



# 2016 Impact Report

Highlights from mothers2mothers (m2m) Annual Evaluation in Kenya, Lesotho, South Africa, Swaziland, Malawi, Uganda, and Zambia.



m2m helped to **virtually eliminate** mother-to-child transmission of HIV among our enrolled clients for a third year in a row, with an average transmission rate of just 1.6%.



m2m reached almost **two million new clients—women, infants, children, adolescents, and men**—either directly or through partnerships with governments and/or non-governmental organisations (NGOs).



m2m’s programmes targeting comprehensive care, from Early Childhood Development, Paediatric Care & Support, to Adolescent Health grew.

- Approximately **220,000 Adolescent Girls and Young Women** reached.
- **14,000+ children** benefitted from our Early Childhood Development programmes.

## Mentor Mothers Are Serving Our Target Market:

Our Mentor Mother Model delivered benefits to 1.95 million new clients.

m2m Mentor Mothers provide HIV prevention, care, and treatment support services. They engage women and their families both at health facilities and in communities, link them to essential clinical care, and offer a range of services to improve the health of everyone in a household. This includes Early Childhood Development, Paediatric Care & Support, and Adolescent Health & Positive Youth Development.

**1,948,376 new clients were reached by Mentor Mothers in 2016, either directly, or through partnerships with governments and/or NGOs. They include:**

### m2m Direct Services:

Women, aged 25+	235,326
Infants and children	264,690
Adolescent girls and young women, aged 10-24	219,284
Adolescent boys, young men, men, aged 10-25+	91,879

### Partnerships:

Women	643,782
Infants, aged 0-2	493,415

Together with our partners in 2016, we helped to prevent HIV infections among more than **700,000** infants under two years of age.

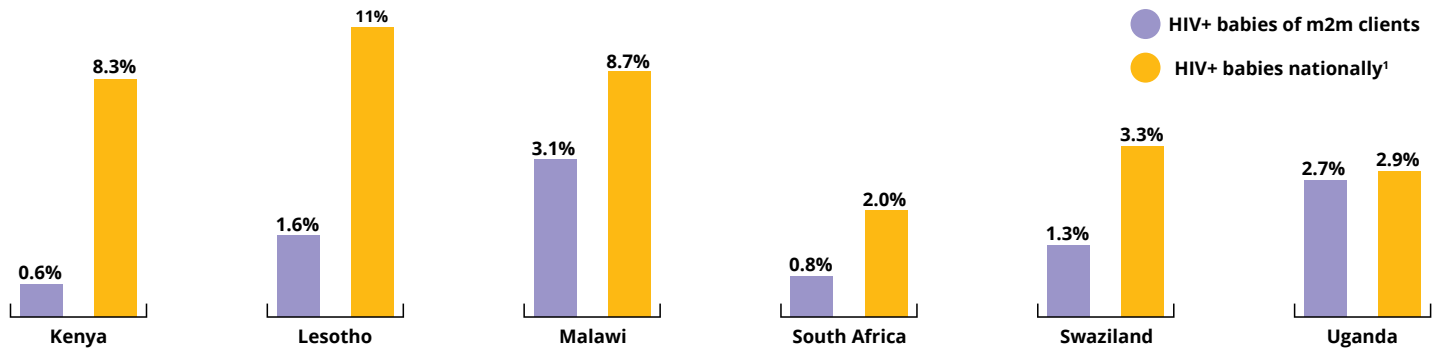


## Mentor Mothers Enable Virtual Elimination of Mother-to-Child Transmission of HIV:

For the **third year in a row**, m2m Mentor Mothers helped to **virtually eliminate** mother-to-child transmission of HIV.

The final transmission rate among m2m's HIV-positive clients was just **1.6%**—far below the UNAIDS benchmark of 5%—and steady progress for m2m from **2014 (3.7%)** and **2015 (2.1%)**.

Mother-to-child transmission rates among m2m clients were lower than national rates:



## Mentor Mothers Drive Early Uptake of Treatment, Adherence, and Retention In Care:

m2m successfully supports HIV-positive pregnant women to remain in care and adhere to their antiretroviral therapy (ART)—two of the biggest globally-recognised challenges to eliminating paediatric AIDS.

### Early uptake of ART:

93%

m2m HIV-positive pregnant clients who started ART remained on treatment **after three months**, a critical period when many women drop out of treatment due to fears of stigma and discrimination.

By comparison, nationally in **Uganda**,<sup>2</sup> **73%** of HIV-positive pregnant women are on treatment after three months.

### Adherence:

98%

m2m clients consistently take ART **more than 80% of the time**, which is sufficient to reduce a person's viral load to an undetectable level.

This supports **the third goal of the UNAIDS 90-90-90 targets**—90% of all people receiving ART achieving viral suppression by 2020.

### Retention:

76%

m2m clients on ART remain on treatment **six months after giving birth**. It is essential for HIV-positive mothers, especially those following the exclusive breastfeeding protocol recommended by the World Health Organization, to stay on treatment during this period. However, many mothers stop treatment when their babies test negative at their first HIV test.

To put our results in perspective, studies found that only **68%** of women were on treatment for six months after delivery in **South Africa**,<sup>3</sup> and **53%** in **Swaziland**.<sup>4</sup>

<sup>1</sup> UNAIDS, 2016.

<sup>2</sup> Ministry of Health, Uganda, Dec 2014

<sup>3</sup> Philips, T et al. (2014). Disengagement of HIV-positive pregnant and postpartum women from antiretroviral therapy services: a cohort study. *Journal of the International AIDS Society*, Vol 17.

<sup>4</sup> Abrams, E. J, et al. (2016). *Impact of Option B+ on ART Uptake and Retention in Swaziland: A Stepped-Wedge Trial*. February 22–25, 2016 | Boston, Massachusetts, Conference Presentation

**Disclaimer:** mothers2mothers strives to provide accurate performance data. Our data quality and routine monitoring and evaluation systems are regularly reviewed and updated. We benchmark and validate internal systems through external evaluations and data quality assurance processes. National and site comparisons often rely on public domain data; mothers2mothers has no control over the quality of such data. As m2m tracks mother-baby pairs, each pregnancy is catalogued as a new client in our PMTCT program, potentially leading to a higher count for adult women clients. Additionally, our overall client data may be low due to the fact that "existing client visits" are tracked by client not by year.

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