



Organisation of African First Ladies
Against HIV/AIDS
OAFLA



ADOLESCENTS AND YOUTH-FRIENDLY HEALTH SERVICES

HARNESSING THE DEMOGRAPHIC DIVIDEND
THROUGH INVESTMENT IN YOUTH

6th Edition



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TABLE OF CONTENTS

1	Harnessing The Demographic Dividend Through Investement in Youth	30
2	Profile of the First Ladies	36
3	HIV Prevention, Treatment, Care and Support	50
4	Maternal and Child Health	68
5	Cervical and Breast Cancer	88
6	Partnerships	98
7	Strategic Plan (2014-2018)	110
8	Directory	118



Preface



H.E. Dr. Gertrude Mutharika
First Lady of the Republic of Malawi
President of OAFLA

The Organisation of African First Ladies against HIV/AIDS (OAFLA) celebrates its fifteen years' anniversary this year which makes the launching of the sixth edition of the OAFLA annual publication special. For fifteen years OAFLA has evolved and made a lot of progress in terms of its growth and reach.

Congratulations to all my sisters, African First Ladies, for your commitment to our journey together to make a difference in the lives of the most vulnerable of our continent.

Inspired by the AU theme of the year, this publication particularly features content that is in line with OAFLA 2017 theme which reads *"Building on 15 years of engagement to harness the demographic dividend of Africa through promoting the needs of adolescents and their access to youth-friendly health services"*.

African First Ladies are committed to contributing to harnessing the demographic dividend of Africa through advocacy for issues such as adolescents and youth access to friendly health services.

Our attention in the fight against HIV/AIDS should also be directed towards adolescents as they are now the most vulnerable and numerous in Africa. This fight against HIV/AIDS is not over since the number of infections is still on a rise among the young people of our continent. This publication highlights projects implemented by members of OAFLA in this regard.

Guided by the OAFLA strategic plan 2014-2018, OAFLA members have not ceased to voice the health concerns of women and children. In the diverse projects that African First Ladies run in their respective countries, they attend to these needs. They use regional and global forums to advocate for women and children's improved access to health care.

Our work in OAFLA would have not been a success without the continuous support of our partners



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



particularly, AUC, UNAIDS, UNFPA, IPPF WHO, the Global Fund to fight Malaria, TB and AIDS, GAVI the Vaccine Alliance and EGPAF to name a few.

We are also appreciative of the funds that OAFLA members received from China Africa Business Council and Alere Inc during the past year to run programmes in our respective countries.

The technical and financial support of our partners has made OAFLA take steps towards its vision. This publication has set a section aside to solely describe OAFLA's joint activities with its partners.

The journey is yet to continue, and African First Ladies remain committed more than ever to use their voices for the sole purpose of giving a voice to the voiceless in our respective countries.

Congratulations once again for fifteen years of solidarity and success!

Affumakara



Message



H.E. Moussa Faki Mahamat
*Chairperson of the African Union
Commission*

It is with great pleasure that I pen my first message to the readers of this edition of the Organisation of African First Ladies (OAFLA) Magazine and more importantly on its 15th anniversary year. The issues that OAFLA is addressing are fully in sync with the annual theme of the African Union (AU) for 2017, "Harnessing the Demographic Dividend through investment in Youth". Great contributions and major successes have been recorded in the 15 years of existence of OAFLA, across various areas of its mandate, programmes and activities.

In responding to the AIDS epidemic, significant gains have been made. Africa has met its AIDS targets set for 2015 ahead of time. This was due to high level political commitment, scientific breakthroughs and unprecedented partnerships never seen before in the history of global health. The AU Commission and OAFLA have been collaborating to ensure that AIDS and other issues related to maternal, neonatal and child health in Africa remain high at the forefront of regional and global arenas.

Though we celebrate the recorded success, we still have to grapple with continued threats to the progress that we have made in Africa. AIDS-related deaths are still very high, new HIV infections are not declining fast enough, the disease is having a disproportionate impact on young people, women and girls, stigma and discrimination still persists, health systems remain weak and resources are not adequate.

For Agenda 2063, Africa's bold vision for social transformation to be realised, children in Africa need to be born HIV-free, stay free and remain aids free. As successfully done in the past, where the AUC and OAFLA had collaborated in campaigns such as the Campaign to End Child Marriage in Africa and the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), this year we are collaborating on the implementation of the AU roadmap to harness the Demographic Dividend through investment in youth.



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



When I assumed office this year I made it clear that Agenda 2063 requires more action than talk. In my inaugural message, I pledged to raise the level of women and young people, and place them in their rightful place in the promotion of peace, development and the African Renaissance. Let us all bring all the health services that are required for mothers and children together. We can bring services closer home, keep mothers and children in care and close the paediatric HIV treatment and care gap.

Furthermore adolescent girls are disproportionately affected by HIV and have limited access to services that they need to prevent new HIV infections. We applaud OAFLA for making their 2017 theme evolve around adolescents and their access to youth friendly services, since this is critical to harnessing the demographic dividend.

The potential of our young people on the continent to steer socio-economic transformation depends on whether they are health and well nourished. It is empirical that we strengthen our collaboration with OAFLA to showcase the effectiveness of such partnership in bringing about tangible changes at grass root level.

On behalf of the AU Commission, I congratulate OAFLA for its fifteen years' anniversary and look forward to stronger collaboration in the future.



Message



Prof. Babatunde Osotimehin

*Executive Director of UNFPA
and long-time ally of OAFLA,
message received a month before
his passing.*

On behalf of the United Nations Population Fund, UNFPA, I would like to congratulate the Organisation of African First Ladies against AIDS (OAFLA) on 15 years of vibrant, effective and committed advocacy.

OAFLA has helped ensure that sexual and reproductive health and rights and other issues concerning Africa's women, adolescents and youth remain high on the agenda of Africa's leaders. Through their work within their respective countries and their continued mobilization at the sub-regional, continental and global levels, African First Ladies have demonstrated their firm conviction that only by taking adequate care of today's young people will we make true strides towards sustainable, inclusive development and the "Africa We Want".

It is therefore no surprise that their theme for this year is "Building on 15 years of engagement to harness the demographic dividend through promoting the needs of adolescents and their access to youth-friendly services". It is clear that Africa's forward march towards sustainable development must put young people, who represent 60 per cent of Africa's population, at its heart.

Whilst young people face many challenges with regards to their access to sexual and reproductive health services, adolescents have an even greater challenge in this regard. For example, adolescent childbearing, which has significant health and social consequences, is higher in Africa, at 98 births per 1000 adolescent girls aged 15-19, than in any other region in the world (World Population Prospects, 2015 Revision). Adolescents, particularly the youngest adolescents aged 10-14, continue to face a dichotomy: they are often thought of as too young to access youth-friendly health services and comprehensive education on their sexual and reproductive health, and yet many of them are subjected to child marriage. Although a lot of progress has been made over the last few years, there is still an unacceptable prevalence of female genital mutilation across many countries, a reflection of persistent gender inequality and lack of empowerment for women and girls.



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Africa's Agenda 2063 rightly identifies harnessing the demographic dividend as a crucial opportunity to attain the Africa we want. The extent to which Africa invests in adolescents and youth will be an important determinant of how well the continent meets its development objectives.

Fortunately, there is strong evidence that investments in women, youth and adolescents pay off. We know that investments in the health, education and empowerment of Africa's young adolescents can yield a demographic dividend that will not only benefit them, but can also lead to inclusive, equitable and strong economic growth.

According to recent research by The Lancet, improving the physical, mental and sexual health of adolescents can yield more than a ten-fold return in terms of benefits to society. This is why it is important that the African Union is working in 2017 and beyond on "Harnessing the Demographic Dividend through Investments in Youth" to alter the development trajectory of the continent and help achieve our development objectives. We count on OAFLA to support, as they have already begun to do, the implementation of the AU Roadmap that will guide Member States and Regional Economic Communities on the key steps needed to harness this demographic dividend.

UNFPA is proud to be a partner of OAFLA and remains committed to working together to mobilize greater investments in youth, prioritizing the needs of all adolescents as a way to ensure that the demographic dividend becomes a reality for Africa.



Message



Michel Sidibé

Executive Director of UNAIDS

In 2001, when the First Ladies on the continent came together to form the Organisation of African First Ladies against HIV/AIDS (OAFLA), the prospect of an AIDS-free generation seemed impossible. Since then, the First Ladies have been at the forefront of the global movement to eliminate new HIV infections among children. Their efforts are paying off.

Today, tremendous progress has been made in prevention of mother to child transmission of HIV. The majority of pregnant women on the continent needing HIV services have access. In Eastern and Southern Africa, for example, 90% of pregnant women living with HIV are accessing antiretroviral therapy for themselves and stopping new HIV among children. Compared to 2010, annual HIV infections among children have declined by 60% in the 21 high-burden African countries prioritized under the *Global Plan*¹. Approximately 1.2 million new HIV infections among children have been averted, and over 2 million more pregnant women are receiving lifesaving antiretroviral therapy. Today, the goal of an AIDS-free generation, as a bold step towards Ending AIDS as a public health threat, is within reach.

We owe the success to women living with HIV and civil society organisations that campaigned and literally fought for access to drugs and services, government leaders who embraced the challenge and provided unwavering national leadership, healthcare providers who worked tirelessly patient by patient, and technical agencies and donors who buttressed the efforts. It is in this context that we are deeply grateful for, and profoundly humbled by, the contributions made by African First Ladies who decided to leverage their extraordinary visibility, great influence, and pronounced advocacy, against AIDS, particularly in eliminating AIDS amongst children while keeping the mothers alive. Bravo to OAFLA!

¹ Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Ending AIDS in children is far from over. Each year, more than 150,000 children are newly infected with HIV worldwide. Treatment coverage among children lags far behind that of adults. Without immediate access to treatment most children born with HIV will die within their first two years of their life. That is why we need to implement the 'Super Fast Track' strategy for children and the Start Free Stay Free AIDS Free platform for supporting children right from birth to adulthood to live free of HIV and for children living with HIV to access timely and early treatment.



Message



Tewodros Melesse
Director General of IPPF

The International Planned Parenthood Federation (IPPF) is privileged to be a strategic partner of the Organisation of African First Ladies Against HIV/AIDS (OAFLA). This partnership aims, among others, to steer women's access to sexual and reproductive health and rights services on the African continent, taking into account the Sustainable Development Goals, 3- Ensuring healthy lives and promoting well-being for all and 5- Promoting gender equality and the empowerment of women and girls. It is in the realm of this that I want to focus this message on.

Attaining equality between women and men, and eliminating all forms of discrimination against women are fundamental to the achievement of Agenda 2030. Not only is gender equality a vital end in itself, it also holds transformative potential for sustainable development. Gender equality and the empowerment of girls and women will not be possible without the realization of sexual and reproductive health and rights (SRHR). Henceforth, for women and girls to lead healthy lives, and to be free to participate in social, economic and political life, their rights to decide freely when if and who to marry, and the number and space of their children, they need universal access to quality services, information and education, and conditions, that allow them to realize their sexual and reproductive rights.

Realising Goals 3 & 5, requires a great deal of accountability and self- introspection on our diverse roles in attaining these goals. As for us, we recommit to continue to be a diverse, united, and highly performing Federation that takes accountability seriously. The accountability narrative needs to be deeper than self-examination.

Delivering on this premise, it is imperative that as partners we hold ourselves accountable to those we serve. Unless we can clearly communicate to those who are outside of the world of sexual and reproductive health and rights (SRHR) not only what we can do but the value and contribution we can make, it will be an impossible



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



duty to solicit the political support we require to continue rendering our much needed services. It is this sentiment that we need to embrace as partners.

Working jointly with OAFLA and our wider network of Member Associations in Africa, we shall continue to advocate for national fulfilment of the agenda for sustainable development (especially Goal 3 & 5) in all the 54 countries where we have presence.

Sincere greetings!



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Message



Dr. Mark Dybul

Executive Director of the Global Fund

In the last two decades, we have witnessed momentous gains against HIV in Africa. More than 12 million people on the continent have access to life-saving HIV treatment. That number is up from just about 50,000 in 2003. Fewer people are dying of AIDS-related illnesses; fewer babies are born with HIV. Overall, the number of HIV infections has also declined. Efforts by governments, groups like the Organisation of African First Ladies against HIV/AIDS (OAFLA), and many other sectors of society have helped us force HIV into retreat.

Yet challenges persist. Too many people are still getting infected with the virus. In 2015, there were 2.1 million new HIV infections globally. About 1.4 million of those happened in Africa, most of them among women. The highest spike in infections is evident among adolescent girls and young women, with 7,000 women aged 15-24 infected with the virus every week.

That rise in HIV infections coupled with rapid population growth in Africa's young population present us with a real possibility that instead of reaping demographic dividends from the youth bulge, we could end up with a demographic disaster. According to the United Nations, there were 226 million youth aged 15-24 on the continent in 2015. That number will hit 320 million by 2030. A mix of such rapid population growth and high HIV infection rates can be catastrophic.

To avoid such a scenario, we must invest vigorously in stopping the rise of HIV infections among adolescent girls and young women. The First Ladies of Africa have taken on this challenge. As mothers of the continent, they occupy a special space from which they can continue to push hard the agenda. Their work will be critical in harnessing the demographic dividend by empowering adolescent girls and young women on the continent.

To end this fast-growing epidemic among women and girls, we have to confront structures that propagate social inequalities and disempower women. We have to fight



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



forced marriages, female genital mutilation and all forms of gender violence. We have to protect and promote the rights of adolescent girls young women. We have to put them through school, allowing them to build sufficient skills to navigate life's challenges and opportunities. Such approaches can empower adolescent girls to be equal members of society, protect them from HIV, and allow Africa to reap real demographic benefits from this population. The First Ladies of Africa can get us there.



Message



Dr. Matshidiso Moeti
WHO Regional Director for Africa

The African Region currently has about 196.5 million adolescents. It is the only region in the world where the number of adolescents is predicted to increase over the next two decades, from 18% of the population in 2012, to 28% by 2040. All other regions will see declines. The benefits of a demographic dividend can be enormous, but gains are neither automatic nor guaranteed.

Harnessing the demographic dividend in African countries requires prioritizing human capital development, especially health and education systems, and policies which reduce fertility rates¹. Asian economies, for example, have begun to grow as a result of a significant decline in fertility. Research shows that every dollar that a government invests in family planning, up to US\$ 6 can be saved for other development and health-related needs².

The African Region has seen tremendous progress in the last 15 years. The Millennium Development Goals saw a near halving of maternal and child mortality, but more remains to be done to end preventable mortality and morbidity by 2030. Contraceptive prevalence is still low, averaging 28%, with unmet needs³ of about 24% including adolescent girls.⁴

The growing number of adolescents is associated with high morbidity and mortality rates. Yet most of these deaths - from HIV/AIDS, birth complications of adolescents³ (80-210 per 1000), unsafe abortion³ (26 per 1000), violence and injuries - are preventable and treatable.

¹ Vimal Thakoor and John Wakeman-Linn, 2016, "Surf the Demographic Wave," Finance and Development. (Washington: International Monetary Fund).

² Achieving the MDGs: the contribution of fulfilling the unmet need for Family Planning. USAID, 2006

³ Source: Atlas WHO, 2016

⁴ United Nations, The Millennium Development Goals Report 2013. United Nations, New York Pg 24-34, 2013



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Ending all preventable deaths within a generation requires active engagement on controversial topics related to adolescent's health such as HIV infection, comprehensive sexuality education, child marriage, family planning, violence and mental health. I have chosen Adolescent Health, a priority of the WHO-OAFLA partnership, as a flagship programme for WHO to monitor development progress. I urge First Ladies and stakeholders to join Member States in developing and implementing high impact adolescent health programmes across the region.

Adolescent friendly health services in resilient and strengthened health systems are key to improving adolescent health and their transition to adulthood. Every adolescent has a right to health. This is intrinsically linked to bringing about the transformation needed to shape a more prosperous and sustainable future for all.



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Message



Prof. Dr. Frank Stangenberg-Haverkamp

*Chairman of Executive Board and
Family Board of E. Merck KG*

In the vision of the Africa's agenda 2063, the Africa we want is a Prosperous, Powerful, Peaceful, Integrated, Intellectual and Inclusive Africa.

It is crucial to have a real economic transformation with a social dimension that will ensure not only all basic needs but quality of life for all Africans. One of the main drivers of this is the empowerment of women and youth.

The size and complexity of the task is so large that no single organisation can manage this on its own, so the integration of effort is necessary to achieve the progress that Africa deserves. The private sector has in that respect an important role to play as a partner of governments, academia and communities; it is time to take action now!

The Organisation of African First Ladies Against HIV/AIDS (OAFLA) has been a consistent strong voice for the empowerment of women, children and young people, and especially for their sexual and reproductive health and rights. This is the more important at a time when the challenges they face, although very well known, are taken up by so few.

Through OAFLA's 2016 campaign of "Advancing sustainable partnerships to end pediatric AIDS and improve adolescent sexual and reproductive health and rights", it is evident that our First Ladies strongly supports the importance of securing Africa's future by focusing today on improving the health and wellbeing of children and young people in the future.

Merck, a leading science and technology company is looking forward to a long term partnership with OAFLA to build health capacity in order to improve access to healthcare solutions and advance people's lives through science and technology. We strongly believe that together we can make a significant contribution towards the Sustainable Development Goals.



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Our company's contribution to the social and economic development of African countries, we have focused on building capacity for Africa's youth and future healthcare providers and researchers with the aim to establish different platforms of health experts with special focus on cancer, women health, diabetes, hypertension, infertility and scientific research.

Through the "Merck STEM Program", we will continue to empower young African scientists to raise the level of scientific research in Africa and encourage in particular young women scientists to pursue their dreams, work for improving access to health solutions and make a difference to their respective countries and the African continent. Merck will focus on empowering women and girls in the fields of science and technology where they are currently underrepresented.

Furthermore, Merck has started an important campaign to break the stigma around infertile women and support their reproductive rights. As we all know in some cultures, childless women suffer discrimination, stigma and ostracism. An inability to become pregnant can result in being greatly isolated, disinherited or even assaulted. This very often results in divorce or physical and psychological violence. Therefore, we started our "Merck More than a Mother" campaign to empower infertile women in Africa through access to information, awareness, health, economic means and change of mind set.

Merck's long term commitment to Africa and to the empowerment of youth and women will remain strong and consistent as it was throughout generations.



OAFLA Secretariat

Sonia Ndimbira

Executive Secretary
sonia@oafla.org

Nardos Berhanu

Communication Officer
nardos@oafla.org

Hanna Mekonnen

Programme Officer
hanna@oafla.org

Azeb Hailu

Finance & Administration Assistant
azeb@oafla.org

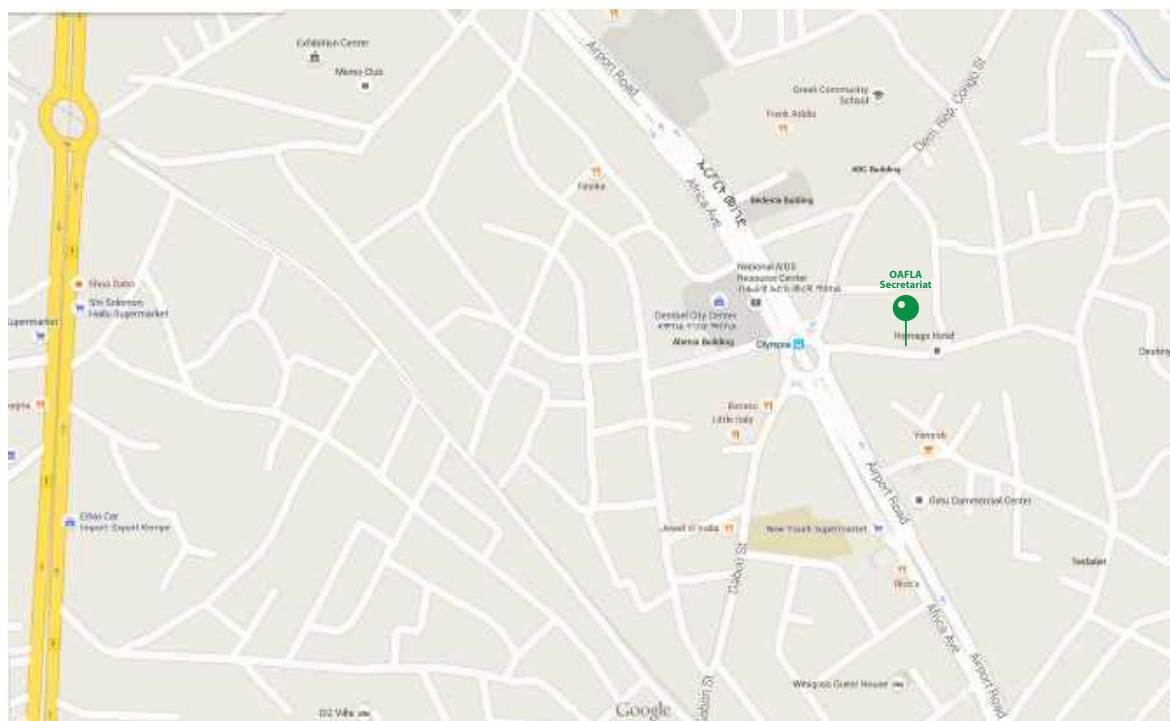
Seifemichael Shewangzaw

Finance Officer
seifemichael@oafla.org





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Organisation of African First Ladies Against HIV/AIDS (OAFLA) Secretariat

Tel. +251 118 962 998

+251 115 508 069

P.O. Box: 21291 Addis Ababa, Ethiopia

E-mail: info@oafla.org

Web site: www.oafla.org

Facebook: www.facebook.com/oafla

Twitter: @oafla



Background

OAFLA's Beginning

The Organisation of African First Ladies against HIV/AIDS (OAFLA) was founded in 2002, in a meeting facilitated by UNAIDS with 37 African First Ladies in Geneva, Switzerland. OAFLA was established with the objective to be a united voice for Africa's most susceptible citizens – women and children living with and affected by HIV/AIDS.

Along the years, OAFLA has evolved to become an institution that is able to offer a continent-wide leadership in terms of advocacy in the areas of HIV and a broad range of maternal and child health intervention.

Vision, Mission and Goals

OAFLA thrives to facilitate African First Ladies campaigns 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. The organisation is guided by its vision of "An Africa free from HIV and AIDS, maternal and child mortality where women and children are empowered to enjoy equal opportunities"

OAFLA's strategic plan evidently shows that the organisation has expanded its mandate from tackling HIV only to other areas of focus. In the 2014-2018 strategic plan OAFLA members have pledged to focus on the following targets: (The strategic plan summary is included in this directory)

- 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.

OAFLA members have been executing projects in the areas of HIV, maternal and child health and cervical and breast cancer as it is clearly illustrated in this publication. Through the different communiqué that OAFLA members endorsed and their achievements which are featured in the following chapters, clearly shows their commitment to these causes.



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Structure

The highest decision-making body of the organisation is the OAFLA General Assembly (GA) which meets twice a year in the margins of the Africa Union Heads of States and Government Summit. The five regions of the continent are represented to form The Steering Committee (SC), which comprises two members from each region and serves for a two year term. The SC's mandate is to coordinate and organize the activities carried out in their respective region. The current SC mandate dates are 2015-June 2017.

- Northern Africa: Algeria
- Eastern Africa: Kenya and Ethiopia
- Western Africa: Ghana and Niger
- Central Africa: Chad and Congo
- Southern Africa: Zambia and Malawi

The OAFLA Secretariat has been based in Addis Ababa since 2012, Ethiopia has been functioning as a liaison and coordination office with the Africa Union and its Commission, UN agencies and other partners. The OAFLA Secretariat reports to the Steering Committee and coordinates all OAFLA General Assembly meetings, side events in the margin of other Heads of States meetings including United Nations General Assembly, Forum on China-Africa Cooperations and others. The Secretariat also liaises between OAFLA member states and donor partners regarding all grant agreements.



2002 - 2017 OAFLA PRESIDENTS

(2002-2004)

H.E. Madam Edith Lucie Bongo

First Lady of the Republic of Gabon

(2004-2006)

H.E. Madam Jeannette Kagame

First Lady of the Republic of Rwanda

(2006-2008)

H.E. Madam Maureen Mwanawasa

First Lady of the Republic of Zambia

(2008-2011)

H.E. Madam Azeb Mesfin

First Lady of the Federal Democratic
Republic of Ethiopia

(2011-2013)

H.E. Madam Penehupifo Pohamba

First Lady of the Republic of Namibia

(2013-2015)

H.E. Madam Hinda Deby Itno

First Lady of the Republic of Chad

(2015-Jan 2017)

H.E. Dr. Nana Lordina Dramani Mahama

First Lady of the Republic of Ghana

(Jan 2017)

H.E. Dr. Gertrude Mutharika

First Lady of the Republic of Malawi



OAFLA Milestones

2002

37 African First Ladies Established OAFLA

2005

“Treat Every Child as your Own”
campaign was launched

2007

“Save the Unborn Child”
campaign was launched

2012

Establishment of OAFLA Permanent Secretariat

2014

“Action for Maternal, Neonatal and Child Health”
campaign was launched

2014

**Statutory meeting at the Global Level
(United Nations General Assembly)**

2015

“Ending Child Marriage”
campaign was launched

2015

“ALL IN to #EndAdolescentAIDS”
campaign was launched





CHAPTER 1

HARNESSING THE DEMOGRAPHIC DIVIDEND
THROUGH INVESTMENT IN YOUTH

CHAPTER 1:

2017: Harnessing The Demographic Dividend Through Investment in Youth



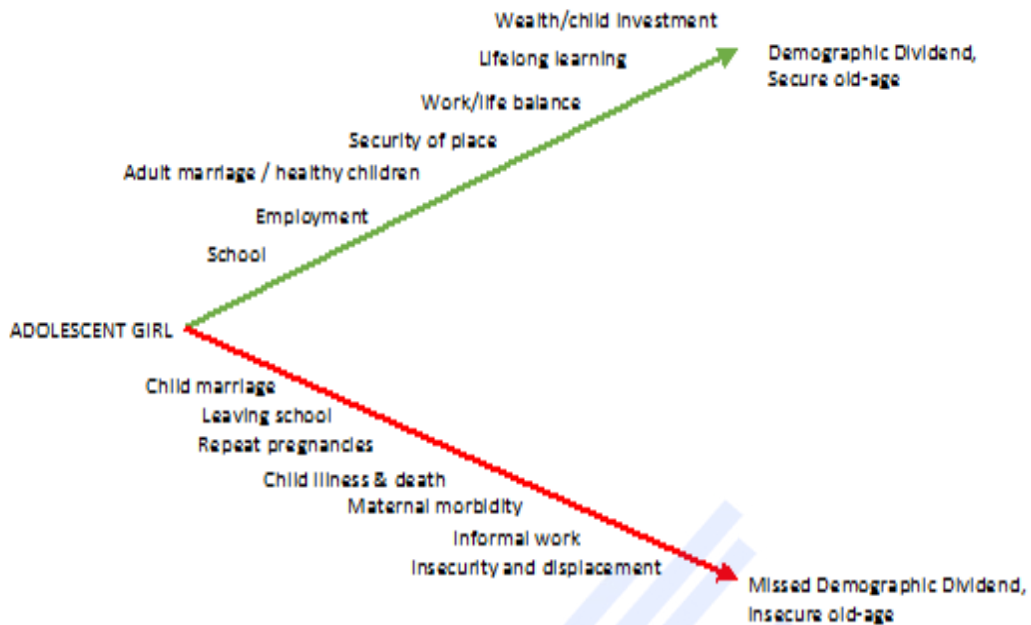
The African Union Heads of State and Government have devoted the year 2017 to “Harnessing the Demographic Dividend through Investments in Youth”. They also called for the development of a comprehensive roadmap with clear deliverables and milestones that would guide all African countries and Regional Economic Communities (RECs) on the key steps needed to harness this demographic dividend.

With about 60 percent of Africa’s population of 1.2 billion aged 24 years and below, it is important that strategic investments are made to ensure the health, education and rights of these young women and men, and adolescents, so that they can be the engine of sustainable development and economic growth to deliver “The Africa We Want”.

African Governments, with support from leaders in all sectors, will need to create an enabling environment in all countries that fosters job creation and entrepreneurship. This will be critical to ensuring that when Africa’s youth become a large working age-population, they will be in a strong position to spur the development of their countries.

This phenomenon, called the demographic dividend, is an opportunity for accelerated economic growth and development in a country, when changes in the structure of the population increases the number of the working age population in relation to the dependent population (children and senior people that need to be supported and cared for by the working age population).

Society without a demographic dividend	Society with a demographic dividend
<ul style="list-style-type: none"> Minimal investments in health, education, and rights of people, especially women and youth 	<ul style="list-style-type: none"> Substantial investments in health, education and rights of people, especially women and youth
<ul style="list-style-type: none"> High fertility and mortality rates (families have many children) Dependent population greater than the working population Low investments and savings 	<ul style="list-style-type: none"> High fertility and mortality rates (families have many children) Dependent population greater than the working population Low investments and savings



Pathway to achieving or missing demographic dividend through the life of adolescent girl.

Reaping the demographic dividend will not happen automatically. In determining the course of sustainable development in Africa, especially as relates to the attainment of the Africa's Agenda 2063 and the Sustainable Development Goals (SDGs), African leaders are committing to invest in their youth and calling on others to do so as well. In order to facilitate deliberate investments, concerted efforts of all stakeholders and consistency, the AU launched the AU Roadmap on Harnessing the Demographic Dividend through Investments in Youth, to ensure action in all countries in 2017 and beyond. The AU Roadmap makes a strong case on the central importance of population dynamics, including ensuring universal access to family planning towards Africa's economic transformation and harnessing the demographic dividend. It focuses on four strategic and interconnected pillars: (1) Employment and Entrepreneurship; (2) Education and Skills Development; (3) Health and Wellbeing; and (4) Rights, Governance and Youth Empowerment.

Harnessing the demographic dividend is not a choice that can be ignored. All African countries are working and must continue to work to ensure this is prioritized in national development planning and decision-making processes.

African First Ladies are committed to mobilizing key actors, from across all stakeholder groups, in their respective countries and at the continental level to ensure the much-needed actions are taken. These include supporting the launch of the AU theme of the year within countries; that studies – social, demographic and economic profiles – are conducted at country level that help decision-makers to take better informed decisions regarding the high-impact areas requiring investments, and mobilize partnerships and resources to ensure investments in Africa's youth and Africa's future.



Pillars of the AU Demographic Dividend Roadmap

<p>Health and Wellbeing <i>Health is Central to Reaping the Demographic Dividend</i></p>	<p>Health is the cornerstone of development. African countries need to be able to address the health needs of their population so that they can be fit to reap the demographic dividend. This requires improving access to healthcare, including access to voluntary family planning and sexual and reproductive health services to ensure people, especially young people, can contribute and benefit from education, skills development, rights, governance and empowerment opportunities.</p> <p>Key actions: Investments in youth friendly health services, access to family planning and revamping human resources for health, etc.</p>
<p>Education and Skills Development <i>Education and Skills Result in a Higher Dividend</i></p>	<p>People need to have good education and skills to be active and useful contributors to nation-building. Expanding inclusive access to the highest quality comprehensive education that empathizes life skills and relevant labour market needs is essential to harness the demographic dividend.</p> <p>Key actions: Among others, increased investments in science and technology, technical and vocational training and the need for a life-course approach to learning that includes topics such as comprehensive education on sexual and reproductive health.</p>
<p>Rights, Governance and Youth Empowerment <i>Empowered and Active Citizens Are Needed to Reap the Dividend</i></p>	<p>Empowerment comes from recognizing the rights of people, ensuring their active participation in decisions that affect them. It also means abolishing customs that have a discriminatory impact on the rights of young women, including child marriages and female genital cutting. Countries cannot reap the demographic dividend when rights are not recognized, protected and guaranteed.</p> <p>Key actions: This pillar emphasizes youth rights, participation in governance at all levels including continental level where it calls for an AU Special Envoy on Youth.</p>
<p>Employment and Entrepreneurship <i>Employment for All!</i></p>	<p>Young people form the majority of unemployed in most African countries. If the atmosphere for job creation, growth and entrepreneurship is not created, then the many healthy and well educated people may have no decent employment to ensure a good quality of life for themselves, their dependents and countries will fail to harness the demographic dividend.</p> <p>Key actions: Access to financial resources for youth businesses, expanded opportunities for internships and the need for youth development funds at national, sub-regional and continental levels, among others.</p>

Sourced from UNFPA





CHAPTER 2

PROFILE OF THE FIRST LADIES

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Profile of the First Ladies



H.E. Madam Claudine Talon

First Lady of the Republic of Benin

H.E. Madam Claudine Talon studied Economics and Computer Science in the University of Dakar. In 1987, she joined her husband in the business of packaging and agricultural inputs supply. In ten years of operation, their company became the major private investor and the largest private employer in Benin. They diversified their activity to include the food industry in Benin and in Africa. It materialized in the creation of a big industrial group, the flagship of the national economy.

Discretely involved in several social projects during these years, H.E. Madam Claudine Talon thought of creating a foundation since 2012. In 2016, she created the Claudine TALON Foundation that aims at improving the living conditions of women and children in difficult situation in Benin. To this end, the Foundation is implementing solutions to address health, hygiene and living conditions related problems contributing to insecurity of women and their children.



H.E. Madam Adjoavi Sika KABORE

First Lady of the Republic of Burkina Faso

After her graduation of Master's degree in private law in business from the university of Lome Togo in 1979, H.E Madam Adjoavi Sika KABORE continued her post-graduate study majoring Enterprise Administration in the University of Dijon France. After some work experiences with societies and institutions, she joined the chamber of Commerce and industry in Burkina Faso since 1985 and occupied different positions (Head of Team/ Unit, Director and special advisor).

Since 2006, she founded the association of support to preventive Health called KIMI include early diagnosis and prevention of breast and uterus cancers, elimination of trachoma, and reduction of malaria, diarrheas, schistosomiasis and care to sickle cell disease patients.



H.E. Madam Denise Nkurunziza

First Lady of the Republic of Burundi

H.E. Madam Denise Nkurunziza Born in Mwumba, in the Province of Ngozi, north of Burundi, she did her studies at ENEFA (Ecole Normale d'Economie Familiale) then at the university Espoir d'Afrique for training in Theology. She was ordained Rev Pastor in 2011.

She is married to H.E. Pierre Nkurunziza In 1994. She is a mother of 5 children and 12 adopted children in line with the campaign "treat every child as your own" of OAFLA.



H.E. Madam Brigitte Touadera

First Lady of the Republic of Central African Republic

H.E. Madam Brigitte Touadera worked in the field of auditing and advising in an international company, namely Price Waterhouse Coopers in the Central African Republic. Then she engaged in the field of reproductive health and affirmed her leadership as General Secretary of the "Alliance of the White Ribbon of Central Africa", a global coalition fighting for safe motherhood, supported by UNFPA. In this area, she worked in close collaboration with national, provincial and local authorities on their involvement in the fight against maternal and neonatal mortality, notably through the accelerated campaign to reduce maternal mortality. Moreover, she joined the Secours Catholique Caritas international in Angers France as a volunteer and created a Foundation called « Cri de Cœur d'une Mère ».



H.E. Madam Hinda Deby Itno

First Lady of the Republic of Chad

Member of OAFLA Steering Committee

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).



H.E. Madam Antoinette Tchibota Sassou-Nguesso

First Lady of the Republic of Congo

Member of OAFLA Steering Committee

H.E. Madam Antoinette Tchibota Sassou-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) and the President of the "Fondation Congo Assistance" (FCA).



H.E. Madam Dominique Ouattara

First Lady of the Republic of Côte d'Ivoire

H.E. Madam Dominique Ouattara, First Lady of the Republic of Côte d'Ivoire, had a distinguished career as head of a Company following a university degree in Goods Administration and a degree in Real Estate.

Mother of two children, Mrs. Dominique Ouattara has been involved for decades in humanitarian activities. She established in 1998 the Children of Africa Foundation, which works in 11 countries in Africa and particularly in Côte d'Ivoire.

- H.E. Madam Dominique Ouattara through her Foundation and her Cabinet work in several areas:
- Health with a focus on the elimination of mother to child transmission of HIV and the construction of a hospital dedicated to mothers and children.
- Education with the support to schooling of children through the distribution of school kits,
- Women empowerment with the Support to Women Fund of Côte d'Ivoire (FAFCI) that allows over 100,000 women to undertake Income Generating Activities.
- The fight against the worst forms of child labor in Côte d'Ivoire in all areas of economic life. This earned her the World Cocoa Foundation (WCF) Award.
- Social activities with several actions to the benefit of vulnerable populations.



H.E. Madam Roman Tesfaye

First Lady of the Federal Democratic Republic of Ethiopia

Member of OAFLA Steering Committee

H.E. Madam Roman Tesfaye is a professional career-woman and a civic activist. Following her post as a lecturer of Economics at Arbaminch University in Southern Ethiopia, she held various managerial and technical positions in different organisations including the United Nations Development Program, the Ethiopian Human Rights Commission, the Federal Ministry of Women Affairs, the Regional Bureau of Finance and Economic Development, the Regional Secretariat for the National Poverty Reduction Strategy Paper Preparation, as well as the Bureau of Plan and Economic Development. Her Excellency Roman Tesfaye also served as a member of the Southern Nations, Nationalities and Peoples Regional State Parliament for two terms.



H.E. Madam Sylvia Bongo Ondimba

First Lady of the Gabonese Republic

H.E. Madam 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, H.E. Madam 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.



H.E. Madam Rebecca Naa Okaikor Akufo-Addo

First Lady of the Republic of Ghana

Member of OAFLA Steering Committee

Her Excellency Rebecca Naa Okaikor Akufo-Addo is a passionate philanthropist with a keen interest for issues that impact women and children. She is a founding member and Chairperson of the charity organisation Infanta Malaria Prevention Foundation, which was established in 2005 to support national efforts to reduce malaria infections in infants and young children.

As First Lady, she has established The Rebecca Foundation, with a focus on improving the well-being of Ghanaian women and children, through the implementation of sustainable, collaborative and high impact social interventions.

She is the Premier Ambassador of Ghana for HIV Advocacy, Elimination of Mother to Child HIV Transmission and Keeping Mothers Alive as well as Empowerment of Young Women and Adolescent Girls in Ghana. She is committed to ensure that Africa is free from HIV and AIDS, maternal and child mortality.

She is a patron of Cancer Voices, a coalition of Non-Governmental Organisations, against all cancers and champions interventions to support childhood cancer survivors and their families. Mrs Akufo- Addo is a strong advocate for gender equity and the empowerment of women and adolescent girls.



H.E. Madam Constantia Mangué Obiang

First Lady of the Republic of Equatorial Guinea

H.E. Madam Constantia Mangué Nsue Okomo De Obiang has a BA from, 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



H.E. Madam Conde Djènè Kaba

First Lady of the Republic of Guinea

H.E. Madam. CONDE Djene holds a MA and a BA in Communication and Sociology. She has extensive experience while working in several organisations 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.



H.E. Madam Maria Rosa Teixeira

First Lady of the Republic of Guinea Bissau

The First Lady of Guinea Bissau, H.E. Madam Maria Rosa Teixeira Goudiaby Vaz is known for her humanitarian activities. She is committed to defending the interest of the disadvantaged. She has served as a flight attendant for over fifteen years before she took on the responsibility of caring and educate her three children full time.



H.E. Madam Margaret Kenyatta

First Lady of the Republic of Kenya

Member of OAFLA Steering Committee

H.E. Madam Margaret Kenyatta has a background in construction and architecture. She is actively involved in wildlife conservation and in 2013 launched the "Hands off Our Elephants" campaign to eliminate illegal ivory trade that has led to the slaughter of thousands of elephants in Africa. She is Committed to environmental conservation, Her Excellency started an initiative, known as the First Lady Tree Planting Awards Scheme, to recognize Kenyan schools that plant the highest number of trees in their institutions. Her Excellency is passionate about the welfare of women. She has also joined the fight against cervical cancer and is raising awareness about the stigma associated with the illness. Margaret Kenyatta is perhaps best known for 'Beyond Zero' – a campaign aimed at complimenting the Government of Kenya's effort to eliminate maternal and child mortality and HIV/AIDS.

In March, 2017, she was awarded the prestigious Fellowship Honoris Causa from the Royal College of Obstetricians and Gynecologists (RCOG) in recognition of the First Lady's unflinching commitment to end maternal and child mortality in Kenya and reduce mother-to-child HIV transmission under her Beyond Zero Initiative



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



H.E. Dr. Gertrude Mutharika

First Lady of the Republic of Malawi

President of OAFLA

The Malawi First Lady is very passionate about issues of health, environment, hygiene and sanitation in her quest to make Malawi a beautiful nation. She is also committed to the health and livelihood of children, girls and mothers for a Malawi free from HIV and AIDS, maternal and child mortality. She would like to see women, girls and children empowered to enjoy equal opportunities. Her Excellency has a degree in Business Administration and Doctor in Philosophy in Environmental Management (PhD). Her Excellency the First Lady is a Patron of Family Planning Association of Malawi (FPAM) and the Honorary Chairperson and Patron of Malawi Against Polio (MAP). With her passion to Hygiene and Sanitation she is the founder and Patron of the Gertrude Mutharika Beautify Malawi Trust (Beam Trust) which aims at securing policies and practices that will improve health and quality of life through increased access to responsible, participatory and improve management of waste and sanitation facilities in Malawi.



H.E. Madam Aminata Maiga Keïta

First Lady of the Republic of Mali

H.E. Madam 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 became a 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.



H.E. Madam Isaura Gonçalves Ferrão Nyusi

First Lady of the Republic of Mozambique

H.E. Madam Isaura Gonçalves Ferrão Nyusi has a Bachelor degree in Human Resource Management and BA in Social Communication. Professionally, Isaura Ferrão Gonçalves Nyusi's first job was in education and later worked for Mozambique Railways Company. She later worked for the National Institute for Disaster Management, in Maputo province. As a professional she attended several capacity building courses with particular emphasis to training in Accountancy and Human Resource Management.

H.E. Madam Nyusi's vision is of a society of peace, harmony and social justice. A society that has the person at the core of every action and that values the creative potential and the participation of each Mozambican towards development. In pursuing her mission and vision, H.E. Madam Nyusi recently became the Patron of the Model Maternity and Wards Certification in Mozambique, a Ministry of Health initiative. In February 2016, she was proclaimed the President of the Organização da Mulher Moçambicana (OMM). In the exercise of this function, her priorities are centered on actions which aim (i) to fight poverty; (ii) to promote economic growth and development of underprivileged people; and (iii) the empowerment of women by encouraging their active participation in the political, economic, social and cultural area



H.E. Madam Monica Geingos

First Lady of the Republic of Namibia

Madame Monica Geingos, First Lady of the Republic of Namibia is a qualified lawyer. Before becoming the First Lady in 2015, Madame Geingos spent 15 years of her professional career in the financial sector, as a private equity and governance expert. The First Lady is also the UNAIDS Special Advocate on Young Women and Adolescent Girls. The focus areas of her office are Enterprise Development and Entrepreneurship, Integrated Early Childhood Development, Gender Based Violence and Health.



H.E. Madam Aisha Muhammadu Buhari

First Lady of the Republic of Nigeria

H.E. Madam Aisha Muhammadu Buhari has a master's degree in International Affairs and Strategic Studies. She is a women's right activist and child right Advocate. She founded Future Assured an initiative to continue her advocacy work for the health and well-being of women and children through community mobilization and health promotion.



H.E. Madam Aissata Issoufou Mahamadou

First Lady of the Republic of Niger

Member of OAFLA Steering Committee

H.E. Madam Aissata Issoufou Mahamadou has a 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.



H.E. Madam Jeannette Kagame

First Lady of the Republic of Rwanda

H.E. Madam Jeannette Kagame, the First Lady of Rwanda, became a founding member of the Organisation of African First Ladies against HIV/AIDS (OAFLA) in 2002, and served as its President from 2004 to 2006. Madam 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. Madam Kagame personifies an active, relentless devotion to uplifting the lives of vulnerable population in Rwanda, particularly those of widows, orphans and impoverished families



H.E. Madam Marème SALL

First Lady of the Republic of Senegal

The First Lady of Senegal, H.E. Madam 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.



H.E. Madam Sia Nyama Koroma

First Lady of the Republic of Sierra Leone

H.E. Madam 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 and has trained and practising psychiatric nurse. After studying, Madam 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. She 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 we can not make progress by standing on the sidelines. She firmly believes that education is the answer to the problems of the world.



H.E. Madam Tobeka Madiba Zuma

First Lady of the Republic of South Africa

H.E. Madam Tobeka Madiba Zuma, the First Lady of South Africa founder of a non-profit organisation in 2009, called the Tobeka Madiba Zuma Foundation holds a Bachelor of Commerce Degree specializing in Risk Management and International Economics from the University of South Africa. In 2011, H.E. Madam Zuma was honoured by the American Cancer Society with an Award for Global Leadership in Cancer, Non- Communicable Diseases and Women's Health in recognition for her tireless commitment to advancing women's cancers as a global health and development priority. The First Lady is the former chairperson of the Forum of African First Ladies against Breast and Cervical Cancer (FAFLABCC).

H.E. Madam Zuma was officially appointed as the UNAIDS Special Advocate for the Health of Women, Children and Youth. She also received an Honorary Lifetime Achievement Award in Health and Social Development by the Umvithi, the Rural Youth Development Foundation South Africa. She was nominated in the Community Award category for the Annual Winnie Mandela Global Award – an award which is given to “extraordinary” woman judged to have undoubtedly changed the lives of South African Citizens and who have unselfishly contributed to the democratic government. H.E. Madam Zuma who is a champion of the fight against cancer in women, was presented with the Health Excellence Award which recognises individuals who demonstrate a commitment to achieving South Africa's and Africa's vision for “healthier, longer and better quality lives for all people



H.E. Madam Mary Ayen Mayardit

First Lady of the Republic of South Sudan

H.E. Madam Mary Ayen Mayardit became the First Lady of the Republic of South Sudan, on July 7th, 2011. As a leader and First Lady, H.E. Madam Mary Ayen Mayardit has a strong passion for human rights protection which includes the right to life, gender equality and access to health care for women and children as well as the right for education for all. It is this passion that made her the voice for peace and unity during the recent conflict of the Republic of South Sudan. As a symbol of peace and unity she, called upon all the women of South Sudan to bring peace to the Republic of South Sudan. Her message was; “without the voice of women, there is no peace, for without the efforts of women to hold our leaders, government and husbands accountable there will be no end to the senseless violence that is taking away the precious lives of our women and children.”



H.E. Madam Widad Babikir Omer Mudawi

First Lady of the Republic of Sudan

H.E. Madam Widad Babikir Omer Mudawi was born in Khartoum, the capital of Sudan. Her Excellency received her basic education at Elhaj Yousif Primary school, Alzahra Intermediate School and El Quait private secondary school in Khartoum. She studied Economics and finance science at National El Ribat University and she is later enrolled at El Sudan Technology University where she graduated from with a master in Business Management. Currently she doing her PhD at Karrary University. Her Excellency's hobbies include reading and voluntary and social work.



H.E. Hon. Madam Janet Kataaha Museveni

First Lady of the Republic of Uganda

H.E. Hon Madam 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



H.E. Madam Esther Lungu

First Lady of the Republic of Zambia

Member of OAFLA Steering Committee

H.E. 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.

H.E. 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.





CHAPTER 3

HIV PREVENTION, TREATMENT, CARE AND SUPPORT

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HIV Prevention, Treatment, Care and Support

Context

Africa bears the brunt of the global AIDS epidemic. 70 percent (25.8 million) of the people living with HIV globally (36.7 million) are in Africa, yet Africa has only 15 percent of the world population. The success or failure in meeting the global goal to End AIDS by 2030 largely depends on the success or failure in addressing the AIDS epidemic in Africa. Tremendous progress has been made in specific areas such as reducing mother to child transmission of HIV, and providing antiretroviral treatment. But this has to be counterbalanced by unevenness of the progress with regions such as West and Central Africa lagging far behind, lack of progress in reducing new infections among adults since 2010, and the alarming rate of new infections in young women and girls.

Remarkable progress has been made in PMTCT. The majority of women on the continent needing PMTCT services now have access. In Eastern and Southern Africa, for example, 90 percent of pregnant women are accessing antiretroviral therapy for PMTCT. Compared to 2010, annual HIV infections among children have declined by 60% in the 21 high-burden African countries prioritized under the *Global Plan*¹. Approximately 1.2 million new HIV infections among children have been averted, and over 2 million more pregnant women are receiving lifesaving antiretroviral therapy. Over the course of the Global Plan, 7 of the priority countries reduced new HIV infections among children by more than 70 percent (Uganda, 86 percent; Burundi, 84 percent; South Africa, 84 percent; Swaziland, 80 percent; Namibia, 79 percent; Mozambique, 75 percent; and Malawi, 71 percent).

But the battle to End AIDS in children is far from over. Each year, 110,000 children are still acquiring HIV in the 21 Global Plan priority countries, and 150,000 worldwide. In countries such as Angola,



Côte d'Ivoire, and Nigeria, progress has been very modest, with less than a 40 percent decline in new HIV infections among children. Treatment coverage among children lags far behind that of adults. Africa needs to implement a 'Super Fast Track' strategy for children and the Start Free Stay Free AIDS Free framework, launched by PEPFAR and UNAIDS, offers guidance on where to focus and how to redouble efforts in ending paediatric AIDS.

Great progress has been made in providing antiretroviral treatment on the continent. The world achieved the UN General Assembly Political Declaration Target of having 15 million people on ART by 2015, nine months ahead of schedule. To date, there are 18.2 million people on ART, with 12 million of them in Africa. As a result, AIDS-related deaths have fallen by 48% between 2005 and 2015. However, of the 12 million persons on ART in Africa, 10 million are in Eastern and Southern Africa (ESA) and only 2 million in West and Central Africa (WCA). While 63% of children (0-14 years) are accessing treatment in ESA, only 20% are on treatment in WCA. Moreover, the 90-90-90 target² adopted globally and continentally requires Africa to redouble efforts to put another 9 million people on treatment, by 2020.

One of the biggest shortfalls in the AIDS response is the failure to 'turn off the tap'. While statistics show that new infections in adults declined by about 40% between 2000 and 2015, close analysis of the data shows that since 2010, there has been no decline in new infections globally. In 2015, 1.9 million adults worldwide became newly infected with HIV, 1.3 million of them in Africa. 25% of the infections in Africa were in young women, 15 – 24 years old, a very disproportionate number. Africa needs to focus appropriately on adolescent girls and young women – the AIDS response must match the specific populations at increased risk!

This chapter focusses on OAFLA Member activities on PMTCT, Paediatric AIDS, Adolescent AIDS and other activities on the AIDS response including Stigma and discrimination.

2 90% of PLHIV tested; 90% started on ART; 90% achieving viral suppression



Benin

H.E. Madam Claudine Talon visited the Pediatric Department of the Army Training Hospital (HIA) site of the Prevention of HIV from Mother-to-Child Transmission (PMTCT) and the care of children and Adolescents living with HIV. This site offers a companion to adolescents living with HIV. An organisation with medical care and a psychosocial device that has allowed to have zero infected baby born to HIV positive mother since 2013. Ms. Claudine Talon was able to speak with some of these adolescents during the visit. The goal is to increase the number of HIV-positive children who are screened and under treatment.

H.E. Madam Claudine Talon sponsored the official launching ceremony of the new Plan of UNAIDS for the Elimination of Mother-to-Child Transmission of HIV in Benin for the period 2016-2020 which takes into account the WHO 2015 criteria for validation of the elimination of HIV.

H.E. Madam Claudine Talon, sponsor of this edition and President of the Foundation that bears her name, has taken the pledge to recognize departments that have made significant progress in terms of EMTCT and pediatric care as well as centers that will have Contributed to achieving these outcomes. She has also planned to encourage systematic screening of children with signs of malnutrition.

First Lady Mrs. Talon was involved in the Hands Up campaign on the World Day against AIDS on December 1, 2016. With this slogan: "the eradication of AIDS is fulfilled through the commitment of all!"

OPTIMA is a community-based organisation supporting children with HIV / AIDS that works in collaboration with the pediatric unit of the Armed Forces Training Hospital, the camp-Guezo hospital. A Christmas party that allowed 400 children and teenagers to share a festive lunch this day with the President of the Foundation Madame Claudine Talon. All children received gifts from Santa Claus' hand, and 150 families of affected children received food kits.

H.E. Claudine Talon has been involved in the celebration of the World Zero Discrimination Day by launching widespread awareness campaigns on national television channels. These documents contain men and women who talk about their daily living conditions and the acts of discrimination against them. As part of this awareness campaign, 5,000 T-shirts were distributed by the Foundation Claudine Talon.



Burkina Faso

According to Spectrum estimates, in 2015, HIV prevalence among adolescents aged 15-24 amounted to 0.4% while compared with 0.8 in the general population (15-49 years). 1,561 new infections were recorded, of which nearly 64% were among girls. Out of the 494 infected adolescents who died, 60% were boys. Regarding the use of condoms, 51% of girls (15-19 years) with multiple partners reported having used condoms in the past 12 months, compared with 67% for boys of the same age and during the same period. The level of adolescents' knowledge about HIV remains low. Indeed in the 15-19 age group, only 30.8% of boys and 28.8% of girls gained an in-depth knowledge of HIV. Among the 20-24 age group, only 42.6% of boys and 33.3% of girls gained an in-depth knowledge of HIV (EDS-MICS 2010). 11.1% of 15-19 year olds have already been tested in the past 12 months and are aware of their outcome (EMC, 2015).

Various actions initiated with the support of technical and financial partners are underway to reduce new infections and deaths among adolescents.

These include:

- The development of a scaling-up plan for pediatric care, the delegated supervision of medical prescription tasks to paramedics;
- The "All In" initiative (all together to end the HIV epidemic among adolescents and young people) and;
- The revision of the collection tools to take into account the different age groups of adolescents.



Burundi

Youth Awareness Campaign on Responsible Sexual Health and the Fight against Aids and Leadership entitled "Zero Pregnancy at School, Zero HIV Infection among Youth" was launched Approximately 5000 young people were reached by the sessions; Distribution of hygiene kits to girls.



A campaign for Mobilization of Parliamentarians, Senators and Governors of Provinces on the involvement of political leaders in the program "Raise Hand for HIV Prevention". Main themes: 1. Prevention of Mother-to-Child Transmission of HIV (PMTCT) in BURUNDI with a moving testimony of a PMTCT couple; 2. Fast-track strategy to reduce new HIV infections by 2020 and eliminate HIV in 2030; 3. Place and Role of MPs, Senators and Provincial Governors on their involvement in the fight against HIV / AIDS to achieve sustainable development.

A workshop to mobilize women on leadership, wisdom, reproductive health, HIV screening and PMTCT (preventing mother-to-child transmission of HIV) was also held. The delivery of 30,000 tests for HIV-Syphilis (DUO) screening by Alere officials who also funded the training of trainers at national level (27 providers) on HIV and Syphilis diagnostic techniques through rapid testing (HIV-S DUO).



The First Lady made support visits to associations and centers for orphans and other vulnerable children and populations care: Christmas with ANSS and SWAA-Burundi children; Christmas with children of Gitega orphanage; visit to Makamba center for the disabled; transfer of 3 children abroad and payment of hospital costs, etc...

Visit of the First Lady to Rushubi Hospital and distribution of kits to PLHIVs and other hospital patients. Opening of an orphanage "Le Bon Samaritain". Reception of a donation from China for the orphanage on March 17, 2017 (100 beds for children, 3 televisions, 3 computers and 3 fridges) to accommodate orphans under good conditions. Reception of 4 OVC (aged 1 year 1/2, 6 years, 8 years and 10 years respectively) at the presidential palace. Support to OVC for university enrollment in Burundi and abroad.



Central African Republic

The Foundation of the First Lady is a member of the National Committee for the Development and Implementation of a Plan for Accelerating the Management of HIV in Children and Adolescents. This committee has just finished the development of the report analyzing the situation of the management of the HIV in the child and the adolescent. The plan to accelerate pediatric HIV care is therefore being finalized.

Chad

The First Lady of Chad works in partnership with civil society organisations and professional organisations.

There is an increase in the number of children born HIV negative despite having HIV-positive parents. In terms of elimination of mother-to-child transmission, national HIV antiretroviral coverage in HIV-positive pregnant women has increased from 12% in 2012 to 38% in 2015. HIV prevalence among pregnant women 49 years attending prenatal clinics continues to decline as follows: 3.3% in 2010, 3% in 2011, 2.9% in 2013 and 1.8% in 2016.

Thanks to the leadership of her Excellency the First of Chad, a significant awareness campaign is being carried out in collaboration with the Network of People Living with HIV. Stigmatization and discrimination has declined considerably, although some issues still prevail. Advocacy remains active and strongly aim at zero discrimination as well as zero stigmatization.

With the support of CABC funds, in August 2016, OAFLA Chad organized a one day advocacy campaign for AIDS-free youth by 2030 in the Chari-Baguirmi region. Youth and women representatives, administrative authorities and traditional leaders have committed to support the fight against HIV/AIDS.

The OACC funds consist of at least 100 community leaders that include: government officials, religious leaders and youth representatives trained to advocate on the need to attend health centres, which remains a key component to achieve the 90 X 90 X 90 target to end HIV by 2030.

On 20 December 2016 in N'Djamena, the First Lady of Chad HINDA DEBY ITNO officially launched her 2016-2020 agenda.

As the sponsor of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA), as the godmother of the national campaign to end child marriage and sponsor of the campaign against obstetric fistula, the First Lady HINDA DEBY ITNO has hammered that her agenda with a triple focus on women children and the youth. At this ceremony, the officials and partners signed their commitment to translate into reality the objectives stated in the the First Lady's 2016-2020 agenda.





Ethiopia

H.E. the First Lady's work on combating HIV and AIDS focuses on areas and population groups most affected by the epidemic. With national adult HIV prevalence of 1.2%, Ethiopia has made significant strides in reducing new HIV infection by 90% and AIDS related deaths by over 54% as compared to 2001 baselines. However, HIV epidemic in the country remained heterogeneous among geographic areas and population groups. Gambella, the most affected region in the country, has HIV prevalence of 4.9%. Despite commendable achievements made in reducing HIV prevalence among young adults aged 15-24 years to 0.5% for girls and 0.1% for boys at national level, in Gambella region HIV prevalence of girls in the same age group is 9%.

Having recognized the severe epidemic in the region, H.E. the First Lady took an initiative to ignite the public movement against HIV and AIDS by engaging local leadership and communities. As result, attention has grown and series of conferences held in the region including national event of WAD 2014 in which over 3,800 people received HCT in a single site in a day. This performance was written in the Guinness Book of Records. However, the momentum was not maintained calling for reinvigorating the fight against the epidemic in the region with strengthened local ownership & leadership, active community engagement, and improved HIV services delivery. The campaign is to have clear targets and defined plan of action for every level with performance agreements signed to ensure accountability with a shared responsibility in the region. Besides this, the First Lady's work focuses on preventing HIV among most at risk and highly vulnerable population groups in pocket areas with high HIV prevalence across the country. The efforts are aligned to the national goal of ending AIDS by 2030. At present, the country has adopted "Test and Treat" policy to attain better outcomes of initiating treatment early and the benefit of "treatment as prevention."



Guinea Bissau



The First Lady of the Republic of Guinea-Bissau presided over the closing ceremony of the conference on "World Day of Zero Discrimination".



Kenya

In Kenya, the highest number of new HIV infections is among adolescent and young people. Out of a total of 71,084 adults, 51% (35, 776) were adolescent and young people between 15 – 24 years, of which two thirds of these are among girls and young women. Through the Beyond Zero Mobile Clinics, Her Excellency has been instrumental in advocating for HIV prevention among the adolescent and young people. Concerted efforts have been put by all key stakeholders to address this agenda. In 2016, football competitions was organized through various agencies and the goal “To kick out HIV Stigma and reach as many young people as possible through the Maisha County League Campaign. HIV stigma acts as a barrier preventing young people from getting tested for HIV and accessing lifesaving treatment. The league featured boys and girls football teams from all 47 counties. HIV testing was provided and HIV information disseminated during football matches. The Maisha County League Campaign Targets were:



- To reach 10 million people with HIV information.
- To reach 3 million young people with HIV education and mentorship.
- To test 1 million young people.

By December 2016 On World AIDS Day 2016, officiated by the First Lady of the Republic of Kenya H.E. Margaret Kenyatta, and was themed **“Prevention of HIV with a focus on Adolescent and Young People”**, the following were the achievements:

- Over 10 Million people were reached with HIV information during the campaign period. This was through various channels including traditional media, public service announcements, digital platform and tertiary institutions HIV messaging campaigns.
- 3,864,013 (129% of the target) youth people were reached with one on one HIV education and mentorship.
- 814,336 (81% of the target) young people were tested across the counties.

Some of the activities that the First Lady engaged in during this day include:

- Rewarding the young people (boys and girls teams) who excelled in football
- Rewarding Counties who tested the highest number of adolescent and young people
- Rewarding Counties that reached many young people with one-to-one mentorship on HIV and AIDS information



Kenya's progress on the elimination of mother to child transmission has been on steady and deliberate. Out of the 79,000 HIV positive pregnant women in 2015, there were only 6,600 new child infections, a 50% drop from 12,000 in 2013. Kenya averted 2,000 deaths among mothers dropping maternal deaths from 6,000 to 4,000 annually. The key drivers for the downward trends are attributed to impactful technical actions and political championship and commitment towards eMTCT. The technical actions include Option B+, free maternity services, the mentor mother program and bring back mothers initiative. Initiatives such as Beyond Zero coupled with increased investments to the health sector by the county governments are providing the necessary impetus for accelerated actions.



Stigma and discrimination has been a big challenge in Kenya especially among adolescents and young people with regard to accessing comprehensive HIV services. The Kenyan Stigma Index 2014 Report places the average stigma levels in the country at 45%. In some parts of Kenya, the levels are as high as 60%. As a mitigation plan, Government is sensitizing and engaging communities, schools system, churches, tertiary institutions and universities among other platforms to reduce this percentage. The Beyond Zero continues to be a platform that catalyses action for promotion of positive health behaviours and uptake of health services. The Initiative has contributed to the reduction of HIV related stigma through increased number of public sessions where families living with HIV provide testimonies sharing their successes in overcoming stigma. There has been increased visibility of strategies to eliminate mother to child transmission of HIV during the Beyond Zero mobile clinic delivery launches.

In the Framework for elimination of Mother to Child Transmission (eMTCT) of HIV and syphilis 2016-2021, Kenya aspires to be validated for pre-elimination of eMTCT of HIV and syphilis by 2021. For this to be achieved, identifying and treating HIV early within 12 weeks of birth is critical to reduce HIV-related mortality in children by 75%. Early infant diagnosis gives an opportunity for early identification of HIV exposed. To this end, Beyond Zero submitted project proposal to Alere Inc. to leverage on the profile of the First Lady for increased awareness, resource prioritization, and increased access to HIV pediatric services by engaging communities on the importance of adherence to HIV regimes and also place two early infant diagnostic equipment in high burden areas in Kenya.



Malawi

Under the theme “Promoting Adolescent Sexual and Reproductive Health and Rights” the First Lady of the Republic of Malawi, in her capacity as the president of Organisation of African First Ladies Against HIV and AIDS (OAFLA) engaged in a discussion forum with adolescent girls and young women in Ntcheu District on 25 February 2017.

The discussion which was organized in conjunction with FPAM and the OAFLA Steering Committee, focused on teenage pregnancies, Early Child marriages, and HIV and AIDS. Two girls gave testimonies of their life experiences. Both were married to abusive men, got pregnant and communities around them saved them from the abusive marriages and were sent back to school.

The First Lady appealed for concerted efforts from all stakeholders such as Non- Governmental Organisations, traditional and religious leaders, and parents to ensure that girls and young women are protected from various forms of abuses. She encouraged girls to have high self-esteem and refrain from being influenced by peer pressure.



The First Lady of the Republic of Malawi, on 25th February 2017 visited a FPAM managed Ntcheu Youth Life Center where she inspired members of the Youth Action Movement (YAM). Accompanied by FPAM Board Chairperson, Mrs. Lilian Ng'oma, the Executive Director of FPAM Mr. Thokozani Mbendera, and other government officials toured the Youth Recreation hall, the Computer lab and the FPAM Clinic (in part).

This was a stopover visit as she had a bigger event on the same day at Ntcheu Secondary School where she planned for an interface meeting with young girls from all over Malawi. Though it was a short visit to the YLC, Madame Mutharika was able to appreciate various activities and items that the youth engage in and produces at the Youth Life Centre.

Ntcheu YAM members were happy to display a variety of products that they produce among them; beads, wrists bands, slip-ons, and shoe-cobbler skills.



Other recreational activities that the youth do at the center include playing Chess, Darts, Bawo, Football, Netball, Volley ball and Pool. The First Lady encouraged the youth to keep on doing good work and to focus on being good and productive citizens as they grow into adulthood. She also appealed to the youth to take advantage of the Youth Action Movement Platform to harness life skills that are essential to HIV prevention and making appropriate reproductive health choices as future leaders. She also specifically urged them to offer relevant peer leadership on HIV prevention and SRHR to promote healthier generation for a healthier Malawi.

The First Lady of the Republic of Malawi Dr. Gertrude Mutharika invited three hundred representatives from tertiary institutions in the southern region of Malawi to a discussion of SRHR services in tertiary institutions. This was a result of a study that was conducted by FPAM with funding from UNFPA on availability and status of Sexual Reproductive Health (SRH) services in 21 public and private tertiary institutions of Malawi.



Findings from the study showed major gaps in the SRH service provision in tertiary institutions and these were: felt barriers to access and utilization of SRH services amongst students, felt gaps in addressing institution-based Gender Based Violence, gaps in availability and provision of SRH services and Students continue getting involved in risky behaviours. The First Lady wanted to hear from students themselves as such she invited them to Sanjika Palace. The discussions were conducted under the theme “Bridging Sexual Reproductive Health and Rights in Tertiary Institutions’.

Students pointed out that SRHR services are promoted with a ‘marriage face’ as such students do not seek such service because most of them are not yet married. However, it was emphasized that SRHR services are not only for the married people but also for young people.



Mali

Thanks to funding from the OACC, HE Ms. Keita Aminata Maiga offered cereals, school supplies and medicines to exposed infants and HIV-infected children at Gabriel Touré Hospital. In addition, during Christmas, toys were offered to small children and a recreational outing was organized for the older.



Mozambique

With the contribution of H.E. the First Lady through her advocacy role at all levels over the past five years, there has been a slight decrease in HIV prevalence among young people from 7.9% in 2009 to 6.9% in 2015. And comparing the estimated prevalence in this age group (15-19 years), data show that in men as well as in women, prevalence has decreased slightly in the last six years (For men, from 2.7% in 2009 to 2.5% in 2015, for women from 7.1% in 2009 to 6.2% in 2015).



Namibia

The First Lady of Namibia (affectionately known as FLON) was a guest speaker at several international platforms. The High Level Meeting on Ending Aids (New York, June 2016) and the address to US Congress (September 2016) where she spoke extensively on issues related to comprehensive sexuality education and the importance of engaging young people at an appropriate level. Our highlight for 2016 was when FLON was appointed by Mr. Michel Sidibe, Executive Director of UNAIDS to serve as the UNAIDS Special Advocate for Young Women and Adolescent Girls in September 2016, with a specific responsibility to champion the Start Free Stay Free AIDS Free Agenda. In line with her appointment, FLON found a way to ensure that all her interactions with young people were structured in such a way that young people were able to understand process the information shared by simplifying the language used and trying to make them relatable by including fun elements. In this regard, FLON launched the #BeFree Movement to ensure that her messages were fresh and relevant to young people and their parents. #BeFree strives to address issues of prevention, link young people with services and assist them to be free of anything that holds them back from reaching their potential. The Office of the First Lady also worked with UNFPA to host a Day of Dialogue on Teenage Pregnancy.



Knowing
now
matters.™

Early infant diagnosis
reduces time-to-treat
initiation, saving
babies' lives.



Alere, a global leader in HIV point-of care solutions,
is proud to partner with OAFLA to end childhood AIDS.

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MERCK MORE than a Mother

Infertility is NOT a STIGMA

Merck has started an important campaign to break the stigma around infertile women and support their reproductive rights. In some cultures, childless women still suffer discrimination, stigma and ostracism. An inability to have a child or to become pregnant can result in being greatly isolated, disinherited or assaulted. This always results in divorce or physical and psychological violence.

Therefore, we started **"Merck More than a Mother"** campaign to empower infertile women in Africa through access to information, health, change of mind set and economic empowerment

Message to All Women:

Infertility affects Men and Women equally

Remember: You are More than a Mother

- In sub-Saharan Africa, infection is the cause of infertility in up to 85% of women seeking infertility care, compared to 33% worldwide.⁽¹⁾



In Africa, some traditional, cultural and religious practices, combined with low resource environment are thought to be associated with higher levels of non-genetic and preventable causes of infertility such as:⁽²⁾

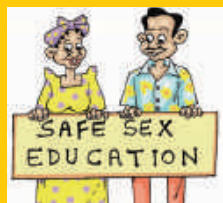
- Poor nutrition
- Untreated sexually transmitted diseases (STDs)
- Unsafe abortions
- Consequence of infections caused by the practice of female genital mutilation
- Exposure to smoking, leaded petrol and other environmental pollutants

Untreated infections can lead to infertility - Have regular checkup and see the doctor early if you feel unwell.

Health Facts :

Besides the negative impact that **HIV** has on your body's immunity, it can also affect your body's ability to produce hormones required to fall pregnant, or lead to early menopause - the stage when monthly periods stop and you cannot fall pregnant⁽³⁾

In women, STDs such as **Chlamydia and Gonorrhoea** may have few or no symptoms. Left untreated, these 'silent infections' can result in pelvic inflammatory disease - a condition that can cause serious complications such as chronic pelvic pain, ectopic pregnancy (pregnancy outside the womb) and infertility^(4,5)



Practice Safe Sex



Don't share needles

Both Men and Women should practice "Safe Sex" and avoid risky behaviour that can lead to sexually transmitted diseases (STDs) such as Chlamydia. STDs can cause serious complications including pelvic inflammatory disease (PID), blockage of fallopian tubes, ectopic pregnancy and prostatitis, which can subsequently cause infertility.^(4,5)



The Office of the First Lady believes strongly in the power of partnerships. Having been a beneficiary of funding from OAFLA through the CABC was used to support Tonata People Living with HIV/AIDS. The Office of the First Lady proved to be an efficient conduit between the outcome expectations of an international donor and the grassroots-driven solutions of a community-based organisation which works to reduce stigma, support adherence to anti-retroviral treatment and create awareness about HIV and AIDS.



Another crucial Partnership was community based work with the Municipality of the City of Windhoek and Development partners to host an event which focused on Community Mobilisation and Information Sharing on the Prevention of Mother to Child Transmission. The theme of the event was "Ending AIDS Amongst Babies while keeping their mothers alive."

The Visit of a High Level Delegation to Namibia led by Former President Bush and High Level visitors such as Michel Sidibe (UANIDS), Celina Schocken (Pink Ribbon Red Ribbon), Marijke Wijnroks (Global Fund) and Ambassador Deborah Birx (PEFAR)



Niger

A Conference on Sport and AIDS was organized by the First Lady of Niger at the National Institute of Youth and Sport. This meeting was a framework which allowed to develop in front of the students of this institute in the presence of several guests. Discussion on questions about the trend of the HIV epidemic in Niger; the impact of HIV / AIDS on the sporting environment and the place of sport in the fight against HIV / AIDS were held. At the end of the presentations, the students (future leaders and supervisors in the field of sport and culture) have made a commitment to be very active in the fight against HIV / AIDS in sport.



Rwanda

On 7 July 2016 the First Lady Jeannette Kagame launched the 'All-in' Campaign to end adolescent AIDS.

Launched under the theme "Ending adolescent HIV/AIDS in Africa for sustainable development", this continental campaign is championed by the Organisation of African First Ladies Against HIV/AIDS (OAFLA), with the support of the ONE UN family and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).



In Rwanda, this campaign is spearheaded by the Office of the First Lady through Imbuto Foundation, in collaboration with the Ministry of Health (MoH), ONE UN Family and PEPFAR.

The campaign aims to unite decision-makers in order to accelerate reductions in AIDS-related deaths, and new HIV infections among adolescents by the year 2020. It is also part of the global effort to end the AIDS epidemic for all, by 2030. This is done through mobilizing, engaging, and empowering adolescents as leaders and actors of social change.



Uganda

The First Lady was nominated the National Champion for the eMTCT Campaign in August 2012. Thereafter she embarked on regional Campaigns to create awareness about eMTCT and enhance the national response. The result has been the achievement of the highest reduction in new infections in children (87%) among the 21 priority countries of the global plan worldwide. There was a reduction among babies born HIV positive from 30,000 in 2012 to less than 3,500 in 2015.



Zambia

Her Excellency Mrs. Esther Lungu continued to advocate and lobby on issues of HIV and AIDS. Her Excellency Mrs. Esther Lungu participated in various national programs that took place during the period under review. The stakeholder base working with the First Lady continues to increase and activities and programs were implemented in partnership. Held annually in partnership with Stanbic Bank and Junior Achievement Zambia, the First Lady for a Day mentorship programme has been running for a number of years.

During the 2016 Session, Her Excellency Mrs Lungu interacted with adolescents from remotest rural schools in all the ten provinces of Zambia and over 60 students from high schools were sensitised on the need to stay in school, abstain from sexual activities and avoiding early pregnancies.

Other programs during this reporting period included the “One Billion Raising Revolution March against Gender Based Violence in Zambia” held by the Women and Law in Southern Africa (WILSA) on gender based violence, the fight against child marriages and provision of access to justice to poor and marginalised people in the country which vices are a drivers for HIV infections.

The First Lady joined SOS Children’s Villages in Zambia to fundraise for orphans and vulnerable children some whose HIV status is positive. Other partnership activities were held with Tear Fund, Coalition of African Parliamentarians against HIV/AIDS (CAPAH) and the National Legal Aid Clinic for Women.









CHAPTER 4

MATERNAL AND CHILD HEALTH

CHAPTER 4:

Maternal and Child Health

Context

Over the last 15 years, African First Ladies have been actively involved in ensuring continued and strategic investments in women, youth and adolescents across the continent. Their efforts have contributed and continues to safeguard access to sexual and reproductive health services, information and products to those that need them the most: women, youth and adolescents. The foundation of these efforts is the realization that investments in the health, education and rights of women, youth and adolescents are sound investments in the sustainable development of African communities and nations. Furthermore, these investments are recognized by the African Union as critical actions in harnessing the demographic dividend through investments in youth.¹

Over 60 per cent of Africa's 1.2 billion population is under the 24 years of age; 41 per cent between under 15 years of age and 19 per cent from 15-24.² In sub-Saharan Africa, adolescents, those aged 10-19 years, make up over 70 per cent of the youth population.³ Recent evidence demonstrates that investments in adolescents' health yields tenfold economic and social returns, and that every \$3.8 per capita per year spent in programmes to end child marriage, will yield six-fold benefits.⁴

1 AU. AU Roadmap on harnessing the demographic dividend through investments in youth. Addis Ababa: African Union Commission, January 2017.

2 United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, Key Findings and Advance Tables.

3 United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, Key Findings and Advance Tables. Working Paper No. ESA/P/WP.241.

4 Sheehan, Peter et al. Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. The Lancet 2017, 19 April 2017. Published online S0140-6736(17)30872-3.

Yet, African adolescents and youth face a complex set of risks and vulnerabilities that impede their health, education and economic opportunities and thus threaten efforts to reap the demographic dividend:

- The **adolescent birth rate** (number of births per 1,000 girls aged 15-19) for Sub-Saharan Africa is the highest in the world at 75 births per 1,000 women⁵;
- Africa is the continent with the highest **unmet need for family planning** for women aged 15-49, married or in a union, and among 60 per cent of adolescents who wish to avoid pregnancy; West and Central Africa, at 24 per cent of, have the highest unmet need for family planning in the world;⁶
- In 2015, of the 5,700 **new HIV infections per day**, 66 per cent occurred in sub-Saharan Africa, mostly among women and young people;⁷
- On child marriage, one in three young women in Africa were married or in a union before age 18;⁸
- Whilst the prevalence of female genital mutilation/cutting is decreasing across the continent due to the ongoing efforts of African countries and international partners, the practice still exists in 37 African countries;⁹

Thus, it is paramount that efforts and policy instruments to harness the demographic dividend and sustainable development in Africa can address the health needs of this large cohort of youth and adolescents, to usher them into healthy and productive adulthood. Implementing the AU Roadmap to harness the demographic dividend necessitates the implementation of AU's progressive instruments to ensure access to sexual and reproductive health and rights such as the Maputo Plan of Action 2016-2030 for the operationalization of the Continental Policy Framework on Sexual and Reproductive Health and Rights.

The evidence clearly shows the need to improve access to services and information for adolescents and young people for them to take informed decision about their sexual and reproductive health. Only by ensuring universal access to youth friendly health services, including sexual and reproductive health services, will African countries be able to help young people protect their health and improve health outcomes for everyone so that they can contribute to the sustainable development of their communities and countries. OAFLA, with partners, will continue to amplify these messages and ensure the implementation of continentally and nationally agreed policies and instruments.

5 UNFPA. Universal Access to Reproductive Health: Progress and Challenges. New York: United Nations Population Fund, 2016.

6 UNFPA. Universal Access to Reproductive Health: Progress and Challenges. New York: United Nations Population Fund, 2016.

7 UNAIDS. AIDS by the numbers – AIDS is not over but it can be. Geneva: Joint United Nations Programme on HIV/AIDS, 2016.

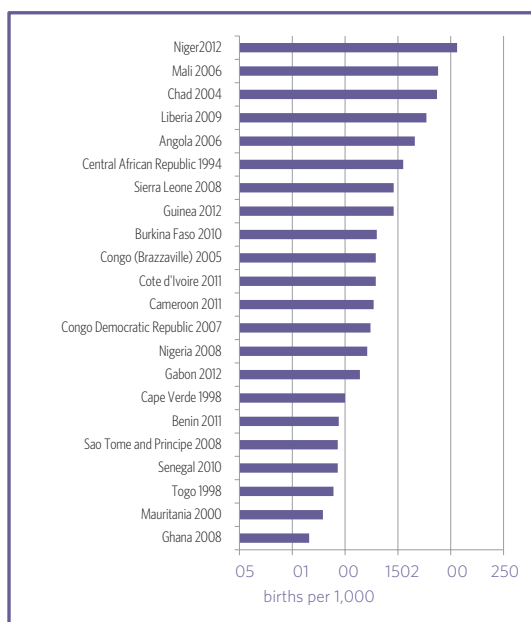
8 UNICEF. A profile of child marriage in Africa. New York: United Nations Children Fund, 23 November 2015. <https://data.unicef.org/resources/a-profile-of-child-marriage-in-africa/>

9 UNICEF. Female genital mutilation and cutting data. <https://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>



Adolescent Birth Rate, age 15- 19 from last survey in West, Central, Eastern and Southern Africa

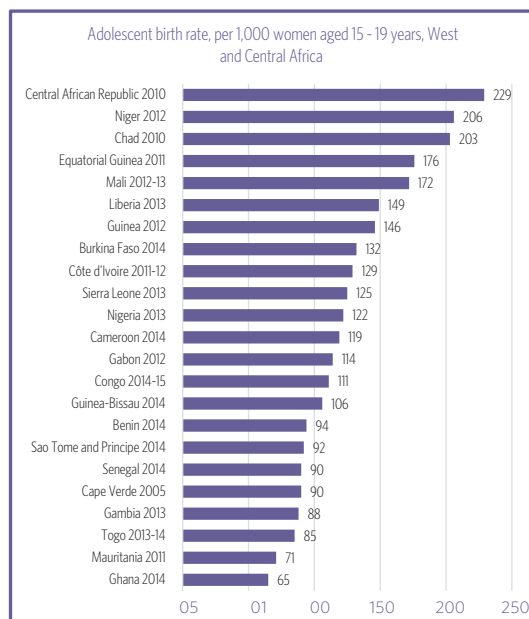
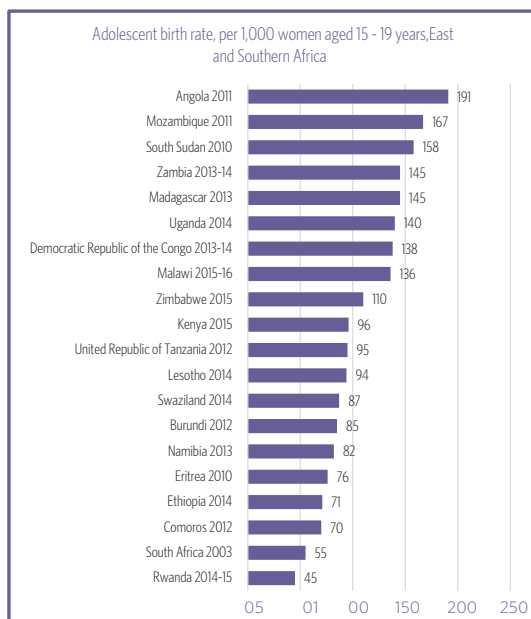
West and Central Africa - Chart 5a



East and Southern Africa - Chart 5b



Source: DHS Statcompiler [accessed in April 2017]



Note: Year after country name refers to survey year.

Source: SDG Global database and UNFPA SWOP 2016 using DHS, MICS, and other national household surveys.



Benin

H.E. Madam Claudine Talon President of the Foundation Claudine Talon went to the public primary school of Doko Hanzoume community of IFANGNI, in the plateau 63 km from Cotonou, to observe the organisation of a school canteen. She visited with a delegation from the World Food Program (WFP) led by Housainou Tall, World Food Program (WFP) Representative in Benin, the school canteen supported by the United Nations. This program takes into account a comprehensive approach to nutrition by promoting local agriculture. A school garden is maintained by students allowed to harvest plants with nutritive value such as the Moringa which is included in the composition of their meals. In addition, handwashing, promoting home improvement and developing improved menus, are part of this Project which aims to keep children in the school system. Thanks to this canteen run by mother-cooks, 368 pupils benefit from the meals at noon.

H.E. Madam Claudine Talon sponsored the launch of the Human Papillomavirus (Cervical Cancer) Demonstration Project for girls between the ages of nine and thirteen. This expanded vaccination program in Benin has succeeded in mobilizing a larger public of young girls to get vaccinated. The involvement of Mrs. Claudine Talon succeeded in convincing the parents to vaccinate their daughter.



Burkina Faso

The 6-24 years age group represents 56.11% of the population of Burkina Faso. In addition to health problems which are common to all age groups of the population, the health issues of this age group are enormous given the multiple risks that young people are exposed to due to their emerging adulthood in this phase of life span, new patterns of individual and collective behaviour.

To ensure a universal access of these young people to quality health services, a major emphasis has been given to strengthening health education and preventing various health issues in schools and universities. This is to ensure that young people of both genders have access to quality and adequate health care and services that are integrated and accessible to them.



This year, the First Lady's activities include:

- Health workers training on reproductive health of adolescents and young people;
- Equipment for young centres,
- Outreach communication activities and dissemination through the media for the benefit of young people (posters, leaflets, picture boxes, etc.).

The First Lady presided over the launch of the 2016 Lancet Series on Breastfeeding. Dissemination of results and high-level policy dialogue lead on the promotion of Breastfeeding for Child Survival in West and Central Africa (with a focus on francophone countries). Dissemination together with a two-day discussion session on the dissemination of Lancet Series 2016 breastfeeding outcomes, its policy and programme implications in Western African francophone countries, as well as the legal framework and support policy programme, promotion and protection of breastfeeding.



Burundi

The First Lady continued advocacy to the Government to ensure that presidential measure on free care for mothers of children under 5, pregnant women and during childbirth remains in force.

An awareness campaign for women leaders in 14 provinces across the country on leadership, HIV, reproductive health (including gender-based violence and family planning) was launched. Approximately 7,200 female leaders participated in these community mobilization sessions.

There was a high patronage of the First Lady of:

- International Day to end Obstetric Fistula celebration in May 2016, Gitega
- Health Mother Child weeks in Burundi (1st and 2nd passages: 2016).
- World Contraception Day commemoration in Burundi under the theme " Family planning is a consent of the couple: the





active participation of men”: More than 200 men leaders took part in this activity. Material support was also given for women who give birth to triplets.

- The International Women’s Day celebrated under the theme: “Protection of the environment: key to food security and empowerment of women” on 08 March 2017.

The First Lady was represented to participate on experience sharing forums organized by OAFLA and its partners. In addition a video on the First Lady achievement through her BUNTU Foundation was produced.



Central African Republic



Following the 3rd “Merck Africa luminary” conference held in Abidjan, Côte d’Ivoire, on 17-19 October 2016 on the theme of Strengthening Health Care in Africa and Launching the Campaign Against Infertility and Stigma of Sterile Women in Francophone Africa entitled “MORE THAN A MOTHER”; Her Excellency Ms Brigitte TOUADERA, First Lady of Central African Republic, was elected Ambassador to sponsor the launch of the campaign in 17 Francophone African countries. The First Lady of Central African Republic was also invited to sponsor the launch of the campaign on 17-21 February 2017 in Nairobi and in Kampala.

On Monday, 20 February 2017, the Intercontinental Hotel in Nairobi hosted the launch of the Campaign “MORE THAN A MOTHER”

Her Excellency, Mrs. Brigitte TOUADERA, First Lady of the Central African Republic (CAR) stressed in her keynote speech that: “I am very happy to attend the “Merck More than a Mother” event today in Kenya because it follows this initiative is in line with what we have done for the Central African Republic (CAR) in January 2017 where nearly 100 sterile women victims of discrimination were given the capacity to build their empowerment. As an advocate of the initiative in CAR and Francophone Africa, I acknowledge the role that “Merck More than a Mother” plays in fighting the stigma of sterile women and raising awareness about infertility prevention, male sterility and the need for a new approach to family building among couples”.

On Tuesday 21 February 2017 in Kampala the ceremony which took place in “Tororo” was very impressive, because a thousand (1,000) women victims of stigmatization and discrimination of the sterility rehabilitated by MERCK were present.



Chad

Since its launch in Chad in December 2009 by her Excellency the First Lady of Chad, the campaign for accelerating the reduction of maternal mortality in Africa remains its priority. Thanks to the advocacy of the First Lady of Chad, UNFPA would sponsor an operation for the indigenous and displaced people of the Lake Chad region, these populations have fled the exactions of the Boko-Haram sect.

Madam Hinda Deby Itino continues to support the reintegration of women victims of fistulas which main cause remain early marriage before the age of 18. These marriages are now prohibited by law 029 / PR / 2015. We note with great interest the implementation and domestication of this law by the adolescents themselves who manage to cancel their traditional marriages often cause by non-schooling of young girls.

Vaccination is one of the major challenges that the First Lady of Chad has been facing, as vaccine-preventable diseases remain a source of disaster among the population. The rate of vaccination coverage represent only 25%, this remains a distance prospect compared to the ambitions of the country and despite significant efforts achieved by the government and its partners.

First Lady Hinda Deby Itino officially launched on 22 April 2017 the 7th edition of the African Week of Vaccination. The ceremony was attended by a number of officials including representatives of UNICEF, WHO, the representative of the AU Commissioner for Social Affairs and the Minister of Public Health. The African Immunization Week was held simultaneously in 47 African countries. This reveals the commitment made by Heads of State in Addis Ababa, in January 2017, to achieve the global objective of immunization in Africa.



Madam Hinda Deby Itino invited all households to open their doors and welcome the vaccinators. The First Lady then administered two drops of vaccine to two twin sisters and symbolically handed two long-lasting insecticide-treated mosquito nets to two pregnant women to mark her commitment to malaria eradication.



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Ethiopia

Ethiopia has made significant progress in reducing chronic undernutrition in children. The prevalence of stunting in the under five years old children has declined from 58% in 2000 to 38% in 2016 while underweight has dropped from 41% to 24% over the same period.

Despite the progresses made, millions of Ethiopians still suffer from chronic and acute malnutrition. The social and economic costs of child undernutrition are immense. Cognizant of the impact of child undernutrition on the national growth and transformation, the government of Ethiopia has expressed its political commitment by issuing the Seqota Declaration in 2015 to end child undernutrition by 2030. In line with this, the government has prepared and implementing the second National Nutrition Programme, NNP II, 2016-2020. The plan calls for exerting concerted multi-sectoral actions to ensure food security as well as nutrition security in the country.

As addressing the deep-rooted causes of malnutrition requires bringing socioeconomic transformation, H.E. the First Lady advocates to engage leadership at policy, program and community levels to exert concerted efforts to end child and maternal undernutrition. The First Lady took initiatives to attain sustainable reduction of child undernutrition in Ethiopia in collaboration with government bodies and development partners. To increase public awareness on impacts of malnutrition and promote better nutrition, the First Lady's office organized trainings to leadership and journalists of public and private mass media. Also nutrition ambassadors are getting selected at national, regional and community levels to promote positive practices on nutrition and avoid harmful traditions. Besides these, the First Lady together with the Ministry of Health has launched "Better Nutrition in the First 1000 days of Life" to break the vicious cycle of malnutrition. Having concerned on the impact of child undernutrition on quality of education, the First Lady mobilized local and external resources for school feeding program now benefiting over 21,000 school children from poor families in 208 public primary schools in Addis Ababa. This has improved attendance, retention, and academic performance of the students. The lessons to be used to scale up school feeding program nationally.



Guinea Bissau

The First Lady's office works in close collaboration with the "Bom Samaritano" (the Good Samaritan) institution, located in Catió, in the South of the country. This institution is managed by Pastor Manuel CA and welcomes young girls who are victims of early marriages. In March this year, the First Lady donated first-aid materials, school stationary and food to the institution. Furthermore, the First Lady presided over a function which was held in commemoration of the fight against early marriage and female genital mutilation. This ceremony took place in Guiledje, in the South of the country.

On 24 April 2017, the First Lady attended the official launching ceremony of the child vaccination campaign for infants (0-1 year of age) in partnership with the WHO and the Ministry of Health. The campaign took place in Hafla, a popular district located in Bissau, the capital town. Furthermore, the First Lady took part in the production of advertising spots on immunization. The purpose of these spots is to create awareness and call mothers, fathers and teachers to fulfill their duty and have their children vaccinated in health centers and hospitals.



Kenya

The Beyond Zero Initiative has prioritised access to health care services for women and children through the donation of the mobile clinics to all forty seven counties. It is contributing to a significant increase in access to antenatal services, postnatal care services and has doubled skilled birth attendance. Populations that do not visit hospitals have the opportunity to receive treatment in the mobile clinics.



The Government appreciates the impact of immunization services in elimination of childhood infectious diseases as evidenced by the significant reduction in child and infant morbidity and mortality in the country. The Beyond Zero Initiative has been at the forefront of advocating for universal access to immunization services for all Kenyans through advocating for new vaccines that are needed to provide protection against killer children diseases. The Initiative was instrumental in the introduction of the Rota Virus vaccine in 2014. Since then, the Country has introduced Inactivated Polio Vaccine in 2015 to boost protection of communities against polio and the Measles Rubella Vaccines in 2016 that reached 19 million children under 15 years of age through a mass vaccination campaign in the year of introduction. The Beyond Zero mobile clinics provided are facilitating the provision of immunization services to the marginalized and underserved populations through outreach services. Further, with the support of the National Government, the Initiative has continued to advocate for free provision of vaccines through all immunizing health facilities (Public,



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Faith-based and Private) in the country, guaranteeing free access to immunization services to all eligible children. Beyond Zero support to supplemental immunizations for targeted populations have assisted the Kenya to cover at least 80% of all children by their first birthday.

Adolescents aged 10-19 years constitute 24 percent of Kenya's population and are faced with harmful cultural practices such as early and forced child marriage and female genital mutilation. Only half of adolescents' transition to secondary school with high dropout rates, particularly for girls and this same age bracket, has the highest incidence of new HIV infections. Through the Beyond Zero Initiative, the First Lady is the champion of the "All In" campaign to fast track the reduction of HIV incidence among adolescents and through different speaking engagements has advocated for keeping girls in schools at all levels of education; championed against child marriage; supporting child protection and development initiatives such as prevention of child labour, sexual abuse of children and support to orphans and vulnerable children. Through the Beyond Zero mobile clinics, adolescents have access to PMTCT services.



Malawi

Her Excellency is expected to create awareness on ending child marriages in which she will be recorded and the message will be aired on both radio and television. The messages are to the whole country requesting chiefs, parents and different leaders in the society to refrain from child marriages and encouraging both girls and boys to continue with education in order to lead healthy lives and contribute to the development of the country. There are also messages specifically for girl child empowerment where Her Excellency is advising girls to be able to say no to early marriage and concentrate in their education. It is anticipated that the messages will be on air before June 2017.

The Presidential Safe Motherhood Initiative conducted sensitization meetings on maternal, newborn health including family planning and Prevention of Mother to Child Transmission of HIV in Lilongwe and Thyolo districts. Mainly the meetings targeted influential leaders such as; Chiefs, Religious leaders, Teachers, Traditional Birth Attendants (TBAs), Pastors, Village Safe motherhood committee members', and health workers to orient them on safe motherhood issues in a bid to enhance active participation of community leadership and male involvement in promoting utilization of modern family planning methods and prevention of HIV/AIDS amongst pregnant women, during and after child-birth at all levels.

The leaders were called upon to continue taking a leading role to sensitize their subjects so that they are able to understand some of the challenges they are facing and strive to find lasting solutions to some of them so that they may have better and quality of life in future.



Mali

Mrs. KEÏTA Aminata MAÏGA, First Lady of Mali, organized, on the sidelines of the Africa-France Summit held in Bamako on 14 January 2017, the First Ladies' Session on the theme of "Reproductive Health of Adolescents and Young People", specifically on "Positive traditional and cultural practices for promoting reproductive health".

During the session, the First Ladies shared and exchanged views on the identified positive aspects in their cultures and traditions to remove negative barriers and find new advocacy basis to promoting sexual and reproductive health of adolescents.

The First Ladies adopted a so-called "Bamako Commitment" on ARH. This is supported by a monitoring and evaluation mechanism already under way in Mali.

The Session on Young People and Adolescents Reproductive Health gathered First Ladies from fifteen African countries (Central African Republic, Union of Comoros, Congo Brazzaville, Ghana, Guinea Conakry, Equatorial Guinea, Mauritania, Niger, Rwanda, Sierra Leone, Chad, Madagascar, Sao-Tomé-Principe, Mauritius, and Mali), Mali Government officials, Development Partners, special guests, NGOs and umbrella associations, civil society.



The First Lady sponsored and launched Save the Children campaign "No Forgotten Child" on April 26, 2016 with more than 300 people including the President of the National Assembly, Ministers of Government and mostly children in attendance. The event highlighted the challenges and obstacles



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faced by vulnerable children, especially girls, in Mali. Among these are child marriage or early marriage with its corollary of early pregnancies and unsafe motherhood.

In her plea, the First Lady invited decision-makers, religious and customary authorities as well as civil society organisations to become more involved in the improved protection of children.

The First Lady sponsored the International Day of the Girl on October 11, 2016, in connection with child marriage and girls' reproductive health. The ceremony was attended by the country high-ranking officials, civil society and children's organisations and associations.

The First Lady, in a solemn declaration, asked parents, especially mothers, to engage in promoting girls' education. She has translated her commitment by signing a petition with ministers who accompanied her to end child marriage.



Mozambique

Her Excellency the First Lady, organized the I National Seminar for Prevention and Combat against premature marriages and early pregnancies. In this Seminar, her Excellency the First Lady launched the Project to Fight against Early Marriages. There were present: Her Excellency Esther Lungu, the First Land of Zambia; Princess Tsanzile, in representation of Swaziland Queen; the wives of Provincial Governors; Community Leaders, traditional and religious representatives; Members of Parliament; Representatives of national and international NGO's; Civil Society Organisations; and women adolescents from the whole country. Her Excellency the wife of the President of Mozambique, Dra. Isaura Nyusi, launched the African Vaccination Week no the 27th April of 1017, in Xipamanine Health Centre. Therefore, with the contribution of Her Excellency the Wife of the President of the Republic, Mozambique register big progresses in diseases prevention through vaccination, and as a result, we managed to reduce more than 80% the mortality by measles, we eliminated neonatal tetanus, and polio.



Under family planning, during the first semester, Her Excellency the Mozambique First Lady, Dra. Isaura Nyusi, led the opening of the National Meeting on Family Planning, before the Ministers of Health, Economy and Finances, Governor of Maputo City, cooperation partners, national and international invited guests.



Namibia

FLON has engaged the topic of Sexual Reproductive Health for Adolescents at several International, Continental, Regional and National fora. Some of the activities undertaken include the annual Day for antenatal screening and promotion of Safe Motherhood which is held in collaboration with a Ongwediva Medipark, a private hospital in the northern parts of Namibia which has displayed commitment to bring services to the people and on an annual basis provides free antenatal screening for expectant mothers. FLON has committed to working with the Medipark Annually to share information on the importance of looking after oneself and good nutrition in pregnancy and the nutritional value of traditional foods.



Niger

A mass malaria campaign was launched in Niger through the distribution of mosquito nets: The First Lady initiated the operation inside the country in the presence of several members of the government, National deputies and representatives of the United Nations system in Niger. One of the objectives of this campaign is to reduce the prevalence and mortality rate of this disease, particularly among the most vulnerable groups, namely pregnant women and children under five.

An integrated health center in the city of Maradi was established with the complete equipment necessary to carry out the minimum health services. This is a newly constructed health center whose equipment was provided by the First Lady's foundation in order to contribute to improving the quality of care provided to the beneficiaries, which will have an impact on the reduction of maternal and infant mortality.

The celebration of the World Tuberculosis Day was marked by an official ceremony presided over by the First Lady of Niger who delivered a speech on:

- the importance of the celebration of this day in the world;
- the strategies for the control of this disease set up in Niger;
- the situation of HIV / TB infection in Niger and the measures put in place to deal with it;
- the need to be screened for TB
- and the appeal to families, patients for psycho-social support and good adherence to treatment



Rwanda

On 23 August 2016, The Adolescent Sexual Reproductive Health & Rights (ASRH&R) campaign was held to further promote ASRH&R among the youth in Rwanda.

Conducted in partnership with the Packard Foundation, this campaign empowers the youth with ASRH&R comprehensive knowledge and promotes positive attitudes, while advocating for the increased use of ASRH&R youth friendly services in health facilities, and in the community.

The campaign was organised in 6 different schools with an attendance of 3000 young people, 743 youth aged 10-24 benefited from the free voluntary counselling and testing (VCT) services, and all of them tested negative.

On 29 October 2016 the First Lady Jeannette Kagame joined community members of Rulindo District for the monthly community service "Umuganda", and the launch of Year-3 of the 12+ programme. Conducted nationwide under the Ministry of Health, with the support of DFID, the 12+ programme was launched in 2014 to provide young girls with health, education, socio-economic and leadership knowledge to help them acquire the needed assets to become successful adults.

Through 12+, young girls aged between 10-12 receive lessons on self-confidence, nutritional balance, career guidance and the principles of being financially independent. Young mentors, aged between 18 - 25 years, who are trained to empower the girls in "safe spaces", conduct these lessons every weekend. Over the past two years, more than 17,000 girls have been mentored under the programme.



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On 18 January 2017 Early Childhood Development and Family services in Kivumu Sector Rutsiro District was launched. The First Lady and Mrs Della Tamari of the Tamari Foundation joined local authorities and residents of Kivumu to lay the first stone on the Early Childhood Development and Family (ECD&F) centre construction.

The ECD centre will help deliver ECD services that focus on the holistic development of 0 – 6 years old children, including health, nutrition, early learning and protection services to families and children. Once completed, the centre will feature stimulation rooms for each age group, as well as an equipped kitchen that will help provide full balanced diets to children attending the centre.

Imbuto Foundation in collaboration with UNFPA, and with funding from UKAid, launched the Innovation Accelerator (iAccelerator) challenge at the University of Rwanda, College of Business and Economics in Kigali in December 2016.

The iAccelerator programme encourages young people to think critically and creatively about issues related to sexual and reproductive health and seeks to generate innovative, youth-led solutions to these issues. Over 100 students participated in the launch, and learned more about the programme through an intensive Q&A session.

On 17 February, in collaboration with UNFPA and funding from UKAid, Imbuto Foundation organises and experts reviewed over 231 applications to shortlist a group of 10 innovators. The Top 10 innovators presented their ideas at the pitch event, for a chance to be picked as the final four. The top 4 innovative solutions received a grant of 10,000 USD, and selected innovators have since been coached, mentored and trained under the programme.

On 12 May 2017, During the Transform Africa Summit held in Kigali, in May, Imbuto Foundation hosted the first opening event under the i-accelerator project showcasing the young people apps that a promoting a youth friendly way of discussing Adolescent Sexual Reproductive Health issues. The overall theme of this Demo Day was Smart Health Opportunities in Africa. The First Lady and Chairperson Mrs. Jeannette Kagame, emphasized the importance of innovation and technology as we look for solutions to different health issues affecting the continent.

First Lady Jeannette Kagame joined the 25th Celebration of the Day of the African Child held on 18 June 2016 in Tabagwe (Nyagatare District). The theme of the day was: “Quality education is a stable foundation for the bright future of the child.” Raising public awareness on issues affecting children such as dropping out of school, malnutrition, child labour, gender-based violence, child trafficking, among others, were discussed during the event.



Zambia

On the Campaign against Child marriage Her Excellency Mrs. Esther Lungu has intensified her efforts to eliminate this negative practice not only at home but in the sub-region and on the global stage as well.

During the period under review First Lady Mrs Esther Lungu joined forces with the United Nations and other international stakeholders during the 71st Regular Session United Nations General Assembly and the 61st Session of the United Nations Commission on the Status of Women (UN CSW) in order to concretize programs that would contribute to the reduction of child marriage and teenage pregnancy. The First Lady attended side events among them the 4th Bunengi Africa Stem First Ladies and Global Business Women Summit – Global Africa STEM First Ladies Round Table; Event on Pathways to Economic Justice for Adolescents Girls and Young Women; Side Event - High Level Panel on Women's Economic Empowerment.

On the sub-regional front, Mrs. Lungu joined her counterpart the First Lady of Mozambique Her Excellency Dr. Isaura Ferrao Nyusi in Mozambique to launch that country's national campaign to end child marriage and teenage pregnancy from 25th to 28th February, 2017. During her visit, the First Lady participated in the National Capacity Building on Child Marriages and Early Pregnancies Seminar. She also witnessed the inauguration of the Maternity wing at the Chiure District Hospital. Since the visit, the Technical Advisors from the First Lady's Office of Mozambique have visited Zambia and a joint program on Child Marriage is being formulated.

At home Her Excellency the First Lady of Zambia has participated in several programs and she has continued to urge the nation to **STOP GENDER BASED VIOLENCE AND SEXUAL VIOLENCE AGAINST CHILDREN**. Mrs Lungu has continued to state that child marriage and teenage pregnancies constitute sexual violence against girls. Further, she has continued to create awareness that these vices do not only threaten national development but are also a stumbling block to the proper growth and development of girls.





Child marriage destroys the self-esteem of girls and boys, undermines the ability of girls to attend and concentrate on their education and affects their long term development into adulthood. First Lady Esther Lungu partnered with the Medical Association of Zambia, Savannah HIV/AIDS Mufulira, Multi Service Youth Camp Kafue, Christian Brigades an organisation from the United States of America who carried out medical outreach programs in Zambia's Copperbelt Province.

In October and December 2016 respectively, the First Lady of the Republic of Zambia mobilised over 4,000 bags of mealie meal weighing 100 tonnes, 20 tonnes of beans, 20 tonnes of sugar, 2 tonnes of dates, 60,000 litre of cooking oil, 4 tonnes of salt and 12,000 packets of biscuits and 80 tonnes of rice from the King Salman Centre for Humanitarian Aid to give to the less privileged in communities including people living with HIV/AIDS. She further mobilised 2,500 food hampers comprising sugar, salt, beans and cooking oil from the Islamic Relief organisation Southern African to specifically distribute to hospices and orphanages. The food hampers donated to the First Lady of Zambia has benefited children, pregnant women, people living with HIV/AIDS and malnourished populations in Zambia.

During the 2017 UN CSW Her Excellency Mrs. Esther Lungu delivered keynote address at a side event organized by the Food and Agriculture Organisation of the United Nations (FAO) entitled "The UN Decade of Action on Nutrition: Working together to implement the outcomes of the Second International Conference on Nutrition" and an event organized by the World Health Organisation, UNICEF, UN Women and FAO titled "Women and Labour: A Nutritional Perspective".









CHAPTER 5

CERVICAL AND BREAST CANCER

CHAPTER 5:

Cervical and Breast Cancer

Context

Adolescent Health in Africa: Visualizing the problem and generating solutions towards the demographic dividend

The number of adolescents is about 196.5 million in African Region and this is expected to rise from 18 % in 2012 to 28 % by 2040 while the shares for all other regions will decline. If the benefits of a demographic dividend can be enormous, the gains are neither automatic nor guaranteed. Harnessing demographic dividend in African countries requires prioritizing human capital development especially health and education systems including policies aiming to reducing fertility rates¹. Asian economies, for example, have begun to grow as a result of a significant decline in fertility. Research shows that every dollar that a government invests up to 6 dollars can be saved for other development areas and other health-related needs².

Tremendous progress has been made in the last 15 years. The Millennium Development Goal (MDG) era saw a near halving of maternal and child mortality, but more remains to be done to end preventable mortality and morbidity by 2030. The contraceptive prevalence is still low with an average of 28% while the unmet need is about 24%³ including adolescent girls in the region⁴. There is a need to collectively stimulate and accelerate progress on controversial topics such as sexual and human rights, family planning, elimination of unsafe abortion, sexual education, gender-based violence and child marriage.

1 VimalThakoor and John Wakeman-Linn, 2016, "Surf the Demographic Wave," Finance and Development. (Washington: International Monetary Fund)

2 Achieving the MDGs: the contribution of fulfilling the unmet need for Family Planning. USAID, 2006

3 Source: Atlas WHO, 2016

4 United Nations, The Millenium Development Goals Report 2013. United Nations, New York Pg 24-34, 2013



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Moreover, the growing number of adolescents in African Region is associated with high morbidity and mortality rates. And yet most these deaths are due to preventable and treatable causes such as births among adolescents 15-19 years (80-210 per 1000 %)³, unsafe abortion (31 per 1000)³ as well as violence, substance abuse, injuries, and communicable or non-communicable diseases etc.

To achieve our goals of ending all preventable deaths within a generation and ensure their well-being, adolescent friendly' health services and universal access to immunization in the context of Resilient and strengthened health system are key strategies to improve adolescents health and support their transition to adulthood. Every woman, newborn, child and adolescent has a right to health, and healthy populations are central to sustainable development. The health of women, newborns, children and adolescents is intrinsically linked to bringing about the transformative change needed to shape a more prosperous and sustainable future for all.

It is in this context that I have decided to consider Adolescent Health as a flagship for WHO in African Region for the period 2015 to 2020⁵ and this is one of the focus of the WHO and OAFLA partnership agreement.

I therefore call First Ladies and all stakeholders to join Member States to develop strong adolescent health and school health programmes.

This is the way to prepare healthy adults for Africa who will make greater contribution to economic growth to achieving the demographic dividend.



Burkina Faso

Screening for precancerous lesions is included in the free package of care for women since April 2016.

In addition to routine activities, screening campaigns are carried out in partnership with NGOs, associations, technical and financial partners as well as private structures. These campaigns are mainly meant for disadvantaged women in peri-urban and rural areas.

In the past year, 12,480 women were screened in campaigns organized with the support of the First Lady. Out of these, 629 women diagnosed with precancerous lesions received treatment either by cryotherapy (512) or by diathermy loop excision (117). In addition, 12 cases of cancer referred to hospitals for treatment were diagnosed.



Burundi

High patronage of the official launch of the human papillomavirus (HPV vaccine) vaccine against cervical cancer among young girls aged 9 to 13 years in 2 pilot centers (Ngozi and Rumonge).



Central African Republic

These activities have been planned and the Foundation is raising resources to carry out mobilization and information activities regarding the prevention and treatment of cervical and breast cancer.



Chad

As the Honorary President of the Chadian Action Against Cancer, the First Lady of Chad is extremely committed. On 4 February 2017 in N'Djaména, she launched an early and voluntary diagnosis of 2,000 women. This diagnosis of cervical and breast cancers was initially implemented in the city of N'Djaména and will be extended later to other parts of the country.

On Wednesday 11 January 2017 is to be marked in indelible ink on the calendar of charitable organisations in Chad. The Chadian First Lady officially launched her foundation called « Grand



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Cœur » (Great Heart). The representatives of the political environment, senior government officials, technical, economic and cultural partners as well as the diplomats and the representatives of the international institutions were invited to the Presidential Palace on 15 January to celebrate the launching event of the Foundation called “Grand Cœur”. Today, the Foundation aims at improving the living conditions of vulnerable population groups and gives hope to those who have lost it.



Ethiopia

In Ethiopia, non-communicable diseases including cancer are rising rapidly. An estimated 60,960 new cancer cases and over 44,000 deaths occur per annum. The most prevalent cancers in the entire adult population in Ethiopia are breast cancer (30.2%), cancer of the cervix (13.4%) and colorectal cancers (5.7%). About 2/3rd of annual cancer deaths occur among women (Addis Ababa Cancer Registry 2014).

Having deeply concerned about the growing burden of cancer, the First Lady has been advocating since she resumed her role. She led the establishment of National Cancer Control Committee together with the Minister of Health. Under the guidance of the national cancer committee, co-chaired by the First Lady and the Minister of Health, the country has prepared and issued its first National Cancer Control Plan, NCCP 2016-2020, to lead the national response against cancer in a coordinated manner using a continuum of care model for cancer prevention, early detection, treatment, and palliative care.

The First Lady in collaboration with the Minister of Health took an initiative to decentralize cervical cancer screening and management to every woreda (district) across the country. Now over 143 health facilities are providing screening and treatment for cervical cancer with cryotherapy machines. An additional 1,500 cryotherapy machines are under procurement to avail the service in every district. For cervical cancer requiring operation, 20 Loop Electrosurgical Excision Procedure providing centers are established in referral hospitals.

As breast cancer diagnosis and treatment is confined only to one oncology center in Addis Ababa, the First Lady has been advocating and lobbying to decentralize the service to all teaching hospitals in the country. As result, the Ministry of Health has prepared a guideline to task shift breast cancer management to non-oncologist medical doctors. At present, the first trainees from 12 hospitals are receiving four weeks training on breast cancer management. Likewise, new cancer centers are getting established to decentralize cancer radiotherapy and management to five major cities in the country- Gondar, Haromaya, Jimma, Hawassa and Mekelle. Constructions are getting completed to be equipped with LINAC Radiotherapy machines. A roadmap is prepared to address the short-term and long term human resources needs of these centers.



Guinea Bissau



The First Lady's office is a member of the League of fight against cancer. Within the framework of the partnership programme with the league, it has been planned that, during the second half of the year 2017, an advanced research study will be carried out to assess the impact of this fatal disease in Guinea Bissau. In addition to this, awareness campaigns will be launched in the media. The First Lady has turned this fatal disease into one of the priorities of her mandate. As a proof of her commitment to the search of solutions against cancer, on 24 March 2017 she sent a 14-year old girl to Portugal for medical care.



Kenya

Delivery of the Beyond Zero mobile clinics awareness programmes on the County health indicators is undertaken in different forms including radio programmes, production of fliers and other materials. To complement these efforts, medical camps offering screening, health information advice and counselling, treatment and referrals are undertaken on the same site where the clinic is being delivered. The Beyond Zero mobile clinics continue to offer integrated services including reproductive health cancers screening and treatment (where applicable).



Malawi



In her bid to reduce the high number of women dying from cervical cancer, Her Excellency the First Lady of the Republic of Malawi, Dr. Gertrude Mutharika has made it a point to include the information on cervical cancer screening in all events where she presides in pertaining to sexual and reproductive health. She urges all women of reproductive age to ensure that they go for cervical cancer screening early in order to know their status and be managed accordingly at the health facilities depending on findings.



Her Excellency interacted with women of Zokonda Amayi (a club for women) for Lilongwe and Kasungu districts in March and April 2017 where she created awareness on cervical cancer and the need for women to go for cervical cancer screening. Activities included: an oral presentation on definition, causes, prevention and management of cervical cancer, drama and speeches on cervical cancer. In Kasungu sixty (60) women got encouraged and went for cervical cancer screening at the hospital. The impact was that the women are aware of their status and are able to encourage other women to go for screening as well.



Mozambique

During this semester, Her Excellency the Wife of the President of the Republic of Mozambique, Dr. Isaura Ferrão Nyusi, intensified her advocacy work to prevent and treat cervical prostate and breast cancer through lectures in schools, groups of woman, of the community, traditional and religious leaders. This activities are replicated by the wife's of the governors, districtal administrators, heads of administrative posts and localities.

Her Excellency the First Lady launched the National Campaign of prevention and treatment of Cervical, Breast and Prostate Cancer. During the opening ceremony of the women's month in Pemba City, she also carried out activities to raise the people's awareness on cancer illness.

At international level, Her Excellency the First Lady participate as guest of honour and representing the First Ladies from OAFLA in the Global Oncology Symposium and in the Global Academic Programs (GAP) 2017 Conference from 08th - 09th of May 2017 in Houston – Texas, USA.





Namibia

FLON took part in the annual National Cancer Awareness marathon hosted by the Cancer Association of Namibia. FLON also engaged Pink Ribbon Red Ribbon how to scale up their activities in Namibia and on the occasion of a visit of the Former President of the United States Mr. George W. Bush and Mrs Laura Bush, took part in the handover of a fully equipped Gynaecological Rapid Access Services clinic at the Windhoek Central Hospital. The room enables the implementation of “screen and treat” for the early detection



Rwanda

On 30 November 2016, First Lady Jeannette Kagame accompanied by First Lady Sylvia Bongo Ondimba visited the Institut de Cancérologie of Libreville in Gabon. The visit took place on the sidelines of the 8th Extraordinary Session of the Heads of State of the Economic Community of Central African States (ECCAS) held on 29-30 November, in Libreville, Gabon.

The Institute offers a variety of services, which include medical oncology, radiotherapy, nuclear medicine, and a laboratory of tumor biology and anatomy pathology.

At the occasion, both First Ladies also visited ‘La Maison d’Alice’, a house meant to host, and help heal holistically, patients from vulnerable backgrounds living far from the Gabonese capital. This house was named in honor of the first Gabonese woman cured of cancer.



Zambia

On 17th October 2016, the First Lady of the Republic of Zambia joined partners in raising awareness on cervical cancer by launching mHealth mCervical Cancer Campaign in Zambia. The campaign is aimed at Ministry of Health and other partners like the W.H.O, African Development Bank, Zambia Information Communication and Technology Authority through the International Telecommunication Union (ITU) and mobile service providers launched the mhealth mCervical cancer programme under the “Be He@lthy, Be Mobile”.



The initiative to increase information dissemination on cervical cancer and other health information through the use of mobile phones was launched by the First Lady of the Republic of Zambia Madam Esther Lungu who has continued to champion programmes aimed at reducing cervical cancer in the country.

On the international platform, Her Excellency Mrs Esther Lungu in 2016 participated in the 4th African First Ladies/Spouses and Heads of Governments UNGA High Level Side Meeting under the theme: A New Era to Stop Cancer in Africa and the Sustainable Development Goals (SDGs).

In 2017 at the 61st UN CSW Zambia's First Lady took part in a Side Meeting on Breast and Cervical Cancer organized by Access to Basic Medical Care Foundation of Nigeria. Additionally the First Lady held a bilateral meeting with the CEO of Pink Ribbon Red Ribbon to firm up funding for Zambia's breast and cervical cancer interventions.







CHAPTER 6

PARTNERSHIPS

CHAPTER 6:

Partnerships

INTRODUCTION

This chapter puts a spotlight on OAFLA's time-honored as well as emerging partnerships; joining efforts with our esteemed partners has enabled OAFLA to access new perspectives, technical expertise, knowledge, resources, and connections; it has also fostered the exchange of information, learnings, and best practices and has contributed to the alignment of processes and policies at national, regional and international levels.

Most especially, collaborating, coordinating and creating synergies with organisations, alliances, and coalitions who share OAFLA's vision has unarguably multiplied the power of OAFLA's advocacy efforts: leveraging complementarities with partners, OAFLA has been able to speak with a stronger voice, gaining in credibility and visibility, which in turn has resulted in increased access and influence to decision makers and a broader reach – all for the well-being of children, women and families in Africa. This chapter will highlight the work done with partners during the July 2016 - June 2017 period in the domains of HIV and AIDS, Maternal and Child Health, and Cervical Cancer.

OAFLA's partners range from private corporate organisations and Non-Governmental Organisations to UN agencies.



CHAPTER ONE: HIV AND AIDS

THE JOINT UNITED NATIONS PROGRAMME ON HIV AND AIDS (UNAIDS)

The Joint United Nations Programme on HIV and AIDS (UNAIDS), the leading advocate for accelerated, comprehensive and coordinated global action on the HIV/AIDS pandemic, is OAFLA's founding member and key strategic partner.

UNAIDS continues to support OAFLA in the definition and execution of its strategic direction as OAFLA First Ladies continue to advocate on the UNAIDS 90-90-90 targets, the Start Free, Stay Free, AIDS Free framework and the All In! Campaign to End Adolescent AIDS.



In particular, the Executive Director of UNAIDS, Michel Sidibé, appointed the First Lady of Namibia, H.E. Monica Geingos, as UNAIDS Special Advocate for Young Women and Adolescent Girls in September 2016. H.E. Monica Geingos is currently championing the newly launched Start Free, Stay Free, AIDS Free agenda.

Similarly, as the special UNAIDS Ambassador for the Elimination of Mother to Child Transmission of HIV and promotion of Pediatric treatment, the First Lady of Cote d'Ivoire, H.E. Madam Dominique Ouattara, continues to spearhead several advocacy initiatives for a rapid elimination of Pediatric HIV.

ALERE INC.

OAFLA considers the private sector to be a key ally in the quest to improve the lives of children, mothers and families in Africa. OAFLA's partnership with Alere Inc. illustrates how effective engagement with the private sector leads to better results.

In September 2016, Alere Inc. and OAFLA expanded their initial Memorandum of Understanding with a goal of reaching an additional 500,000 pregnant women, infants and adolescents and other at-risk populations in Africa with screening and prevention services through building healthcare capacity, expanding healthcare access, raising healthcare awareness, and measuring healthcare impact.

In the framework of the above-mentioned MoU, Alere Inc. and OAFLA established a grant program which made available USD 250,000 (two hundred and fifty thousand) in support of First Ladies' initiatives that contribute to national efforts in preventing, managing and eliminating HIV and AIDS.



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We are proud to support the Alere-OAFLA Grant Program for enabling access to effective diagnostic interventions towards the elimination of HIV/AIDS and reduction of maternal and child mortality in Africa.



Superior quality point-of-care (POC) diagnostic tests & instruments – Alere Pima™ CD4 and Alere™ q HIV-1/2 Detect. Robust connectivity – Alere™ Connectivity. Real-time data analytics – Alere™ Data Point. Local field service support – Alere™ Field Support Staff.

CHINA AFRICA BUSINESS COUNCIL (CABC)

Building on the Africa-China HIV Advocacy Event organized in the margins of the 2015 Johannesburg summit of Forum on China - Africa Cooperation (FOCAC), OAFLA and CABC have established a strong partnership to end HIV/AIDS.

In keeping with the First Lady of the People's Republic of China's acknowledgment of her country's keenness to provide technical as well as financial support to African First Ladies' initiatives, the China Africa Business Council had initially donated USD 100,000 (one hundred thousand dollars) to support OAFLA's PMTCT programs pertaining to: HIV Testing Services (HTS) for mothers and children; care and support to Orphan and Vulnerable Children (OVC); and ART therapy for mothers and children.

In 2017, the CABC donated an additional USD 100,000 (one hundred thousand dollars) as part of the second phase of the funding scheme. This grant will allow OAFLA member states and the OAFLA secretariat to continue driving action to prevent, manage and eliminate HIV and AIDS.

ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION (EGPAF)

In line with OAFLA's mission to strive for a generation free of HIV, EGPAF and OAFLA collaborate to drive advocacy by OAFLA First Ladies at the national and regional levels on the targets and commitments adopted in the 2016 United Nations Political Declaration on Ending AIDS, as well as other global commitments and frameworks, such as the Sustainable Development Goals, the UNAIDS 90-90-90 Targets, and the Start Free, Stay Free, AIDS Free framework.

In 2016, EGPAF and OAFLA had developed a co-branded advocacy toolkit on Pediatric Treatment of HIV/AIDS, which First Ladies have successfully leveraged to propel ahead their advocacy work. The existing toolkit will be amended to include updated statistics, an expansion of the PMTCT section, the addition of information on addressing the challenges of reaching adolescents and HIV.

MATERNAL AND CHILD HEALTH

UNITED NATIONS POPULATION FUND (UNFPA)

As the lead United Nations agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled, UNFPA is OAFLA's strategic ally to expand the possibilities for women and young people to lead healthy and productive lives.

The long-lasting partnership with UNFPA has enabled OAFLA to host yearly high level advocacy events on Maternal Health and Adolescent Girls in the margins of the United Nations General Assembly. In line with its 2016 theme of "Advancing sustainable partnerships to end paediatric AIDS and improve adolescent sexual and reproductive health and rights" and the African Union's 2017 theme of the year on "Harnessing the Demographic Dividend through Investments in Youth", OAFLA, together with UNFPA and other key partners organized a High Level Event in the margins of the 71st United Nations General Assembly in September 2016 under the theme "Empowering The Adolescent



Girl Through Improved Sexual And Reproductive Health: The Role Of African First Ladies”.

The High Level Event brought together decision-makers and key stakeholders including Heads of State and Government, First Ladies, Heads of UN agencies, and civil society organisations to increase acceptance and move forward action on expanding access to sexual and reproductive health information and services for adolescents across Africa.



AFRICAN UNION COMMISSION (AUC)

In recognition of the African Union Commission’s mandate to work towards an integrated and prosperous Africa, through the promotion of common continental positions, the setting of common standards and norms through legal instruments and the formulation and implementation of continental policies and programs in strategic areas of common interest, OAFLA continues to work hand in hand with the AUC to realize the growth and prosperity ambitions of Agenda 2063.

Leveraging the strategic position of First Ladies as change agents with influence on duty bearers as well as grass-root communities, OAFLA continues to advocate for improved political commitment and leadership for the domestication and implementation of AUC’s legal instruments related to sexual and reproductive health at the national level.

As such, African First Ladies continue to play a critical role in the launch and implementation of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA). In particular, the AUC celebrates the First Lady of Sierra Leone, H.E. Madam Sia Nyama Koroma as an active CARMMA champion¹.

Similarly, OAFLA First Ladies are actively supporting the launch and adaptation of the AUC’s Campaign to End Child Marriage in Africa (CECM). So far, fifteen (16) OAFLA countries have launched the AU Commission’s CECM at the national level. These countries include Burkina Faso, Benin, Chad, Ethiopia, Ghana, Madagascar, Mali, Niger, Uganda, Sudan, Zimbabwe, The Gambia, Nigeria, Senegal, Sierra Leone, and Kenya.

The Campaign necessitates that countries who have launched the Campaign implement laws, legislation and policies that set requirements for the legal age of marriage. To this end, OAFLA First Ladies dynamically advocate for the intensification of already existing efforts at the national level

¹ <http://www.carmma.org/champion/mrs-sia-nyama-koroma>



to commit to combating this harmful practice and invest more in the implementation of policies and laws against child marriage.

Furthermore, OAFLA and the AUC wish to build on their successful partnership to expand their collaboration to new initiatives. Recognizing that the Elimination of Mother to Child Transmission of HIV/AIDS (EMTCT) is unfinished business that requires sustained political will and financial commitment in the post-2015 period, OAFLA and the AUC seek to launch a new EMTCT continental campaign. The initiative is expected to ignite action at community, national, regional, continental and global levels to end pediatric AIDS by 2030 and keep mothers well.

THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

The International Planned Parenthood Federation remains one of OAFLA's key partners for advancing Africa's sexual and reproductive health agenda.

OAFLA signed a Memorandum of Understanding with IPPF in March 2017 to take part in a three-year advocacy, communication and awareness raising campaign led by International Planned Parenthood Federation Africa Region (IPPF AR) in collaboration with a unique coalition of youth-serving organisations, faith organisations, feminist groups and activists.

The overall objective of the State of the African Woman Campaign is to contribute to securing, realizing and extending women's rights enshrined in African Union policies for the continent.

As part of this initiative, First Ladies form part of a cadre of vibrant champions who will leverage their social status, reputation, visibility and access to high level political leaders in their countries to mobilize public and political support the domestication of continental policies and protocols on women's rights in Africa such as the Maputo Protocol, the Maputo Plan of Action and the Solemn Declaration.

WORLD HEALTH ORGANISATION (WHO)

In coherence with the Memorandum of Understanding signed in January 2016, WHO and OAFLA are currently collaborating to streamline efforts on areas of common interest.

Recognizing that the African Vaccination Week is an event of high importance in the immunization and child health calendar of Africa, the 7th African Vaccination Week (April 24-30, 2017) has been one of WHO's and OAFLA's joint priority. As such, WHO produced and shared with OAFLA an African Vaccination Week Media Toolkit, which supported First Ladies' activities on the occasion of the African Vaccination Week.

Furthermore, WHO and OAFLA will jointly organize side event at the ICASA Conference in Abidjan in December 2017, under the theme: "role of African First Ladies in sustaining the response to HIV in the era of the SDGs."



GAVI, THE VACCINE ALLIANCE

In line with OAFLA's strong Call to Action on Routine Immunization and the Addis Declaration on Immunization, GAVI, the Vaccine Alliance designed three advocacy and media toolkits tailored to the contexts of Congo Brazzaville, Malawi and Niger on the occasion of the African Vaccination Week (AVW) from April 24th to 30th, 2017.

Designed with the purpose of supporting First Ladies' advocacy work on the occasion of the AVW, the toolkits provided the three OAFLA member states an overview of the African Vaccination Week 2017; suggestions for AVW 2017 activities to get involved in, in the weeks leading to the AVW as well as during the AVW; a social media package; immunization key messages with supporting global and Africa data and information on the immunization landscape in the three targeted member states.



JOHNSON AND JOHNSON

In response to a request made by the OAFLA Secretariat, Johnson and Johnson kindly sponsored a Communications workshop organized by Edelman Communications Marketing Firm in the view of building the capacity of the Secretariat.





Merck More Than a Mother

Merck continues its commitment to empower infertile women across the continent through access to information, health and change of mind-set.

In some cultures, childless women still suffer discrimination, stigma and ostracism. An inability to have a child or to become pregnant can result in being greatly isolated, disinherited or assaulted. This often results in divorce or physical and psychological violence.

“Merck more than a Mother” supports governments to define policies to improve access to regulated, safe and effective fertility care and address the need for interventions to break the stigma around infertile women and the necessity for a team approach to family building among couples. It also provides practical training opportunities for embryologists to build fertility care capacity in Africa



Health facts associated with infertility in Africa and developing countries:

According to data from the WHO , more than 180 million couples in developing countries (one in every four couples) suffer from primary or secondary infertility. In sub-Saharan Africa, untreated genital infections such as gonorrhea and chlamydia may be the cause of up to 85% cases of infertility among women. This compared to 33% worldwide, emphasizes the importance of prevention programs in Africa.

In addition to raising awareness, which will benefit future couples, Merck started the “Empowering Berna” project which supported more than 1000 infertile women to establish small businesses so they can re-build their independent and happier lives.



“Merck More than a Mother” Champions:

“When I created “Merck more than a Mother”, I knew important women around the world would rally to the cause, but I was surprised at their enthusiasm and speed at which they did so”, said Dr. Rasha Kelej, CEO of Merck Foundation. The campaign will expand to more African and Asian countries championed by Sierra Leone’s First Lady, H.E. Sia Nyama Koroma, Central African Republic’s First Lady, H.E. Brigitte Toudjera, Nigeria’s First Lady, H.E. Aisha Buhari and the Crown Princess Azizah of Pahang, Malaysia.

MERCK STEM PROGRAM

Merck partners with UNESCO and the African Union to empower women in the STEM fields with



special focus on research and healthcare to improve women health.

As part of their contribution towards improving access to healthcare solutions and hence to the social and economic development of Africa, Merck launched their annual “Best African Woman Researcher Award” and “Best Young African Researcher Award”. Winners from Kenya, Burkina Faso, Gabon, Uganda, Ethiopia Botswana, Cameroon, Gambia and Zimbabwe were presented with the awards during the recently held 2nd UNESCO-Merck Africa Research Summit (MARS) in Addis Ababa, Ethiopia.

Prof. Dr. Frank Stangenberg-Haverkamp, Chairman of Executive Board and Family Board of E. Merck KG emphasized: “Merck will continue to empower young researchers which raises the level of scientific research in Africa and encourages in particular young women researchers to pursue their dreams, work for improving access to health solutions and make a difference in the continent. Moreover, I am very pleased to offer my support to motivate female researchers and healthcare providers and recognize their excellent contribution to fields where they are under-represented”.

“Merck provided the 2016 MARS award winners with training opportunities to advance their research capabilities to international standards. They have been appointed as ambassadors of the “MERCK STEM Program for Girls” in their countries” explained Dr. Rasha Kelej, CEO of Merck Foundation.

UNESCO Merck Africa Research Summit 2017 will be held in Mauritius under the patronage of the Head of State, H.E. Ameenah Gurib.







STRATEGIC PLAN

2014-2018

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



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	1.1 Greater public support for maternal health services and hospital stays fee waiver generated and Government acceptance of fee waiver policy 1.2 members of parliaments acknowledged the issue 1.3 the issue received high media coverage	1.1.1 Support the assessment on the implications of fee waiver in increasing access to maternal health services 1.2.1 Organize a forum for members of parliament to reach consensus on key findings of the assessment 1.2.2 Prepare monthly articles in the national dailies on the findings of the assessment 1.3.1 Carry out press conference to release key findings of the assessment
2. Promote the development / implementation of Maternal Newborn and Child Health (MNCH) Roadmap including budget to intensify health care services	2.1 The Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality in Africa (CARMMA)Launched and implemented 2.2 increased commitment among political decision makers to strengthen and intensify MNCH services makers	2.1.1 Reconcile all countries who have already launched CARMMA and evaluate the implementation of the campaign 2.1.2 Compile and share implemented activities to relevant partners 2.2.1 Prepare and disseminate policy briefs on the state of MNCH 2.2.2 Lobby governments to increase access to quality, integrated services for mothers and children
3. Establishing/ maintaining partnerships and networking to mobilize additional resources for MNCH programs	3.1 Potential donor expressed commitment through official communiqué	3.1.1 Prepare/disseminate situation analysis report on the status of MNCH in the region/country 3.1.2 Organize participants in donors round table meetings for fund raising 3.1.3 Participate and deliver key messages in various regional and international forums
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	4.1 Members of parliament, academia and other prominent personalities supported the need to amend existing laws/legislations 4.2 Police officers and the Judiciary committed to enact the laws intensively 4.3 Community members banned practicing FGM and child marriages	4.1.1 Review and identify existing gaps in laws/legislations with regard to FGM and Child marriages 4.1.2 Reach a consensus within members of parliament, university students and other support groups on main topics which needs to be amended 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 4.3.1 Mobilize religious and opinion leaders, the elderly including youth to ban HTPs 4.3.2 Inform and educate traditional practitioners about the consequences for not abiding by the constitution 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>	<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>
<p>Goal 3: Contribute to the national effort in reducing Cervical Cancer</p>		
SPECIFIC OBJECTIVE	OUTPUTS	ACTIVITIES
<p>1. Support the effort of creating a supportive policy environment for the prevention, early diagnosis and treatment for cervical cancer</p>	<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>
<p>2. Increasing resources for cervical cancer prevention and supporting institutions working in the fields of cancer prevention and treatment</p>	<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>
<p>3. Increasing awareness about the prevention, early diagnosis and treatment options about cervical cancer</p>	<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 organisational Visibility, organisational learning and stakeholders commitment

SPECIFIC OBJECTIVE	OUTPUT	ACTIVITIES
1. Ensuring organisational 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 Organisational 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 OAFLA's 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 organisational 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 Organize/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 Organisational 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 organisational 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





DIRECTORY

DIRECTORY:

OAFLA COUNTRY OFFICES AND FOCAL POINTS

Republic of Algeria

Amira Benchérif
Tel: +213 21561699
E-mail: amira.bencherif@gmail.com

Republic of Benin

Anais Gbaguidi
Tel: +229 96692035
Email: agbaguidi@
fondationclaudinetalon.org

Republic of Burkina Faso

Mwin-nog- ti Luc HIEN
Tel: +226 78814968
Email: hienluck@yahoo.fr

Republic of Burundi

Nduwarugira Consolate
Tel: +257 22249114 / 79921233
E-mail: nduwaconso@yahoo.fr

Niyuhire Gloriose

Tel: +257 22253361 / 79954143
E-mail: niyuglo@yahoo.fr

Republic of Chad

Dr. Ngarmbatna Odjimbeye
Soukate,
Tel: + 235 66370000 /
99690101/22515139
E-mail: odjimbeye_karmel@yahoo.fr

Ms Dillah Lucienne
Tel: + 235 66292890/99944595/
77959595/ 22514437 ext 182
E-mail: madjibeye2002@yahoo.fr

Republic of Congo

Mongo Michel,
Tel: + 242 050419989
E-mail: michel.mongo@orange.fr

Atipo Benjamin,
Tel: +242 068750058/ 055518966
E-mail: benatipo@yahoo.fr

Mayanda Herve Fortune
Tel: +242 066663133
E-mail : hfmayanda@yahoo.fr

Republic of Central African Republic

Dr. Marcel Massanga
Tel: +236 77028147/70705874
Email: mass_marcel@hotmail.com

Union of the Comoros

Mr. Said Ali
Tel. +269 3320220
Email: saidalisaidahmed@yahoo.fr/
sitti.mhoudine@gmail.com

Republic of Côte d'Ivoire

Madame Sylvie Patricia YAO
Tel: +225 08526581/22480303
E-mail: patriciasylvie@hotmail.com/
dircab@1eredame.ci

Dr Jérôme SON

Tel: +225 22480303/ 09614185
E-mail: sante@1eredame.
cigerumfr4@yahoo.fr



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Federal Democratic Republic of Ethiopia

Noah Degu Kebede

Tel: +251 111241307 / 911 403894

Email: oaflaeth@gmail.com/

nohadegu@yahoo.com

Tsigereda Tafesse Mulugeta

Tel : +251 111241307/ 930 099127

Email: oflaethcommunication@gmail.com

Republic of Equatorial Guinea

Dr. Justino Obama Nve

Mob: +240222273815

E-mail: nve008@yahoo.es

Teresita Alene Nguema

Mob: +240222254577

E-mail: terealene@hotmail.com

Patricia Eyang Edjang

Tel: +240 222248683

Email: pedjang@yahoo.com

Gabonese Republic

Amissa Bongo Ondimba,

Tel: +241 01761708

Email: amissa@gmail.com

Marie Djoffon

Tel: + 241 01778670,

E-mail: m.djoffon@fondationsbo.org

Republic of The Gambia

Mr. Ousman Badjie

Tel: +220 9977211/ 6755386

Email:badjieous@hotmail.com

Republic of Ghana

Amb. Dr. Mokowa Blay Adu-Gyamfi

Tel.: +233 302 919263

Email: mbadugyamfi@ghanaisds.gov.gh

Kwaku Osei

Tel: +233 244247277

Email: kwosei@ghanaisds.gov.gh

Republic of Guinea

Fathyma Pouponne Traore

Tel : +224-628-27-83-33/631-71-78-78

Email: pouponnegn@yahoo.fr

Dr. Fatoumata TOURE,

Tel: +224 664218461/655 359469,

E-mail: fatoure58@yahoo.fr

Republic of Guinea Bissau

Ndira Cabral Embaló

Tel: +245 9660 99034

Email: nascabelsa@gmail.com

Alfredo Barbosa

Tel: +245 955141295

Email: alfredogpd2014@gmail.com

Anaximandro Zylene Casimiro

Tel: +245 966806807

Email: azcmenut@snlsguineebissau.og

Republic of Kenya

NACC

Tel: +254-20-2896000

NASCOP

Tel: 254-20-2630867

Email: info@nascop.or.ke

Constance Gakonyo

Tel: +254-20-2227436

Email: constance.gakonyo@president.go.ke

Copy to:cgakonyo@gmail.com

Office of the First Lady's contacts

Tel: +254-20-2227436

Email: fl.secretariat@president.go.ke

Republic of Malawi

Fannie Kachale

Tel. +265 888586485

Email: fankachale@yahoo.co.uk

Chimwemwe Chipungu

Tel:+265 99381222

Email: chimwemwe.chipungu@gmail.com

Rhoda Chimera

Tel: + 265 888823495/0997450014

E-mail: chimerarhoda@yahoo.com

Republic of Mali

Madame Sidibé Adama Traoré

Tel: +223 66759515 /75998256

E-mail: a.sidibe@koulouba.ml

Republic of Mozambique

Lopes Vieira Muquera

Tel: +258 823145925/848694116

Email: muqueralopes733@gmail.com

Lucinda Espirito Santo

Tel: +258825878890/847750947

Email: lucindaferao59@gmail.com

Lucas Binze

Tel: +258 827864207

Email: lucasbinze@gmail.com

Anabela ChamBUca Pinho

Email: anabelacpinho@gmail.com

Republic of Namibia

Ms. Helena Kuzee

Tel: +264 61 270 7806/812929911

Email: FWitbooi@op.gov.na

Republic of Niger

Toudjani Saratou Malam Goni

Tel: +227 20 72 33 71/

94 62 86 68

Email: contact@gourivm.com



Organisation of
African First Ladies
Against HIV/AIDS
OAFLA



Mahamane Tahe
Email: mohamedtahe@yahoo.fr

Republic of Nigeria

Dr. Hajo Sani
Tel. +234-8033114244
Email: hajosani@yahoo.co.uk;

Dr. Mohammed Kamal
Tel. +234-8170533925
Email: mohammedkamal53@yahoo.com

Republic of Rwanda

Radegonde Ndejuru
Tel: +250 78 830 14 20
Email: radegonde@imbutofoundation.org

Marie Elise Umulisa
Tel: +2502525521/788 491 266
Email: eumulisa@presidency.gov.rw

Republic of Senegal

Mister Alioune Fall Sall
Tel: +221 77 639 07 19
Email: alioune_fal@orange.sn

Dr. Sana Chirazi Fares
Tel: +221 77 638 81 88
Email: sanafares@servirlesenegal.com

Mrs. Mbengue Coumba Diallo
Tel: +221 33 880 86 00/
77 740 53 50
Email: diagnecoumbamb@yahoo.fr

Serving Senegal Foundation
Tel: +221 33 880 86 00
Email: fondationservirsenegal@gmail.com

Dr. Safiatou Thiam
Tel: +221 33 869 0909
Email: sthiam@cnls-senegal.org

Republic of Sierra Leone

Mr. Samuel Bangura
Tel: +232 76632021
E-mail: sbangura@yahoo.com

Florence Njai Sesay
Tel: +232 78483455
E-mail: fkatta@firstladysl.org

Republic of South Africa

Ms. Sithabile Mdabe
Tel: + 27 766418937/31 563 0506
Email: tmzfas4@tmzfoundation.co.za

Ms. Megon Chavhanga
Tel: + 27 79 490 9146/31 563 0506
Email: execpa@tmzfoundation.co.za

Republic of South Sudan

Naomi Adhieu M
Tel: +211 955121010
E-mail: naomiadhieu@gmail.com

Viana Kakuli Aggrey Yuyunda
Tel: +211955207018
E-mail: kakuliaggrey@gmail.com

Republic of Sudan

Rawia Abdallah
Tel: +249 919400406
Email: sanad2030@hotmail.com

Republic of Uganda

Beatilda Bisangwa
Tel: +256 772 469 309
E-mail: oaflauganda@utlonline.co.ug

Seth Rukurungu
Tel: +256 772 469 309
E-mail: seth.rukurungu@statehouse.go.ug

Republic of Zambia

Florence Chawelwa
Tel: +260 211 262 083
Email: chawelwa2013@gmail.com

Mildred G. Chuumbwe
Tel: +260 977849309
Email: mildredoafaz@gmail.com



15th Anniversary of OAFLA 2002-2017

**Building on 15 years of Engagement
to Harness the Demographic Dividend
of Africa Through Promoting the Needs
of Adolescents and their Access to
Youth-Friendly Health Services!**



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MERCK MORE than a Mother

Infertility is NOT a STIGMA

Merck has started an important campaign to break the stigma around infertile women and support their reproductive rights. In some cultures, childless women still suffer discrimination, stigma and ostracism. An inability to have a child or to become pregnant can result in being greatly isolated, disinherited or assaulted. This always results in divorce or physical and psychological violence.

Therefore, we started “**Merck More than a Mother**” campaign to empower infertile women in Africa through access to information, health, change of mind set and economic empowerment

Message to All Women:

Infertility affects Men and Women equally

Remember: You are More than a Mother

- In sub-Saharan Africa, infection is the cause of infertility in up to 85% of women seeking infertility care, compared to 33% worldwide.⁽¹⁾



In Africa, some traditional, cultural and religious practices, combined with low resource environment are thought to be associated with higher levels of non-genetic and preventable causes of infertility such as:⁽²⁾

- Poor nutrition
- Untreated sexually transmitted diseases (STDs)
- Unsafe abortions
- Consequence of infections caused by the practice of female genital mutilation
- Exposure to smoking, leaded petrol and other environmental pollutants

Untreated infections can lead to infertility - Have regular checkup and see the doctor early if you feel unwell.

Health Facts :

Besides the negative impact that **HIV** has on your body's immunity, it can also affect your body's ability to produce hormones required to fall pregnant, or lead to early menopause - the stage when monthly periods stop and you cannot fall pregnant⁽³⁾

In women, STDs such as **Chlamydia and Gonorrhoea** may have few or no symptoms. Left untreated, these 'silent infections' can result in pelvic inflammatory disease - a condition that can cause serious complications such as chronic pelvic pain, ectopic pregnancy (pregnancy outside the womb) and infertility^(4,5)



Practice Safe Sex



Don't share needles

Both Men and Women should practice “Safe Sex” and avoid risky behaviour that can lead to sexually transmitted diseases (STDs) such as Chlamydia. STDs can cause serious complications including pelvic inflammatory disease (PID), blockage of fallopian tubes, ectopic pregnancy and prostatitis, which can subsequently cause infertility.^(4,5)