

Declaration of Commitment: Towards a future generation without HIV and AIDS

We, the participants of the aidsfocus.ch conference on "Positive Motherhood. Opportunities and Challenges of HIV Prevention, Treatment and Care" (26 April 2007 in Berne) representing aidsfocus member organisations commit ourselves to work together with our partners towards the goal of a future generation of children born without HIV and AIDS.

Globally, 18 million women are HIV positive, and their numbers and proportions compared to men continue to increase. Every year, around half a million children under the age of 15 years become infected with HIV. More than 90% of these infections occur in developing countries, and almost all of them are associated with so-called vertical HIV transmission during pregnancy, labour and delivery, or breastfeeding.

Most infant HIV infections could be averted. In Switzerland and other high-income countries, vertical transmission of HIV from mother to child is very rare as services for its prevention are widely available.

We, the participants of the conference, commit ourselves to address and overcome this major injustice and social inequity by taking action within our own fields of activity, thereby respecting the basic principles of Human Rights and the involvement of people living with HIV and AIDS:

1. We promote a **comprehensive strategic approach** to support all women to ensure prevention of HIV infections in infants and young children and to advocate for internationally agreed standards and policies. We support the guiding principles of the World Health Organisation (WHO), consisting of four components: Primary prevention of HIV infection, Prevention of unintended pregnancy among women living with HIV, Prevention of HIV transmission from mothers living with HIV to their infants, and Care, (antiretroviral) treatment and support for mothers living with HIV, their children and their families.
2. We consider the **strengthening of health systems**, including the improved quality of care and better client centred services, to be **an overarching priority**, within which any efforts to prevent vertical transmission and to safeguard the health of women of reproductive age, their partners and other family members need to be integrated.
3. The **involvement of the community and civil society** in health services, programmes and strategies for the prevention of vertical HIV transmission is critical in order to make these services acceptable and more effective, and in creating a supportive environment.
4. We encourage the active **involvement** of the **partner, family and community** in the programmes and strategies. Particularly men need to be involved into reproductive health, family planning, childcare, voluntary, confidential, quality counselling and testing and the prevention of vertical transmission of HIV as well as decisions around infant feeding.
5. We fully acknowledge the need for scaling up **HIV testing amongst women and men of reproductive age, for which antenatal care** provides an ideal entry point and emphasize that public health considerations and collective rights need to be balanced with the individual rights of women. We aim for the respect of the **3C's (counselling, confidentiality and consent)** which are a prerequisite for a move towards more provider-initiated testing strategies.

6. In order to avoid **HIV transmission to infants during breastfeeding** as well as morbidity and mortality of infants due to infectious diseases, the advantages and risks of breastfeeding for HIV infected mothers need to be balanced. In line with the current scientific evidence for resource poor countries, we promote exclusive breastfeeding for six months in the general population and at the same time, we promote making replacement feeding AFASS (acceptable, feasible, affordable, sustainable and safe). The most appropriate infant feeding option for an HIV infected mother depends on her individual circumstances and socio-cultural environment. Continued counselling and support is needed to help women make an appropriate, safe and informed choice.
7. We need to take into account the prevailing **cultural environment** and adapt strategies for the prevention of vertical HIV transmission to local circumstances and the culturally constructed context of human reproduction. We emphasize the importance of **overcoming stigma, discrimination and violence** that people living with, or affected by, HIV and AIDS are faced with.. We thereby build on existing resources and chose a solution-oriented approach.
8. We promote **Human Rights of women** of childbearing age, especially the rights of HIV positive women, including the right of all women to have satisfying and safe sexual lives and the ability to make informed choices about their reproductive health and fertility.
9. We pay attention to the **rights of infants and children to wellbeing, survival, development** and to grow up in a caring environment. These are considered as guiding principles at all levels of prevention, treatment, care and support, including the **right to antiretroviral treatment and care tailored to children's needs**.
10. **We cooperate with national health systems and authorities** as well as other stakeholders such as civil society and the traditional sector, in order to integrate and scale up high quality comprehensive programmes for the prevention of vertical HIV transmission through sexual and reproductive health services for all.
11. **We lobby with Governments and institutional actors** to commit and take leadership in developing and supporting national health and social policies and strategies for the promotion of comprehensive programmes for the prevention of vertical HIV transmission by investing adequate financial and technical resources and developing human resource capacity.
12. We **advocate with Swiss Government authorities and other stakeholders at the national, international and multilateral level** so that the 2001 UN Declaration of Commitment on HIV/AIDS, signed also by Switzerland, is respected and that the relevant Millennium Development Goals are achieved. We lobby with these actors to respect and implement the principles and approaches lined out in this "Declaration of Commitment: Towards a future generation without HIV and AIDS".

Sources:

- UN: Declaration of Commitment, United Nations General Assembly Special Session on HIV/AIDS, 25-27 June 2001, commits states to reduce the proportion of HIV-infected children born to mothers with HIV infection by 50 per cent by the year 2010, and ensure that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them.
<http://www.unaids.org/en/Goals/UNGASS/default.asp>
- UNFPA. Call to action: Towards an HIV-free and AIDS-free generation. Report of the Prevention of Mother to Child Transmission (PMTCT) High Level Global Partners Forum, Abuja, Nigeria, (December 3, 2005. Retrieved 31 August 2006) www.unfpa.org/publications/detail.cfm?ID=259&filterListType=1
- WHO: Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: towards universal access. WHO Recommendations for a public health approach. Revised guidelines (2006)
<http://www.who.int/hiv/pub/guidelines/pmtctguidelines2.pdf>
- WHO: HIV and Infant Feeding Technical Consultation, Held on behalf of IATT on Prevention of HIV Infections in Pregnant Women, Mothers and their Infants: Consensus Statement (Geneva, October 25-27, 2006)
http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/consensus_statement.pdf