

CONSENSUS STATEMENT

ACHIEVING UNIVERSAL ACCESS TO COMPREHENSIVE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

27 NOVEMBER 2007

We, the participants of the High Level Global Partners' Forum met to review progress and achievements since the meeting in Abuja in 2005 and we noted the following:

- Increased availability of funding for HIV programmes from government budgets and international sources and further international commitments;
- The diversity of HIV epidemics and of the capacity of countries to respond, with regard to disparities in health system capacity, including financial and human resources;
- Progress made in scaling up programmes for HIV prevention and care especially among women and children at country level: with some notable achievements and good results, including in very resource-constrained, high HIV burden settings and in conflict/crisis situations;
- 108 countries have programmes and, notably, 17 countries are on track to reach the UNGASS goal for reducing HIV infections in children; however, progress overall is uneven;
- Important factors of success, including:
 - high level national political commitment
 - coordinated national policies with targets and plans (according to the "3 ones" principle)
 - movement from vertical to integrated approaches, in the context of decentralization and district level implementation.

We identified challenges to scaling up quality, comprehensive programmes at all levels, from the community to the global level, as follows:

1. Inadequate financial resources, which are often narrowly earmarked by donors;
2. Inadequate human resources;
3. Poor partner and sectoral coordination and donor support resulting in verticalisation of programmes and poor implementation of national policies;
4. Stigma and discrimination;
5. Inadequate support for infant feeding which remains a complex issue, requiring further research;
6. Unequal emphasis on the needs of women, their children, partners and families, and insufficient follow up within a continuum of care and assurance of adequate care, treatment and diagnosis of exposed infants;
7. Insufficient integration of prevention of mother-to-child transmission services and insufficient linkages with other health and social services;

8. The need to decentralize implementation and service delivery, and focus on developing and strengthening of community structures and systems to include prevention of mother-to-child transmission services;
9. Insufficient attention to, and services for primary prevention and prevention of unintended pregnancies, including access to reproductive health commodities;
10. Programme monitoring, recording and reporting;
11. Quality assurance and impact assessment;
12. Inadequate efforts to ensure male engagement;
13. Impact of gender inequality and of gender-based violence;
14. Lack of capacity to cost plans;
15. Slow scale-up of provider-initiated testing and counselling services, where appropriate, and the limited creation of demand for these services.

In order for us to meet these commitments and address these concerns, we agree to the following priority actions at the political level:

1. Sustain political commitment and translating it into meaningful and visible support of programme implementation;
2. Support by partners of comprehensive and costed country-driven plans with long term sustainable and predictable financing;
3. Ensure adherence to all components of the Paris Declaration, including the principle of country ownership and leadership, and harmonisation and alignment of all partners behind national plans;
4. Strengthen coordination and ensure accountability among all partners in line with the 3 Ones principle, including developing and strengthening NGO capacity to respond in a coordinated manner.
5. Document lessons learnt and strengthen monitoring and evaluation with quality data;
6. Support of regular reviews and reporting of country level progress towards meeting prevention of mother-to-child transmission targets;
7. Adopt or adapt strategic directions laid out in the Guidance on global scale-up of the prevention of mother-to-child transmission of HIV;
8. Place prevention of mother-to-child transmission of HIV in a broader spectrum and position it as "women, newborn, child and family-centred HIV prevention and care", and support integrated, not vertical programming;
9. Ensure meaningful participation of people living with HIV and people infected and affected by HIV and AIDS, in all policy discussions and in programme implementation.

This consensus statement was prepared by delegates at the Global Partners Forum, 26-27 November 2007, Johannesburg, South Africa. Delegates included Ministers, who identified priority actions to be taken at the political level

Annex 1

Summary of priority programmatic and technical support needs prepared by representatives of national programmes, NGOs, and technical agencies working at country level

1. Technical support for the development, revision, finalization of national policies, guidelines and national scale-up plans;
2. Resource mobilization and leveraging for implementation of national scale-up plans and specifically to support the above activities;
3. Integrated human resource planning, including pre-service training and capacity development to support scale-up efforts;
4. Guidance and support on how to operationalize the integration of prevention of mother-to-child transmission services with maternal, newborn and child health services at all levels (policies, planning, funding, service delivery and monitoring and evaluation);
5. Support rapid scale up of capacity building on infant feeding at health facility and community levels, and country level consultative meetings on infant feeding
6. Operational guidance on the implementation of primary prevention and linkages between PMTCT and sexual and reproductive health (SRH) for people living with HIV, including prevention of unintended pregnancies and prevention with positives;
7. Technical support to set up well-functioning systems for the provision, quality follow-up care to HIV-exposed and HIV-infected infants, including co-trimoxazole prophylaxis and early infant diagnosis;
8. Development and implementation of integrated community strategies;
9. Technical support for establishing well functioning M&E and quality improvement systems; and
10. Technical support for reviewing and improving supply chain management systems to support scale-up efforts.

Annex 2

Summary of joint activities from the expended Interagency Task Team on Prevention of HIV infection in Pregnant Women, Mothers and their Children and other implementing partners

1. Global advocacy for increase in funding directed to comprehensive services aligned to the guidance document for global scale up of prevention of mother-to-child transmission of HIV;
2. Resource leveraging – Include PMTCT elements in global health initiatives
 - a. Advocacy and lobbying for the inclusion of PMTCT and paediatric HIV care, support and treatment (CST) in global financing mechanisms at global level;
 - b. Support to development of appropriate proposals for different financing mechanisms, including GFATM proposals;
3. Development and implementation of national costed population-based scale-up plan;
4. Development/strengthening of regional and country coordination mechanisms (e.g. regional configurations of the global IATT)
 - a. Joint frameworks, joint planning;
 - b. Building strengthening of technical assistance on existing regional structures such as the UNAIDS/WHO and other technical support facilities/hubs;
 - c. Integration of PMTCT principles from the Global guidance into existing regional frameworks;
 - d. Support regional adaptation and country level implementation of the guidance on global scale-up of PMTCT (key roles of PLWHA to be defined);
 - e. Link global efforts with regional and country efforts
5. Providing technical guidance to strengthen programme monitoring, review, quality assurance and operational research in line with agreed upon monitoring indicators as part of the global PMTCT monitoring guidance and WHO framework for monitoring progress towards universal access in the health sector;
6. Advocating for the joint country teams to include PMTCT in their technical support plans;
7. Supporting country level consultative meetings on infant feeding and rapid scale up of capacity building on infant feeding at health facility and community levels;
8. Providing policy and operational guidance on the implementation of primary prevention and prevention of unintended pregnancies among women including access to reproductive health commodities;
9. Providing technical support for establishing well functioning M&E and quality improvement systems; and
10. Providing technical support for reviewing and improving supply chain management systems to support scale-up efforts.