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 estimates\(^1\) 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.

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\(^1\) 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.
Fareed Abdullah  
Department of Health  
Western Cape Provincial Government  
South Africa

Linda Andrews  
Population Leadership Program (PLP)/  
Elizabeth Glaser Pediatric AIDS Foundation  
Kampala, Uganda

Terri L. Bartlett  
Population Action International  
Washington, DC, USA

Ward Cates  
Family Health International  
Research Triangle Park, NC, USA

Sarah Clark  
The David and Lucile Packard Foundation  
Los Altos, CA, USA

Lynn Collins  
United Nations Population Fund (UNFPA)  
New York, NY, USA

Halima Dao  
Department of HIV/AIDS  
World Health Organization  
Geneva, Switzerland

Thérèse Delvaux  
Institute of Tropical Medicine  
Antwerp, Belgium

Isabelle de Zoysa  
Department of HIV/AIDS  
World Health Organization  
Geneva, Switzerland

Lena Ekroth  
Swedish International Development Agency (SIDA)  
Stockholm, Sweden

Wafaa El-Sadr  
Mailman School of Public Health  
Columbia University  
New York, NY, USA

Peter Fajans  
Department of Reproductive Health and Research  
World Health Organization  
Geneva, Switzerland

Tim Farley  
Department of Reproductive Health and Research  
World Health Organization  
Geneva, Switzerland

Alison Forder  
Department for International Development  
London, United Kingdom

Helene D. Gayle  
Bill and Melinda Gates Foundation  
Seattle, WA, USA

Yitades Gebre  
National HIV/AIDS Prevention and Control Program  
Ministry of Health  
Kingston, Jamaica, West Indies

Duff Gillespie  
Bill and Melinda Gates Institute for Population and Reproductive Health  
Johns Hopkins Bloomberg School of Public Health  
Baltimore, MD, USA

Nicole Gray  
The William and Flora Hewlett Foundation  
Menlo Park, CA, USA

Mengjie Han  
National Center for AIDS/STD Control and Prevention  
Beijing, People's Republic of China

James Herrington  
United Nations Foundation  
Washington, DC, USA
Loretta Hieber Girardet  
Department of HIV/AIDS  
World Health Organization  
Geneva, Switzerland

Patricia Hindmarsh  
Marie Stopes International  
London, United Kingdom

Lennart Hjelmaker  
Ministry for Foreign Affairs  
Stockholm, Sweden

Carlos Huezo  
Department of Reproductive Health and Research  
World Health Organization  
Geneva, Switzerland

Dale Huntington  
Department of Reproductive Health and Research  
World Health Organization  
Geneva, Switzerland

Sarah Elizabeth Hyde  
Brighton, United Kingdom

Danielle Jackson  
Bill and Melinda Gates Foundation  
Seattle, WA, USA

Claus-Peter Janisch  
KfW Development Bank  
Frankfurt, Germany

Sandra Kabir  
ICOMP  
London, United Kingdom

Ann Mette Kjaerby  
All Party Parliamentary Group on Population, Development and Reproductive Health  
London, United Kingdom

Christina Larsson  
Swedish International Development Agency (SIDA)  
Stockholm, Sweden

Mercedes Mas de Xaxás  
Population Action International  
Barcelona, Spain

Anthony K. Mbonye  
Ministry of Health  
Kampala, Uganda

Margaret Kamya Muganwa  
Makerere University  
Institute of Public Health  
Kampala, Uganda

Lydia Mungherera  
The National Forum of People Living with HIV/AIDS in Uganda / International Community of Women Living with HIV/AIDS  
Kampala, Uganda

Natalia Nizova  
American International Health Alliance  
Odessa, Ukraine

Lisbet Nortvedt  
Norsk forening for seksuell og reproduktiv helse og rettigheter NSRR  
Oslo, Norway

Philip O'Brien  
United Nations Children's Fund (UNICEF)  
Geneva, Switzerland

Kevin O'Reilly  
Department of HIV/AIDS  
World Health Organization  
Geneva, Switzerland

Erik Palstra  
United Nations Population Fund (UNFPA)  
Geneva, Switzerland

Charnchai Pinmuang-Ngam  
Department of Health  
Amphor Muang, Nakornsawan  
Thailand

Fiona Quinn  
Development Cooperation Ireland  
Department of Foreign Affairs  
Dublin, Ireland
Helen Rees  
Reproductive Health Research Unit  
University of Witwatersrand  
Johannesburg, South Africa

Heidi Reynolds  
Family Health International  
Research Triangle Park, NC, USA

Allan Rosenfield  
Mailman School of Public Health  
Columbia University  
New York, NY, USA

Naomi Rutenberg  
Horizons/Population Council  
Washington, DC, USA

Kumar Sanjiv  
United Nations Children's Fund (UNICEF)  
Geneva, Switzerland

Sara Seims  
The William and Flora Hewlett Foundation  
Menlo Park, CA, USA

Steven W. Sinding  
International Planned Parenthood Federation  
London, United Kingdom

Billy Stewart  
Department for International Development  
London, United Kingdom

John Stover  
Futures Group  
Glastonbury, CT, USA

Ann Svensén  
RFSU - The Swedish Association for Sexuality Education  
Stockholm, Sweden

Michael D. Sweat  
School of Public Health  
Johns Hopkins Bloomberg School of Public Health  
Baltimore, MD, USA

Rathavy Tung  
National MCH Center  
Phnom Penh, Cambodia

Johannes van Dam  
Population Council  
Washington, DC, USA

Paul Van Look  
Department of Reproductive Health and Research  
World Health Organization  
Geneva, Switzerland

Kunio Waki  
United Nations Population Fund (UNFPA)  
New York, NY, USA

John Worley  
Department for International Development  
London, United Kingdom

Tony Worthington  
All Party Parliamentary Group on Population, Development and Reproductive Health  
London, United Kingdom