

**Prevention of Mother-to-Child
Transmission Global Partners
Forum**

**Abuja, Nigeria
1-3 December 2005**

Summary Recommendations

Preamble (1)

- The Global Partners Forum on PMTCT recognised that with concerted action, we can aspire to have an HIV- and AIDS-free new generation, as has been achieved in more developed countries
- The UNGASS declaration on HIV/AIDS (2001) committed countries to reduce new infections in children by 20% by 2005 and 50% by 2010 by ensuring that 80% of women in need of services have access to them
- Globally, although significant progress has been made in delivering PMTCT services in resource-limited settings, the substantial majority of countries have not achieved the UNGASS goals for 2005 and world wide only about 10% of HIV pregnant women have access to PMTCT interventions

Preamble (2)

- The Global Partners Forum on PMTCT recognises that the achievement of these goals requires a comprehensive strategy that includes:
 - Prevention of HIV among women of reproductive age and parents to be
 - Prevention of unintended pregnancies among HIV-positive women
 - Prevention of HIV transmission from positive pregnant women to their infants
 - Provision of care, treatment and support to HIV-infected women, children and their families

Preamble (3)

- In addition to past Global declarations and Commitments, the recent G8 meeting in Scotland issued a remarkable communiqué with the following declaration of commitment on HIV/AIDS:
- *"...with the aim of an AIDS-free generation in Africa, significantly reducing HIV infections and working with WHO, UNAIDS and other international bodies to develop and implement a package for prevention, treatment and care, with the aim of as close as possible to universal access to treatment for all those who need it by 2010"*
- The implications of this are clear: an HIV and AIDS free new generation that cannot be achieved without universal access to a high quality PMTCT interventions, provided within comprehensive fully-utilised Maternal and Child Health (MCH) services and Sexual and Reproductive Health services.

Recommendations (1)

1. National governments need to demonstrate commitment and leadership and aspire to achieve universal access to PMTCT interventions by 2010 in line with UNGASS target (80%) and should ensure:
 - The existence of a national scale up plan
 - Human resource planning and development, including retention strategies and redefinition and delegation of tasks and involvement of non-medical staff
 - Adequate allocation of national financial resources (PRSPs, SWAPs, national budgets), private sector and external resource mobilisation

Recommendations (2)

2. Develop/Review and implement country driven national scale up plans that include population-based targets, clear time lines, budgets and M&E plan with partner support, that are commensurate with the stage and type of the epidemic:
 - Country programs need to translate existing global targets into population based numerical targets for access to PMTCT interventions
 - Scale up plans to be based on decentralization of planning, implementation, monitoring and coordination to the districts, regions, provinces and/or states

Recommendations (3)

3. National governments need to recognize the opportunity PMTCT interventions provide as an entry point into prevention, care, treatment and support services with program integration at policy, programmes and service delivery levels:
 - Revision of PMTCT guidelines in the light of new recommendations including more efficacious interventions
 - Institutionalisation of follow up with early testing and diagnosis of HIV infection in exposed infants and cotrimoxazole prophylaxis

Recommendations (4)

4. Governments to prioritise and strengthen primary prevention and family planning as important components of the package of PMTCT interventions within the wider context of MCH and other Sexual and Reproductive health services:
 - Governments to ensure that PMTCT interventions include HIV prevention services for women testing negative and their partners as well as reproductive choices for positive women
5. Governments to promote, support and develop the capacity for involvement of communities, people living with HIV/AIDS and civil society in service provision and demand creation
6. Governments to develop mechanisms for enhancing public-private sector partnerships to expand the delivery of services

Recommendations (5)

7. Governments to institutionalise routine offer of HIV counselling and rapid testing in antenatal, delivery and postnatal units with right to opt out

8. Governments to allocate resources for:
 - Strengthening health systems, including ensuring reliable procurement and supply chain management of essential commodities especially for MCH services
 - Improving national M&E systems for tracking progress, monitoring quality of performance with specific attention to coverage, evaluation of outcome and impact

Recommendations (6)

9. Governments to ensure implementation of actions in the five areas described in the *HIV and infant feeding framework for action*, including promoting optimal infant feeding for all HIV-negative women and women who do not know their HIV status and counselling and support specific to the situation of HIV-positive women and their infants

10. Identification and strengthening of regional networks and centres of excellence for research, learning and capacity development

Recommendation (7)

11. Development partners to invest appropriate and adequate financial and technical resources for implementing PMTCT interventions within a framework of complementary and synergistic national HIV/AIDS plans, including maintaining support to address key unanswered questions particularly in the area of safer infant feeding