

# DAKAR Call RENEWED COMMITMENT

**For the elimination of mother-to-child transmission of HIV (eMTCT) and universal coverage for Pediatric HIV Testing and Treatment in West and Central Africa by 2020**



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**“Towards and AIDS free Generation in West and Central Africa”**

Adopted by the participants to the High Level Meeting on the Elimination of Mother-to-Child Transmission of HIV (e-MTCT) and universal coverage of Pediatric HIV Testing and Treatment in West and Central Africa”,

**Dakar, Senegal from 16 to 18 January 2019,**

## DAKAR Call: RENEWED COMMITMENT

### For the elimination of mother-to-child transmission of HIV (eMTCT) and universal coverage for Pediatric HIV Testing and Treatment in West and Central Africa by 2020

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#### We:

- Representative of the First Lady of Senegal;
- Ministers of Health of Benin, Cape Verde, Gambia and Senegal and representative of Ministers of Health of Cote d'Ivoire, Ghana, Nigeria, Democratic Republic of Congo, Burkina Faso, Cameroon, and Chad.
- Representatives of the African Union, the Economic Community of West African States (ECOWAS) and the Economic Community of Central African States (ECCAS);
- Technical experts from the Ministries of Health of Angola, Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Gabon, The Gambia, Ghana, Guinea, Guinea Bissau, Equatorial Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Republic of Congo, São Tomé and Príncipe, Senegal, Sierra Leone, and Togo;
- Bilateral and multilateral partners, the United Nations System, Civil Society and the Private Sector;

Gathered in Dakar, Senegal from 16 to 18 January 2019, at the joint invitation of UNAIDS, WHO and UNICEF, as part of the "High Level Meeting on the Elimination of Mother-to-Child Transmission of HIV (e-MTCT) and universal coverage of Pediatric HIV Testing and Treatment in West and Central Africa",

1. Recalling that, gathered in Dakar from 16 to 18 November 2015, health experts and professionals, and social actors from 18 countries in West and Central Africa (WCA), including bilateral and multilateral partners, the United Nations and civil society, called through the [DAKAR CALL](#), all actors to commit to accelerate the elimination of mother-to-child transmission of HIV (e-MTCT) and the universal coverage of Pediatric HIV Testing and Treatment in WCA, , through the achievement of the 90-90-90 target by 2020.
2. Noting that three years later, the coverage of prevention of mother-to-child transmission of HIV (PMTCT), Early Infant Diagnosis (EID), ART for children remain low in the region; PMTCT coverage stagnated (48% in 2014 to 47% in 2017); EID coverage increased from 13% in 2014 to 21% in 2017, and ART coverage increased from 18% in 2014 to 26% in 2017;
3. Noting that these achievements are still insufficient and that accelerating them to achieve the expected results in 2020 requires more political commitment and the rapid and scalable implementation of innovative, proven strategies with high potential impact;
4. Considering the commitments made by the Heads of State and Government under the Political Declaration on HIV and AIDS: to accelerate the response in the fight against HIV and to end the AIDS epidemic by 2030, adopted on 8 June 2016 by the seventieth session of the United Nations General Assembly, under resolution 70/266;
5. Considering the commitments made to end the epidemic of HIV / AIDS in children and adolescents by 2020 and summarized in the global framework "Start Free, Stay Free, AIDS Free";

6. Considering the commitment of governments, international organizations, partners, civil society, professional organizations and academia to achieve the vision of primary health care (PHC) as a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals.
7. Noting the persistence of certain legal, sociological and political barriers such as user fee for access to health services, stigma & discrimination and punitive laws and those establishing mandatory parental and spousal consent for access to HIV services for adolescents, girls and women;
8. Considering the continuing weakness of health systems in most countries of our region, including the shortage of qualified personnel, lack of access to simplified HIV diagnostic technologies for children, stock-outs of medications and commodities as well as slow adoption of optimal treatment regimens for children;
9. Considering the untapped potential of the full engagement of communities and civil society, including women's groups living with HIV;
10. Noting the non-optimization of the therapeutic regimes of children in the region with a risk of resistance to treatment;
11. Noting the insufficient support provided to countries in the operationalization of "3 Free's
12. Considering the essential contribution of quality technical assistance in building the capacity of countries and the technical support opportunity offered in the framework of the Joint United Nations Regional Team on AIDS (JURTA) and the Joint United Nations Countries Team (JUNTA) partnership;
13. Noting the insufficiency of available financial resources in relation to needs and a low domestic contribution to these resources making our countries vulnerable because of a large dependence on external financing;
14. In view of the significant progress made in other regions of the world, thus demonstrating the possibility for all regions of the world, considering their specificity and existing opportunities to rapidly scale up the access for pregnant women and children living with HIV to prevention and care services;

## **A. WE SOLEMNLY RENEW OUR COMMITMENT FOR COMPLETE AND EFFECTIVE IMPLEMENTATION OF THE 2015 DAKAR CALL THROUGH:**

A.1- The acceleration of the implementation in our respective countries of the priority actions identified in the context of the Dakar call;

A.2- Maintaining HIV and universal coverage for testing and ART among children and adolescents among national public health priorities;

A.3- Adoption of relevant policies and innovative strategies to accelerate progress towards the elimination of mother-to-child transmission of HIV and universal coverage for HIV testing and treatment services for the benefit of children and adolescents; these strategies include:

- 1) The adoption and scaling up of task-shifting in support of the decentralization of HIV services and their effective integration into maternal, neonatal, child and adolescent health programs and services;
- 2) The adoption, implementation and scaling up of family-centered HIV testing and care approaches, including family-based HIV testing, to enhance the early identification of untreated family members, especially children;
- 3) The widespread use of modern HIV testing techniques, such as the combined HIV-Syphilis test in the minimum prenatal consultation package, and Point of Care (PoC) technologies for early detection of HIV in infants;
- 4) Strengthening community systems, local governance and the effective participation of communities and civil society, including women's groups living with HIV, in promoting the continuity of HIV services at the community level for eMTCT and pediatric care,
- 5) The adoption and effective implementation and scale-up of the strategy of differentiated HIV services;
- 6) The adoption and adaptation of high-quality early diagnosis guidance and ensuring access to optimized treatment regimens for HIV-infected infants while ensuring that all HIV-exposed infants and their mothers are retained, monitored and supported during the entire breastfeeding period;
- 7) The adoption and effective use of modern e-health techniques involving information and communication technologies to increase the rapid dissemination of knowledge and strengthen the health information system;
- 8) Improving availability of disaggregated HIV program data (age, gender, location) for targeted approaches;
- 9) Promoting non-restrictive policies and legislation to accelerate eMTCT and universal coverage of children and adolescents for HIV testing and treatment, including early adoption of clinical guidelines recommended by WHO;
- 10) Promoting universal health coverage (UHC) policy and legislation to remove barriers to early utilization of maternal and child health services, including antenatal care for pregnant women;
- 11) Reducing dependency on external financing by substantially increasing domestic contribution (government and private sector);
- 12) Promoting primary health care approach to achieving universal health coverage and health-related Sustainable Development Goals;

**B. REQUEST UNAIDS, WHO AND UNICEF TO ENGAGE ALL ACTORS AND TO SUPPORT WCA COUNTRIES IN IMPLEMENTING THIS APPEAL;**

**C. REQUEST UNAIDS, WHO AND UNICEF TO MONITOR THE IMPLEMENTATION OF THIS APPEAL AND TO PRODUCE AN ANNUAL REPORT THAT SHOWS THE PROGRESS MADE BY COUNTRIES.**

Declared in Dakar on January 16, 2019

