additional support.

Progress in Burkina Faso

Universal access targets correspond to those laid out in the National Strategic Plan for 2006-10.

The significant drop in costs of ART treatment has been a major factor in the decision to adopt the goal of universal access, allowing Burkina to push for an increase in scale up through a decentralization of more affordable treatment services.

Increases in health service provision are an illustration of the impact of universal access, with the number of people receiving treatment having increased fifteen-fold since 2002. Human resources remain a major obstacle, in spite of the increasing involvement of civil society organizations, and broader contextual problems make progress difficult, including poverty, inequality of access to basic social services, and issues of gender, ignorance, illiteracy and STIs.



Other challenges that have still to be addressed include low capacity for paediatric care, stockouts, and difficulties in reaching most at risk groups.

Figure 1: The graph presents a snapshot of progress towards universal access based on 2005 and 2007 reported UNGASS achievements and 2010 reported targets, as per data available. Please note that ARV and PMTCT targets may be subject to change based on revised numbers in need of ART.

"(We) commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses... towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010."

2006 Political Declaration, (UN General Assembly, 15 June 2006)