



PROGRESS WE CAN BELIEVE IN
mothers2mothers Quarterly Report

2024 Quarter II
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The Never-Ending Dichotomies Along the Road to Ending AIDS

Dear Friends

In a 1936 essay, F. Scott Fitzgerald, author of *The Great Gatsby*, famously wrote that it was a test to hold two opposing ideas in one's mind at the same time and still retain the ability to function.

There is an inherent difficulty in balancing intellectual agility with the tactical capacity to address complexities, accept uncertainties, and resolve conflicts. Navigating dichotomies is always a test.

Along the road to the global goal of ending AIDS as a public health threat by 2030, there are a litany of dichotomies. mothers2mothers (m2m) was tested by plenty of them in the second quarter of 2024: Political reorientations that dramatically stress bilateral development aid, significant post-COVID shifts in philanthropic giving, and the steady drip-drip-drip of attention slipping away from HIV and AIDS when there are so many other crises worldwide...all while the need for investment in m2m's bold ambitions grows more urgent.

Despite these ever-present challenges, m2m is still making remarkable progress on the ground. How? One Mentor Mother and one client at a time, which this quarter added up to us delivering health services for more than 246,000 people.

In the communities where we operate, our model functions incredibly well. Where m2m is present, HIV is in retreat, and as you'll see in this report, we have the data to prove it. One stand-out highlight—**m2m has achieved ten consecutive years of virtual elimination of HIV transmission from mother to child for our enrolled clients.**

Ten for ten...**that's progress we can believe in.**

By delivering integrated primary healthcare services to focus not only on today's health challenges, but tomorrow's as well, we're demonstrating how m2m's peer-led model can deftly deliver quality-driven programmes and services in ways that previously were not believed possible. This

quarter alone, we supported clients at 443 health facilities and community locations (including six in Nigeria—a new country for m2m operations!) and helped keep alive more than 55,000 at-risk women and children.

Looking again at Fitzgerald's essay, the second sentence typically isn't as widely quoted as the first one I paraphrased. He wrote: "One should, for example, be able to see that things are hopeless yet be determined to make them otherwise."

At m2m, hope is a core tenet of our mission.

When m2m started in 2001 at the height of South Africa's AIDS epidemic, the situation appeared hopeless to millions. But we were determined to do something about it. And we did. Twenty-three years later, our belief that m2m's team can transform seemingly hopeless situations into life-saving solutions hasn't wavered one iota.

Going forward, we know m2m will continuously be tested by one dichotomy after another. Yet these uncertainties, challenges, and complexities will not make us waver in our belief or progress in delivering health improvements for the millions of Africans who depend on our services.

We also know that m2m's progress and key outcomes in the second quarter of 2024 are only possible because of your support and partnership. That's not a belief, it's a fact. And of this fact, there is no conflict in our minds.

With continuing gratitude and appreciation,

Frank



WHO WE REACHED THIS QUARTER



We are on a journey to expand our reach. By 2026, we aim to enroll **three million new clients annually**.

Our frontline teams significantly picked up the pace on client reach during Q2 by **more than doubling the number of newly enrolled clients from the first quarter of the year**. We expect this acceleration to continue throughout the rest of the year, especially as programmes in Lesotho, Nigeria, and Zambia expand.

A data point of specific interest this quarter is our reach with Adolescent Girls and Young Women (AGYW). With 40,000-plus AGYW enrolments thus far, we're more than halfway toward our annual target with this client group. Driving this progress are scaled-up programmes in Ghana, South Africa, Uganda, and Zambia where we address specialised AGYW health needs in local communities. This is particularly important given the heightened risks AGYW face, including health disparities, gender-based violence, and limited access to education and economic opportunities.



In 2024, we aim to enrol **955,099 new clients**. At the end of Q2, we are **37%** of the way there.

NUMBER OF CLIENTS NEWLY ENROLLED THIS QUARTER

Client Group	Q2 Number Reached	Cumulative (year-to-date)	Annual Target	% Target Reached (Preliminary)
Children (0-2)	24,755	40,294	153,158	26%
Children (3-9)	5,622	9,024	61,538	15%
Adolescents (10-19)	40,628	68,784	130,913	53%
Young Adults (20-24)	33,379	52,822	167,176	32%
Adults (25+)	142,106	186,527	442,314	42%
Total	246,490	357,451	955,099 ¹	37%

CLIENTS BY HIV STATUS NEWLY ENROLLED THIS QUARTER

Client Group	Q2 Number Reached	Cumulative (year-to-date)	Annual Target	% Target Reached (Preliminary)
People Living With HIV	55,584	92,698	238,774	39%
People Not Living With HIV, Or Unknown Status	190,906	264,753	716,325	37%

1. This target has been slightly adjusted upwards from preliminary estimates.



I ensure my young clients receive health support and access to the social services they need to thrive. With our commitment to our clients, we even partner to resolve broader issues. A great example of this is how I recently worked with local authorities to rescue an adolescent girl from an abusive home, and then secure her placement in a safe and caring environment.

- Esther Mamba (right in photo)—Linkage Assistant, Children and Adolescents are My Priority (CHAMP) Project, Mpumalanga Province, South Africa

HOW WE REACHED OUR CLIENTS THIS QUARTER

Health facilities and community neighbourhoods in 11 African countries are where you'll find the inspiring m2m team members that our clients believe in. Our frontline community health workers—African women living with HIV—who m2m trains, employs, and supports—are the people behind the client reach numbers in every m2m Quarterly Report.

On 30 June, we had 1,172 frontline colleagues, an increase of 5% from Q1. These staffing gains were primarily driven by the hiring of our inaugural Mentor Mother cohort in Nigeria, as well as the addition of 48 new Mentor Mothers in Zambia to support the scaling of the United States Agency for International Development Zambia Integrated Health Activity.

We delivered services from 443 health facility and community locations, representing a 2.5% increase from the previous quarter.

MENTOR MOTHERS EMPLOYED AND NEW CLIENTS ENROLLED THIS QUARTER:

1 Angola 12 Mentor Mothers 2,439 new clients	6 Mozambique 376 Mentor Mothers 14,406 new clients
2 Ghana 44 Mentor Mothers 4,091 new clients	7 Nigeria³ 15 Mentor Mothers N/A new clients
3 Kenya² 1 Mentor Mother 1,336 new clients	8 South Africa 331 Mentor Mothers 69,529 new clients
4 Lesotho 78 Mentor Mothers 76,461 new clients	9 Tanzania⁴ 0 Mentor Mothers N/A new clients
5 Malawi 62 Mentor Mothers 35,082 new clients	10 Uganda 24 Mentor Mothers 15,774 new clients
	11 Zambia 229 Mentor Mothers 28,708 new clients



2. These data are not included in our total reach. They represent reach through a technical assistance project, collected by a partner, and so we cannot fully distinguish between new and returning clients.

3. m2m launched direct services in July 2024, frontline staff were hired and trained during Q2.

4. At present, we solely provide health systems strengthening services in Tanzania.



Juggling treatment, birth control, and keeping up with my daughter's shots can be a lot. But Josephine [m2m Mentor Mother] is always on my side to remind me of my appointments. Knowing I have her support makes me feel like I can truly live a full, happy life, even with HIV and being a young mom.

- Lauren, 21, Bwaila, Malawi

KEY OUTCOMES THIS QUARTER

BELIEVE IT! ASTOUNDING RESULTS FROM m2m'S 2023 ANNUAL PROGRAMME REVIEW

This quarter, we released our 2023 Annual Programme review results. While we typically focus these pages on our quarterly progress, we couldn't resist sharing our annual results. In fact, when the results were shared with our Boards of Directors and Trustees, m2m Founder and Board Member Dr. Mitch Besser exclaimed: "That is truly extraordinary, absolutely unbelievable, I could have never dreamed of that happening."

After more than 20 years of believing in our work, in 2023, **for the first time ever, m2m attained a 0% mother-to-child transmission (MTCT) rate of HIV among our enrolled clients**, and this also marked the 10th consecutive year we achieved virtual elimination of MTCT, based on the UN benchmark of 5% or less. **ZERO**...that's not nothing, it's really SOMETHING!

A few other 2023 APR highlights underscoring the power and potential of our women-focused, peer-led model include:



We once again met or surpassed ambitious UNAIDS 95-95-95 targets, ensuring high rates of HIV testing, treatment, and viral suppression among clients.



Only 0.23% of our HIV-negative pregnant and breastfeeding women clients contracted HIV in 2023, compared to sub-Saharan Africa's 3.6% benchmark.



Ninety-three percent (93%) of m2m clients used modern family planning methods, significantly exceeding sub-Saharan Africa's 56% benchmark, and thus contributing to improved maternal and child health outcomes, advanced gender equity, and reduced poverty.



And indicative of m2m's integrated primary health care progress, 100% of our clients referred for tuberculosis (TB) testing were examined, and all who tested positive were linked to treatment, resulting in a lower TB positivity rate of 6% in 2023 compared to 7% the previous year.

Check out more of our impactful 2023 results at: https://m2m.org/wp-content/uploads/2024/07/24-0711_APR-1.pdf

KEY OUTCOMES THIS QUARTER



GOAL: BY 2026, END TRANSMISSION OF HIV BETWEEN MOTHER-AND-CHILD (VERTICAL TRANSMISSION) FOR CLIENTS IN m2m'S CARE⁵

This quarter, we pursued the UNAIDS 95-95-95 targets, which are designed to end vertical transmission of HIV for women living with HIV and at-risk children.”

Specifically, among our client cohort:

TESTING

99%

Q2 2024

98%

Q1 2024

of pregnant women or new mothers living with HIV know their status

95% Target

TREATMENT

95%

Q2 2024

99%

Q1 2024

of pregnant women or new mothers living with HIV who know their status are on antiretroviral drugs (ARVs)

95% Target

VIRAL SUPPRESSION

93%

Q2 2024

95%

Q1 2024

of pregnant women or new mothers living with HIV and on treatment are virally suppressed

95% Target

INFANT TESTING

100%

Q2 2024

94%

Q1 2024

of children born to women living with HIV received a final HIV test and result at 18-24 months

95% Target



5. m2m's 2022 - 2026 strategic plan has three over-arching goals by 2026. These are (1) end transmission of HIV between mother-and-child (vertical transmission) for clients in m2m's care; (2) achieve the triple elimination target for HIV, syphilis, and hepatitis B for enrolled clients; (3) reduce preventable deaths by a third for enrolled clients.

KEY OUTCOMES THIS QUARTER



GOAL: ACHIEVE THE TRIPLE ELIMINATION TARGET FOR HIV, SYPHILIS, AND HEPATITIS B⁶



The World Health Organization (WHO) recommends that pregnant women living with HIV attend at least four antenatal visits to achieve triple elimination. This quarter, the mean number of visits for enrolled m2m clients was **seven**, or nearly double the WHO recommended target.

STI TESTING

90%
Q1 2024

91%
Q1 2024

of m2m pregnant clients living with HIV received a sexually transmitted infections (STIs) test, including for syphilis

95% Target



6. m2m's 2022 - 2026 strategic plan has three over-arching goals by 2026. These are (1) end transmission of HIV between mother-and-child (vertical transmission) for clients in m2m's care; (2) achieve the triple elimination target for HIV, syphilis, and hepatitis B for enrolled clients; (3) reduce preventable deaths by a third for enrolled clients.

KEY OUTCOMES THIS QUARTER



GOAL: REDUCE PREVENTABLE DEATHS BY A THIRD FOR ENROLLED CLIENTS BY 2026⁷

We helped to keep **55,584 at-risk** women and children alive, an **increase of nearly 2%** from the previous quarter.

Achievements that underpinned this included:



The estimated under-five child mortality rate for enrolled m2m clients this quarter was 5 per 1,000 live births.

This is **17 times better** than a regional benchmark of 85 per 1,000 live births, and exceeds the 2030 UN target of 25 per 1,000 live births.⁸



The estimated maternal mortality rate for enrolled m2m clients this quarter was 78 per 100,000 live births.

This is **nearly seven times better** than a regional benchmark of 536 per 100,000 live births, and is just short of the 2030 UN target of 70 per 100,000 live births.⁹



7. m2m's 2022 - 2026 strategic plan has three over-arching goals by 2026. These are (1) end transmission of HIV between mother-and-child (vertical transmission) for clients in m2m's care; (2) achieve the triple elimination target for HIV, syphilis, and hepatitis B for enrolled clients; (3) reduce preventable deaths by a third for enrolled clients.

8. All under-five mortality rates are sourced from UNICEF <https://data.unicef.org/topic/child-survival/under-five-mortality/>

9. All maternal mortality data are sourced from UNICEF: <https://data.unicef.org/resources/dataset/maternal-mortality-data-2000-2020/>

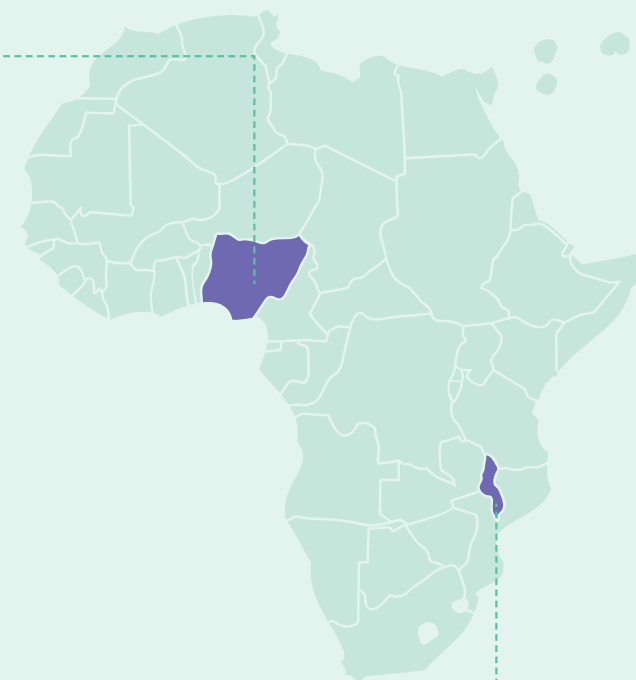
DETAILED HIGHLIGHTS THIS QUARTER

READY TO DELIVER PROGRESS IN NIGERIA

The country was scoped, strategy was devised, staff were hired, office was equipped, and training was completed...now it's go-time for m2m to launch services in Nigeria, Africa's most populous nation, and we can't wait to get started!

Beginning on 1 July, service delivery will take place at six sites located around the country's capital, Abuja. We will deliver a range of integrated health services focusing on children living with, or exposed to, HIV, and their caregivers. This quarter, our inaugural cohort of 15 Mentor Mothers completed detailed pre-service training, including modules on HIV/AIDS education; reproductive, maternal, newborn, and child health (RMNCH); early childhood development (ECD) services; and community engagement.

Tackling disturbingly stubborn HIV and AIDS statistics in this country will be a challenge, but we believe m2m implementing our Mentor Mother Model will create progress that results in health care for Nigerian families who need it most, delivered by women who know them best.



UNLOCKING NEEDED PROGRESS FOR YOUNG MALAWIAN WOMEN

Adolescent girls and young women in Malawi face numerous health and social challenges, including a lack of youth-friendly health services and limited support for pregnant adolescents and young mothers to continue their education. As a result, Malawi has one of the world's highest teenage pregnancy rates at 29%, and only one in seven girls completes secondary school.

This critical issue demands action. With the support of Roche, a global leader in healthcare, diagnostics, and pharmaceuticals, we can make significant progress in addressing the health and social needs of these deserving young women.

In Q2, we recruited and trained ten Peer Mentors and two Nutrition Facilitators. Their goal is to provide integrated reproductive, maternal, newborn, child, and adolescent health services, as well as HIV, early childhood development, nutrition, and educational support to more than 40,000 young Malawians over the next three years. Nutrition facilitators will conduct milestone checks, clinical assessments, and offer nutrition education for babies, pregnant women, and breastfeeding mothers, helping both mothers and babies to thrive.

A key project component is helping pregnant and breastfeeding adolescents return to school. This will be achieved through youth motivation programming, parental education, and engagement with policymakers and education authorities.

DETAILED HIGHLIGHTS THIS QUARTER

CHAMP MAKES AN INDELIBLE STAMP IN SOUTH AFRICA'S MPUMALANGA PROVINCE

In South Africa, orphaned and vulnerable children and adolescents (OVCAs) face numerous challenges, including poverty, limited access to education, and a heightened risk of HIV infection. Many of these children either live with the virus themselves, have lost parents to the disease, or stay with a caregiver who is living with HIV, all of which further exacerbate their vulnerabilities and increase their need for comprehensive care.

This quarter, we delivered excellent reach and outcomes for these young people through the USAID-funded Children and Adolescents Are My Priority (CHAMP) project in Mpumalanga province. The CHAMP project reached 49,090 (64% of the annual target) OVCAs, adolescent girls and young women, and their caregivers. Of those reached, 10,704 were both under the age of 20 years and living with HIV; 97% were retained in care following adherence assessments, psychosocial support, education, and effective facility-based support groups.

m2m has implemented the CHAMP programme for the past six years, and the stamp it is leaving in local communities is real and indelible.



GLOBAL ALLIANCE: WORKING TOGETHER TO END HIV IN CHILDREN

Health systems strengthening—defined as a practical, systematic, and comprehensive approach to national health system development—is a key element in our strategic plan. Through it, m2m works with stakeholders that include African governments, regional bodies, and global multilateral agencies to amplify the results and benefits of our Peer Mentor Model in African communities.

A prime example of health systems strengthening is the Global Alliance to End AIDS in Children (GA), a multi-stakeholder coalition of which m2m is a founding member. By providing technical and ground-level expertise to this United Nations-led initiative at national, continental, and global levels, we advance our shared goals to end AIDS in children by 2030.

This quarter, m2m Strategic Projects Officer Babalwa Mbono (also one of m2m's first Mentor Mothers) was elected to the GA's South Africa technical working group, where she provided leadership on community-level initiatives to raise awareness about HIV testing and treatment literacy. Criss-crossing the country, Babalwa led and participated in community-based activities that included facilitating a dialogue with adolescent mothers and UNAIDS leaders, as well as working side-by-side with the Second Lady of South Africa, Humile Mashatile, who is the alliance's Patron.

In addition to Babalwa, several other m2m colleagues provided technical inputs to the broader East and Southern Africa Regional GA Hub and collaborated with UNAIDS on a new Global Alliance progress report, which was announced at the International AIDS Conference in Munich, Germany in July.



ON OUR MINDS

Here are some of the most important internal and external challenges we are facing, and how we are working to overcome them.

Ending AIDS By 2030 is Achievable, But Threats Loom

During July's International AIDS Conference in Munich, Germany in July, UNAIDS announced that ending AIDS as a public health threat is achievable by 2030, but that the goal is severely threatened by reduced funding.



UNAIDS reported in *The Urgency of Now: AIDS at a Crossroads* that total inflation-adjusted resources available for HIV are at their lowest level in more than a decade.

While the global AIDS response is making remarkable progress—as reflected in m2m's proven results in virtual elimination of mother-to-child transmission of HIV, integration of primary healthcare services, and community-led programming—continued underfunding of HIV responses portends a tenuous future. As Frank highlighted in this quarterly report, it's just one of many dichotomies on our minds these days.

High Inflation and Devalued Currencies Deliver Double Whammy

Macroeconomic hits are sorely felt beyond stock exchanges and board rooms...they also affect m2m's frontline service delivery. These effects are beyond our control, and we have to adapt.



High inflation rates hurt: keeping pace with soaring country expenses and cost-of-living wage parity for 1,200 frontline team members means we have to do more with less. While an April World Bank report highlighted slowing inflation across the African continent in 2024, inflation rates are only expected to be lower than pre-COVID pandemic levels in seven of 54 countries. Notably, four of Africa's top ten highest inflation rates are in countries where m2m operates (Angola, Ghana, Malawi, and Nigeria).

Currency pressures also make it hard to budget with certainty. For example, currencies in Angola, Ghana, and Nigeria have been among Africa's worst performing this year. The resulting pass-through to prices, especially of imported goods, translates into higher daily costs for necessary in-country purchases, thus wreaking havoc on our budget projections.

Juggling So Many Programmatic Balls Strains Capacity

While we could certainly exclaim that "this is a good problem to have," concurrently scaling and broadening programmes in Lesotho, South Africa, Uganda, and Zambia, as well as initiating operations in Nigeria, has stretched our staff resources to the hilt in 2024.



We're excited. We're engaged. We're creating impact. But every now and then, we're just plain tired after a long day's work. Yet we wake up the next day, and never lose hope or sight of our mission. This is m2m after all.

THE JOURNEY SO FAR...

To achieve our mission, we intensely focus on the present and the future. But it is always motivating to look back on how far we have come.

Since 2001, m2m has:



Created **12,178 jobs** for African women living with HIV.



Reached **over 16,296,162 people** with life-changing health services.



Helped to keep over **3,011,226** at-risk women and children alive.



This has only been possible because of the steadfast support of our partners, so *ngiyabonga, asante sana*, and thank you!

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