

## Universal access to HIV/AIDS preventive and care services

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### Introduction

In 2001, the problems and hazards of HIV/AIDS have been debated by heads of state and government in WHO conference. They reported the HIV/AIDS status in their countries and explained their related activities. Like other countries, Iranian scientific mission described HIV/AIDS status in our country. Finally, a resolution was issued and requested the members to observe the following points:

1. Consider HIV/AIDS not only as a health concern, but also as a social, economical, and cultural problem.
2. Provide antiretroviral therapy for all sufferers.
3. Eliminate the shame and prejudice associated with HIV/AIDS and consider HIV/AIDS sufferers like other patients.

The United Nations General Assembly will hold a high-level meeting late in spring 2006 to assess the global progress achieved in the fight against HIV/AIDS and consider ways of strengthening the campaign for the forthcoming years. Member states will consider recommendations on how to scale-up HIV prevention, treatment, care and support with

the aim of coming as soon as possible to the goal of universal access to treatment by 2010 for all those who need it. Now, I would like to review what happened during the recent 4 years in our country and explain our future plan to fight against this universal health concern.

To my knowledge, Iran was amongst the leader countries that planned its 5-year strategic preventive and care program based on the concept of universal access. Our plan was consisted of the following 11 points:

1. Education and providing knowledge and information.
2. Ensuring the safety of blood and blood products.
3. Promoting the epidemiologic surveillance system.
4. Preventing HIV transmission while providing health services (Universal precaution).
5. Voluntary testing and counselling (VTC)
6. Harm reduction
7. Preventing, treating and taking care of sexually transmitted diseases (STD)
8. Counselling, taking care of, and treating HIV/AIDS sufferers and their families
9. Enforcing necessary infrastructures of health care services for sufferers and subjects at risk
10. Promoting research projects
11. Social support

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During these years, we have successfully established the counselling centers for behavioral disease (triangle clinics) in our health care centers throughout the country, so that more than 80 clinics are providing services in medical universities while similar number of clinics are active in prisons and, fortunately, there has always been a close association between the Prison Organization and medical universities.

On the other hand, unlike many other countries in the region, Iran provides HIV/AIDS health care services totally free. Meanwhile, the safety of blood and blood products has been ensured and the pattern of epidemiologic surveillance system has been changed and entailed the behavioral surveillance. Although initial health care system was successfully settled, we still have shortage in infrastructures, research affairs, and attracting social supports. Nevertheless, revising current guidelines might pave the way for future successes.

Now the first 5-year strategic plan is going to be completed. A committee of specialist has reviewed our performance and will draw guidelines and recommendations for the next five years. Furthermore, we must strictly observe the following 3 issues in order to achieve universal access to HIV/AIDS preventive services:

1. Higher ranked organization(s), other than the Ministry of Health, should take the responsibility of HIV/AIDS preventive services. We believe that preventive and educative programs and providing information should be supplied not only by Ministry of Health but also by other ministries and governmental or non-governmental organizations. Indeed, social supports of high risk subjects, sufferers and their families must be provided by other organizations. Moreover, private and non-governmental organizations could contribute more enormously and actively in the field of treatment and taking care of the patients, however, their contribution should be exactly clarified by higher-ranked authorities.

2. Framework of the second 5-year strategic plan should be clearly determined and responsibilities of all involved participants must be clarified before the commencement of the program.

3. Assessment and evaluation mechanisms must be obvious and involved ministries and organizations should contribute actively.

Obviously, political supports, firm cooperation and coordination between involved ministries and organizations and appropriate leadership of the strategic plan as well as involving all populations especially high risk group and patients are vital steps towards the goals of universal access to treatment.

### Technical changes in the second 5-year strategic plan

Obviously, basic concepts of the first 5-year strategic plan are observed in the second 5-year strategic plan; however, some technical changes are inevitable. These changes are presented below.

1. Insertion of positive prevention program to the strategic plan. Hence, further infected subjects will be recognized. This strategy will serve as a powerful preventive tool. This strategy has been successfully employed in developed countries and consists of the following sections: peer education, peer counselling, promoting contribution of sufferers in preventive programs, encouraging peaceful living with their spouse, and use of protective tools during sexual activities.

2. Encouraging voluntary testing and counselling (VTC) both quantitatively and qualitatively.

3. Qualitative promotion in therapeutic approaches.

4. Increasing the number of counselling centers for behavioral disease (triangle clinics) and health care centers dealing with high risk group subjects (i.e., intravenous drug abusers)

5. Promoting harm reduction strategy.

Nevertheless, the committee members who are actively engaged in the strategic plan for universal access to HIV/AIDS preventive and care services in Iran, welcome motivated recommendations of specialists and authorities in order to strengthen the second 5-year strategic plan. Therefore, you are kindly requested to send your viewpoints either through the secretary of Iranian Journal of Clinical Infectious Diseases Journal (IJCID) in Shaheed Beheshti University of Medical Sciences or simply faxed to +982188300444.