

Introducing mothers2mothers



THE CHALLENGE

Africa's health systems are under strain with a shortage of 4.2M health workers.¹

Many women and families struggle to access vital, lifesaving medical care.

Sub-Saharan Africa faces major obstacles to meet the United Nations Sustainable Development Goals (SDGs) by 2030, in particular ending the AIDS epidemic, and ensuring good health and well-being for everyone (SDG 3), and achieving gender equality (SDG 5):



Only 77% of the 25.3M people living with HIV in sub-Saharan Africa are on treatment.²



More than 350 children contract HIV each day in sub-Saharan Africa.³



Around 4,200 adolescent girls and young women, ages 15 to 24, contract HIV each week in sub-Saharan Africa.⁴



Child⁵ and maternal⁶ mortality in sub-Saharan Africa is unacceptably high and most often preventable.

OUR APPROACH

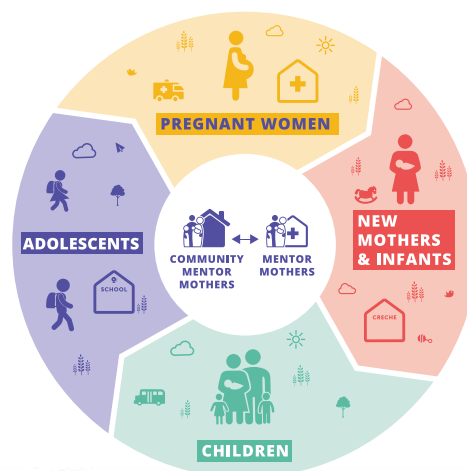
mothers2mothers (m2m) is an African NGO that unlocks the potential of women to create healthy families and eliminate paediatric AIDS.

m2m trains and employs local mothers living with HIV as Peer Mentors—community health workers who provide services in under-resourced health clinics and communities.

These 'Mentor Mothers' educate and support women and their families to overcome barriers to medical care, and ensure they receive the medication and health services they need and stay in treatment.

From an initial focus on preventing mother-to-child transmission of HIV, today m2m Peer Mentors provide integrated primary health care services from pregnancy and childhood to adolescence—including Reproductive, Maternal, Newborn, and Child Health, Early Childhood Development, and tailored adolescent services. To ensure the best possible health outcomes for our clients, we also provide services, education, and support on health challenges that disproportionately impact people living with HIV—including non-communicable diseases such as hypertension, diabetes, and cervical cancer. We have integrated clinical services into our model in a number of countries, and our e-Services platform enables us to support and follow up with our clients remotely.

We also partner with governments and other NGOs to spread the Mentor Mother Model and its benefits, which has dramatically scaled our programme beyond what we would have been able to achieve alone.



OUR IMPACT

Since m2m was founded in 2001...

More than 14.5M people have been reached with our health services and support.

Over 11,500 jobs have been created by m2m for women living with HIV.

According to our Annual Programme Review:



m2m enrolled **1,251,581 new clients** directly into our programme, a **20% increase** from the year before.

* 2021 Data



m2m has achieved **virtual elimination** of mother-to-child transmission of HIV for seven consecutive years, with a transmission rate of just **0.8%** for enrolled clients.⁷

2020 Data



Over **1,800 women** living with HIV were employed directly by m2m as Community Health Workers called “Mentor Mothers”—creating economic well-being for themselves and their families.

* 2021 Data



94.5% of our early childhood development clients (ages 0-9 months) achieved their developmental milestones at 9 months of age.

2020 Data



m2m enrolled **402,616 adolescents** (ages 10-19), a **51% rise** over the previous year.

* 2021 Data



97% of m2m’s pregnant and breastfeeding clients living with HIV accessed antiretroviral therapy, exceeding the UNAIDS benchmark of 85% in Eastern and Southern Africa.⁸

2020 Data

* Preliminary 2021 Annual Programme Review Results

Relebohile Leatha, a Mentor Mother in Lesotho, runs an m2m site with five other Mentor Mothers, three—including herself—are based in the health centre, and three work in the community. She provides education and support services to more than 1,000 antenatal and postnatal women and 1,400 children each year.



My life changed at the age of 15 when I fell pregnant and was shocked to test HIV-positive. Although I did not understand everything the nurses told me, I took the treatment to protect my baby from infection and my daughter was born free of HIV. I decided to go back to school and that is when the real hardship started. I became sick with TB and other students did not want to sit near me. I felt isolated and alone. A few months later, my life changed when I met mothers2mothers. The Mentor Mothers shared their life stories, taught me how to adhere to my treatment, and to be confident with my status. Finally, I had found people to talk to, people who really understood what it feels like to be living with a lifelong illness. I started working for mothers2mothers in 2014. I am now the one giving hope to other adolescent girls and women who have tested positive for HIV. The best thing in my job is seeing women and families who are empowered to get the healthcare they need.

1. Global strategy on human resources for health: Workforce 2030, World Health Organisation (2016): <https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf>
2. aidsinfo.unaids.org
3. *Ibid.*
4. <https://www.unaids.org/en/resources/fact-sheet>
5. Child Survival: <https://data.unicef.org/topic/child-survival/under-five-mortality/#>
6. Maternal Health: <https://data.unicef.org/topic/maternal-health/maternal-mortality/#>
7. We benchmarked the MTCT rate for our enrolled clients across these three diverse countries in 2020, as we had access to comprehensive digital data for the full cohort period in these nations.
8. UNAIDS, 2019 Data

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