Potential.

Realised.

mothers2mothers Strategic Plan: 2022-2026
mothers2mothers (m2m) is an African NGO that employs women living with HIV as Community Health Workers. These “Mentor Mothers” deliver health services at clinics and in communities across 10 African nations. Since 2001, we have reached nearly 15 million people with health services, created almost 12,000 jobs for women living with HIV, and helped to prevent over 4.3 million HIV infections. Now, we are evolving to become a primary health care organisation, using our proven, peer-led model to tackle new health challenges and reach more people, all with the aim of building a fairer, healthier future.

WHAT ARE WE WORKING TOWARDS?

Health For All Brings Opportunity For All

OUR MISSION

Healthcare For Families Who Need It Most, Delivered By Women Who Know Them Best
Inequity is fuelling poor health—hitting vulnerable African women and children the hardest, and blocking African communities from reaching their full social and economic potential.

Over half of Africans – some 615 million people – do not have access to the healthcare they need.¹

Two out of three mothers who die during pregnancy or birth are located in sub-Saharan Africa.²

Across sub-Saharan Africa, girls account for six in seven new HIV infections among adolescents aged 15–19.³

mothers2mothers believes these inequities must be eradicated. Health is a human right and a bedrock of opportunity for all, and we will not waver from this position.

Through our new strategy, we will build on our 20 years of success to overcome these inequities, improve health access, and deliver the following important commitments:

**SUSTAINABLE DEVELOPMENT GOALS**

Help deliver the United Nations Sustainable Development Goals of creating health for all, delivering gender equality, promoting decent work, and strengthening partnerships by 2030.

**95-95-95**

Play a major role in achieving the United Nations’ 95-95-95 targets to bring the AIDS epidemic under control by 2025.

**African Union**

Contribute to inclusive socio-economic development across Africa in line with the African Union’s Agenda 2063 goals.
WHERE WE ARE HEADING

Transforming 20 Years Of Experience and Impact into Further Progress

1. Ending HIV, Delivering Health for All
   We are expanding to deliver integrated primary health care services, to end HIV and tackle life-threatening health issues that disproportionately affect people living with HIV.* See page 6 for more.

   * m2m has undertaken successful pilots in these new areas.

2. A New Client Group
   In addition to Women (45%), Children (15%), and Adolescents (30%), we will now also support Special Populations (10%).**

   ** Services targeting men and special populations have been integrated in some programmes in recent years. We’re ready to do more.

3. Increasing Impact Through Partnerships
   Through targeted health system strengthening work, we will ensure more governments recognise and support paid, professionalised Community Health Workers (CHWs) to deliver health for all. ***

   *** We have already advised governments on more than 10 relevant initiatives; we’re ready to increase our scale and impact of this work.

WHAT WE ARE TAKING WITH US

Our DNA is not changing. We remain:

- Proudly African and female-first
- Committed to our peer-led model of highly-skilled, local CHWs which drives better access to—and retention in—care
- Determined to end HIV/AIDS by 2030
- Focused on ensuring families get the trusted, empathetic care they need, where and when they need it
WHAT ARE OUR NEW AIMS?

BY 2026

GOALS

» Deliver an end to vertical transmission of HIV for enrolled clients, fulfilling m2m’s original mission.

» Achieve the UNAIDS triple elimination targets for HIV, Syphilis, and Hepatitis B for enrolled clients.

» Reduce by one-third the number of preventable deaths among m2m clients.

MILESTONES

» Enrol 3 million new clients annually

» Enter two new African countries

» Increase annual revenue and support to US$50 million

FOR WHAT?

Healthy Women, Healthy Families, Healthier World.

WHY DO WE KNOW WE CAN DELIVER?

Proven: Our peer-led model has demonstrated that it can ensure people access services at scale, and keep them in care for the long run. In 2020, 91% of our clients were alive and on treatment at 12 months, compared to a UNAIDS 2019 benchmark of 72% across Eastern and Southern Africa.

Partners: Partnerships are quite literally at the core of what we do. From the simple interaction of one woman forging a strong bond with another, we have created a ripple effect that is changing the healthcare landscape in sub-Saharan Africa. By continuing to partner with communities, governments, funders, and supporters, we will achieve our shared vision.

Passionate: Better health for African women and their families has been our purpose since Day One. Our headquarters, and our heart, have always been on the continent we serve, and we will not rest until we realise the full potential of our model and create a healthier, fairer, more prosperous world.
An Integrated Primary Health Care Organisation

**Who we serve**
- Women
- Adolescents
- Children
- Special Populations

**The delivery model**
- Community Health Worker workforce
- Deliver Integrated Primary Health Care Services Directly to Families (65%)
- Amplify Impact Through Targeted Health System Strengthening (25%)
- Leverage 20 Years of Proven Impact into For-Profit Services (10%)

**What we work on**
- HIV Prevention, Care, and Treatment, including
  - PMTCT
  - Triple Elimination of HIV, Syphilis, Hepatitis B*
- Reproductive, Maternal, Newborn, Child, and Adolescent Health, including
  - Early Childhood Development
  - COVID-19: Education, Vaccination
- Tuberculosis
  - Identification & Treatment**
- Non-Communicable Disease Identification, Treatment, and Management**
  - Diabetes
  - Hypertension
  - Cancers: Cervical, Breast
- Malaria: Education, Prevention, Treatment
- Training, Certification, and Formal Accreditation of Community Health Workers (non-m2m staff)*
- Technical Assistance to Governments and Other Implementers
- Training, Certification, and Formal Accreditation of Community Health Workers (m2m staff)**
- Telehealth: Integration with Community Health Models*
- Consultancy Services

**Figure One: Key Elements of m2m’s 2022-2026 Strategic Plan**

**Figure Two: How It All Fits Together**

- LEVERAGE 20 Years of Proven Impact into For-Profit Services (10% focus)
- AMPLIFY Impact Through Targeted Health System Strengthening (25% focus)
- DELIVER Integrated Primary Health Care Services Directly to Families (65% focus)

**Where m2m is heading**
- DEEPEN We already do these at scale, we plan to double down.
- BROADEN We’ve successfully piloted these, and they’re ready to scale!
- LEAP These are totally new areas for us that we will test and pilot.
“I think it’s important for us to offer services for non-communicable diseases like diabetes and hypertension, along with our HIV services. If a client is living with HIV, it is likely that she could be suffering from other chronic illnesses. I think it is a good thing that mothers2mothers has started this integrated programme, because we’re not only focusing on prevention of mother-to-child transmission of HIV, but other illnesses and also providing early childhood development support.”

-Millicent Magwa, Team Leader at one of the first m2m sites offering integrated services
m2m’s original mission. Services designed to prevent new infections of HIV, including PMTCT; and to identify, treat, and retain in care people living with HIV so they achieve viral suppression. Includes “triple elimination” of HIV, Syphilis, and Hepatitis B.

- Health inequity is a major contributing factor to all of these work areas.
- All affect women, children, and/or those living with HIV more than other population groups.
- Successful treatment or management requires a model that can drive access to health services, and then deliver retention in care, which m2m’s model is proven to do.

In sub-Saharan Africa, women and girls accounted for **63% of the 870,000 new HIV infections in 2020.**

Children are far less likely than adults to be on treatment.

While in Western and Central Africa, **Only 56% of pregnant women living with HIV are on treatment.**

Sub-Saharan Africa has the world’s highest maternal and child mortality rate.

Of an estimated 5.2 million children under age five who died in 2019, more than half were located in sub-Saharan Africa.

**627,000 people died of malaria in 2020, 69,000 more than in 2019.**

Malaria is endemic in almost all of m2m’s operating countries. Progress is stalling—the number of annual malaria infections has plateaued for the last five years. Pregnant women with HIV who contract malaria are more likely to deliver a child with a low birth weight, who dies during infancy. Consistent adherence to preventative measures (bed nets, for example) can prevent infections, while early identification, testing, and treatment are all essential to saving lives.

**Tuberculosis (TB)—a bacterial infection—is carried by many people, but only a small percentage will develop active TB. TB can affect anyone, but is particularly concerning for people living with HIV and others with compromised immune systems. An effective TB response requires testing and adherence to treatment.**

Two out of three mothers who die during pregnancy or birth are from the region.

Nearly **60% of the estimated global HIV-related TB cases are not diagnosed and not treated.**

TB is the leading cause of death among people living with HIV, causing more than one third of all AIDS-related deaths in 2015.

**In sub-Saharan Africa, NCDs are set to become the leading cause of mortality by 2030.**

**UNAIDS says:**

- NCDs are a concern for people living with HIV, as HIV infection may increase the risk of NCDs.
- The risk of cervical cancer among women living with HIV...is increased up to five-fold.

**Non-Communicable Diseases (NCDs), such as diabetes, cardiovascular disease, and cervical cancer, are a large and growing health threat in the communities m2m serves. HIV, cervical cancer, and NCDs are all diseases associated with gender and socioeconomic inequalities, and health disparities.**

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**Tuberculosis**

**Reproductive, Maternal, Newborn, Child, and Adolescent Health**

HIV Prevention, Care, and Treatment

Malaria

Non-Communicable Diseases

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