

The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children 3-5 May 2004

Preamble

In order to achieve internationally agreed development goals, it is vital that the linkages between reproductive health and HIV/AIDS prevention and care be addressed. To date, the benefits of the linkages have not been fully realized. United Nations agencies have initiated consultations with a wide range of stakeholders to identify opportunities for strengthening potential synergies between reproductive health and HIV/AIDS efforts. This Glion Call to Action reflects the consensus of one such consultation, which focused on the linkage between family planning (a key component of reproductive health) and prevention of mother-to-child HIV transmission (PMTCT) (a key component of HIV/AIDS programmes).

The focus of the Glion Call to Action on preventing HIV among women and children is fully consistent with the parallel need for increased commitment to the health and well-being of women themselves. Therefore, the Glion Call to Action rests on the consensus achieved at the International Conference on Population and Development (ICPD) in Cairo and acknowledges the rights of women to decide freely on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and the need to improve access to services so that couples and individuals can decide freely the number, spacing and timing of their children. In order to ensure that these rights are respected, policies, programmes and interventions must promote gender equality, and give priority to the poor and underserved populations.

- @ Although the prevention of MTCT is often restricted to the provision of antiretrovirals (ARV) to pregnant women who are infected with HIV, safe delivery practices and infant feeding counselling and support, a broader approach has been defined by the United Nations and includes the following four elements:
 1. Preventing primary HIV infection in women;
 2. Preventing unintended pregnancies in women with HIV infection;
 3. Preventing transmission of HIV from infected pregnant women to their infants; and
 4. Providing care, treatment and support for HIV-infected women identified through PMTCT or Voluntary Counselling and Testing (VCT) programmes and their families.
- @ **All four elements** are essential if the UN goal for reducing the proportion of infants infected with HIV by 20% by 2005 and by 50% by 2010 is to be attained.
- @ Current estimates¹ show that, because of limitations in coverage, use of services and drug efficacy, using the third element alone will only reduce HIV in infants by between 2% and 12% in many countries.
- @ The most effective way to reduce the proportion of infants infected by HIV is by preventing primary HIV infection in women (element 1), and by preventing unintended pregnancy among women infected by HIV (element 2). These two measures have intrinsic benefits to women and can decrease the proportion of infants infected by HIV by 35% to 45% in some countries with a significant contribution coming from the provision of family planning information, services and counselling.

¹ Sweat et al, estimations based on data in eight heavily affected countries

Recommendations for Action

We, the undersigned, call upon governments, parliamentarians, UN agencies, donors, civil society, including Non-Governmental and community-based organisations, to:

1. Policy and Advocacy

- a. Increase awareness, understanding and commitment to the four elements of PMTCT.
- b. Commit to developing and implementing policies that strengthen the linkage between family planning and PMTCT.
- c. Formulate legislation and policies that support the rights of all women, including HIV-infected women, to make informed choices about their reproductive lives.

2. Programme Development

- a. Strengthen commitment to achieving universal access to reproductive health services, including family planning, and recognize and support the contribution of these services to HIV/AIDS prevention efforts.
- b. Ensure access for all women to family planning information and services, within both PMTCT and voluntary counselling and testing (VCT) services.
- c. Ensure that psychosocial counselling and support services are available to women seeking to be tested for HIV and for women infected with HIV.
- d. Operationalise the linkage between family planning and PMTCT (through training; ensuring the supply of antiretroviral drugs, contraceptives, HIV-testing kits, pregnancy testing kits, male and female condoms, and establishing referral systems and tracking mechanisms).
- e. Promote the concept of dual protection against transmission of HIV and other sexually transmitted infections as well as unintended pregnancy by the use of condoms alone or in combination with other methods of contraception.
- f. Ensure that condoms are available and distributed at family planning, PMTCT and VCT settings, together with the information and counselling necessary for their correct and consistent use.

- g. Promote and facilitate the participation of men, both as individuals and as a partner in a relationship, in PMTCT programmes.
- h. Ensure the participation of young people in the design of programmes addressing their special needs in PMTCT.

3. Resource Mobilisation

- a. Allocate the necessary funds for the implementation of all four elements of PMTCT, including family planning.
- b. Improve cooperation and coordination among donors to support and strengthen the linkage.
- c. Rectify the severe funding shortfall for the provision of reproductive health supplies, including contraceptives and condoms, and invest in the logistics systems in countries to improve their ability to procure, forecast and deliver those supplies.

4. Monitoring and Evaluation and Research

- a. Build on existing data to develop and improve monitoring and evaluation mechanisms for programmes linking family planning to PMTCT services, including measurement of the reduction in numbers of women and infants infected with HIV.
- b. Continue innovative operations research to identify the most effective and efficient strategies and technologies to support linkages between PMTCT and family planning programmes.

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