



Organisation of African First Ladies
Against HIV/AIDS
OAFLA



OAFLA Initiatives for a Healthier Africa

Members' Directory 2015



4th Edition

This publication belongs to OAFLA.

The financial contribution of UNAIDS towards this publication is gratefully acknowledged. Your support has been instrumental in allowing OAFLA to establish its Secretariat and in implementing innovative programs at the continental, regional and national levels.

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Preface

Ladies and Gentlemen,

Launched for the very first time in 2012, the OAFLA members' directory has now reached its fourth edition. This publication, which only contained in its beginnings information on the various members of our organization, quickly evolved into a reference document enabling our partners and our fellow citizens to access our various activity reports and other essential information.

It is to be highlighted that these activities are in line with our 2014-2018 Strategic Plan and focus on: HIV / AIDS, maternal and child health and cervical cancer. The above-mentioned three plagues are at the heart of our joint action and pan-African commitment.

Since 2012, the OAFLA permanent Secretariat, based in Addis Ababa (Ethiopia), succeeded in creating a dynamic environment allowing a smooth flow of information between the members themselves and especially between OAFLA and its partners. The Secretariat was able to play this linkage role with great success that in turn helped increase OAFLA's visibility. It also helped strengthen and diversify its cooperation with several partners in line with this year's theme "Enhancing partnerships to end AIDS by 2030 and empower women in their sexual and reproductive health rights". OAFLA always worked and continues working to increase the number of its partners, especially within the private sector.

African First Ladies have made commitments and strong resolutions in 2014 in their three areas of intervention. They have always called for vigorous actions to bring about the desired changes as appropriate. Furthermore, through our communiqués widely disseminated, we regularly informed our partners and our fellow citizens of all the activities that we conducted, including those organized on the margins of the 69th United Nations General Assembly in New York and the Regional Symposium on adolescents' sexual and reproductive health rights in Lusaka. All these communiqués are incorporated in this directory of 2015.

The African First Ladies are eager to participate in the continent's post 2015 development agenda to better contribute to the efforts of their respective countries in the fight against maternal mortality and eliminating the transmission of HIV from mother to child.

The sustainable development goals that will replace the Millennium Development goals in September 2015 take into account our objectives stipulated in the 2014-2018 OAFLA Strategic Plan. We have included a summary of the Plan in this publication.

I am pleased to announce that during my presidency OAFLA's increased visibility on the international scene resulted in its recognition in international platforms.

Progress has been made both in the fight against HIV and AIDS and in CARMMA and the promotion of socio-legal and economic rights of women. We must remain vigilant to avoid any backsliding on progresses already achieved.

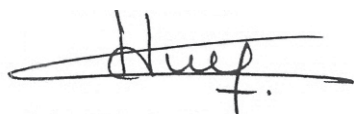
Finally, we sincerely thank all partners who are on our side including UNAIDS, UNFPA, the African Union Commission and the International Planned Parenthood Federation. Their invaluable contributions helped us implement our activities and achieve the goals we set. After all this is a very fruitful and mutually beneficial partnership.

Finally, we would like to extend our gratitude to Mr. Michel Sidibé and his whole team at UNAIDS for the financial and technical support provided for the editing of this reference document.

Wishing you a very happy 2015,

Enjoy your reading.

God bless Africa.



H.E Mrs Hinda Deby Itno,

First Lady of the Republic of Chad

President of OAFLA



Organisation of
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Foreword

Since its establishment in 2002, the Organisation of African First Ladies against HIV/AIDS (OAFLA) has been a strong advocate for an effective AIDS response and for access to health services by vulnerable people—such as women, children, adolescents and young people—in Africa.

The work of the First Ladies towards ending the AIDS epidemic among young people is particularly important, since adolescents (10–19 years) are the only age group in which deaths due to AIDS are not decreasing. Currently, Africa is home to 83% of all adolescents living with HIV, and AIDS-related illnesses continue to be the leading cause of death for adolescents on the continent. In some African countries, girls aged 15–19 years are up to five times more likely to be HIV-positive than boys.

I therefore call on the First Ladies to increase their efforts for young people and to champion the All In initiative to end the adolescent AIDS epidemic. Launched by the United Nations Children's Fund, UNAIDS and partners in early 2015, All In will achieve better results for adolescents by encouraging strategic changes in policy and engaging more young people in the response to HIV.

The First Ladies continue to play a vital role in promoting zero new HIV infections among children in Africa. While we have together achieved a 60% reduction in new HIV infections among children since 2001 in Africa, there is great variation in progress—and more than three quarters of children (0–14 years) living with HIV in Africa remain without access to treatment.

We must increase the pace if we are to end the AIDS epidemic among children and young people by 2030. The next five years are crucial. I urge the First Ladies to continue advocacy for ending AIDS, tuberculosis and malaria in line with the Common African Position on the Post-2015 Development Agenda, which OAFLA has endorsed, and the wider African Union Agenda 2063 vision of a prosperous and healthy Africa.

I congratulate OAFLA for its valuable achievements in the AIDS response so far, and I can assure you that UNAIDS remains your committed partner.



Mr Michel Sidibé,

Executive Director of UNAIDS



Organisation of
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OAFLA

Message

The Organisation of African First Ladies against HIV/AIDS (OAFLA) and the African Union Commission (AUC) have had a long standing relationship since the inception of OAFLA in 2002. The formalization of this relationship with signing of the Memorandum of Understanding in January 2014 helped solidify the relationship and to open it up to new areas of partnership.

The OAFLA and AUC have made strides to advance the fight against HIV and AIDS as well as improving maternal and child health conditions across the continent. The Campaign for Accelerated Reduction of Maternal Mortality (CARMMA) was launched by the AUC in 2009 and was championed by many OAFLA members in countries during the launching and implementation stages.

Another noteworthy joint achievement is the Campaign on Ending Child Marriage which was launched by the African Union Commission in May 2014 and was endorsed by African First Ladies and Heads of State at a joint breakfast meeting on the margins of the 24th Africa Union Heads of State Summit in January 2015.

With these and other joint plans of collaboration, the African Union Commission in this year of Women Empowerment and Development, has the distinct honor of joining other partners in endorsing the work of the Organisation of African First Ladies against HIV/AIDS.

The Commission calls upon all international and continental sector leaders from Private, Governments, Communities, Traditional Authorities, Faith Based Organisations, and Civil Society as well as AIDS Watch Africa (AWA) to rally behind the efforts of the Organization of African First Ladies against HIV/AIDS particularly in support of OAFLA's Strategic Plan 2014-2018, which focuses on HIV/AIDS, Maternal and Child Health as well as Cervical Cancer.



Dr. Nkosazana Dlamini-Zuma,
Chairperson of the African Union Commission



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA

Message

African First Ladies have demonstrated commitment in advocating and championing activities that are improving the lives of women, young people and children across the continent.

As partners in a common cause, African First Ladies have been part of the active and strategic engagement that has contributed to the successes in reducing maternal and child deaths, preventing HIV transmission from mother to child and raising awareness on the prevention of breast and cervical cancers. African First Ladies have been engaged in the 'Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)', now launched in 45 African countries. I commend the tremendous efforts of the Organization of African First Ladies Against HIV/AIDS (OAFLA) in spearheading the 'Campaign to End Child Marriage in Africa' and advocating the rights of adolescent girls.

Still a lot more remains to be done. Africa continues to bear a disproportionate burden of preventable pregnancy- and cancer-related illnesses and death. Early marriage is exposing African girls to greater and more severe health risks, with girls under the age of 15 five times more likely to die from pregnancy-related complications. The simple fact is that access to sexual and reproductive health information and services is still not a reality and this is holding back the continent's women and young people, and the continent itself.

The current changing demographic structure of the continent, with more than 40 percent of the population in 32 countries below 15 years old, presents Africa with a window of opportunity for social and economic progress. With the right policies and investments to empower, educate and employ Africa's youth, countries have a once-in-a-life time opportunity to reap dividends from their youthful population.

Investing in adolescent girls and women, especially in their sexual and reproductive health, education and economic empowerment, and preventing child marriage are key to Africa's development. It is a prerequisite for harnessing the demographic dividend and effectively achieving the goals of Africa's Agenda 2063. I call upon First Ladies to be national champions for investing in Africa's youth as a central basis for the implementation of Agenda 2063.

As the international community decides the future global development agenda post 2015 and its means of implementation, First Ladies must seize the opportunity to intensify their efforts in advocating for the prioritization of issues of young people, women and adolescent girls as the essential foundation for sustainable development.

I congratulate OAFLA on its success and reiterate UNFPA's commitment to our partnership with OAFLA as we work together to transform Africa and ensure the health and wellbeing of its people.

Prof. Babatunde Osotimehin,
Executive Director of UNFPA





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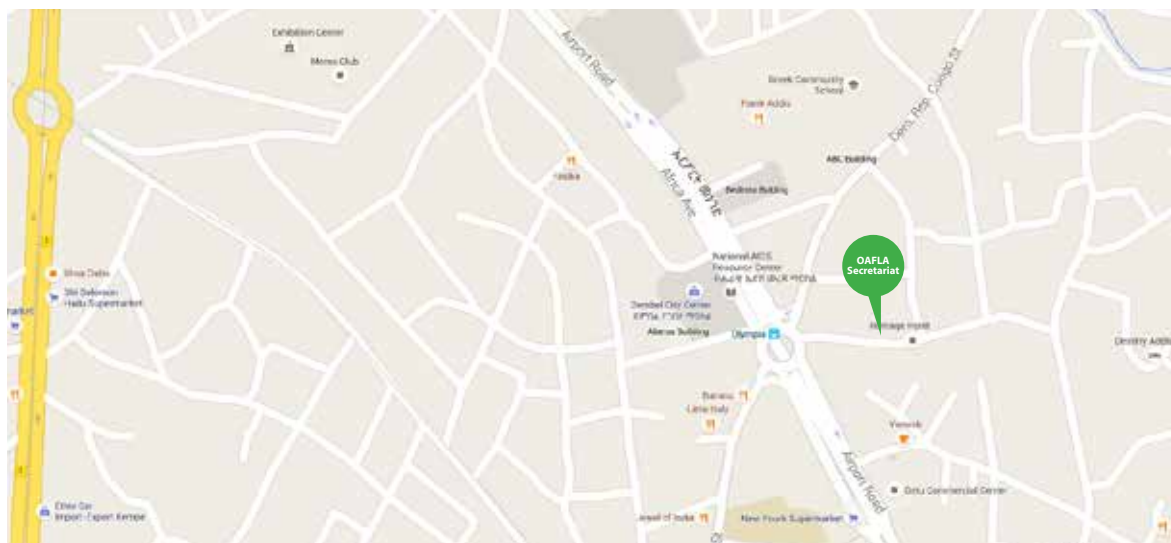
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Background

OAFLA's Beginning

The Organisation of African First Ladies against HIV/AIDS (OAFLA) was founded by 37 African First Ladies at a meeting facilitated by UNAIDS in Geneva in 2002. The organisation, which was primarily established to be a collective voice for some of Africa's most vulnerable people – women and children living with and affected by HIV–, has currently evolved to an institution capable of providing continent-wide leadership in terms of advocacy in the fields of HIV and the wider scope of maternal and child health.

Vision, Mission and Goals

Guided by the vision of *An Africa free from HIV and AIDS, maternal and child mortality where women and children are empowered to enjoy equal opportunities*, OAFLA works to enable African First Ladies advocate for effective policies and strategies towards ending the AIDS epidemic as a public health threat, reducing maternal and child mortality and empowering women and children, through strategic partnerships in the spirit of solidarity.

OAFLA's strategic plan 2014-2018 included in this Directory clearly indicates the expansion of the organisation's mandate from addressing HIV and AIDS only. During the five years (2014-2018) members of OAFLA are committed to focus on the following goals:

- Contribute to the national effort in preventing, managing and eliminating HIV and AIDS
- Contribute to the national effort in reducing maternal, neonatal and child mortality
- Contribute to the national effort in controlling cervical cancer
- Enhance organisational visibility, organisational learning and stakeholders' commitment
- Ensure program and financial sustainability.

Hence as showcased in this Directory, OAFLA members have been implementing projects in the fields of HIV and AIDS, maternal and child health and cervical and breast cancer. They demonstrate a strong commitment to these causes through different communiqués that they have endorsed and their other work that will be detailed in the following chapters.

Structure

The OAFLA General Assembly (GA), which is the highest decision-making body of the organisation, meets twice a year in the margins of the Africa Union Heads of States and Government Summit. The Steering Committee (SC), which represents member First Ladies' offices from the five (5) regions of the continent, is elected for a two year term with the mandate to coordinate activities undertaken in respective regions. At present, the SC comprises the following countries:

- Northern Africa: Algeria
- Eastern Africa: Rwanda and Tanzania
- Western Africa: Senegal and Ghana
- Central Africa: Chad and Congo
- Southern Africa: Zambia and Mozambique

Among SC members, the First Ladies of Chad and Rwanda have served respectively as the OAFLA President and the Vice President in 2013-2015. The Steering Committee elections will be held during the OAFLA General Assembly in June 2015.

The OAFLA Secretariat, accountable to the Steering Committee, has served the organisation and its members as a liaison and coordination office with the Africa Union and its Commission, UN agencies and other organizations in Addis Ababa, Ethiopia since 2012. The Secretariat organises OAFLA General Assembly meetings, coordinates the activities of member states and liaises with partner agencies.

Funding and Partnership

OAFLA Members contribute an annual membership fee of US\$ 5000 towards the operations of the Secretariat and activities endorsed by the General Assembly. Activities of the First Ladies are primarily financed by donors specifically interested in the priorities of each First Lady. Their funding to member states is channelled via the Secretariat who takes the responsibility of disbursing funds and providing reports to the donors on the said funds. In addition to donor funding, First Ladies raise funds locally to support the implementation of their activities.

OAFLA's longest partnership is with the Joint United Nations Programme on HIV/AIDS (UNAIDS), who has provided comprehensive financial and technical support both to the OAFLA Secretariat and member states in country level programs and high level engagement via its liaison, regional and country offices in Africa since OAFLA's inception. In addition, OAFLA has benefited of the technical and financial support of the United Nations Population Fund (UNFPA) for activities such as printing of the OAFLA Directory and co-organizing high level meetings. In 2014 OAFLA cemented its long time partnership with the Africa Union Commission with a formal memorandum of understanding, enabling among others a close collaboration with the AUC Department of Social Affairs on child marriage. Partnership has also been established with International Planned Parenthood Federation (IPPF) which provides financial as well as technical support on Sexual and Reproductive Health and Rights (SRHR). OAFLA has also signed a MoU with the High Level Task Force for Women Girls, Gender Equality and HIV in East and Southern Africa (HLTF) to join efforts to address the issue of Young Women and their SRHR.

The OAFLA theme for 2015 is *Enhancing partnerships to end AIDS by 2030 and to empower women in their Sexual and Reproductive Health and Rights*. Therefore increasing the partnership base is a key priority for OAFLA going forward, with an expanded focus on private sector and philanthropic organisations with mutual interests.

This Directory is an annual publication of OAFLA sponsored by UNAIDS. It showcases different activities of OAFLA First Ladies on HIV, maternal and child health, and cervical and breast cancer. The publication is to facilitate sharing of experiences and successes among First Ladies and with current and potential partners for further collaboration. We hope you enjoy reading and join our efforts for ending the AIDS epidemic as a public health threat, improving maternal and child health and reducing cervical and breast cancer among African women, children, young people and others.

CHAPTER ONE

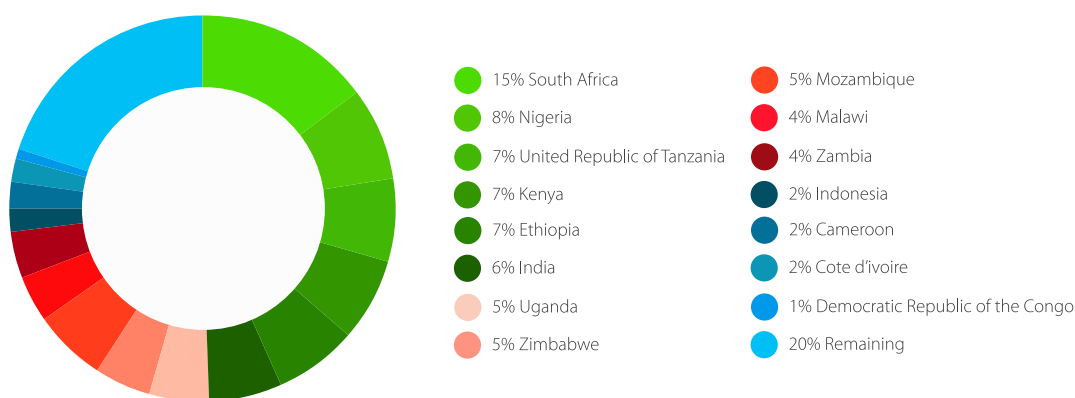
HIV Prevention,
Treatment, Care and
Support

Part I: All In for Adolescents and Young People

1.1. Context

Adolescents (10-19 years) and young people, particularly adolescent girls and adolescent key populations are being left behind in the AIDS response. Of the total number of adolescents living with HIV globally in 2013, 83% resided in Africa. AIDS is now the leading cause of death among adolescents in Africa.¹ According to UNAIDS, adolescents are the only age group in which deaths due to AIDS are not decreasing. Meanwhile, there were 160 000 [140 000–180 000] new HIV infections among adolescents in 2013 in Africa, almost three quarters of those among adolescent girls.² Another particularly vulnerable group is adolescent key populations.³ They often face discrimination, human rights violations and exclusion from services.

In 2013 nearly half of all adolescents living with HIV globally were in 6 countries



Source: UNAIDS 2013 estimates.

Most AIDS-related deaths among adolescents today reflect HIV infections in children through mother-to-child transmission from at least a decade ago. Many children slipped out of care and treatment programs, were lost to follow-up or never diagnosed.⁴ Many of them enter adolescence without knowing their status, with limited opportunities for early detection or referral to treatment programs, fall ill and die preventable deaths. In 2013 only 22% [20–24%] of 0–14 year old children were accessing treatment in Africa.

Moreover, adolescents who do have access to HIV services face challenges such as disclosure, stigma and discrimination and a lack of support for helping them remain on treatment. Yet, all young people

1 Health for the world's adolescents: a second chance in the second decade (2014). www.who.int/adolescent/second-decade.

2 2013 UNAIDS Estimates. In some sub-Saharan African countries (Cameroon, Côte d'Ivoire, Guinea and Swaziland), girls (15–19 years) are five times more likely to be infected than boys. Three key factors that put girls at increased risk of acquiring HIV are gender-based inequality, age-disparate sex and intimate partner violence.

3 Including gay and bisexual boys, transgender adolescents, adolescents who sell sex and adolescents who inject drugs.

4 Kasedde, S et al. Executive Summary: Opportunities for Action and Impact to Address HIV and AIDS in Adolescents. *J Acquir Immune Defic Syndr* 2014; 66: S139-143.

have the right to information and services and to access HIV treatment and care that empowers them to prevent HIV or live healthily with HIV.

To end the AIDS epidemic by 2030, specific—yet flexible—strategies are needed for different age groups, populations and geographical locations. Ending the epidemic among adolescents requires amplifying investments where they can make the most difference and fostering innovation by adolescents and young people themselves, as well as governments, international organizations, civil society and the private sector.

Particularly the next five years are crucial. If we rapidly Fast-Track the AIDS response for adolescents between now and 2020 in line with the 90–90–90 treatment target⁵ and other targets – scale up adolescent-tailored HIV testing and counselling, sexual and reproductive health services, high-impact treatment and combination prevention programmes and address the social context that creates HIV risk and vulnerability among adolescents– the world will be on track to not only #EndAdolescentAIDS, but to end the AIDS epidemic as a public health threat for everyone by 2030.

All In to #EndAdolescentAIDS⁶

All In is a platform for action and collaboration launched in February 2015 to drive better results with and for adolescents in the AIDS response through critical programme and policy changes. It unites actors across sectors⁷ in order to accelerate reductions in AIDS-related deaths, new HIV infections and discrimination faced by adolescents by 2020⁸ as part of the global push to end the AIDS epidemic for all by 2030. It has the following key action areas:

1. Engage, mobilize and support adolescents as leaders and agents of social change.
2. Sharpen adolescent-specific elements of national AIDS programmes by improving data collection and analysis and use to drive programming and results.
3. Foster innovation in approaches that improve the reach of services for adolescents and increase the impact of prevention, treatment and care programmes.
4. Advocate and communicate at the global, regional and country level to generate political will to invest in adolescent HIV and mobilize resources.

Opportunity for OAFLA to go 'All In' for adolescents

African First Ladies have been strong advocates and champions in the AIDS response, both continentally and in their respective countries. Many First Ladies already work with and for young people, particularly young women, in line with OAFLA Strategic Plan 2014-2018 which highlights

⁵ Under the 90–90–90 treatment target, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression by 2020.

⁶ See All In webpage with brochure, press releases etc. <http://www.unaids.org/en/resources/campaigns/all-in>.

⁷ All In is led by a group consisting of the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the MTV Staying Alive Foundation, and the adolescent and youth movement represented the HIV Young Leaders Fund/the PACT and Y+.

⁸ All in 2020 targets for adolescents: 75% reduction in new HIV infections: 65% reduction of AIDS-related deaths; and zero discrimination.

Contribute to the national effort in preventing, managing and eliminating HIV and AIDS as one of its primary goals. All In offers a platform for First Ladies to raise the visibility and importance of scaling up evidence-based approaches targeted towards adolescents while also working in synergy with youth organizations, co-sponsors and partners towards ending the AIDS epidemic among adolescents by 2030. National OAFLA chapters are well situated to:

- Support adolescents, youth and broader civil society in the SRHR⁹ and HIV movement via campaigns, meetings and trainings to mobilise and promote adolescents' rights and support policy changes aligned with the three zero strategy:
 - to reduce new HIV infections among adolescents by at least 75% by 2020
 - to reduce AIDS-related deaths among adolescents by at least 65%
 - to end HIV-related discrimination against adolescents
- Advocate with young people for adolescent-friendly health services and for the review of laws that put age restrictions on the access of, or the requirement of parental consent for, sexual and reproductive health and HIV information and services, including harm reduction.
- Champion comprehensive and adolescent focused SRHR, including comprehensive sexuality education, particularly for adolescent girls and key populations
- Facilitate intergenerational dialogue between policy-makers and youth organizations in order to strengthen adolescent networks and leadership and to motivate positive social change aligned towards the three zeros
- Advocate, communicate and mobilise resources to ensure that different actors invest in, coordinate, support or lead All In and other action to end the AIDS epidemic among adolescents
- Promote partnerships between public and private sectors for innovative approaches to reach adolescents and young people in the AIDS response

1.2. Activities

With the guidance of the OAFLA Strategy and in line with national priorities in the AIDS response, several OAFLA country chapters have established and implement programs addressing AIDS among adolescents (10-19 years) and young people (10-24 years), particularly girls and young women in partnership with the government, public and private sector actors, and civil society and international organisations.

Republic of Chad

AIDS, the main reason for the establishment of OAFLA, remains a concern in Chad and Africa. HIV-related stigma and discrimination are particularly burning issues requiring special attention since both phenomena are still vivid and affect harshly our communities and young people, among others. The existing stigma and discrimination were well illustrated in the testimonies heard during the 2014 World AIDS Day and the 2015 Zero Discrimination Day in Chad.

⁹ Sexual and reproductive health and rights.



The testimony of Mani Djelessem Virgille, who the First Lady of Chad has nominated as a young advocate for young people and children living with HIV, showed the passion of young people towards voluntary HIV testing and readiness to accept people living with HIV. There is a need to capitalize on the awareness and non-discriminatory attitudes of young people on HIV and continue supporting young people in the AIDS response by all means.

Republic of Rwanda



H.E. Mrs. Jeannette Kagame

First Lady of the Republic of Rwanda

Member of OAFLA Steering Committee

Vice President of OAFLA

H.E. Mrs. Jeannette Kagame, the First Lady of Rwanda, became a founding member of the Organization of African First Ladies against HIV/AIDS (OAFLA) in 2002, and served as its President from 2004 to 2006.

Mrs. Kagame, who holds a degree in Business and Management Science, has delivered keynote speeches at numerous national and international fora on various themes including leadership,

economics, health, children's welfare, and women's empowerment, among others. Mrs. Kagame personifies an active, relentless devotion to uplifting the lives of vulnerable population in Rwanda, particularly those of widows, orphans and impoverished families

The office of the First Lady of Rwanda through the Imbuto Foundation worked comprehensively to address AIDS among adolescents and young people with the following initiatives:

12+ Program



This program aims to empower 10-12 year old girls in 10 districts of Rwanda, using young women as mentors. It adopts an innovative approach to delivering empowerment with an emphasis on communications, mentoring and using safe spaces. This mentorship takes place in safe spaces which are areas in schools, churches or the district office where girls feel comfortable to openly talk about hygiene, reproductive health, nutrition, savings and self-confidence. The project started in December 2013, and the



first cohort will graduate in May 2015. So far 4077 mentees aged 10-12 have received mentorship through 320 young women mentors.

Adolescent sexual reproductive health and rights project

The Adolescent sexual reproductive health and rights project (ASRH&R) was initiated to provide youth-friendly adolescent and reproductive health services to young people. The project started in 2010 as a pilot in 6 schools paired with 6 health centres. The project is implemented in 107 schools, 156 out-of-school clubs and 33 health centres providing adolescent and youth friendly SRH services. So far 5260 peer educators have been trained to share ASRH messages, and 435 families have been equipped with ASRH knowledge through Parents and Adolescents Communication Forums.



Mountain Movers project

This project promotes HIV prevention among youth aged between 15-24 years through capacity-building of community based organizations. So far 651 adolescents and 730 parents have participated in Parents and Adolescents Communication Forums, 12 community based organizations have been empowered with various skills, and 9223 young people aged 15-24 have participated in HIV voluntary counselling and testing.

The First Lady through Imbuto Foundation has also actively mobilized funding for projects on HIV and ASRH.

Republic of Benin



H.E. Mrs. Chantal de Souza Yayi

First Lady of the Republic of Benin

H.E. Madame Chantal de Souza Yayi studied at the University Cheikh

Anta Diop of Dakar (Senegal), Faculty of Economics, then at the University of Reims (France). She holds a BA in Economics (Business Management major). She did her internship in France followed by Dakar before working as Chief Accountant at "Laboratoires d'Analyses Médicales de MEIDEIROS" in Dakar.

Madame Chantal de Souza Yayi, created an NGO named "ADJALALA HORIZONS D'ESPOIRS" for charitable, educational, social and health activities.

The Islamic Republic of Comoros

The First Lady of Comoros is actively promoting HIV prevention among young people. As part of this work, the First Lady together with the Vice President in charge of health campaigned for increased testing among the youth, resulting in 200 university students being tested in one day.



Gabonese Republic

In 2013, HIV prevalence rate among the general population aged 15-49 years was 3.9% (37 000 people) in Gabon. Furthermore, 65% of new infections among young people of 15-24 years are among young women.

With this information, the Foundation of the Gabonese First Lady, the Sylvia Bongo Ondimba Foundation (FSBO), has focused its campaigns on young people to address issues related to HIV, sexually transmitted infections (STIs) and teenage pregnancy. A campaign called *Safety First* conducted with the assistance of the General Directorate for AIDS Prevention aims to:

- Improve HIV knowledge and prevention methods among young people and especially young women
- Educate the youth about the use of condoms as a key means to prevent early pregnancy and STIs, and
- Make condoms accessible to the most-at-risk populations.

To this end, the Foundation has produced an exclusive range of condoms called *YOU & ME*, by FSBO. These condoms are distributed to the youth for free under an innovative campaign on the need to protect oneself. The activities are carried out with a traveling caravan in neighbourhoods with a team of young, trained volunteers and Safety First Camps, spaces dedicated to the youth where different tools like games, drama and advisory sessions are conducted featuring HIV prevention and early pregnancies. The first session in Libreville saw more than 14 000 people directly sensitized and 38 000 condoms distributed. The campaign continues and will be extended to the rest of the country.





Republic of Ghana



H.E. Mrs. Lordina Dramani Mahama

First Lady of the Republic of Ghana

Member of OAFLA Steering Committee

Ghana's First Lady has a great passion to create opportunities for the under privileged in society, thereby improving their living conditions. Her Excellency Mrs. Lordina Dramani Mahama holds a Masters Degree in Governance and Leadership and a Bachelor's Degree in Hospitality Management from the Ghana Institute of Management and Public Administration.

As First Lady of the Republic of Ghana, her first role is being Mother to all Ghanaians. She is also the National President of the Lordina Foundation, through which she continues to channel her energy

as a philanthropist. Her Excellency the First Lady of Ghana has also served as the First Vice President of OAFLA, for West Africa since 2013.

Having been appointed the Premier Ambassador for HIV in Ghana, Mrs. Lordina Dramani Mahama has fervently embarked on high level advocacy on the UNAIDS Global Plan towards elimination of new HIV infections among children and keeping their mothers alive; and is actively engaged in reducing stigma and discrimination against persons living with HIV (PLHIV). Through her Campaign, she advocates male involvement and community ownership for successful prevention of mother to child transmission (PMTCT) of HIV. She is devoted to ensuring that no child is born HIV positive or is orphaned as a result of HIV. Her Excellency is also an ardent promoter of women's reproductive health, especially the prevention and early detection of cervical and breast cancers.

The general population of Ghana is described as youthful. Although HIV prevalence among young people aged 15-24 years has declined in the last 3 years from 1.7% in 2011 to 1.3% in 2012 and 1.2% in 2013 in the country, it remains critical to address HIV among this group.

The First Lady of Ghana focuses her work among youth on females in the fertile age groups, including a large number of young girls aged 15-24 years. Through her advocacy and service provision campaign on the prevention of mother-to-child transmission of HIV (PMTCT) and sexual and reproductive health (SRH), in which she emphasizes primary prevention of HIV among women of child bearing age, a large number of the female youth receive education and skills to prevent HIV infection and improve reproductive health conditions in the communities. The First Lady's PMTCT Campaign is in line with Ghana's PMTCT Scale up Plan and aims more specifically to prevent:

- HIV infection in women of reproductive age
- Unintended pregnancies in women with HIV
- HIV transmission from mother to child, and
- Provide on-going care and support to mothers, their children and families.

Moving on and recognizing the importance of the youth in halting the epidemic, OAFLA Ghana chapter plans to strengthen partnerships with organisations such as Planned Parenthood Association of Ghana and West Africa Health Organisation in HIV prevention and promotion and in addressing the SRH needs of the youth in tertiary institutions.



The overall national youth HIV interventions are driven by the youth Action Matrix developed as part of the National Strategic Plan 2011-2015. The implementation is carried out by government agencies, civil society organisations and development partners. Its key activities include:

- Youth specific communication including jingles for the radio and television
- HIV prevention and reproductive health education and services in tertiary educational institutions in the country, and
- HIV education among pupils at basic school level through the Ghana Education Service.

Other major activity through which youth are reached is the Ghana *Protect the Goal* Campaign launched in October 2012 in collaboration between the Ghana AIDS Commission, the Ghana Football Association and UNAIDS Ghana. The First Lady supports the lead champion, His Excellency, the President of Ghana in the campaign.

The theme for the campaign in Ghana is *Practice safe sex*, supported by 3 key messages: “Know your HIV status”; “Always use a condom”; and “Reduce sex partners”. The campaign is actively supported and participated by the Ministry of Youth and Sports, Ministry of Tourism, Creative Arts and Culture and the National Youth Authority, as well as several celebrities and high profile personalities in Ghana. The campaign hosted the Global Protect the Goal World Cup Tour team in May 2015 during which the symbolic football was presented to His Excellency the President of the Republic of Ghana for his signature.

So far the campaign has collected more than 170 000 signatures from the youth, celebrities and the general public. Additional 50 000 signatures have been collected from young people and followers on the Protect the Goal Facebook page and other social media signalling their pledges to protect themselves from possible HIV infection.

Republic of Malawi



H.E. Mrs. Gertrude Mutharika

First Lady of the Republic of Malawi

- She has a Degree in Business Administration.
- She has vast experience in administration and rural development gained at World Vision International.
- She was a Member of Parliament in the Malawi National Assembly
- She is the Honorary Chairperson and Patron of Malawi Against Polio (MAP).
- She is a member of High Level Group of Regional Leaders in Eastern and Southern African that advises, steers and supports the young people in education and sexual health.
- With her passion in Sanitation, the first Lady established the GERTRUDE MUTHARIKA BEAUTIFY MALAWI TRUST (GM – BEAM TRUST) to improve health and quality of life through increased access to responsible participation and improved management of waste and sanitation facilities in Malawi.



In Malawi, only 40% of children living with HIV have access to treatment, and 6900 adolescents die annually mainly because they are diagnosed with HIV and start treatment too late. Due to these alarming figures and inspired by the new National HIV and AIDS Response Strategic Plan (2015-2020) aligned to the ambitious 90-90-90 Treatment Targets¹⁰, the First Lady of Malawi has focused her efforts to apply these targets to young children and adolescents so that they are not left behind in the national AIDS response. By the end of 2020, her goal is to enable her country to have:

1. Diagnosed 90% of all children and adolescents living with HIV
2. Started and retained 90% of those diagnosed on antiretroviral therapy (ART), and
3. Achieved viral suppression for 90% of children and adolescents on ART

In order to achieve these ambitious targets, the First Lady advocates for an increased uptake of HIV testing and counselling services by infants, children, adolescents and young people; and for an increased uptake of ART by children and adolescents living with HIV in partnership with the Department of Nutrition, HIV & AIDS, Ministry of Health, National AIDS Commission, UN partners and others. In addition, the First Lady works to mobilize resources for the AIDS response among children and young people.

¹⁰ <http://www.unaids.org/en/resources/documents/2014/90-90-90> developed by UNAIDS



United Republic of Tanzania

Teen pregnancies are a major cause of girls' dropouts in the primary and secondary education in Tanzania. Concerned of this issue as well as HIV and other sexually transmitted infections (STIs) in the country, the First Lady of Tanzania, who is also the Chairperson of the Wanawake na Maendeleo (WAMA) Foundation, launched the *Protect Yourself to Achieve Your Dreams* Campaign. The objective of the campaign is to deliver key messages to girl students on how to avoid certain environment and behaviour that puts them at a higher risk of contracting HIV and other STIs and getting pregnant so as to reduce teen pregnancies and STIs among young people. The campaign launch involved 240 Girls and 30 teachers from 11 Secondary Schools in Temeke District in Dar es Salaam.

On 13-17 April, 2014, the First Lady also engaged through the Wanawake na Maendeleo (WAMA) Foundation and in collaboration with EngenderHealth in conducting a five day training for 65 students from 11 schools in Temeke District in Dar es Salaam on sexual and reproductive health and life skills, including HIV prevention.

Republic of Zambia

Due to the alarming figures of HIV infections and AIDS-related deaths among young people and the strong need to scale up efforts for them in Africa and Zambia, the Zambian First Lady is focusing her HIV work on adolescents. In 2014, information at the ICASA Conference revealed that 900 000 adolescents between the ages of 10 to 14 were living with HIV globally and 20 000 to 60 000 adolescents in the same age group were dying from HIV globally.

Furthermore, the First Lady of Zambia pays particular attention on HIV and disability at her work due to the growing relationship between HIV and disability and the particular risk of exposure to HIV among persons with disabilities. Persons with disabilities are seldom recognized as a group to be included in the national response to HIV.





Part II: Other Efforts of First Ladies in the AIDS Response

Apart from working with and for adolescents and young people in the AIDS response, OAFLA country chapters have continued to have a strong focus on promoting the elimination of new mother-to-child infections, zero discrimination, increased domestic financing for programs on HIV and reproductive health, and increased community participation and ownership of HIV programs in line with the OAFLA Strategy and their respective national priorities.

1.3. Activities

Republic of Chad



The First Lady of Chad has continued promoting the continental campaign launched by OAFLA to stop new HIV infections among children and ensure that their mothers stay healthy so as to achieve the 3 zeros: zero new HIV infections, zero discrimination and zero AIDS-related deaths by 2030. She has a special focus on stigma and discrimination that she sees as particularly burning issues in Chad and in Africa in general.



Republic of Rwanda

The office of the First Lady of Rwanda worked actively for the prevention and elimination of mother-to-child transmission (EMTCT), with the following outcomes:

- 540 peer educators were trained, reinforcing the sensitization and linkages of the community and EMTCT services in 27 health centres of the Family Package project
- 136 of 298 mothers returned for treatment, thus preventing mother-to-child transmission
- 273 infants exposed to HIV were put under follow up



The First Lady advocated for the AIDS response, domestic health financing and gender equality in several events nationally and internationally. In Rwanda these events included the launch of a national One Stop Centre for gender based violence, the 7th HIV International Research Conference, and the 10-year anniversary of the Rwandan network of people living with HIV. Internationally one of her key events was a conference organized by amfAR, the Foundation for AIDS research, on *Fast-Tracking the Global Response to HIV/AIDS* in Washington D.C. in March 2015 where the First Lady delivered remarks on women and HIV. The conference was attended by about 200 participants including members of the US congress, diplomats, policy-makers, researchers, and people living with HIV. Other speakers included Ambassador Deborah Birx, Members of Congress, various policy-makers and global leaders.



People's Democratic Republic of Algeria

Member of OAFLA Steering Committee

Due to the feminization of the AIDS epidemic and the significant number of women and girls infected with or affected by HIV who are also victims of social and cultural pressures, economic dependency, stigma and discrimination, a programme on social protection of women and girls infected with and affected by HIV was launched in 2011 in Algeria and has become a permanent part of the work of the First Lady of Algeria.

The programme has been implemented jointly by MOH, Ministry of solidarity and women, PLHIV NGO, Ministry of vocational education and other partners with a focus on supporting women and girls to access income generating activities to ensure their empowerment and break the barriers of dependency and submission. As part of the project, partners have also promoted free and non-discriminatory access to existing national systems to support the beneficiaries' economic inclusion and health.

The programme has been very successful, with a significant increase of beneficiaries in 2014. Beneficiaries' testimonies indicate their economic empowerment as well as improvement of HIV treatment, observance and access to HIV prevention by enabling them to have more information and resources to take care of their health and families. The programme represents a major advance in the implementation of a social policy that meets the needs of people living with HIV and forms part of a sustainable, participatory approach.

Republic of Burundi



H.E. Mrs. Denise Nkurunziza

First Lady of the Republic of Burundi

The First Lady of Burundi has given her contribution to the national response to HIV/AIDS in accordance with HIV/AIDS National Strategic Plan 2007-2012 and OAFLA Strategic National Plan 2009-2013.

Madam Denise Nkurunziza recalled in her opening speech the MTCT objectives since June 2011 and her willingness to involve political, administrative and religious leaders to sensitize the population in general and men in particular so that they take ownership of the prevention to mother to child transmission of HIV campaign. She further called for a strong collaboration and synergy between different stakeholders so that Burundians are sensitized on the ways HIV is transmitted, how to prevent it, where to go for testing and how to access antiretroviral drugs.

The OAFLA Chapter in Burundi organized the 5th workshop on MPs mobilization on male involvement in the elimination of HIV transmission from mother to child. Madame Denise Nkurunziza explained the purpose of the workshop - held in four previous occasions since December 2013 across the country in the presence of political and religious leaders, local politicians, the media and civil society organizations - was to inform MPs about the work already done and to ask them to continue supporting this national program in collaboration with stakeholders already mobilized and available.

Islamic Republic of Comoros



The First Lady of Comoros has focused her efforts particularly on HIV prevention. Panel discussions were thus organized with communities and especially with women of childbearing age within the communities and at the University of Comoros. The First Lady and HIV experts of the National AIDS Directorate moderated the panel discussions.

The First Lady is also an active advocate against HIV-related stigma and discrimination. She organised sensitisation meetings on the topic with community leaders and women's groups. Awareness raising activities were also undertaken in public and private schools to sensitize teachers and heads of schools about the benefits of teaching students on matters related to sexually transmitted infections (STIs) including HIV.

As part of the women's march organized in March by the association Femme en Mouvement in partnership with the First Lady, the First Lady mobilized the community at large to celebrate together the day against stigma and discrimination.



In addition, the awareness raising and testing campaigns by the First Lady and the Vice President in charge of Health mentioned in the previous chapter also targeted the military. More than 450 military were tested in one day, and 200 inmates received a mattress.

The First Lady mobilised resources with bilateral and multilateral partners, such as the UNAIDS Executive Director, the UNFPA Director of inter Indian Ocean countries, the Ambassador of China in Comoros and Agencies within the United Nations system present in the Comoros.

As part of her support for the coordination bodies in the fight against AIDS, the First Lady's Foundation provided the national AIDS Directorate with a set of IT equipment to enable it fulfill its mandate.

Republic of Congo



H.E. Mrs. Antoinette Tchibota Sassou-Nguesso

First Lady of the Republic of Congo

Member of OAFLA Steering Committee

H.E MrsAntoinetterTchibotaSassou-Nguesso is a teacher by profession

At the International level, she is

- the President of the African First Ladies Peace Mission against conflicts (MIPREDA)
- the Chair of the Coordinating Committee of the Global Fund to fight AIDS, Tuberculosis and Malaria
- member of the francophone network against sickle cell disease

(RFLD / SOUTH DEVELOPMENT)

At the national level, she is

- the President of the OYO National Network workshop on the education system recovery (RENATO)
- the President of the "Fondation Congo Assistance" (FCA)

With regards to HIV prevention, the First Lady through the Congo Assistance Foundation organised a training for 20 women as peer educators on HIV. So far the peer educators have sensitized 1340 women on HIV. In addition, 61 community conversations were organized for 2440 people including 467 women in women and girls' centres. On the occasion:



- 2097 condoms were distributed to 1396 males and 701 females
- 723 HIV leaflets were distributed
- 81 people were tested for HIV, one found positive



According to local authorities, women and girls' centres have shown to have brought positive changes to the daily lives of people in general and women in particular. It will be vital to ensure the sustainability of these centres.

Furthermore, the Congo Assistance Foundation in partnership with the Ministry of Health and the National AIDS Commission launched a voluntary testing and counselling section in the Kinkala centre. This intervention will be extended to other centres. A room was also made available for therapeutic education of people living with HIV in the Kinkala as well as Gamboma, Ewo and Sibiti centres.

Republic of Cote d'Ivoire



H.E. Mrs. Dominique Ouattara

First Lady of the Republic of Côte d'Ivoire

H.E. Mrs. Dominique Ouattara, First Lady of Côte d'Ivoire, has had a brilliant entrepreneurial career, particularly in the field of real estate.

After graduating in Economics in 1972 from Strasbourg Academy, she turned to languages and obtained in 1975 a diploma in languages with a minor in economics from Paris X University. Her studies were successively crowned by a degree in property administration in 1987 and a degree in property expertise obtained in Paris in 1989.

Wife of Dr Alassane Ouattara, President of the Republic of Côte d'Ivoire, Mrs. Dominique Ouattara is the mother of two children.

Committed for decades to humanitarian action, Mrs. Dominique Ouattara has materialized this social fervor in 1998 by creating the Children of Africa Foundation, which works in 11 countries in Africa and particularly in Côte d'Ivoire.

On the occasion of the accession of her husband to Head of State in 2011, Mrs. Dominique Ouattara gave up her corporate career to devote herself to humanitarian action, especially for the most vulnerable segments of society.

Childhood without HIV/AIDS – this is the vision of for the First Lady of Côte d'Ivoire in the AIDS response. To achieve this, she advocates particularly for paediatric care of children living with and affected by HIV and sponsors activities of the ARIEL GASER Foundation and other stakeholders involved in the AIDS response. She also has associated her image to the official celebrations of national and international days against AIDS for several years.

In addition, the First Lady supports people living with and affected by HIV through supporting the renovation of facilities for children living with HIV and supporting children vulnerable to HIV with donations of food and non-food items. She also plans to support work for the elimination of mother-to-child transmission of HIV in the Bingerville mother-child hospital.

Federal Democratic Republic of Ethiopia



H.E Mrs. Roman Tesfaye

First Lady of the Federal Democratic Republic of Ethiopia

H.E Madam Roman Tesfaye served in the Ethiopian human rights commission as a director for monitoring research and advisor on issues of human rights. H.E had a passion in serving women and children by taking on the responsibility of a department head for children and women and disabled persons, women's Policy and strategy at the ministry of women's Affairs.

H.E Madam Roman is passionately involved in projects related to HIV prevention and rehabilitation of people infected and affected by HIV/AIDS.

Recent studies have shown that the AIDS epidemic continues to be heterogeneous among geographic areas and population groups with significant variations in Ethiopia. According to the Ethiopian Demographic and Health Survey (EDHS 2011) report in 2011, the national HIV prevalence was 1.5%. The Gambela region has the highest HIV prevalence (6.5%) while the lowest prevalence (0.9%) is recorded in the South Nations, Nationalities and Peoples Region (SNNPR).

The high HIV prevalence rate in the Gambela region and the high HIV transmission from mother-to-child in particular inspired the office of the First Lady to organize public mobilization summits in collaboration with various stakeholders in all zones of the Gambela region to mobilize leadership and community response to the epidemic. The First Lady's office also helped the regional AIDS council to convene for the first time.

The intervention augmented the efforts of the Gambela Regional State towards averting new HIV infections. A particular focus has been on HIV prevention including the prevention and elimination of mother-to-child transmission (EMTCT) through strengthening local leadership, revitalizing community movement against AIDS, strengthening service linkages for HIV services, and enhancing EMTCT and maternal and child health services as well as health post and health centre based activities. Owing to efforts with partners, Ethiopia set a new world record for the highest number of people (3383) voluntarily HIV tested in a single venue during 8 hours in the region in 2014. The First Lady is also intensifying her campaign in areas where the prevalence rate is still high.

Republic of the Gambia

The office of the First Lady of Gambia has played a key leadership role in HIV prevention, managing and eliminating HIV and AIDS in collaboration with the Ministry of Health and Social Welfare and the National AIDS Secretariat (NAS) in Gambia since the office was established in 2004.



In 2014 the office of the First Lady funded the implementation of several EMTCT activities and advocated for the issue at various levels involving National Assembly Members and Local Government Authorities to garner and maintain political commitment.

The OAFLA parent body, through the office of the First Lady, also funded NAS with GMD1.3 million for the piloting of early infant diagnosis (EID) of HIV. There is ample evidence that EID done as early as 6-8 weeks from birth facilitates the provision of life-saving treatment to infants infected with HIV and also enables access to HIV prevention services for those testing negative.

On 4 April 2014, the First Lady officially launched the EID initiative. Some of the funds have been used for educational materials on EID, for the assessment, refurbishment and training of healthcare workers as well as for the procurement of reagents for the provision of EID services. So far, about 182 babies have been tested at 6 to 8 weeks after birth and 5 found positive. The plan is to scale up EID to all EMTCT sites.



Furthermore, the office of the First Lady supported community campaigns targeting religious leaders, men, women of childbearing age and youth to create awareness on and gain support for the implementation of EID services within the pilot sites. Influential male leaders, local government authorities, and religious and youth leaders were also sensitized for their increased participation in the EMTCT in all administrative regions. The number of sensitised community members totalled 1500. As a sign of political ownership, National Assembly members have expressed interest in sensitising the communities they represent.

Republic of Ghana

As the premier ambassador for HIV in Ghana, the First Lady has fervently embarked on high level advocacy on the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping the their mothers alive, and she is actively engaged in reducing stigma and discrimination against persons living with HIV. Through her campaign she also advocates for male involvement and community ownership for successful EMTCT.

So far the campaign has been running in 5 of 10 Regions of Ghana with an impact on more than 2500 individuals – political actors, traditional, religious as well as community and youth leaders –, mobilizing them as advocates and partners for EMTCT and as supporters for women's sexual and reproductive health. Through community durbars and health outreaches, beneficiaries were engaged directly in advocacy dialogue and behavioural change education, and they received integrated preventive health services.



Some 1729 people have directly benefited from HIV screening during the First Lady's outreaches. Of these, 729 persons received HIV testing and counselling. Social and behavioural change messages on HIV were delivered in native languages through drama and poetry and in print for easy appreciation of community members. Mass media messages delivered through newsprint, radio, television and information vans have reached hundreds of thousands of individuals. The interactions with the community have resulted in the identification of EMTCT champions who will carry forward EMTCT and reproductive health messages across their regions. The surge in demand for services across Ghana may be attributed in part to the information and education of the OAFLA Ghana chapter's campaign and the work of the champions in these regions.

The First Lady advocates for the elimination of HIV-related stigma and discrimination with 4 Heart-to-Heart Ambassadors. These ambassadors are persons living with HIV who have declared their HIV status publicly and share their life stories to discourage HIV-related stigma and discrimination in the society. They also educate the communities on effective couple counselling and testing, male involvement, safe sex, EMTCT and effective HIV treatment using their real-life experiences. The First Lady also donated 40 medical food packs to groups of people living with HIV across the country.

Republic of Kenya



H.E. Mrs. Margaret Kenyatta

First Lady of the Republic of Kenya

H.E. Madam Margaret Kenyatta is the First Lady and wife of the fourth President of the Republic of Kenya, HE Uhuru Kenyatta. She has taken up her role with much gusto and has been received by the Kenyan public with love and warmth. With a background in building and architecture, the First Lady espouses the values of hard work, integrity and peace amongst all people. She is involved in charity work and supports environmental conservation. Her Excellency is passionate about the welfare of women and children in Kenya, Africa and the world at large and is a member of the Organization of African First Ladies against HIV / AIDS (OAFLA).

The Kenyan First Lady and her office have continued to implement *The Beyond Zero* campaign in Kenya, an initiative that aims to address the high maternal and child mortality rates in the country as well as HIV-related issues such as mother-to-child transmission of HIV.

In this regard the First Lady participated in the 2014 London Marathon to leverage on the global platform provided by the Marathon for further visibility and funding for maternal and child health, including HIV work.

As a precursor to this event, the First Lady also took part in the inaugural First Lady's Half Marathon on 9 March 2014. In 2015, the Marathon was organised for the second time on 8 March which marks the International Day for Women. The marathon is now an annual event in Kenya.

The marathon events created awareness and raised funds for the Beyond Zero campaign, namely for the provision of mobile clinics and related incubators, point of care diagnostic kits for infants,



diagnostics kits for HIV and oxygen concentrators across Kenya. The campaign aims to provide at least one mobile clinic per county. So far fully equipped mobile clinics have been provided in 25 of the 47 counties with the highest mortality rate for mothers and children in Kenya. These clinics have been very effective in reaching marginalised and underserved communities in Kenya with health services.

The campaign has also provided 9 static clinics in one of Kenya's largest informal settlements, Kibera in Nairobi. The clinics are strategically placed in the various villages that comprise Kibera thus ensuring easy access by the residents.

Because of her exemplary efforts in the Beyond Zero campaign, the First Lady won the UN in Kenya Person of the Year award in 2014. In addition, due to the utilization of digital platforms to raise awareness and funds for maternal and child healthcare, the Beyond Zero campaign scooped the Social Organisation Media Award (SOMA) 2014 in the category of Best Use of Social Media for Charity.

In general, the First Lady has been able to bring together numerous private sector sponsors as well as development agencies and other partners to harness the power of public-private-partnership in driving the health agenda in Kenya.



Republic of Mali

The First Lady has launched the EMTCT implementation plan in a ceremony that brought together different stakeholders involved in the AIDS response, including technical and financial partners. In her opening speech, the First Lady recalled the progress made in the fight against HIV in Mali and reiterated her commitment to work towards EMTCT.

As part of community sensitization on EMTCT, the First Lady visited the Benkady community health centre, an *EMTCT-Site*, with Michel Sidibé, the Executive Director of UNAIDS, Professor Jean-François Delfraissy, the Coordinator of international and domestic operations response to the crisis of Ebola and the Director of ANRS (France Recherche Nord & Sud Sida-HIV Hépatites). This visit allowed them to discuss EMTCT activities in the health centre and emphasise the importance of community involvement on EMTCT.



During the AIDS month, the First Lady supported children exposed to HIV infection during her visit to the Gabriel Toure University Hospital in Bamako, a centre of excellence in paediatric care. The First Lady spoke with children and their parents about their challenges and donated food.



Republic of Namibia

The former First Lady of Namibia launched a campaign on the prevention of mother-to-child HIV transmission (PMTCT) in 2012 under the theme of *Male involvement in PMTCT*. The campaign has been launched in all regions with the aim to promote the involvement of fathers in PMTCT services. Using television and radio messages the campaign educates the public and increases awareness on PMTCT. The messages have been produced and translated into vernacular languages and are currently being aired on radio. This was complemented by aired television messages.

Key messages:

- In order to achieve the 3 zeros¹¹ there needs to be a transformation in the delivery of services which requires a strong leadership in the delegation of tasks and training and supervision of community workers and their integration into the health system.
- There is a need to scale up efforts to stop new HIV infections among children.
- An anti-stigma campaign is essential to encourage testing and HIV treatment adherence.
- There is a need to modify existing harmful cultural practices and traditions that are hampering the responses to gender based violence and HIV.

Republic of Niger

The UNAIDS promoted *Test and Treat* strategy was launched on 1 December 2014 by the First Lady in Niger and is on-going throughout the country. The First Lady lobbied the members of the government and other partners for the strengthening of the strategy to reduce the transmission of HIV from mother to child. Many people were sensitized on the availability of HIV services during the launch of activities under the *Test and Treat* campaign. The launch of activities related to reproductive health, HIV and other sexually transmitted diseases and early marriage have been very beneficial at schools. The testing campaign covered 38 penitentiary centres.

Furthermore, the First Lady celebrated the Day of the African Child with HIV-infected children and

¹¹ Zero new HIV infections, zero AIDS-related deaths and zero discrimination.



children born to HIV-positive parents. At least five TV channels covered various activities undertaken by the First Lady.

Niger has a specific budget line in its annual budget for the fight against HIV. The private sector coalition has shown great commitment in funding interventions against HIV, tuberculosis and Malaria.



Federal Republic of Nigeria

The former First Lady of Nigeria was committed to advocate against AIDS and for the improvement of the lives of women, young people, children and people living with HIV in Nigeria and in the sub-Saharan Africa. During her term, the First Lady has actively participated together with national partners in many high impact campaigns to promote the virtual elimination of new HIV infections among children and keeping their mothers alive in line with the National Prevention of Mother-to-Child Transmission (PMTCT) Plan. She has also promoted the cause of people living with HIV, AIDS orphans and widows. As part of this and her efforts for zero HIV-related stigma and discrimination, she hosted a dinner for the members of the Network of People Living with HIV in the country.

Republic of South Sudan



H.E. Mrs. Mary Ayen Mayardit

First Lady of the Republic of South Sudan

H.E. Mary Ayen Mayardit is an over two decade freedom fighter, mother, women, children and human rights activist, educationist, women socio-economic empowerment and gender based violence, reproductive health and HIV/AIDS campaigner. As an orphan, the First Lady, was unprivileged in war-ravaged South Sudan and married at a teen-age. She soon became an SPLA guerrilla fighter, alongside her husband, in pursuit of freedom and justice for her children and all Southern Sudanese people. Therefore she experienced deprivation of social services such as education, health facilities, adequate food and security during

that period, which challenges remain a-rife today. Her passionate desire to improve the situation of women and children in South Sudan inspired her to establish Concern for Women and Children as a charity, humanitarian, nongovernmental organization.



The First Lady of South Sudan is working diligently to support all those affected by HIV within the country with a focus on women, young girls and AIDS orphans. The First Lady joins the rest of the country in annual commemoration of the World AIDS Day which marks the importance of working for and with people affected and infected by HIV in all communities, especially where there is a high risk of being infected by the virus. She has also continued to advocate and provide educational



material to encourage citizens to protect themselves against HIV while providing sensitization against stigmatization of those affected and infected by the virus. The First Lady partners with the South Sudan AIDS Commission and other partners in providing advocacy to elders, chiefs, women groups, youth groups, and students in schools.

Republic of Uganda



H.E. Hon. Mrs. Janet Kataaha Museveni

First Lady of the Republic of Uganda

H.E Hon Mrs Museveni has a bachelor of Education from Makerere University and a diploma in childhood Development from Sweden Work-related Experience and Achievements:

- Minister for Karamoja Affairs
 - Member of Parliament
 - Founder and Patron of Uganda Women's Effort to Save Orphans (UWESO)
 - Founder and Patron of National Strategy for Advancement of rural Women in Uganda (NSARWU),
 - Founder and Patron of Uganda Youth Forum (UYF)
- Goodwill Ambassador for Safe Motherhood
 - Co-Chair of CURE Hospital
 - Conference Speaker

Being the champion for EMTCT and at the forefront of campaigns for prioritizing EMTCT at all levels, the Ugandan First Lady aims in her program to contribute to achieving a 90% reduction in the number of new HIV infections via mother-to-child transmission by 2015 with the engagement of all stakeholders and at all levels.



The funds from UNAIDS have enabled the office of the First Lady to carry out a planned regional campaign in Ntungamo District in South Western Uganda. The EMTCT stakeholders, including medical workers, village health teams, religious and cultural leaders, nongovernmental and community based organisations, political leaders, traditional birth attendants and the women in the district have shared experience and formulated strategies and best practices for effectively delivering EMTCT services to communities. The First Lady has also delivered advocacy messages in this area and across the country.



The concluded campaign has also enabled more training and more health centres equipped with drugs. Option B+ roll-out that was originally supposed to take place in phases is happening now simultaneously throughout the whole country. The campaign is supported by champions who catalyse action. Networking, consultative and preparatory meetings have helped iron out duplications and enhance cohesion and complimentary action in the AIDS response which will improve efficiency in service delivery. More Ugandans have come to know about the Option B+ and are demanding for related services.

Republic of Zambia



H.E Mrs Esther Lungu

First Lady of the Republic of Zambia

Member of OAFLA Steering Committee

Her Excellency the First Lady of the Republic of Zambia Madam Esther Lungu assumed office in January 2015 after her spouse His Excellency Mr. Edgar Chagwa Lungu became the 6th President of the Republic of Zambia.

Madam Esther Lungu has over twenty years' experience in community service. Currently, the First Lady is advocating for the eradication of HIV and AIDS; Maternal and Child Health; Mentorship for Adolescents; Environmental Protection; and Economic Empowerment. The First Lady's interventions are

targeted at persons with disabilities, older persons, orphans and vulnerable children as well as widows. Strategies being employed are Policy Advocacy, Public Mobilization including Partnerships and Resource Mobilization.



In Zambia, 13% of adults aged 15-49 years are living with HIV (15% of women and 11% of men). A comparison of HIV prevalence estimates from the 2001-2002, 2007, and 2013-2014 Zambia Demographic and Health Survey indicate that HIV prevalence among adults in the country has decreased over time from 16% in 2001-2002 to 13% in 2013-2014. Annual new HIV infections are estimated at 56 000 of which 12 000 are children. In response to the epidemic, the First Lady is advocating for example for access to treatment and she is supporting families affected by the HIV epidemic through empowerment interventions.

1.4. Chapter Summary

HIV-Related Issues Tackled by OAFLA Members

OAFLA Members are successfully addressing a variety of HIV-related issues in their respective countries, working with groups such as women of reproductive age, adolescents and young people, AIDS orphans, persons with disabilities, men, leaders of various levels, authorities, international and civil society organisations, and the private sector. These are some of the challenges addressed:

- Need for stronger national health systems linked to relevant community systems – number and quality of services, staff, medication and equipment
- Lack in availability and accessibility of services for EMTCT and early diagnosis of HIV; general lack of adolescent and youth friendly sexual and reproductive health (SRH) and HIV services
- Weak access and adherence of clients to available SRH and HIV services and the resulting new infections and other negative health outcomes
- Particularly high new HIV infections and vulnerability to HIV among young women and adolescent girls
- Knowledge gaps on HIV prevention, treatment, care and support among groups such as women of reproductive age and young people
- Cultural and traditional barriers to ensuring zero new infections and a full uptake of key health and HIV services. This includes the challenge of persisting harmful practices that are linked to girls' and young women's vulnerability to negative HIV outcomes.
- Ensuring zero HIV-related stigma and discrimination in laws, policies and programs to promote the access and attendance of people living with HIV to health services and reduce their marginalization in families and the society
- Promoting political commitment and its translation into a fast-tracked AIDS response with further diversified and domestic health financing by the public and private sector
- Stronger and more coordinated partnerships on AIDS with various stakeholders and across sectors

Opportunities for OAFLA Members in the AIDS response

- Champion the *All In* initiative to promote zero AIDS-related deaths, zero HIV infections and zero discrimination faced by adolescents in partnership with youth organisations, civil society, international organisations and others. Advocate with UNAIDS and UNICEF country teams through campaigns, meetings and workshops for:
 - Adolescent-friendly health services, such as HIV testing, counselling and treatment
 - Adolescent focused sexual and reproductive health and rights, including comprehensive sexuality education
 - Laws with lower or no age restrictions on the access to SRH and HIV information and services
 - Inter-generational dialogue between policy-makers and youth organisations for stronger adolescent movement and positive social change towards the 3 zeros
 - Increased and innovative investment and partnerships by different actors for ending AIDS among adolescents

- Advocate with national authorities, regional bodies, healthcare staff, communities, families and vulnerable groups to ensure their commitment in EMTCT, SRH and other key issues in the AIDS response with zero discrimination; use positive role models and peer educators, media, drama, music and games
- Support international campaigns like Protect the Goal Campaign to boost HIV awareness and prevention among young people
- Create innovative campaigns for voluntary HIV testing and counselling
- Promote culturally sensitive sexuality education in schools and families
- Advocate for better integration of EMTCT into maternal, new-born and child health
- Support EMTCT and other HIV services such as mobile clinics in less considered areas
- Embark on high visibility and resource mobilisation campaigns such as marathons to promote priority issues in the AIDS response
- Address AIDS more widely as part of social protection and empowerment interventions among people living with and most vulnerable to HIV
- Support national institutions and organisations such as the national AIDS Commission and civil society organisations of people living with HIV for an inclusive AIDS response
- Promote partnerships for a wider and more coordinated AIDS response
- Special dates for action:
 - African Youth Day on 1 November
 - World AIDS Day on 1 December, and
 - Zero Discrimination Day on 1 March.

Programs of several OAFLA First Ladies reflect many of the opportunities listed. Please see country profiles in this chapter for best practices and success stories in more detail.



**African First Ladies
13th Extraordinary General Assembly
Malabo, June 26, 2014**

We the African First Ladies, members of the Organisation of African First Ladies against HIV/AIDS (OAFLA) meeting at the 13th extraordinary General Assembly in Malabo, Equatorial Guinea on June 26, 2014:

- Acknowledge that AIDS still takes the lives of one million of Africans' per year and firmly believe that the Post-2015 Agenda should include a commitment to ending AIDS, by reducing new HIV infections, discrimination and AIDS-related deaths to 10% of 2010 levels.
- Reaffirm our commitment to the Elimination of Mother to Child Transmission of HIV/AIDS (EMTCT) by implementing programmes that:
 - continue to engage all stakeholders including traditional and religious leaders
 - advocate for male involvement in EMTCT programmes
 - ensure continuity and sustainability of projects by implementing advocacy campaigns on EMTCT
- Commit to address the interconnected and complex issues related to HIV and AIDS, Maternal, Child and Women's health using holistic and systematic approaches reflected in our Strategic Plan 2014-2018. OAFLA has made strategic choices for program interventions in the three specific areas to guide its program implementation by:
 - increasing resources to strengthen health systems and empower women and girls;
 - maximizing the use of resources by enhancing the capacity of health system to provide integrated, comprehensive, quality and sustainable services and information; and
 - lobby among legislators and policy makers to safeguard and protect the rights of women and girls
- Believe that the plights of the African people could be better addressed if all stakeholders come together. Solidarity among partner organizations is of paramount importance hence have pledged to work closely in collaboration with various UN agencies, AUC and other local and international development agencies.



**Communiqué OAFLA UNGA Side Event
'African First Ladies Advocating for Health'
New York, 23 September 2014**

We the African First Ladies and members of the Organisation of African First Ladies against HIV/AIDS (OAFLA) gathered at the OAFLA UNGA Side Event under the theme African First Ladies Advocating for Health:

- Acknowledge that the International Conference on Population and Development (ICPD) goals are at the heart of sustainable development and firmly believe that it is crucial to address the ICPD unfinished business by prioritizing women's health and economic empowerment and access to Sexual and Reproductive Health (SRH).
- Recognize the Abuja+12 commitments to end the "epidemics of AIDS, Tuberculosis and Malaria by 2030" and are dedicated to support the commitment made to eliminate mother-to-child transmission of HIV (EMTCT); increase access to HIV testing, care and treatment for women; children and adolescents, review laws to protect people living with HIV and reduce stigma; and scale-up HIV awareness and prevention programmes aimed at young women. .
- Firmly believe that the Post 2015 development goals should clearly prioritize universal access to integrated Sexual and Reproductive Health (SRH), under the health goal of Universal Health Coverage and under a Gender Equality goal; the need to end the epidemics of HIV and AIDS, TB and Malaria.
- Reaffirm their commitment to Gender equality and Sexual and Reproductive Health Rights (SRHR) to be mainstreamed through all other goals with specific targets that support SRHR and gender equality.
- Believe that all targets and indicators should be disaggregated by age, sex, educational background, economic quintile, geographic region, ethnic group and other relevant characteristics.
- Commit to intensify awareness about key issues around prevention of mother-to-child transmission of HIV (PMTCT), and reaffirm their commitment to EMTCT by implementing programmes that:
 - continue to engage traditional and religious leaders
 - advocate for male involvement
 - ensure continuity and sustainability of projects by implementing advocacy campaigns on EMTCT for at least two years
- Believe that the plights of the African people could be better addressed if all stakeholders come together. Solidarity among partner organizations is of paramount importance hence have pledged to work closely in collaboration with the United Nations agencies , African Union Commission (AUC), national and international development partners, and the private sector.



African First Ladies
Communiqué of the 14th OAFLA Ordinary General Assembly
Addis Ababa, January 31, 2015

Theme: Enhancing partnerships to end AIDS by 2030 and to empower women in their Sexual Reproductive Health and Rights

We the African First Ladies, members of the Organisation of African First Ladies against HIV/AIDS (OAFLA) meeting at the 14th Ordinary General Assembly in Addis Ababa, Ethiopia on January 31, 2015:

- Take due cognizance of the rights and welfare of the African child and the harmful effects of child marriage in all its forms and manifestations
- Acknowledge that some 30 countries in Africa have a child marriage prevalence of at least 30% with serious health consequences including high rates of mortality and morbidity among girls age 15 to 19 during pregnancy and childbirth.
- Recall the Windhoek declaration of African First Ladies on cervical, breast and prostate cancer and note that the burden of cervical cancer has become a growing health problem and is a leading cause of death among women; especially women living with HIV.
- Condemn child marriages which negatively affect the human rights of girls and young women and which are contrary to recognized international standards.
- We therefore commit to the following:
 - Advocate all necessary legislative and other measures to eliminate such practices.
 - Support national strategies and action plans that aim to end child marriage;
 - Promote the participation and role of men, particularly fathers, religious leaders and community leaders in combatting child marriage;
 - Advocate resources to educate and empower women and girls;
 - Lobby among legislators and policy makers to safeguard and protect the rights of women and girls
- Pleased by the significant progress in the continental AIDS response and decreasing numbers of new HIV infections, we recommit to Ending AIDS by 2030 by:
 - Advocating and supporting the strategic scale up of mother to child transmission, prevention and treatment services
 - Supporting and advocating both antenatal and post natal comprehensive care focusing not only on pregnant women but also on lactating mothers AND
 - Advocating the review and strengthening of pediatric diagnosis and treatment services
- We recommit to intensify our continental campaign Action for Maternal, Neonatal and Child Health, to reduce deaths among women and girls by:
 - Promoting preventive measures including screening of women and HPV vaccine
 - Advocating for the strengthening of health systems for treatment scale up
 - Condemning any form of stigmatization/discrimination
 - Promoting care and support for the affected

We shall continue earnestly in our efforts towards eliminating new HIV infections amongst children and keeping their mothers alive.



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA

HIV Prevention, Treatment, Care and Support





Organisation of
African First Ladies
Against HIV/AIDS
OAFLA

HIV Prevention, Treatment, Care and Support





CHAPTER TWO

Maternal and Child Health

2.1. Context

African First Ladies recognize the importance and centrality of increasing efforts to substantially improve maternal, newborn and child health. This vision is underscored in OAFLA's second strategic goal aimed at ensuring universal access to sexual and reproductive health services and the reduction of maternal mortality to improve the livelihoods of adolescents, youth and women. This goal is based on the premise that the survival of mothers and fulfilment of every young person is a human right.

Africa's bulging youthful population presents urgent need to increase advocacy efforts and investments in comprehensive programmes, including sexual and reproductive health care for adolescent girls. There are several reasons for focusing on adolescents, especially girls. In Africa, children under the age of 15 constitute about 41% of the population compared to the world average of about 26%.¹² Whilst, adolescent girls make up almost half of this demographic, they face more obstacles than boys in building their capabilities, seizing opportunities and enjoying their rights. And those who are poor, rural or members of an ethnic minority are especially vulnerable to the denial of rights and exclusion from social and economic opportunities.

Adolescent fertility rates, defined as the number of births per 1000 girls aged 15-19 years, remain high. Of the more than 14 million adolescent girls who give birth throughout the world each year, one in three is from sub-Saharan Africa.¹³ Child marriage is a determining factor in sustaining elevated rates of adolescent pregnancy, high lifetime fertility rates and exclusion from education. In some African countries, 57% of girls aged 10-14 are not in school, often because they are married.¹⁴ Young people, adolescent girls in particular, living in Africa face the highest risks associated with pregnancy and childbirth.

The risk of maternal death for mothers under 18 years is double that of older females. Adolescent girls also face significantly higher rates of maternal morbidity, especially obstetric fistula.¹⁵ Up to 65% of women with obstetric fistula develop this condition as adolescents, with dire consequences for their lives, both physically and socially. Women under the age of 20 years have the least access to skilled birth attendance, the highest rates of hospitalization due to unsafe abortion, and the lowest access to reproductive and sexual health services.¹⁶

Maternal mortality continues to remain a heavy burden in achieving Africa's development goals. Despite increased efforts, MDG5 remains an unfinished business, with Africa still below the 75% reduction needed by the end of 2015. As a response to these challenges, and to maintain high focus on this issue, the recently concluded Specialized Technical Committee (STC) on Health, Population and Drug Control recommended a continued biennial reporting on maternal, newborn and child health to ensure progress is made. Furthermore, the STC recommended the extension of the Maputo Plan of Action¹⁷ to 2016-2030, in recognition of the need to accelerate access to SRH services.

¹² UNFPA and ECA. (2015). Synthesis Report on the Demographic Dividend Initiatives in Africa.

¹³ UNFPA. (2012). State of the World Population: Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy

¹⁴ UNFPA. (2013). Marrying too Young: End Child Marriage.

¹⁵ UNFPA. (2012). State of the World Population: Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy

¹⁶ Ibid


¹⁷ The implementation framework of the Continental Policy on Sexual and Reproductive Health

OAFILA continues to play an integral part in these processes. In 2014, the communiqué of the OAFILA/ UNFPA *'high level event on maternal and newborn health beyond 2014 with a focus on adolescent girls'* saw the First Ladies commit to continue to advocate for the empowerment of women and adolescent girls to exercise their reproductive rights and ensure access to sexual and reproductive health information and services, in line with regional and global instruments. They remain at the forefront of CARMMA and initiatives such as the Campaign to End Child Marriage in Africa, all geared towards improving MNCH in Africa.

In the context of Africa's Agenda 2063 and in line with the Post-2015 development agenda, OAFILA's focus will intensify on mobilizing new partners, including the private sector, calling for new investments, including domestic resources, on adolescent girls and a prioritization of services that will significantly reduce maternal and child deaths in Africa.

2.2. Activities

Republic of Chad



H.E. Mrs. Hinda Deby Itno
First Lady of the Republic of Chad
President of OAFILA

The First Lady of Chad holds a Masters in Finance and Accounting from the Institute of Applied Engineering (IGA) of Rabah (Morocco) and an advanced Diploma in Banking and Finance from the Institute of Public Administration and Business Studies (IAEC) of Lome (Togo).

The First Lady of Chad continues advocacy for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA). In her related work special emphasis is given on the social mobilization of central and regional authorities and traditional, religious and civil society organisations leaders. The results of this campaign are noticeable. The significant decline in maternal and infant mortality has encouraged more people to visit revitalised health centres to the point that these centres face lack of capacity to serve all. The government is seeking appropriate solutions to this issue.

Child Marriage

His Excellency Idriss Deby Itno, the President of the Republic has signed an order prohibiting child marriage before the age of 18 in Chad, in the presence of thousands of people and Mr Constant-Serge Bounda, the UNFPA Representative to the African Union.

The First Lady urges all women to take seriously the threat that child marriage poses to development. Child marriage causes severe consequences, namely maternal and infant mortality, fistulas and dropping out of school, which the victims' testimonies clearly illustrate. The evaluation to be conducted in 2016 is expected to reveal the concrete results achieved at the country level in general and by the OAFILA country chapter in particular.



The development of the African continent requires the eradication of the practice of child marriage that has been accommodated and tolerated to the disadvantage of communities for a long time. In line with the African First Ladies' Addis Ababa commitment on January 31, 2015 to end child marriage by 2020 instead of 2063, His Excellency Idriss Deby Itno and the First Lady launched the *End Child Marriage* campaign in March 14, 2015 in Chad in the presence of the highest authorities of the Republic, the diplomatic corps and the United Nations agencies.

Republic of Cape Verde



H.E. Mrs. Lígia Dias Fonseca

First Lady of the Republic of Cape Verde

Mrs Lígia Dias Fonseca was born in Mozambique, in Beira, on 24 August 1963. She is the second daughter of Santa Dias and Máximo Dias, lawyer and politician. She graduated in law from Faculdade de Direito da Universidade de Lisboa_Faculty of Law of the Lisbon University (FDL). Mrs Fonseca is involved with many activities, including social causes, always championing respect for law, seeking the realization of Justice and acting in defence of the values of the democratic rule of law! She sees herself, first and foremost, as a mother to her daughter Rita Jorge.

Mrs Lígia Dias Fonseca has been practicing law since 1991 in Praia. She was the first President of the Bar Association of Cape Verde, a position for which she was elected by her peers in 2001 and held until 2004. She is a founding member of several Associations, including the Female Lawyers Association of Cape Verde (AMJ), Association for development and Solidarity Zé Moniz (AZM) and Law and Justice Foundation (FDJ). Lígia Fonseca is co-author of the "Guia dos Direitos da Mulher" (Women's Right Guide), ICF, Praia (1997) and is author of several articles published in magazines and newspapers in Cape Verde

In 2014, the Cape Verdean's First Lady, Lígia Fonseca, has been granted the Global Inspirational Leadership Award (an Award of Global Inspiring Leadership) granted to notable female leaders in 2014 by the Centre for Economic and Leadership Development (CELD), an NGO with special consultative status with the United Nations Economic and Social Council (ECOSOC).

While the country's First Lady, she would like to be remembered as a woman who has always been close to the people.



Islamic Republic of Comoros

In the effort to achieve MDGs 4 and 5 on child mortality and maternal health, the First Lady organised panel discussions with women of childbearing age, and radio and television sessions on maternal and child health and the reduction of maternal and child mortality, exclusive breastfeeding and the elimination of mother-to-child transmission of HIV.



As part of her efforts for improved health facilities, the First Lady's Foundation in partnership with the Ambassador of Humanitarian action Madam Roanak handed the keys of the new family health centre in Itsandzeni, Hamahamet. This facility will provide antenatal care and contribute to improving maternal and child health.



To stimulate the demand for health services among target populations and women in particular, the First Lady's Foundation works closely with civil society organizations including midwives associations and youth associations that play an important role in the Health sector.



Republic of Cote d'Ivoire

The First Lady was tremendously involved in the launch of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in her country. She has supported the construction of a mother-child hospital specifically dedicated to mothers and children in the town of Bingerville. This 110-bed hospital will have modern technical facilities for proper care of mothers and children as a contribution to the reduction of maternal, neonatal, infant and child mortality and morbidity. The facility should be finalised in June 2015.

The First Lady through her Foundation has supported health facilities with equipment throughout the country, with a particular focus on maternity wards and delivery equipment. In addition to the essential pharmaceuticals and medical and biomedical equipment distributed, the Foundation has provided 12 ambulances to health centres since 2011.

Several vaccination campaigns coupled with systematic deworming and public awareness have also been implemented, allowing to immunize

- 31 000 children and women against typhoid fever
- 32 000 women and children against meningitis
- 86 000 children received deworming

Three eye caravans that were organized helped support the eye care of more than 48 000 children, many of which have received pairs of glasses. The First Lady also supported plastic and reconstructive surgery that has helped restore a taste for life of several recipients.

Republic of Equatorial Guinea



H.E. Mrs. Constantia Mangué Nsue Okomo De Obiang

First Lady of the Republic of Equatorial Guinea

H.E. Mrs Constantia Mangué Nsue Okomo De Obiang has a BA from BA, Luther King University School of Teaching, Malabo, 1970 and a Doctor Honoris Causa, Universidad Interamericana de Buenos Aires, Argentina.

H. E. is:

- Founding President of the NGO CANIGE (National Committee to support children in Equatorial Guinea).
- Honorary President of ASONAMI (National Association of people with disabilities).
- President of the National Committee on the Rights of the Child
- Patron of the National Program of Reproductive Health



Gabonese Republic

The Sylvia Bongo Ondimba Foundation has always considered the care of pregnant women as its priority through prevention and rehabilitation interventions, the provision of equipment to maternity centres as well as the training of midwives and other health professionals.

In 2014 the Foundation focused on the assessment of maternity services across Gabon to support advocacy for improved delivery conditions. An accurate assessment of the maternity hospitals, including 89 health facilities, 200 healthcare providers and more than 1500 pregnant women, was conducted in partnership with AMREF, the Ministry of Health and UN agencies. The First Lady conducted vibrant national advocacy during the assessment exercise, visiting nearly 23 health facilities in 5 provinces of Gabon during the campaign called *All Mothers Count*.

The Foundation also donated nearly 5000 delivery kits, 6000 insect-repellent mosquito nets, 4300 HIV test kits and 1344 reagents to health facilities to support maternal and child health and the elimination of new HIV infections among children.



Republic of the Gambia

The First Lady is the main supporter of the maternity wing of the Edward Francis Small Teaching Hospital. She has supported and funded the *Operation Save a Baby* for many years now and has helped raise funds for the hospital through her Foundation.



The First Lady frequently visits the hospitals, which is very important as they boost the morale of staff and patients alike and contribute to the essential needs related to drugs and equipment. The First Lady also continues campaigning for the elimination of mother-to-child transmission of HIV and related early infant diagnosis. Please read more on this under the chapter on HIV.

Republic of Ghana

The First Lady of Ghana through the Lordina Foundation has regularly donated items to orphanages and health facilities in deprived areas of Ghana to support the underprivileged in the society and promote equity in standards of services provided to women and children even in the remotest parts of Ghana. She had initiated this aspect of her work already prior to becoming the First Lady. Now the Lordina Foundation supports 7 orphanages across Ghana. In line with her commitment to improve health service delivery, the Lordina Foundation has also mobilised hospital equipment and consumables for health facilities in the Central, Western, Brong Ahafo, Volta, Greater Accra as well as the Northern Regions of Ghana.



Facilities that have benefitted of the action of the Foundation during the period under review are The Baptist Medical Center at Nalerigu in the East Mamprusi District; the Walewale Hospital in the West Mamprusi District and the Savelugu Hospital in the Savelugu/Nanton Municipality. The Foundation also donated an ambulance to the Princess Marie Louise Children's Hospital in Accra.

Republic of Guinea



H.E. Mrs. Conde Djénè Kaba

First Lady of the Republic of Guinea

H.E. Mrs. CONDE Djene holds a MA and a BA in Communication and Sociology. She has extensive experience while working in several organizations in France. While working at the Agency for Cultural and Technical Cooperation (ACTC) in Paris for eight years, she had different responsibilities including the publication of a Technical Information Bulletin on the monitoring of Heads of State activities, named "Monitoring Bulletin".

Her close relatives, her friends and her colleagues unanimously recognize her as a humble person and a person with high sense of duty, commitment to the defense of good causes. Her actions also combine forecasting, precision, flexibility and results.

Republic of Kenya

The Kenyan First Lady and her office were actively promoting maternal and child health and the AIDS response through *The Beyond Zero* campaign in Kenya. Action included, among others, high visibility and fundraising activities such as marathons that helped provide for example mobile clinics to remote areas of Kenya and static clinics in Kibera, Nairobi. The First Lady was also rewarded for this work. Please read more about the campaign and its results under the chapter on HIV.



Republic of Mali



H.E. Mrs. Mrs. Aminata Maiga Keïta

First Lady of the Republic of mali

Mrs. Aminata Maiga Keïta, First Lady of Mali since September 2013, worked as an Assistant to the Secretary General of the African, Caribbean and Pacific Group of States in Brussels (1974/1983) and as a Deputy Administrator in charge of Administration and Personnel at UNICEF Mali (1984/1993). She is the President and Founding Member of the NGO named "AGIR pour l'Environnement et la Qualité de la Vie », (Operation SOS ZOO in 1994 became AGIR pour l'Environnement et la Qualité de la Vie in 1997 and the latter becamea NGO in June 2003).

The NGO AGIR has cross-cutting activities on all aspects of life and especially on the protection of the environment, sanitation, health, environmental education and the promotion of a viable human settlement model through citizenship education and on the creation of the Environment House and its branches as well.

The pilot programme of a mechanical condom vending machine, one of the Health Components of the NGO-AGIR, is part of the national fight against STDs and the promotion of family planning.

As part of the implementation of the OAFLA strategic plan, the First Lady of Mali intends to personally participate in the Prevention of Mother to Child Transmission of HIV/AIDS- PMTCT. This program will be primarily based on awareness creation, advocacy for the promotion of the health of the mother and child.

The First Lady chaired the *Safer motherhood* celebration ceremony on Malaria and pregnancy. Besides raising awareness on the dangers of malaria and the need to prevent it during pregnancy, the First Lady rewarded very committed health workers working against maternal and neonatal mortality during the ceremony.

To support family planning, the First Lady, Patron of the Malian Association for the Protection and Promotion of the Family, chaired the roundtable on financing for family planning. After the presentation of the strategic plan of the Association, partners renewed their commitment to continue funding family planning activities, and leaders of women's organizations have pledged their support to promote family planning activities.





Republic of Mozambique

Member of OAFLA Steering Committee



The former First Lady of Mozambique toured over the 10 years of governance of President Armando Emilio Guebuza, her husband, the whole country, engaged in social causes, protecting and promoting women's, children's and elderly's rights.

An initiative called *The Expecting Houses for Pregnant Woman* strengthened the health system and improved drastically the motivation of pregnant women to access health centres and hospitals in the country. The Expecting Houses are also considered a huge contribution to reducing mother and infant mortality because more women felt encouraged to use hospitals to deliver their babies and get better counselling from medical staff.

Republic of Namibia

The Namibia Demographic and Health Survey of 2012/2013 indicated that there is no significant reduction in maternal mortality ratio. The maternal mortality ratio was 225 per 100 000 in 1992, 271 per 100 000 in 2000, 449 per 100 000 live births in 2006/7 and 385 per 100 000 live births in 2012/13. Despite the perceived view that Namibia is an upper-middle income country, the gap between the rich and the poor is so wide that access to quality health services remains a challenge to the majority of the population living in rural areas.

The former First Lady of Namibia served as a patron of maternal and child health agenda, and advocated for resource allocation to address maternal and new-born morbidity and mortality. She was engaged in the construction of maternal waiting homes for pregnant women which was initially planned for at least 6 selected regions with high rate of maternal, neonatal and child mortality. The aim was to assist pregnant women who live far from obstetric facilities to easily and timely access necessary services to prevent unnecessary deaths. Each building accommodates up to 80 pregnant women. The maternity waiting homes are part of the Program for Accelerating the Reduction of Maternal and Child Mortality, a joint partnership between the office of the First Lady, Ministry of Health and Social Services, the European Union and the World Health Organisation. The program was launched in February 2013 with a total budget of 10 Million Euros for the period 2013-2017.



Republic of Niger



H.E. Mrs. Aissata Issoufou Mahamadou

First Lady of the Republic of Niger

H.E. Madam Aissata Issoufou Mahamadou has Post graduate Degree in subsoil resources valuation process CESEV ENSG-Nancy-France.

She has an Expert Diploma in ore beneficiation process CESEV ENSG-Nancy-France. She holds a Master's degree in Chemistry and a Bachelor's degree in Chemistry from the University of Niamey-Niger.

In 2012 she earned the Price CRANS MONTANA. As a Chemical Engineer, She has Worked as Head of the metal and mineral processing division (Department of ore treatment) at SOMAIR

ARLIT-NIGER. She has also Worked as an Independent consultant in Appropriate Technology and established a Consulting Firm in General Engineering.

The First Lady of Niger has been actively promoting maternal and child health in the country. Delivery kits, medicines and medical equipment have been provided to maternity wards and hospitals, and medicines were provided to refugee camps as part of supporting access to free healthcare and reduced cost of care.

The First Lady launched sensitisation activities in secondary schools as part of the campaign to end early child marriage. In addition, an advocacy day was organised to strengthen the fight against fistula and early child marriage, and women with fistula were provided with medicines and food. The office of the First Lady also organised a gala day that was hosted by the Senegalese singer Koumba Gwalo. Further advocacy was carried out with donors to mobilize funding for activities related to the reduction of maternal mortality.





Republic of Sierra Leone



H.E. Mrs. Sia Nyama Koroma

First Lady of the Republic of Sierra Leone

H.E. Sia Nyama Koroma Attended the Annie Walsh Memorial Secondary School in Freetown and completed her undergraduate and Masters Degrees in Synthetic Organic Chemistry in the United Kingdom.

During the war years in Sierra Leone, she left the country for the United Kingdom Where She Studied nursing at Kings College, London University. She is an Organic Chemist Both and has trained and Practising Psychiatric Nurse. After studying, Mrs. Koroma Worked as Chief Chemist at the Sierra Leone Petroleum Company, All which included routine quality control of petroleum products

in the country and sub area.

Sia Koroma remains an inspiration and example of what one woman can Accomplish with vision, courage, perseverance, and a generous spirit. She is not known to wait for Opportunities, she Creates Opportunities. She Believes Abebooks web not make progress by standing on the sidelines goal by Implementing ideas. She Firmly Believes That education is the answer to the problems of the world.

Republic of South Sudan

The First Lady together with the Ministry of Health have joined efforts to support the training of midwives as well as the prenatal education for young mothers to ensure that all young women are given the opportunity to deliver in a safe and healthy environment. The First Lady is currently supporting the construction of a health centre for women and children in Akoon, Warrap State. The centre will focus on maternal health and provide services to ensure that women no longer die while giving birth. In Akoon many women die during delivery due to the lack of health care services for women. Akoon is located in one of the remotest areas in South Sudan and thus encounters a lot of challenges in access to health centres during the raining season.

Child marriage

The current conflict has taken South Sudan back in time: There is an increasing dropout rate among young girls in all formal education, and women and girls are facing gender base violence such as rape. This has created a gap in many efforts to return girls to school and end early child marriage.



The First Lady promotes the education of girls as a way to tackle and end early child marriage. She has started a campaign that encourages young girls to study and has asked the nation to put an end to the conflict so that girls can study and enjoy a healthy and vibrant future. The First Lady had meetings with community leaders to engage them to speak to community members on ending early child marriage, stating that “children are to be free



to play and enjoy their youth, not to be forced to marriage.” She encourages women to advocate against early child marriage in their community. The First Lady also advocated among men, leaders and cattle owners on the same issue and particularly concerning the practice of high bride prices and the use of cows as trade for their daughters.

United Republic of Tanzania

On 24 April 2014, the Tanzanian First Lady, in collaboration with the Ministry of Health and Social Welfare launched a campaign on the second dose of the polio vaccine in Kilimanjaro Region to celebrate the International week on immunization on 23-30 April 2014. The aim of the celebration, which had the theme *Vaccine is everybody's responsibility*, was to encourage and educate the community on the importance of vaccines in preventing diseases.



Republic of Zambia

Zambia currently holds one of the world's highest maternal mortality rates with 729 maternal deaths per 100 000 live births, and a similarly high infant mortality ratio with 103 deaths per 1000 live births. Globally, it is estimated that 30% of infant deaths were due to infectious diseases. Zambia is also among countries with the highest rate of child marriage in the world – practice that is currently affecting 42% of girls in the country. The 2013-14 Zambia Demographic and Health Survey indicates that child marriage occurs more frequently among girls (age 15-19) who are the least educated, poorest and living in rural areas.

Child marriage puts young girls at risk of violence, poverty, HIV and complications related to pregnancy and childbirth. The First Lady of Zambia has joined efforts with other First Ladies and governments in advocating against child marriages and other forms of gender based violence with public mobilization and radio broadcasts through community radio stations. She also sensitises on the need to improve the living standards of women and girls, persons with disabilities, widows, orphans and the aged.





INVESTING IN ADOLESCENT GIRLS FOR AFRICA'S DEVELOPMENT
FINAL COMMUNIQUE OF THE ORGANIZATION OF AFRICAN FIRST LADIES ON "MATERNAL AND NEWBORN
HEALTH BEYOND 2014
WITH A FOCUS ON ADOLESCENT GIRLS"
ON THE OCCASION OF THE UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION ON ICPD HELD AT THE
UNITED NATIONS IN NEW YORK ON 22 SEPTEMBER 2014

We, African First Ladies, meeting on the margins of the United Nations General Assembly Special Session (UNGASS) on the International Conference on Population and Development (ICPD) on 22nd September 2014, extend our appreciation and gratitude to The President of the United Nations General Assembly, Mr Sam Kutesa, the United Nations Secretary-General, Mr. Ban Ki-moon, and United Nations Population Fund (UNFPA) Executive Director, Dr. Babatunde Osotimehin, for their support in ensuring the success of this High Level Event on Maternal and Newborn Health Beyond 2014 with a focus on Africa's Adolescent Girls.

We welcome the presence of other First Ladies, including the First Ladies of the Republic of Georgia, Republic of Haiti, Republic of Honduras, Republic of Serbia, the Crown Princess of Denmark, the Crown Princess of Jordan, our special guests Mrs. Ban Soon-taek, Ministers, Members of Parliaments, eminent personalities, celebrities and representatives of the private sector, civil society organisations and young people, and Heads of UN Agencies. Everyone's presence here reflects the true spirit of partnership and commitment to invest in adolescent girls.

We emphasize the need for increased investment in adolescent girls' health in Africa in line with the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and the Maputo Plan of Action, on Sexual and Reproductive Health and Rights (SRHR). We support progressive commitments on maternal and newborn health in the Commission on the Status of Women (CSW) and the Commission on Population and Development 2014 resolutions, the African Union's Vision 2063, and the Common African Position on the Post-2015 Development Agenda.

We, African First Ladies, are alarmed at the extent to which adolescent girls continue be married at a young age and forced to contend with the ensuing complications, including gender-based violence, early pregnancies, sexual exploitation, unsafe abortion and the resulting risks for sexually transmitted infections, including HIV.

We raised attention to the need for increased investment to ensure access to sexual and reproductive health services, including quality maternal health services and access to information and commodities for family planning, to put Africa's women and adolescent girls on an equal footing to make safe choices for optimal health and their future.

Furthermore, we call for collective regional and global actions to ensure that we deliver without fail on the commitments on quality services to reduce the rates of maternal death and morbidity.

As African First Ladies, we reaffirm our individual as well as our organizational commitment to continue advocating for a sustainable response to the elimination of mother-to-child transmission of HIV; the accelerated reduction of maternal, newborn and child mortality; the elimination of gender-based violence; and HIV stigma reduction. We will continue the work on empowerment of girls, youth and women; enhancing gender equality; and promoting universal access to services to safeguard women's reproductive health and rights, including effective breast and cervical cancer prevention and treatment.

We are at the forefront of maternal health campaigns throughout Africa, including CARMMA. We therefore reiterate our commitment made on the occasion of the 15th African Union Summit held in Kampala, Uganda in 2010, to "accelerate and intensify those activities, in order to create meaningful change within our continent." We are mindful of the fact that the long-term success of this agenda is within the scope of the Maputo Plan of Action on SRHR, the Common Africa Position, the MDGs, the ICPD Beyond 2014, and the Post-2015 Development Agenda.

We call on the global community convening at the 69th United Nations General Assembly Special Session on the ICPD to reaffirm their commitment to assuring a safe future for women and adolescent girls, in particular. Furthermore, we call on our member states, partners and the UN agencies to ensure in the most effective way that adolescent girls are central in the Post- 2015 Development Agenda.



The Organization of African First Ladies Against HIV/AIDS (OAFLA) stands as a partner in pushing for investment on adolescent girls to empower them.

We commit to:

1. Continue to advocate for the empowerment of women and adolescent girls to exercise their reproductive rights and ensure access to sexual and reproductive health information and services, in line with regional and global instruments.
2. Further advocate for the introduction of age-appropriate and comprehensive sexual and reproductive health education for all in order to build the skills of adolescents to take informed decisions about their own lives, and to prevent sexual abuse, early sexual debut, unintended pregnancies and sexually-transmitted infections, including HIV.
3. Join forces with the African Union Commission (AUC) and national governments to harmonize national legislation to raise the minimum age of marriage for girls to 18 years and promote the enforcement of laws to end child marriage on the continent. Furthermore, we call on African Union Member States of the commission to extend beyond 2015 the Maputo Plan of Action on Sexual and Reproductive Health and Rights (SRHR).
4. Champion "education, leadership and skills development for adolescent girls," because a woman's level of education and socio-economic status has far-reaching and long-term implications for the girl's own development and health, and is linked to improved health outcomes for herself and her children, and contributes to sustainable development.
5. Call on our governments and national institutions to ensure law enforcement and the implementation of international instruments protecting adolescent girls.
6. 6. Continue to support efforts to engage men and boys, as important partners in addressing harmful traditional norms and practices that perpetuate violence against women and adolescent girls, as well as inequalities between the two genders, while re-enforcing positive values in men and boys.
7. 7. Support the creation of a conducive environment across the continent that allocates domestic resources, promotes global investment and private sector partnership, and encourages community involvement to increase investment in adolescent girls and their empowerment, delay child marriage and improve Maternal, Newborn and Child Health (MNCH) services.
8. 8. Accelerate efforts to reach MDG 5 and have issues of adolescent girls central in the Post-2015 Development Agenda.

At a time that Africa is facing a major new challenge in the form of the epidemic of Ebola, we, the First Ladies of Africa, express our solidarity with the people and governments of the Republics of Guinea, Sierra Leone, Liberia, Nigeria and Democratic Republic of the Congo.

Cognizant of the fact that this outbreak of Ebola affects pregnant women and adolescent girls, and is claiming the lives of more women, especially nurses and other healthcare workers; and cognizant of the challenges that are hampering economic growth, including humanitarian and relief aid to the affected countries. We commit our full support to the ongoing efforts of our national governments and partners, and we call for urgent and intensified efforts to mobilize additional resources and lift all travel restrictions. In this respect, we stand ready to partner with all those who are taking up this call.

We, the members of OAFLA, commit to continue our collaboration with the United Nations, especially UNFPA, other First Ladies, private sector institutions and civil society organizations to increase our actions and partnerships to address the challenges that women and adolescent girls face across the African continent. Therefore, we reiterate our calls to special guests and partners to be our advocates to position adolescent girls as a priority in the new post-2015 development framework and support the implementation of the OAFLA strategic plan to enhance the wellbeing of adolescent girls in Africa. Furthermore, we commit to organizing an annual event with the UN General Assembly to discuss and support African issues.

New York, the 22nd days of September 2014

AFRICAN FIRST LADIES



COMMUNIQUE AT THE AU WORKING BREAKFAST MEETING ON ENDING CHILD MARRIAGE IN AFRICA

We, the Heads of State and Government and African First Ladies of the African Union (AU) at a working Breakfast meeting held at the African Union Commission headquarters on January 30, 2015 on accelerating efforts at ending child marriage in the context of the African Union Campaign to End Child Marriage in Africa as well as the Year of Women's Empowerment and Development towards Africa's agenda 2063.

At the meeting we highlighted our leadership role in taking concrete actions to bring to an end child marriage in all its forms and manifestations.

We took due cognizance of article 21(2) of the African Charter on the Rights and Welfare of the Child, that child marriage and the betrothal of girls and boys shall be prohibited, and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years and to make registration of all marriages in an official registry compulsory;

We also take due cognizance of article 5 of the Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, on Elimination of Harmful Practices that states Parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognized international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices.

Therefore, we commit ourselves to the following;

1. to launch the AUC Campaign to End Child Marriage in Africa;
2. Develop, elaborate, and implement national strategies and action plans that aim to end child marriage;
3. Harmonize marriage laws by setting the marriage age at 18 years or above for both boys and girls;
4. Implement appropriate legislation and policies that effectively prohibit, prevent, punish and redresses child marriage including cross-border movement of girls for child marriage purposes;
5. Implement all key continental policies and legal instruments relating to human rights, gender equality, maternal and child health, and "harmful traditional practices" for the empowerment and participation of girls and women in development;
6. Promote the participation and role of men, particularly fathers, religious leaders and community leaders in combatting child marriage;
7. Commit to ensuring that the girl child is kept in school at least till the age of 18 years;
8. Promote gender equality within the families - between women and men and girls and boys - and promote and support the role of fathers and mothers as care givers;
9. Request the African Union Commission to include child marriage as an indicator for measuring progress towards Agenda 2063;
10. Ensure that child marriage remains high on the political agenda at continental, regional and national levels and in this context request the African Union Commission to develop an African Common Position to End Child Marriage in Africa.

Done in Addis Ababa on 30 January 2015





Organisation of
African First Ladies
Against HIV/AIDS
OAFLA

Maternal and Child Health





CHAPTER THREE

Cervical and Breast Cancer

3.1. Context

Cervical Cancer in Africa

Cancer of the cervix is the most common cancer and the leading cause of cancer mortality among women in developing countries. According to WHO, in 2002, there were more than 500 000 new cases of cervical cancer worldwide, over 90% of which were recorded in developing countries. In sub-Saharan Africa, 72 000 new cases were recorded in the same year and 56 000 women died of the disease.

High incidences of cervical cancer are reported in Africa at rates exceeding 50 per 100 000 population¹⁸ and age-standardized mortality sometimes exceeding 40 per 100 000 population. For example, between 1981 and 1990, data from Nairobi hospital records showed that cervical cancer accounted for 70–80% of all cancers of the genital tract and 8–20% of all cancers.

The major risk factor associated with cervical cancer is human papillomavirus (HPV) infection which generally occurs in adolescence after the first acts of sexual intercourse. In Africa, HPV infection prevalence is estimated at 21.3%, with significant variations from region to region: 33.6% in East Africa, 21.5% in West Africa and 21% in Southern Africa. Other major risk factors include tobacco use and lack of screening and adequate treatment of precancerous lesions. HPV and HIV accelerates progression towards cancer.

Prevention

Primary prevention of cervical cancer is based essentially on healthy lifestyles and vaccination against HPV. Two types of vaccines against HPV infection are currently available on the market: one acts against HPV genotypes 6, 11, 16 and 18 (quadrivalent vaccine) and the other against genotypes 16 and 18 (bivalent vaccine).

Secondary prevention of cervical cancer is by screening for precancerous lesions and early diagnosis followed by adequate treatment. The main techniques used are cytological screening of cervical cells and visual inspection of the cervix. Pilot projects initiated in 6 countries of the African Region and coordinated by WHO have shown the efficacy, safety and effectiveness of visual inspection as a method of screening.

Tertiary prevention of cervical cancer involves the diagnosis and treatment of confirmed cases of cancer. Treatment is through surgery, radiotherapy and sometimes chemotherapy. Palliative care is provided to patients when the disease has already reached an incurable stage.

Breast Cancer in Africa

It is estimated that worldwide over 508 000 women died in 2011 due to breast cancer.¹⁹ Although breast cancer is thought to be a disease of the developed world, almost 50% of breast cancer cases and 58% of deaths occur in less developed countries.²⁰

¹⁸ See table attached

¹⁹ WHO (2013), Global Health Estimates.

²⁰ GLOBOGAN (2008)

Incidence rates vary greatly worldwide from 19.3 per 100 000 women in Eastern Africa to 89.7 per 100 000 women in Western Europe. In most of the developing regions the incidence rates are below 40 per 100 000.²¹ The lowest incidence rates are found in most African countries but here breast cancer incidence rates are also increasing.

Breast cancer incidence increased as a consequence of growing and ageing populations, improved awareness of the population, and introduction of mammography screening. The most important risk factors include genetic predisposition, exposure to estrogens (endogenous and exogenous) and ionizing radiation, low parity and history of atypical hyperplasia. The Western-style diet, obesity and consumption of alcohol also contribute to the rising incidence of breast cancer. There is a steep age gradient, with about a quarter of breast cancers occurring before the age of 50, and <5% before the age of 35.

Breast cancers are diagnosed at much higher frequencies than in the past because of changes in lifestyle factors and detection practices associated with urbanization and economic development. Breast cancer has now become the most commonly diagnosed cancers in many Sub-Saharan African countries, replacing cervical and liver cancers.

The contribution of various modifiable risk factors, excluding reproductive factors, to the overall breast cancer burden has been calculated by Danaei and others in 2005. They conclude that 21% of all breast cancer deaths worldwide are attributable to alcohol use, overweight and obesity, and physical inactivity. This proportion was higher in high-income countries (27%), and the most important contributor was overweight and obesity. In low- and middle-income countries, the proportion of breast cancers attributable to these risk factors was 18%, and physical inactivity was the most important determinant (10%).

Member States in African Region face a looming cancer epidemic, which is all the more catastrophic because of the absence of appropriate cancer prevention and management policies, inadequate training for health care workers, and lack of comprehensive programmes delivering multi-disciplinary cancer care. The combined effects of the increasing cancer burden, poverty, deprivation, and infectious diseases continue to hinder progress and sustainable development in Africa.

Breast cancer survival rates vary greatly worldwide, ranging from 80% or over in North America, Sweden and Japan to around 60% in middle-income countries and below 40% in low-income countries.²² The low survival rates in less developed countries can be explained mainly by the lack of early detection programmes, resulting in a high proportion of women presenting with late-stage disease, as well as by the lack of adequate diagnosis and treatment facilities

WHO promotes breast cancer control within the context of comprehensive national cancer control programmes that are integrated to noncommunicable diseases and other related problems. Comprehensive cancer control involves prevention, early detection, diagnosis and treatment, rehabilitation and palliative care.

Raising general public awareness on the breast cancer problem and the mechanisms to control as well as advocating for appropriate policies and programmes are key strategies of population-based breast cancer control. Many low- and middle-income countries face now a double burden of breast

21 GLOBOCAN (2008)

22 GLOBOCAN (2008)

and cervical cancer which represent top cancer killers in women over 30 years old. These countries need to implement combined strategies that address both public health problems in an effective and efficient way.

Country	ANNUAL INCIDENCE,2008			MORTALITY,2008		
	Cases	crude rate	ASR (Global)	Deaths	crude rate	ASR (Global)
Algeria	1398	8.2	10.4	797	4.7	61
Angola	1504	16.5	30.0	1008	11.0	21.9
Benin	925	21.5	35.0	616	14.3	24.4
Botswana	163	16.9	22.2	83	8.6	12.1
Burkina Faso	1230	16.1	28.6	838	11.0	21.5
Burundi	1270	30.8	49.1	900	21.8	37.2
Cameron	1474	15.4	24.0	995	10.4	17.0
Cape Verde	67	25.7	34.9	40	15.4	21.3
Chad	615	11.2	19.9	425	7.7	14.6
Comoros	110	33.4	51.7	76	23.1	39.1
Central African republic	284	12.9	19.4	425	7.7	14.1
Congo	304	16.8	27.2	191	10.5	17.6
Côte d'Ivoire	1601	15.9	26.4	109	10.8	19.1
Equatorial guine	59	17.8	25.0	41	12.3	18.5
Democratic republic of Congo	3839	11.8	21.3	2760	8.5	16.4
Ertirea	180	7.2	12.9	126	5.0	9.8
Ethiopia	4648	11.5	18.8	323.5	8.0	14.0
Gabon	130	17.9	24.4	76	10.5	14.6
Gambia	195	23.3	32.4	13.3	15.9	24.4
Ghana	1736	26.4	39.5	2006	17.4	27.6
Guinea	1736	35.7	56.3	1217	25.0	41.7
Guinea-Bissau	185	23.3	35.1	130	16.4	26.0
Kenya	2454	12.7	23.4	1676	8.6	173
Lesotho	279	25.8	35.0	178	16.4	22.7
liberia	487	25.5	41.8	341	17.9	31.2
Madagascar	1553	16.2	27.2	1085	11.3	20.5
Malawi	2316	31.0	50.8	1621	21.7	38.3
Mali	1491	23.2	37.7	1010	15.7	28.4

Mauritania	364	23.0	35.1	244	15.4	25.5
Mauritius	98	15.20	12.9	64	9.9	8.2
Mozambique	3690	32.1	50.6	2356	20.5	34.5
Namibia	117	10.8	15.8	63	5.8	8.9
Niger	572	7.8	15.6	405	5.5	12.0
Nigeria	14550	19.3	33.0	9659	12.8	22.9
Rwanda	986	19.7	34.5	678	13.5	25.4
Sao Tome et Principe	*	*	*	*	*	*
Senegal	1197	19.4	34.7	79.5	12.9	25.5
Seychelles	*	*	*	*	*	*
Sierra Leone	670	23.5	41.9	466	16.3	33.0
South Africa	5743	22.8	26.6	3027	12.0	14.5
Swazilnd	198	33.1	50.0	116	19.4	31.4
Tanzania	6241	29.3	50.9	4355	20.4	37.5
Togo	595	18.2	30.0	417	12.8	21.8
Uganda	3577	22.6	47.5	2464	15.6	34.9
Zambia	1839	29.1	52.8	1276	20.2	38.6
Zimbabwe	1855	28.8	47.4	1286	20.0	33.4

Cognizant of the situation in the region, OAFLA has in its strategic plan 2014-2018 included objectives of policy advocacy, resource and public mobilization to support the fight against cervical and breast cancer. Accordingly, African First Ladies have designed programmes in their respective countries to advocate and lobby for cervical cancer policy and strategies implementation. They also have set out to assist in the secondary prevention by facilitating training so as to enhance the capacity of health care providers to carry out visual screening of cervical cancer. Moreover, African First Ladies are introducing HPV vaccines to members of their community and are engaging in high level advocacy for support in making HPV vaccines available and affordable. African First Ladies also employ innovative strategies and include information about cervical cancer screening along their public mobilization campaigns.

3.2. Activities

Republic of Chad

The First Lady of Chad participates actively in the Continental Campaign against cervical, breast and prostate cancer. According to specialists, cancer is a real disaster, killing more than AIDS, malaria and tuberculosis together. Since the launch of *Action Against Cancer*, an association created to this effect on 19 January, 2015, the First Lady has expressed her concern of the serious implications of cancer on both patients and their families. While deeply regretting the delay in addressing this issue with prevention, care and research measures in Chad, she sees that it is very urgent that Africa develops a comprehensive cancer policy to fight cancer at all levels due to the seriousness of the situation.



The Islamic Republic of Comoros



H.E. Mrs Hadidja Aboubacar Ikililou Dhoinine

First Lady of the Islamic Republic of Comoros

A graduate in Public Health, H.E. Madam Hadidja ABOUBACAR Ikililou, First Lady of the Islamic Republic of Comoros, went through all levels of the health sector in the country. She has worked with the United Nations particularly with UNFPA as an IEC/FP facilitator. She is also an active advocate of development associations. As a former coordinator of the Association of African Women Facing AIDS and President of the Comorian Association for Family Well-Being, H.E. Mrs. Hadidja has a perfect command of the social and health sector including HIV / AIDS and reproductive health.

The First Lady of Comoros works for the prevention of cervical and breast cancer through information and education activities. Public awareness campaigns were held in villages and schools through panel discussions and radio and television debates to demystify the disease and to break taboos, prejudices and preconceptions. Sensitization and advocacy sessions were also conducted with policy-makers to raise their awareness on the issue. Doctors and midwives were trained in providing care for women suffering from female cancer. Furthermore, partnership agreements for the referral of patients and pathological examination were created with sub-regional countries.

Republic of Congo



The First Lady of Congo and her Foundation have initiated actions in the fight against cervical cancer in Lékoumou, a county in the South of the country. Awareness and health education of the population on cancer were conducted through presentations and discussions with the support of the oncology team at Brazzaville University Hospital led by Professor Gombe Mbalawa.

Health workers were trained on testing techniques to identify cervical precancerous conditions and how to treat them. On the occasion, 537 women aged 28-68 years were examined. In addition, 2589 girls aged 8-11 years were vaccinated against HPV for a tetravalent vaccine in

3 sessions. The aim is to cover the entire country by these preventive actions against cervical cancer and gradually mobilize against other types of cancer in collaboration with the government.

Federal Democratic Republic of Ethiopia

Studies and reports indicate that cancer, in all its forms, is a critical public health problem in the developing world. In East Africa, cervical and breast cancers are found to be the leading cancers among women. These cancers are common causes of morbidity and mortality in Ethiopia. However, owing to the overwhelming burden of communicable diseases, cancer and other non-communicable diseases have not been adequately addressed in Ethiopia in the past.



Since cancer is an illness that must be tackled on multiple fronts and by multiple partners, Ethiopia has established a National Cancer Committee that is composed of governmental institutions, nongovernmental organisations and various development partners to support the on-going initiatives and to enhance prevention, early detection, quality treatment services and palliative care under the leadership of the First Lady who is the current chairperson of the committee. The committee is striving to improve access to cancer treatment and care facilities. The office of the First Lady of Ethiopia is working with relevant stakeholders and the national committee to establish five regional centres for cancer treatment in different parts of the country by 2016. The construction of the centres is in progress at all sites. More than 119 cryotherapy machineries have also been procured in a bid to expand the number of cervical screening and treatment facilities to 119 during the reporting period. The First Lady has also actively advocated for cancer prevention on a number of occasion during the reporting period.



Gabonese Republic



H.E. Mrs Sylvia Bongo Ondimba

First Lady of the Republic of Gabon

H.E. Sylvia Bongo Ondimba established in 2011 the Sylvia Bongo Ondimba Foundation for Families, in the realization of a long commitment to the poorest in Gabon.

Known for her boldness and determination, Sylvia Bongo Ondimba especially chose to put family values at the heart of her activities as part of her duties as First Lady and through the initiatives of her Foundation.

Her commitment is reflected in strong advocacy and leadership towards major reforms on the national and international scene. It

is also translated, since 2011, through the deployment of actions through her Foundation in areas considered priorities and on fundamental prerequisites for sustainable development: education, health and social action.



In 2013 the Sylvia Bongo Ondimba Foundation started its *Action against Cancer* program, a comprehensive and integrated strategy against cancer in Gabon in partnership with the Ministry of Health and the Lalla Salma Foundation - Prevention and Treatment of Cancers. The Foundation has focused on the early detection of cervical and breast cancers. In 2014, more

than 9200 women above 25 of age underwent a breast and cervical examination. The Foundation installed 19 units for early detection in medical centres and hospitals in Libreville and its surroundings. Activities also included:

- The training of more than 200 health professionals
- The development of an early detection guide for health professionals, and
- 19 testing and diagnosis centres to be rehabilitated, equipped and supplied with medical equipment and consumables.

The program expanded in 2015 across the country and now focuses on three other key priorities:

- Extension of early detection service to more than 30 new provincial centres
- Support to the Libreville Cancer Institute (LCI) on the provision of chemotherapy treatments and training of staff, and
- Building a Domus Vitae (House of Life) that will host and accommodate patients in treatment at the LCI

Republic of the Gambia



H.E. Mrs Zineb Yahya Jammeh

First Lady of the Republic of The Gambia

As the First Lady of the Republic, Her Excellency Madam Zineb became engaged in various humanitarian/charitable organisations and activities targeted at the most vulnerable groups of society, women and children. The public role she assumed is due to the encouragement and support of her spouse, who is known for empowering women. In her efforts to significantly improve the lives of many, Her Excellency the First Lady succeeded in changing the lives of numerous women and children.

Being at the forefront in the prevention and control of cervical and breast cancer in Gambia and having launched the use of HPV vaccine for young girls aged 9-13 years in November 2013, the First Lady embarked on advocacy for scale up beyond the Greater Accra, Central and Northern Regions, reiterating the prospects of vaccination “to improve and better the lot of our girl child who are our future mothers and the greatest resource for our development agenda”.

The Gambia joined other countries in launching the HPV demo for the prevention of cancer. The First Lady officially launched this in November 2014 and gave it the moral boost required to ensure that the uptake is optimal. Her work has improved the general acceptance of the issue.

This serves as a major political boost for the programme as it manifests support at the highest level. The financial support enables the procurement of materials for curative services, the provision of emergency services through the acquisition of life saving equipment and supplies, including those for maternal and neonatal health care, as well as support in terms of training of staff in maternal and child health services. The support received in these areas makes many major health centres operational to



provide emergency obstetric services which are strategically located nationwide.

Furthermore, the First Lady has helped in the training of doctors on cervical cancer, and a Gambian doctor was sponsored recently for a weeklong training in USA on cervical cancer screening and management. The First Lady is also a major supporter and key member of the Foundation Stop Cervical, Breast and Prostate Cancer in Africa (SCCA).

Republic of Ghana

The First Lady of Ghana is very active in the prevention of cervical and breast cancers, and early detection of lesions. She advocates for comprehensive treatment and care services free of stigma. In her usual unique, results oriented and cost efficient approach, her campaign on the two cancers is integrated in the OAFLA Ghana Chapter's Campaign *towards the Elimination of Mother to Child Transmission of HIV and Keeping Mothers Alive*.

The First Lady believes that “there is no point in saving the life of a child through effective prevention of mother-to-child transmission (PMTCT) of HIV only to have that child orphaned during childbirth, by AIDS or by cervical or breast cancer”. She has dedicated herself to educating women to examine themselves regularly, calling on health workers to examine women or offer them prevention services for reproductive health cancers irrespective of their reason for engaging with health services. She is also advocating for male involvement for this cause.



So far the OAFLA Ghana Chapter has rolled out direct Campaigns in Greater Accra, Eastern, Brong Ahafo, Central and Western Regions (see also other chapters). Screening outreaches are currently taking place in rural districts of the Central and Western Regions.

Republic of Mozambique

The former First Lady of Mozambique is a champion of causes related to cancer prevention through various initiatives nationally and internationally. As part of this she led the launching of the prevention campaign *End Cervical Cancer Now* in the New York, USA in September 2013; in Seoul, The Republic of Korea in May 2014; and in London, UK in June 2014. The First Lady also attended the 8th Conference on Cervical, Breast and Prostate Cancer in Africa, held in Windhoek, Namibia, where she handed over the Presidency of the Forum of African First Ladies Against Cancer to the First Lady of Namibia. In October 2014 the First Lady also promoted partnership with the Brazilian state of São Paulo to strengthen national work against cancer.

Republic of Namibia



H.E. Mrs Monica Geingos

First Lady of the Republic of Namibia

H.E. Mrs Monica Geingos is a qualified lawyer. The last 15 years of her professional career was in the financial sector as a private equity and governance expert. She was awarded National Honours (Most Distinguished Order of Namibia) for "outstanding contribution to the socio-economic development of Namibia" and was inducted into the Namibian Business Hall of Fame. She has also received numerous awards such as the Namibian Business Personality of the Year and Most Innovative Entrepreneur of the Year. Madam Geingos has served on the Boards of large public and private sector companies as either Chairperson or Deputy Chairperson.

H.E. Mrs Geingos is focused on utilising her extensive corporate and deal-making experience to enrich her role as the First Lady of the Republic of Namibia. Madam Geingos will seek to complement H.E. President Hage Geingob's declaration of war on poverty. Madam Geingos will combine her professional expertise with her passion for enterprise development to focus on youth entrepreneurship and the integration of rural and urban economies. Madam Geingos will also apply her energy towards projects relating to Maternal and Child Health Care, Early Childhood Development, Gender-Based violence and communicable and non-communicable diseases. The philosophy of the Office of the First Lady is to engage in projects which are evidence-based and focused on targeted outcomes.

Namibia hosted the 8th Stop Cervical, Breast and Prostate Cancer in Africa Conference (SCCA) focused on ending cervical, breast and prostate cancer held in Windhoek, Namibia from 20-22 July 2014 with a broad range of participants including 8 African First Ladies, representatives of First Ladies, ministers, parliamentarians, committee chairpersons and members, other categories of senior policy and decision-makers, development partners and agencies, non-state actors and civil society.

The Conference deliberated extensively and endorsed a Windhoek Declaration, while the First Lady of Namibia assumed the position of Chairperson of the Forum of African First Ladies against Cervical, Breast and Prostate Cancer (2014-2015).

Key strategic actions recommended for the implementation by the First Lady include:

- Disseminate the report of the Conference through the OAFLA Secretariat to First Ladies of all AU Member states
- Present the Windhoek Declaration as part of an Agenda item on cancer prevention in Africa during the next meeting of OAFLA; the agenda item will recommend concrete policy actions to be taken to prevent, control and manage cancer in Africa in addition to innovative resource mobilization and financing mechanism
- Collaborate with the African Union Commission on the commemoration of Africa Lifestyle Day 2015 to highlight issues relating to Cancer, and
- Promote the implementation of the Windhoek declaration at the national level, focusing especially on high burden countries.

The OAFLA National Chapter headed by the First Lady will undertake this project in collaboration with the Ministry of Health and Social Services (MoHSS), Dr A.B. May Cancer Centre and Cancer Association of Namibia. The proposed interventions include:

- Training of trainers to create a pool of trainers among women living with HIV who will have the capacity and serve as a national resource to roll out sensitization to their respective groups countrywide under the coordination of MoHSS and the OAFLA national chapter
- Collaborate with the MoHSS, Cancer Association and a nongovernmental organisation working with women living with HIV in developing IEC materials with cervical cancer prevention messages for women living with HIV created by women themselves. Once finalized, the OAFLA National Chapter will print the IEC materials.
- Screening campaigns and sensitisation of women to undertake annual screening
- Conduct a study on women living with HIV.

The SCCA conference was preceded by a training for Namibian doctors and nurses with the funding of Pink Ribbon Red Ribbon. Positive results have included:

- 8 Namibians were introduced to VIA/Cryotherapy
- 239 women were screened
- 11 out of the 15 women that were found VIA-positive were treated immediately
- 4 women were referred for LEEP due to bigger lesions not treatable by cryotherapy
- There was no woman with invasive cervical cancer.

Republic of Senegal



H.E. Mrs. Marème SALL

First Lady of the Republic of Senegal

Member of OAFLA Steering Committee

The First Lady of Senegal, Mrs Marème SALL created the foundation "SERVING SENEGAL" with a view to improve the lives of its most disadvantaged citizens.

The foundation aims to contribute to the economic and social promotion of Senegalese and the advent of a Senegal of prosperity and well-being.

Republic of South Sudan

The First Lady of South Sudan has begun to engage with the Ministry of Health to plan for work related to cervical cancer such as an awareness campaign and activities to increase women's opportunities to receive the care needed for the prevention and treatment of the disease.



United Republic of Tanzania



H.E. Madam Mama Salma Kikwete

First Lady of the Republic of Tanzania

Member of OAFLA Steering Committee

Her Excellency Mama Salma Kikwete is the First Lady of the United Republic of Tanzania and WAMA Foundation's Chairperson. She is a keen champion in the areas of Girl Child Education and development, Maternal and Child Health and improvement of Women's Economic and Social Status.

In 2006 she created the Wanawake na Maendeleo Foundation (WAMA), a vital platform through which she mobilizes communities and partners to address various issues facing Tanzanian communities. WAMA is a non-profit organization committed to

empowering women and girls so as to increase the number of healthy and economically empowered women, progressive communities and educated and healthy children.

H.E. Mama Kikwete has more than 20 years' experience as a teacher and firmly believes that success in education and health are the fundamental values to unlock potential in human beings. She is further more aware that development in education and health are the key factors in liberating Tanzania and Tanzanians from the three nationally recognized enemies - Ignorance, Poverty and Disease.

H.E. Mama Kikwete's unshakable commitment and inspirational leadership has helped transform many lives and communities. It is natural that she has been widely recognized in and outside the country. She however takes satisfaction from the many requests from Tanzanian communities which continue to require her advocacy and leadership.

H.E. Mama Kikwete is a member of the High Level Leadership Group on Adolescents and Young People's Needs and Rights in the Eastern Southern Africa (ESA), the Patron of the Medical Women Association of Tanzania and the Girl Guide Association of Tanzania. She has received many awards in recognition of her great work. She is also a member of the OAFLA Steering Committee representing the Eastern Region for the second term since 2011.

On 14 March 2014, the First Lady of Tanzania, who is also the Chairperson of Wanawake na Maendeleo (WAMA) Foundation, and the Bahi District Leadership, launched cervical cancer screening services in Bahi District, in Dodoma Region. The aim of the activity was to create awareness on the burden of cervical cancer disease and sensitize women to come forward for screening. The First Lady also handed over one Cryotherapy Machine to the district.





As part of the celebrations of the International week of immunization (23-30 April, 2014), the Tanzanian First Lady and the Ministry of Health and Social Welfare launched a campaign on vaccinations including the first dose of the HPV vaccine in Kilimanjaro Region with the objective to encourage prevention of diseases through vaccinations in communities. The theme was *Vaccine is everybody's responsibility*.

On 7 June 2014 the First Lady launched a campaign on the screening of cervical and breast cancer in collaboration with the Ministry of Health and Social Welfare and the Medical Women Association of Tanzania (MEWATA) in Tabora Region. She was accompanied by the Tanzanian President, Dr Jakaya Mrisho Kikwete.

Republic of Zambia

Incidence rates of cervical cancer in Zambia are second highest in the world. The First Lady of Zambia is advocating for cancer care strategies to support and empower communities with interventions that can effectively respond to immediate cancer care needs. The First Lady underscores the importance of informing citizens and encouraging political, ethical and professional will to fight cancers in the communities.

**Communiqué from the
'Gender and Health: Intersections with Cervical Cancer, HIV, and
Violence Prevention and Response' - Side Event
6 December 2014, Lusaka Zambia**

Preamble

We participants at the above named event composed of African policy makers, development partners and agencies, non-state stakeholders and civil society. Together with the Organisation of African First Ladies against HIV/AIDS (OAFLA) as well the members of the High Level Task Force for Women, Girls, Gender Equality and HIV and AIDS (HLTF), adopt the following actions as tangible activities from the above mentioned event.

OAFLA and the HLTF commend and acknowledge the African Heads of State on the implementation of the Abuja +12, the Maputo Plan of Action as well as the AU Roadmap which all make reference to maternal and child health with specific emphasis on HIV.

Acknowledging the impact African First Ladies have had on the work of the Post 2015 Development Agenda through the OAFLA ADDIS ABABA DECLARATION: A CALL TO ACTION TO THE AFRICAN UNION and MEMBER STATES, endorsed by the 13th OAFLA General Assembly January 2014 and the communiqué of OAFLA on Maternal and Newborn Health Beyond 2014 with a focus on Africa's Adolescent Girls endorsed on 22 September in New York City.

We OAFLA and HLTF commit to continue to:

- Advocate for the Integration of sexual and reproductive health (SRH), HIV and HPV routine services including screening, youth friendly environment and integrate violence response services into SRH, HIV and HPV services.
- Mobilize resources to increase individual and institutional capacity and multi-sectorial coordination, awareness and law enforcement education across sectors, including health, gender, police, courts, psychosocial, youth, education, cultural, religious and traditional sectors – in the fight against cervical cancer, violence against children, gender-based violence, early pregnancy, and other health and safety issues impacting adolescent girls.
- Ensure access to psychosocial support services, including:
 - Integrating counselling services and skills into health, legal, justice and other sectors
 - Referrals to psychosocial support for violence, pregnancy, cancer, and HIV/STIs
 - Increase access to long-term psychosocial support services by building the capacity of social welfare officers, lay people, and other providers to provide evidence-based services, such as cognitive-based therapy.

In addition to the above cross-cutting priorities, we call on governments, civil society and the development community to undertake the following specific actions:

Cervical Cancer

- Encourage urgent roll out of affordable HPV vaccination for girls aged 9-13 years – well before they become sexually active - through national immunisation programmes as recommended by the World Health Organization (WHO).
- Implement immediate screening programs (to facilitate early detection) including for HIV- positive women as part of reproductive and maternal health programs, alongside testing for HIV.
- Invest in cancer treatment facilities and options that are accessible as part of overall gender equity in health investment for women's health – ranging from surgery, chemotherapy, radiotherapy, and psycho social support.
- Promote evidence-led health interventions including building community awareness and understanding against myths and about health consequences related to HPV and vaccination.

Pregnancy and Education:

- Identify and support girls at risk for school dropout, to prevent drop-out before it occurs
- Support for girls who are pregnant to continue their education including after delivery through school reentry policies.



Violence Against Children:

- Identify and support girls at risk for school dropout, to prevent drop-out before it occurs
- Support for girls who are pregnant to continue their education including after delivery through school reentry policies.

Violence Against Children:

- Raise awareness about the scope of violence against children, particularly sexual violence against girls, its impacts, causes, and how to prevent and respond to violence
- Ensure that violence prevention and response for both violence against children and gender-based violence are part of the development agenda, and fully incorporate into pre-existing platforms and related policies, strategies, budgets and programmes as well as prioritize and fund violence prevention programming across sectors.
- Support evidence-based violence prevention initiatives for children and communities, targeted across the life-cycle. Monitor, evaluate, and research these programmes to gain a better understanding of what works to reduce the impact of violence against children.
- Carry out sensitization and capacity building in the legal/police sector to ensure services for children who experience violence are gender-equitable and child-friendly, and that timely referrals to health services are prioritized for reports of sexual violence.
- Ensure that programmes are participatory and children's and adolescents' voices and leadership are included in all policies, programmes, and advocacy related to them. Ensure the inclusion of particularly vulnerable and marginalized groups. Consult those who have experienced violence on programme and policy needs, and ensure they are engaged as advocates and leaders in violence prevention and response.

Endorsed on January 2015

Conclusion

In January 2014 during the 13th Ordinary OAFLA General Assembly the Strategic Plan 2014 – 2018 was adopted by the OAFLA Members present. One year on and the strategic plans acts as the guiding document for all the activities implemented by both the OAFLA Secretariat and the member states in country. This strategic plan broadens the mandate of the First Ladies to include work on maternal and child health as well as cervical cancer. The reason for this extension of thematic areas was that the OAFLA members recognized that their work in HIV and AIDS extended into different areas and was cross cutting with issues of maternal and child health as well as cervical and breast cancer.

This directory aims to reflect the broadened scope of the work of the OAFLA members as well as to share their planned activities. OAFLA has partnered with a number of organisations in its efforts, recognising the importance of partners' involvement in bringing about desired change towards its goals. The OAFLA theme for 2015 is *Enhancing partnerships to create an enabling environment to achieve the end of AIDS by 2030 and to empower women in their Sexual Reproductive Health and Rights*, thereby highlighting the objective of OALFA to grow the organisation's partnership base.

The OAFLA secretariat and members trust that you have enjoyed reading this directory and that you have learned more about the activities of the First Ladies across the continent. At this juncture, OAFLA calls upon all organisations, the private sector and philanthropists who share the same vision - *An Africa free from HIV and AIDS, maternal and child mortality where women and children are empowered to enjoy equal opportunities* -, to join hands with the African First Ladies in making this vision a reality!



Summary of Strategic Plan 2014-2018

OAFLA's Vision

- An Africa free from HIV and AIDS, maternal and child mortality where women and children are empowered to enjoy equal opportunities.

OAFLA's Mission

- First Ladies of Africa advocate for effective policies and strategies towards the elimination of HIV and AIDS, reduction of maternal and child mortality and the empowerment of women and children, through strategic partnerships in the spirit of solidarity.

Goals

1. Contribute to the national effort in preventing, managing and eliminating HIV and AIDS
2. Contribute to the national effort in reducing maternal, neonatal and child mortality
3. Contribute to the national effort in reducing cervical cancer
4. Enhance organizational visibility, organizational learning and stakeholders' commitment
5. Ensure program and financial sustainability

Goal 1: Contribute to the national effort in preventing, managing and eliminating HIV and AIDS		
Specific Objective	Outputs	Activities
1. Support the elimination of new HIV infections	1.1 Reduced rates of Mother to child transmission 1.2 Reduced rates of new infections, particularly in young women	1.1.1 Design and implement continental and national advocacy campaigns on EMTCT, for decision makers, opinion leaders and citizens 1.1.2 Advocate for treatment, ARV for pregnant and lactating women as a means of preventing MTCT 1.1.3 Support national and continental prevention programs with a focus on young women
2. Advocate for increased domestic financing for HIV&AIDS and reproductive health programs	2.1 AU member States and Governments report on meeting at least 15% Abuja commitment 2.2 Increased commitment from state and non-state actors, including the private sector, for a diversified on health financing	2.1.1 Recruit advocacy/campaign leaders among parliamentarians and mobilize stakeholders 2.2.1 Organize discussion forums to build strategic partnerships with the private sector 2.2.1 Advocate for tax rebate for private sector organizations 2.2.2 Advocate for national incentives to state and private companies for contributions to the national health budget 2.2.3 Advocate for increased national spending on HIV, EMTCT, and SRH
3. Ensuring Universal access for all	3.1 Increased access to health information, support and treatment services for all	3.1.1 Support national and regional dialogue on promoting local manufacturing and trade harmonization for drugs 3.1.2 Engage relevant partners in dialogue on incentives for trade harmonization and local manufacturing with stakeholders, including relevant ministries, PLHIV, private sector and others 3.1.3 Advocate for the AU Pharmaceutical Manufacturing Plan for Africa



4. Eliminate Stigma and Discrimination	<p>4.1 Discriminatory laws that act as barriers for accessing health information, support, and treatment services are highlighted</p> <p>4.2 Health guidelines to include nutrition as an integral part of a comprehensive response to HIV and AIDS developed and implemented</p>	<p>4.1.1 Dialogue with relevant key populations on the laws and procedures that are discouraging/ creating barriers for accessing treatment and support services: This will include: women and girls affected by violence, PLWHIV, sex workers</p> <p>4.2.1 Mobilize relevant ministries to include nutrition in the response to HIV and AIDS</p>
5. Increased community participation and ownership of HIV and AIDS programs	<p>5.1 Informed, motivated, and empowered community members</p> <p>5.2 well informed media becomes a strategic partner in mass campaign</p>	<p>5.1.1 mobilize key opinion and religious leaders and community elders to build consensus on critical issues that needs their intervention</p> <p>5.1.2 Support mentor male champions to advocate for male involvement in HIV&AIDS programmes</p> <p>5.1.3 Support community awareness programs targeting the youth</p> <p>5.1.4 Support diversified schemes including micro financing opportunities to empower women infected and affected by HIV and in vulnerable situation</p> <p>5.1.5 Support communication campaigns the 3 Zeros, EMTCT, Know your status</p> <p>5.1.6 Advocate for stronger community based support for AIDS orphans</p> <p>5.1.7 Ensure the Inclusion of HIV programmes in community festivities</p> <p>5.2.1 Support strong dialogue with key media practitioners on HIV&AIDS issues and reportage, and engage in media briefing sessions</p>

Goal 2: Contribute to the National Effort in Reducing Maternal, Neonatal and Child Mortality

Specific objective	Outputs	Activities
1. Support the review and the adoption of fee waiver policy/ procedures for maternal health services and hospital stays	<p>1.1 Greater public support for maternal health services and hospital stays fee waiver generated and Government acceptance of fee waiver policy</p> <p>1.2 members of parliaments acknowledged the issue</p> <p>1.3 the issue received high media coverage</p>	<p>1.1.1 Support the assessment on the implications of fee waiver in increasing access to maternal health services</p> <p>1.2.1 Organize a forum for members of parliament to reach consensus on key findings of the assessment</p> <p>1.2.2 Prepare monthly articles in the national dailies on the findings of the assessment</p> <p>1.3.1 Carry out press conference to release key findings of the assessment</p>
2. Promote the development / implementation of Maternal Newborn and Child Health (MNCH) Roadmap including budget to intensify health care services	<p>2.1 The Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality in Africa (CARMMA)Launched and implemented</p> <p>2.2 increased commitment among political decision makers to strengthen and intensify MNCH services makers</p>	<p>2.1.1 Reconcile all countries who have already launched CARMMA and evaluate the implementation of the campaign</p> <p>2.1.2 Compile and share implemented activities to relevant partners</p> <p>2.2.1 Prepare and disseminate policy briefs on the state of MNCH</p> <p>2.2.2 Lobby governments to increase access to quality, integrated services for mothers and children</p>
3. Establishing/ maintaining partnerships and networking to mobilize additional resources for MNCH programs	<p>3.1 Potential donor expressed commitment through official communiqué</p>	<p>3.1.1 Prepare/disseminate situation analysis report on the status of MNCH in the region/country</p> <p>3.1.2 Organize participants in donors round table meetings for fund raising</p> <p>3.1.3 Participate and deliver key messages in various regional and international forums</p>



4. To Promote laws/legislations on the ban of Harmful Traditional Practices (HTPs) such as FGM and Child marriages and intensify their enforcement. Mobilizing and empowering communities regarding these practices	<p>4.1 Members of parliament, academia and other prominent personalities supported the need to amend existing laws/legislations</p> <p>4.2 Police officers and the Judiciary committed to enact the laws intensively</p> <p>4.3 Community members banned practicing FGM and child marriages</p>	<p>4.1.1 Review and identify existing gaps in laws/legislations with regard to FGM and Child marriages</p> <p>4.1.2 Reach a consensus within members of parliament, university students and other support groups on main topics which needs to be amended</p> <p>4.2.1 Inform and educate the judiciary and policy staffs about their indispensable role in protecting and safeguarding the rights of children, girls and women</p> <p>4.3.1 Mobilize religious and opinion leaders, the elderly including youth to ban HTPs</p> <p>4.3.2 Inform and educate traditional practitioners about the consequences for not abiding by the constitution</p> <p>4.3.3 Recruit and mentor men champions to support the banning of HTPs (FGM & Child marriage) and to support girl-child education.</p>
5. Promote Family Planning (FP) and include nutrition in the health education as well as school curricula targeting pregnant and lactating mothers and their children	<p>5.1 Nutrition is included in the health education guidelines and school curricula</p> <p>5.2 Community members acknowledged the benefit of FP</p> <p>5.3 Community members motivated to support pregnant women seeking and receiving health care</p> <p>5.4 Community members aware of the importance of balanced and adequate diet for the health and survival of mothers and their children</p>	<p>5.1.1 Support national efforts to build consensus on critical legislation that need amendment among members of parliament, academia and other stakeholders</p> <p>5.2.1 Promote the benefits of FP in reducing untimely deaths of mothers and children</p> <p>5.3.1 Rally information about the benefit of FP, the positive outcome of supporting women to seek health care during pregnancy, children and after birth using community social structures and networks</p> <p>5.4.1 Organize rally and meetings to inform and educate community members about the benefit of balanced and adequate diet for babies under two years of age and pregnant and lactating mothers</p>
Goal 3: Contribute to the national effort in reducing Cervical Cancer		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Support the effort of creating a supportive policy environment for the prevention, early diagnosis and treatment for cervical cancer	<p>1.1 Members of parliament advocated and lobbied for cervical cancer national policy</p> <p>1.2 Ministry of Health (MOH) acknowledged the need for policies and strategies in addressing cervical cancer</p>	<p>1.1.1 Prepare/disseminate report on the situation of cervical cancer at national level including policy options (targeting MOH and Members of the parliament)</p> <p>1.1.2 Lobby for the review/update of curricula to integrate early diagnosis of cervical cancer using visual screening</p> <p>1.1.3 Lobby for the formulation of policies, strategies and programs to prevent and treat cervical cancer</p> <p>1.1.4 Identify key players/support groups and organize press release</p>
2. Increasing resources for cervical cancer prevention and supporting institutions working in the fields of cancer prevention and treatment	<p>2.1 Donors pledged to support cervical cancer prevention program</p> <p>2.2 Establishment of centres of excellence for cancer prevention and treatment</p>	<p>2.1.1 Identify donor groups and individual philanthropists</p> <p>2.1.2 Design/implement advocacy action targeting donors group</p> <p>2.1.3 Engaging donor groups to solicit their commitment and contribution</p> <p>2.2.1 Advocate for the establishment and financial support of centres of excellence for cancer prevention and treatment</p>
3. Increasing awareness about the prevention, early diagnosis and treatment options about cervical cancer	<p>2.1 Greater public awareness created about the prevention, early diagnosis and treatment option of cervical cancer</p> <p>2.2 Social networks advocates for cervical cancer</p>	<p>3.1.1 Organize campaigns to create public awareness of cervical cancer</p> <p>3.1.2 Organize women's support groups to improve health seeking behavior</p> <p>3.2.1 Create social platforms for education, information sharing, and interaction</p>



Goal 4: Enhance organizational Visibility, organizational learning and stakeholders commitment

SPECIFIC OBJECTIVE	OUTPUT	ACTIVITIES
1. Ensuring organizational effectiveness and efficiency	1.1 Functional strategies for effective and efficient communications adopted and implemented 1.2 Operational research (OR) tools developed and implemented 1.3 Organizational learning enhanced	1.1.1 Assemble a communication team to develop/implement effective and efficient communication strategies to enhance coordination and networking among members 1.2.1 Assemble a team to develop operational research tools 1.2.2 Undertake operational researches (OR) in collaboration with the OAFLA chapters 1.3.1 Document, analyze and share lessons learned and good practices 1.3.2 Explore document and disseminate new and innovative approaches in problem solving and advanced technologies in addressing HIV&AIDS and MNCH issues in Africa 1.3.3 Establish effective networking in order to share experience among members 1.3.4 Maintain effective M&E reporting system among members and Secretariat 1.3.5 Conduct training, seminars experience sharing and study tours for members 1.3.6 Establish peer – review mechanism
2. Strengthening stakeholders commitment	2.1 Enhanced information flow between OAFLA Chapters and its secretariat as well as among members 2.2 Increased partnership and solidarity among members 2.3 Increased commitments by partners (Governments, donors and community members) to support OAFLA Chapters and its secretariat undertakings 2.4 OAFLA Chapter persuaded to play active role 2.5 Audited financial reports delivered to all stakeholders on time	2.1.1 Organize/conduct meetings to build consensus on priority issues, challenges and programs/interventions in realizing OAFLAs objectives 2.1.2 Disseminate information about OAFLA chapters and its secretariat functions (roles and responsibilities) as well as areas that need strategic partnerships 2.2.1 Facilitate and maintain functional peer support program and strategies 2.3.1 Use media outlets such as community radios, local news papers and other electronic media to support OAFLA chapters 2.3.2 Organize social events for potential partners 2.4.1 Introduce creative/innovative approaches to persuade OAFLA Chapters to play active role 2.5.1 prepare and disseminate audit reports on financial accounts
3. Increasing organizational visibility	3.1 OAFLA Chapters and its secretariat frequently invited to international, regional and national policy/program reviews or consensus building meetings 3.2 joint programs/events organised	3.1.1 Organise/conduct various forums, press conferences at national level 3.1.2 Prepare/disseminate quarterly newsletters, annual reports 3.1.3 Deliver speeches in international regional forums by the first ladies 3.1.4 Organize and carry out talks presentations on various topics related to HIV/AIDS/MNCH, Gender, and youth 3.1.4 Prepare OAFLA profile to be distributed in all avenues 3.1.5 Update OAFLA website regularly 3.1.6 Maximize use of social media 3.2.1 Organize event or tele-conference where FLs share their collective success and challenges



Goal 5: Ensure program and financial sustainability		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
1. Institutionalize various systems/structure(s) for programs management, monitoring and evaluation	1.1.1 Organizational structures/systems in place in ensuring accountability 1.1.2 Functional system for reporting, record keeping monitoring and evaluation institutionalized 1.1.3 Leadership technical and managerial competences of the leadership, technical advisors and staff members of OAFLA enhanced	1.1.1 Review/update the organizational structure of OAFLA chapters and its secretariat 1.1.2 Prepare reviews/update job description and staff evaluation protocols 1.1.3 Develop/institutionalize various systems for regular reporting, record keeping, monitoring and evaluation of programs 1.1.4 Adopt a standardized accounting procedures or financial management control and reporting including administration manuals 1.1.5 Undertake regular staff meeting to follow up on going projects and record the minutes of each meeting 1.1.6 Organize various training, seminars and workshops to enhance the leadership and technical competency of Africa First Ladies and their technical advisors and staff members of the secretariat
2. Ensure leadership, technical and managerial competencies of OAFLA Chapters and Secretariat	2.1 Secured budget form nation account 2.2 The house of the secretariat gets ownership license 2.3 Major OAFLA Document updated	2.1.1 Prepare /submit a document with compelling reasons to the house of people representative (parliaments) to secure their support 2.2.1 Secure entitlement for the secretariat house in AA 2.3.1 Review OAFLA constitution ,rules of procedure, framework of action, HR and financial manuals
3. Increase and diversify the resource-basis of OAFLA Chapters and its secretariat	3.1 Expanded resource bases	3.1.1 Prepare / implement national fund raising strategies 3.1.2 Organize donors round table meeting 3.1.3 Prepare/submit various proposal's to donors



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA

Annexes

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