

**Summary of target setting and the outcomes of the country consultation on scaling up towards universal access**

December 2007

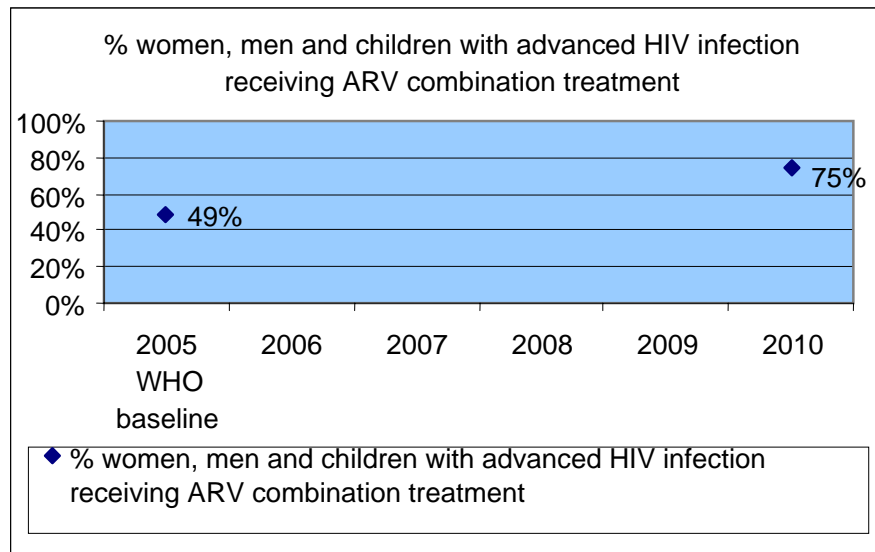
*Due for review in 2007*

<p><b>Situational analysis:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Income classification:</b> Low income country (World Bank 2006)</li> <li>▪ <b>Population size:</b> 5.9 mln (UNAIDS 2006)</li> <li>▪ <b>Gross National Income (GNI):</b> 1,850 US\$ per capita (UNAIDS 2006)</li> <li>▪ <b>Percentage of people with less than US\$ 2 a day:</b> 73.2% (UNAIDS 2006)</li> <li>▪ <b>Prevalence:</b> 0.1 % (UNAIDS 2006)</li> <li>▪ <b>Funding availability :</b> <ul style="list-style-type: none"> <li>- Domestic: US\$ 26,090 (UNAIDS 2006)</li> <li>- Global Fund: US\$1,3 mln (Phase 1): US\$ 2,1 mln (Phase 2)</li> </ul> </li> </ul>	
<p><b>Country consultation process:</b></p> <p><b>Date:</b> 16 January 2006</p> <p><b>Process:</b> The consultation and its outcomes were integrated into the mid-term review of the National Strategic Plan.</p> <p><b>Participation:</b> Central and provincial authorities, different line ministries, religious organizations; people living with HIV, non-governmental organizations, mass organizations, UN agencies and bilateral donors.</p>	
<p><b>Key obstacles :</b></p> <ol style="list-style-type: none"> <li>1. Competing development priorities in a low prevalence setting</li> <li>2. Low engagement and ownership of sectors other than health</li> <li>3. Fragmented, donor driven response</li> <li>4. Weak coordination and management capacity at all levels</li> <li>5. Weak M&amp;E system</li> <li>6. Huge financial resource gap</li> <li>7. Low domestic investment</li> <li>8. Weak implementation capacity at all levels</li> <li>9. Insufficient human resources at provincial and district level</li> <li>10. Lack of treatment facilities and decentralized voluntary counselling and testing sites</li> <li>11. Weak capacity of people living with HIV</li> <li>12. Low involvement of private sector</li> </ol>	<p><b>Key actions:</b></p> <ol style="list-style-type: none"> <li>1. Continuing advocacy efforts targeting decisions makers for the mainstreaming of HIV/AIDS in all national developments plans</li> <li>2. Strengthened capacity of selected line ministries to develop, resource and implement their own strategy and costed action plans within the overall national strategy</li> <li>3. Implement the Three Ones principles</li> <li>4. Strengthening of central and decentralized coordination and management capacity</li> <li>5. Strengthening of both surveillance and M&amp;E systems</li> <li>6. Development and implementation of a resource mobilization plan</li> <li>7. Increased domestic resources</li> <li>8. Financial resources to strengthen implementation capacity costed and prioritized in the national action plan</li> <li>9. Increased human resources at all levels</li> <li>10. Training of human resources and capital investment in infrastructure</li> <li>11. Active support to capacity building of people living with HIV groups</li> <li>12. Advocacy and technical support to private sector</li> </ol>

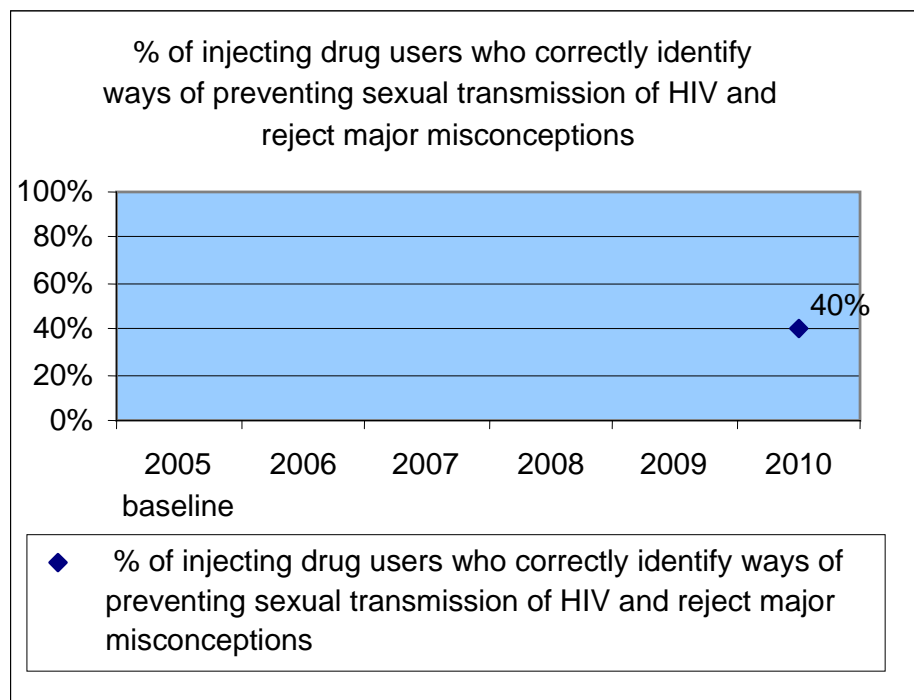
### **Target setting process**

**Participation:** The national programme has reviewed the National Strategic Action Plan internally, as well as the costing and the targets set in the Universal access report, with some slight modifications. The following step was a consultation with civil society (at the end of 2006) to review the changes and to finalize the plan

**Figure 1**



**Figure 2**



**Figure 3**

