UKWIMYA LULU YAKUPWISHA AKASHISI KA HIV/AIDS MU BANA | CAMPAIGN TO END PEDIATRIC HIV/AIDS | CAMPAGNE POUR L'ÉLIMINATION DU VIH/SIDA PÉDIATRIQUE | OLUTALO OLWO KUMALAWO MUKENENYA MU BAANA | KUFARITSA KUSIRIDZA KALOMBA KA HIV NAMATENDA YA AIDS MUBANA BANGO'NO | CAMPANHA PARA A ELIMINAÇÃO DO VIH/SIDA PEDIÁTRICO | KAMPENI YA KUMALIZA MAAMBUKIZI YA VVU KWA WATOTO

CAMPAIGN TO END PEDIATRIC HIV/AIDS (CEPA)
ADVOCACY IMPACT REPORT
May through August 2010

The following analysis reflects the Global AIDS Alliance's assessment of progress that the Campaign to End Pediatric HIV/AIDS (CEPA) has achieved toward its prioritized advocacy outcomes—with a focus on 11 of the 16 outcomes on which we have observed significant campaign-wide momentum. This analysis utilizes the following traffic light color codification system:

- **GREEN** indicates achievement of outcome;
- **YELLOW** indicates good progress toward achievement of outcome, as evidenced by achievement of outputs toward that outcome;
- **ORANGE** indicates some progress toward originally defined advocacy outcome, but significant challenges exist and course correction under way; and
- **RED** indicates no progress to date or no achievement of outcome.

OBJECTIVE #1: FAMILY-CENTERED CARE AND NUTRITION

Priority 1.1: Rapid adoption and implementation of new World Health Organization guidelines on antiretroviral therapy, PPTCT+ (Option B), and infant feeding by 2011. All of the CEPA countries have rapidly adopted some version of the new WHO guidelines on PPTCT, but we remain concerned about the readiness of normative global agencies to develop tools and job aids to facilitate country-level implementation. Moving forward, CEPA's advocacy efforts will need to shift toward pushing both global and country-level stakeholders to facilitate effective on-the-ground implementation of WHO's guidelines. With several countries having selected Option A of WHO's guidelines, CEPA will also need to undertake some course correction in order to support countries in implementing Option A, while at the same continuing to push for the eventual adoption of Option B. Indeed, CEPA's Leadership Council plans to produce a white paper articulating why Option B is more efficacious for the health of women and their children, and a better long-term choice from the perspective of national investment. Finally, several CEPA countries have adopted infant feeding guidelines, and we believe there is an opportunity to review the adoption and implementation of these guidelines and accelerate progress based on shared learnings. We assign a **GREEN** rating to CEPA's progress on rapid adoption of WHO's PPTCT+ guidelines, but an **ORANGE** rating to progress toward implementation of those guidelines. We assign a **YELLOW** rating to progress implementing of both the ARV therapy and infant feeding guidelines.

OBJECTIVE #1: FAMILY-CENTERED CARE AND NUTRITION	
Priority 1.1: ***Rapid adoption and implementation of new World Health Organization guidelines on antiretroviral therapy, PPTCT+ (Option B), and infant feeding by 2011.***	
Kenya	ADVOCACY OUTCOME: The Kenyan government has adopted the new 2009 WHO guidelines for PMTCT and selected Option A. ADVOCACY OUTPUT: Consensus on recommendations to revise infant feeding guidelines in line with new WHO guidance in 2009 has been reached by CEPA and Technical Working Groups.

Mozambique	ADVOCACY OUTCOME: The Mozambique government has adopted Option A of WHO's new PMTCT guidelines, and implementation is being initiated in Maputo Province, with the goal of rolling out nationwide. ADVOCACY OUTCOME: Government has adopted the new 2009 WHO infant feeding guidelines.
Nigeria	ADVOCACY OUTPUT: The national Technical Working Group on HIV/AIDS in conjunction with the national Technical Working Group on Pediatrics (a CEPA core partner) have finalized a draft of new 2009 WHO guidelines for PMTCT, proposing a hybrid of Options A and B. Delivery of Option A or B will depend on the capacity of the health care center to deliver the services. The guidelines are pending approval from the the Federal Ministry of Health (FMOH). ADVOCACY OUTCOME: Lagos State and the Federal Capital Territory/Abuja (FCT) have adopted the new 2009 WHO PMTCT guidelines. States are waiting for FMOH approval before implementation. (*)(+) ADVOCACY OUTCOME: Resolutions of the National Consultative Forum on Infant Feeding recommends that HIV-positive mothers (1) exclusively breastfeed infants for the first six months; (2) introduce complementary feeds at six months; and (3) continue breastfeeding until 12 months, and also highlights the need to promote, and where possible, support improved complementary feeding of all infants, especially those born to HIV-infected mothers. (+)
Tanzania	ADVOCACY OUTPUT: A feasibility and costing study of the new 2009 WHO PMTCT guidelines has been finalized and submitted to the Ministry of Health by an MOH-procured consultant. CEPA continues to advocate for immediate adoption of these guidelines, and the government is leaning toward Option A. ADVOCACY OUTPUT: The feasibility and costing study of the new 2009 WHO infant feeding guidelines has been finalized and submitted to the Ministry of Health by an MOH-procured consultant, and CEPA continues to advocate for immediate adoption of these guidelines.
Uganda	ADVOCACY OUTCOME: The Ugandan Ministry of Health has drafted new guidelines based on the WHO's 2009 PMTCT guidelines, and these were likely to be adopted at the final adoption process meeting in late September. The National ART Committee is leaning toward Option B. ADVOCACY OUTCOME: In April 2009, the Ugandan government launched new guidelines that address most of the recommendations for infant feeding in the 2009 WHO guidelines, and a five-year 2010-2015 action plan has been developed to incorporate these recommendations.
Zambia	ADVOCACY OUTPUT: CEPA Zambia has produced a report recommending the rapid adoption of the new 2009 WHO infant feeding guidelines, PPTCT, and other pediatric AIDS policy issues. ADVOCACY OUTPUT: The Zambian Ministry of Health has recommended comprehensive pediatric treatment in the National 2011-2015 PMTCT scale-up plan. ADVOCACY OUTCOME: The Zambian Ministry of Health has adopted Option A of WHO's new 2009 PMTCT guidelines.
Regional	ADVOCACY OUTPUT: In June 2010, regional partners PATAM and ANECCA presented a communiqué highlighting CEPA's advocacy priorities on PPTCT and early infant diagnosis and treatment at a WHO-convened meeting on the new WHO guidelines in Harare, Zimbabwe. PATAM and ANECCA urged WHO, UNICEF, and PEPFAR representatives to provide technical support and guidance to countries currently adopting and implementing the new WHO guidelines on PPTCT, ART, and infant feeding.

OBJECTIVE #2: EARLY INFANT DIAGNOSIS AND TREATMENT (EID/EIT)

Priority 2.1: Development and implementation of early infant diagnosis and treatment guidelines to increase testing of children within two months of birth by 2011. All CEPA countries have adopted WHO's guidelines calling for early initiation of infant diagnosis and treatment, and tracking systems are in place for testing before 24 months. However, more effective implementation is needed, including nationwide implementation of EID/EIT policies that are aligned with WHO's guidelines and ensure equitable access to services across urban and rural communities, and better systems for tracking the number of infants being tested for HIV before two months of age. Importantly, the CEPA Uganda team has worked with the Clinton Health Access Initiative and the Ministry of Health to develop an EID strengthening program that addresses referral issues and loss to follow-up. Indeed, this work in Uganda represents a new best practice for advocacy, and we hope to adapt the current peer mentoring process to help replicate this model in other CEPA countries. We assign an **ORANGE** rating to CEPA's progress toward this priority outcome.

OBJECTIVE #2: EARLY INFANT DIAGNOSIS AND TREATMENT	
Priority 2.1: ***Development and implementation of early infant diagnosis and treatment (EID/EIT) guidelines to increase testing of children within two months of birth by 2011.***	
Tanzania	ADVOCACY OUTPUT: CEPA has developed a proposal for an addendum to the national CTC-2 form, which monitors child development, in order to include specific pediatric HIV/AIDS parameters, and the proposed addendum has been forwarded to the Tanzanian Ministry of Health for approval.
Uganda	ADVOCACY OUTPUT: CEPA partners conducted an EID courier services desk review and produced a report that will be released publicly in mid-October 2010. ADVOCACY OUTCOME: CEPA partners UPA and Baylor-Uganda, together with CHAI, have worked with the Ministry of Health on an EID strengthening program. To date the pilot has run in seven centers across the country, and has improved referral systems and reduced loss to follow-up.[1]

[1] Ugandan MOH developed and piloted "EID strengthening program" in response to EID review by CEPA. The objectives for this are to (1) increase the number of HIV-exposed infants accessing PCR testing; (2) increase the percentage of tested infants that receive results and either (a) complete the infant testing algorithm (if negative), or (b) access care and treatment at the ART clinic (if positive); and (3) improve the quality of care provided to HIV-exposed infants by shifting EID services from the lab to a clinic-based program with sufficient staff and basic resources. It is a is a package of six complementary initiatives, including (1) establish EID 'Care Point' within either MCH or ART clinic where all exposed infant care/follow-up is centralized; (2).integrate routine care into EID process and establish regular visit schedule; (3) improve tracking tools to centralize data and follow infants longitudinally; (4) establish referral system for DBS testing and follow-up at EID care point; (5) establish referral system for care and treatment at ART clinic; and (6) strengthen and standardize counseling for caregivers of exposed infants. To date the MOH has (1) conducted EID review at seven health facilities; (2) developed initiatives to strengthen EID programs; (3) implemented "EID strengthening pilot" at 21 health centers; and (4) is assessing pilot and guiding national scale-up.

OBJECTIVE #3: ACCESS TO APPROPRIATE MEDICINES AND COMMODITIES

Priority 3.1: Effective policy and monitoring mechanisms in place to reduce point-of-care stock-outs of ART for adults and children, opportunistic infection drugs, and EID and family planning commodities by 2012.

Priority 3.2: Accelerated national registration, procurement, and distribution of pediatric first-line, fixed dose combination medicines by 2012.

Most CEPA countries are showing progress on outputs and outcomes across both of these priorities. Importantly, Health Action International Africa's efforts to improve access to relevant pediatric medications and commodities did not get fully under way until September; however, HAI Africa did play a key role in working with the CEPA Kenya team to ensure the inclusion of pediatric formulations on Kenya's essential medicines list. We expect further progress based on an intensification of HAI's efforts, and we assign an **ORANGE** rating to progress toward both priorities 3.1 and 3.2.

OBJECTIVE #3: ACCESS TO APPROPRIATE MEDICINES AND COMMODITIES	
Priority 3.1: ***Effective policy and monitoring mechanisms in place to reduce point-of-care stock-outs of ART for adults and children, opportunistic infection drugs, and EID and family planning commodities by 2012.***	
Mozambique	ADVOCACY OUTPUT: As part of Ministry of Health efforts to improve supply and distribution, logistics management of ARVs and HIV/AIDS commodities has been transferred to the Centre for Medicines and Medical Articles, which should improve supply chain management. (+)
Uganda	ADVOCACY OUTCOME: PEPFAR has reversed funding caps on ART provision for Uganda in response to pressure from civil-society organizations (CSOs), including CEPA partners in Uganda and across the campaign. In addition, the U.S. government pledged to return to the rate of new patient enrollment taking place before treatment caps were put in place, which means that approximately 3,000 new patients will be treated each month until 2013.
Zambia	ADVOCACY OUTPUT: CEPA Zambia has produced and disseminated a report on current supply chain management status and existing guidelines. ADVOCACY OUTCOME: The Zambian Ministry of Health has included the strengthening of supply chain management in the national PMTCT scale-up plan. (*)
Global	ADVOCACY OUTCOME: In June 2010, the UNITAID board of directors approved the creation of a Medicines Patent Pool Foundation (MPPF) that will establish and manage the patent pool. The board also approved approximately $4.4 million in initial funding, and both UNITAID and the MPPF are now finalizing a memorandum of understanding and establishing a secretariat. Later this year, the MPPF will begin negotiating with relevant pharmaceutical companies to join the patent pool.
Priority 3.2: ***Accelerated national registration, procurement, and distribution of pediatric first-line fixed dose combination (FDC) medicines by 2012.***	
Kenya	ADVOCACY OUTPUT: CEPA Kenya in conjunction with HAI Africa, a CEPA regional partner, produced a review of the essential medicines list. ADVOCACY OUTCOME: CEPA Kenya used this review to leverage the inclusion of pediatric formulations on the essential medicines list, and pediatric formulations are now included.
Nigeria	ADVOCACY OUTCOME: The Federal Ministry of Health issued a directive to states to adopt fixed dose combinations for pediatric treatment while guidelines are being revised. (*)(+) ADVOCACY OUTCOME: Lagos State and the Federal Capital Territory have included FDCs for pediatric HIV/AIDS in their treatment protocols. (*)(+).

OBJECTIVE #4: FULL FUNDING TO ELIMINATE PEDIATRIC HIV/AIDS

Priority 4.1: Increased national budgets for PPTCT+ and pediatric treatment and services by 2012. The first round of 2010 Network Transfer Agreements were disbursed too late to allow CEPA's partners to effectively influence FY2010 national budgets. Nevertheless, three of CEPA's country teams have secured favorable commitments from members of key parliamentary budget and finance committees for increased national spending on health and pediatric HIV/AIDS, and we anticipate that these outputs will translate into actual advocacy outcomes next year. In particular, the CEPA Kenya team's active engagement with national fiscal and technical working groups on HIV/AIDS, as well as direct advocacy with the Ministry of Finance, led directly to the inclusion of a designated line item for ARV medications in the national health budget, and exemplifies a best practice that could be replicated by other campaign partners. Importantly, we believe that the CEPA Leadership Council's call for increased national government funding of health budgets, particularly HIV/AIDS services, will provide essential support for CEPA's country-level efforts to leverage increased spending during the FY2011 and FY2012 budget cycles. We assign an **ORANGE** rating to progress toward this priority outcome.

OBJECTIVE #4: FULL FUNDING TO ELIMINATE PEDIATRIC HIV/AIDS	
Priority 4.1: ***Increased national budgets for PPTCT+ and, pediatric treatment, and services by 2012.***	
Kenya	ADVOCACY OUTPUT: CEPA presented a scenario of funding for ARV medications and treatments to the national finance working group and recommended the inclusion of an ARVs line item in the national budget at the level of roughly 900 million Ksh (US $11.25 million). ADVOCACY OUTCOME: The Kenyan government has included an ARV line item and made a commitment of 900 million Ksh (US $11.25 million) for ARVs in the FY2011 national budget.
Nigeria	ADVOCACY OUTPUT: CEPA catalyzed a national civil-society mobilization and championed specific demands that align with campaign priorities, including calling for a commitment of 50% by the federal government of Nigeria within the PEPFAR Partnership Framework. A leaked draft indicates that the Nigerian government has committed to this 50% target.
Zambia	ADVOCACY OUTPUT: The CEPA Zambia team has produced a report titled Grave Negligence that tracks government spending on health and HIV/AIDS from 2005 through 2009 and the impact of suspending aid to the Ministry of Health. CEPA will seek to use this report to leverage increased resources for expanded access to PPTCT+ and pediatric AIDS treatment. ADVOCACY OUTPUT: CEPA partners worked with regional partner PATAM to engage in the development process for Zambia's National AIDS Strategic Framework, which is linked to the PEPFAR Partnership Framework, and the preliminary draft includes some CEPA recommendations, e.g., increase domestic spending to meet 50% of the HIV/AIDS need.
Regional	ADVOCACY OUTPUT: Regional and national CEPA partners, including ANECCA, Health GAP, and CEPA partners in Kenya and Uganda, participated in a two-day civil-society meeting in July in Kampala to develop a communiqué to the Ambassadors to the African Union, African Ministers, Heads of State, and Organization of African First Ladies Against HIV/AIDS at the African Union (AU) summit. ADVOCACY OUTCOME: The African Union summit on maternal and child health resulted in decisions that aligned with civil-society demands, including a decision to "Provide sustainable financing by enhancing domestic resources mobilization including meeting the 15% Abuja target, as well as, mobilizing resources through public-private partnerships and by reducing out-of pocket payments through initiatives such as waiving of user fees for pregnant women and children under five and by instituting national health insurance."[2]

[2] Assembly of the African Union, Fifteenth Ordinary Session, 25–27 July 2010, Kampala, Uganda. Actions on Maternal, Newborn and Child Health and Development in Africa by 2015.

Priority 4.3: Achieve the Abuja Declaration commitment by 2012. In response to backtracking by a number of African Ministries of Finance, CEPA's regional and national partners worked together to help organize a two-day civil-society meeting at the African Union summit in late July, which released a communiqué that focused on the failure of most African governments to devote an adequate percentage of their national budgets to health care, as well as low per capita spending on health. In response, the African Union explicitly extended the Abuja Declaration commitment to allocate 15% of annual national budget to improving the health sector, as well as the Abjua call for accelerated action to achieve universal access to HIV/AIDS services. In addition, the CEPA Status Report identified new baseline information for tracking national expenditures toward health. Specifically, our data indicate that Kenya spent 7% of its national budget on health in 2009-2010, a decrease from 2006; Tanzania spent 11% in 2007-2008, a decrease from 2006; Uganda spent 10.2% in 2009-2010, an increase from 2006; and Zambia spent 11.9% in 2009, a decrease from 2006, and is no longer meeting the Abuja Declaration commitment. We assign an **ORANGE** rating to progress toward this priority outcome.

Priority 4.3: ***Achieve the Abuja Declaration commitment by 2012.***	
Regional	ADVOCACY OUTCOME: Regional and national CEPA partners, including ANECCA, Health GAP, and CEPA partners in Kenya and Uganda, participated in a two-day civil-society meeting in July in Kampala to develop a communiqué to the Ambassadors to the African Union, African Ministers, Heads of State, and Organization of African First Ladies Against HIV/AIDS at the African Union (AU) summit. At the conclusion of the summit, the African Union issued a series of decisions, including one that reaffirms the commitment to "provide sustainable financing by enhancing domestic resources mobilization, including meeting the 15% Abuja target." Given the fact that AU Ministers of Finance were actively trying to distance their governments from the Abuja Declaration commitment as recently as May 2010, when they described the declaration as a "colossal mistake," this recommitment to the 15% target represents a major win for civil society and CEPA's partners.

Priority 4.4: Full funding for the Global Fund to Fight AIDS, TB and Malaria (2011-2013 Replenishment Cycle) and PEPFAR by 2012. The 2011-2013 Global Fund replenishment process will conclude next week at the Global Fund Replenishment Conference in New York City. We anticipate that the U.S. government will make a multi-year commitment, which will be a positive outcome, and CEPA continues to advocate for a significant increase in the U.S. contribution to the Fund. Overall, however, it appears unlikely that the Fund will be replenished at the level needed to effectively accelerate progress toward 80% coverage for PPTCT+ and pediatric treatment. We assign an **ORANGE** rating to CEPA's progress toward this priority outcome.

Priority 4.4: ***Full funding for the Global Fund to Fight AIDS, TB and Malaria (Replenishment Cycle 2011-2013) and PEPFAR by 2012.***	
Global	ADVOCACY OUTPUT: The White House FY2011 budget request reflected cuts across the board, and CEPA worked with a civil-society coalition to lobby Congress. Current House and Senate legislation calls for $5.25 billion and $5.5 billion for PEPFAR, respectively, and $825 million and $800 million for the Global Fund to Fight AIDS, TB and Malaria. ADVOCACY OUTPUT: GAA launched a "3 x 6" campaign at the XVIII International AIDS Conference in July, calling for a U.S. commitment to the Global Fund of $6 billion over three years. As a result of extensive advocacy efforts, including a letter to President Obama signed by 101 Members of Congress, the White House is seriously considering a multi-year pledge to the Global Fund. The significance of this cannot be underestimated, given the fact that the U.S. Congress only appropriates funds on an annual basis and has historically been unwilling to consider multi-year pledges for anything.

OBJECTIVE #5: PROGRAMMING TO ACHIEVE CEPA IMPACT

Priority 5.1: Political commitments and national plans and frameworks adopt CEPA goals and priorities and achieve those goals by 2012. CEPA's advocacy has helped generate a high level of political commitment to eliminating pediatric HIV/AIDS at the global, regional, and national levels, as evidenced by the targeted campaigns and initiatives being implemented by stakeholders such as UNICEF, UNAIDS, and the Global Fund, as well as the willingness of key stakeholders to endorse CEPA's Global Leadership Commitment to Action to End Pediatric HIV/AIDS. Moving forward, CEPA will maintain pressure on national governments to adopt effective plans and frameworks by 2012, while at the same time realigning our advocacy around the 2015 timetable of the broader Millennium Development Goal and universal access movements, as well as other multilateral and NGO campaigns on pediatric AIDS. Thus, CEPA will focus increased efforts on translating positive rhetoric into concrete action. For example, we will seek to ensure that the elimination of pediatric HIV/AIDS is included in the updated document that will emerge from next year's review of the UNGASS Declaration. We assign a **GREEN** rating to CEPA's progress in securing political commitments to achieve CEPA's goals and priorities, and a **YELLOW** rating to progress toward the creation of national plans and frameworks.

OBJECTIVE #5: PROGRAMMING TO ACHIEVE CEPA IMPACT	
Priority 5.1: ***Political commitments and national plans and frameworks adopt CEPA goals and priorities, and achieve those goals by 2012.***	
Mozambique	ADVOCACY OUTCOME: The government of Mozambique has approved new PMTCT and pediatric HIV/AIDS treatment and general ART targets. While these targets have not been released, previous government targets include 58% coverage by 2014, and the Ministry of Health's 2008 PMTCT coverage target was 33.7%. CEPA is advocating for the government to set more ambitious 80% coverage targets for both PPTCT and pediatric treatment.
Uganda	ADVOCACY OUTPUT: The CEPA Uganda team, with regional partner Health GAP, coordinated a consultation of 115 CSOs from across the country to develop core demands on PPTCT and pediatric HIV/AIDS for inclusion in the Health Sector Strategic Plan III for Uganda.
Zambia	ADVOCACY OUTPUT: CEPA partners, in collaboration with regional partner PATAM, engaged in the development process for the National AIDS Strategic Framework for Zambia, which is linked to the PEPFAR Partnership Framework, and a preliminary draft includes some CEPA recommendations, e.g., eliminate pediatric HIV / AIDS, achieve universal access to testing and treatment, and improve laboratory infrastructure and health information systems. ADVOCACY OUTCOME: The Zambian government has confirmed new PPTCT+ and pediatric treatment targets, including 80% coverage by 2010, and CEPA Zambia is advocating for full implementation by 2012. ADVOCACY OUTCOME: The Zambian government has developed a national 2011-2015 PMTCT scale-up plan that seeks the virtual elimination of vertical transmission by 2015. ADVOCACY OUTCOME: The Zambian Ministry of Health has included equitable distribution of PPTCT+ services in its national PMTCT scale-up plan, and CEPA is advocating for the development and dissemination of national implementation guidelines.

Regional	ADVOCACY OUTCOME: The July 2010 African Union summit issued these decisions on maternal, newborn, and child health, health financing, universal access, and PPTCT: 1. Strengthen the health systems to provide comprehensive, integrated, maternal, newborn and child health care services, in particular through primary health care, repositioning of family planning including reproductive health commodities security, infrastructure development and skilled human resources for health. 2. Reaffirm the commitments undertaken at the Special Summits on HIV/AIDS, TB and Malaria in 2000, 2001, and 2006. 3. Extend the Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa to 2015 to coincide with the MDGs. 4. Underscore the need to promote throughout the continent, programs for the total eradication of mother to child transmission so that no child is born with HIV/AIDS.
Global	ADVOCACY OUTCOME: At the XVIII International AIDS Conference (IAC), CEPA released a Global Leadership Commitment to Action to End Pediatric HIV/AIDS by December 31, 2015, which was signed by UNAIDS Executive Director Michel Sidibé, UNICEF Executive Director Anthony Lake, Global Fund Executive Director Michel Kazatchkine, and International AIDS Society President-Elect Dr. Elly Kabira, among others. ADVOCACY OUTPUT: Also at the IAC, CEPA released a status report that highlights progress toward CEPA's priority outcomes, and includes specific recommendations for key stakeholders, including national governments, the Coordinated Procurement Planning Program, donor governments, PEPFAR, and the Global Fund to Fight AIDS, TB and Malaria.

Priority 5.2 and Priority 5.3: Global Fund, Global Health Initiative, and PEPFAR programming opportunities include sufficient funding for all four prongs of PPTCT+, coverage targets, and pediatric treatment in CEPA countries by 2012. Five CEPA countries have submitted Round 10 proposals to the Global Fund to Fight AIDS, TB and Malaria, which include a focus on PPTCT+ and pediatric treatment services. Likewise, the Global Fund's reprogramming initiative has been implemented in all six CEPA countries, although the Fund's implementation process did not involve civil-society, and continued monitoring will be needed to ensure that this initiative is effectively advancing CEPA's priorities. In addition, CEPA partners worked with local civil-society groups in both Nigeria and Zambia to shape the PEPFAR Partnership Framework development process, and we have successfully leveraged the inclusion of CEPA priorities in the draft framework documents. All six CEPA countries have succeeded in leveraging either Global Fund or PEPFAR support for CEPA's agenda. Thus, we assign a **YELLOW** rating to progress toward this priority outcome.

Priority 5.2: ***Global Fund programming opportunities include sufficient funding for all four prongs of PPTCT+, coverage targets, and pediatric treatment in CEPA countries by 2012.***	
Mozambique	ADVOCACY OUTPUT: Round 10 Global Fund proposal submitted. (*)(+)
Nigeria	ADVOCACY OUTPUT: Round 10 Global Fund proposal submitted, which focuses on all four prongs of PPTCT+ services and names a CEPA partner as a potential sub-receipient.
Tanzania	ADVOCACY OUTPUT: Round 10 Global Fund proposal submitted, and CEPA coordinating partner HDT is named as a potential sub-recipient for work on social mobilization and demand creation for PPTCT and pediatric HIV/AIDS services.
Uganda	ADVOCACY OUTPUT: CEPA partner NACWOLA is part of the Global Fund's Country Coordinating Mechanism in Uganda, and a Round 10 proposal was submitted with NACWOLA named as a potential sub-recipient. ADVOCACY OUTPUT: CEPA partners advocated for the Round 10 Global Fund proposal to include funding to implement Option B, and this was included in the final proposal.

Priority 5.3: ***GHI and PEPFAR programming opportunities include sufficient funding for all four prongs of PPTCT+, coverage targets, and pediatric treatment in CEPA countries by 2012.***	
Tanzania	ADVOCACY OUTPUT: CEPA Tanzania is engaged in the PEPFAR Partnership Framework development process and has championed a set of core demands.
Uganda	ADVOCACY OUTPUT: CEPA Zambia partners worked with Health GAP to help galvanize a joint civil-society demand for a PEPFAR Partnership Framework for Uganda, but the Ugandan government remains hesitant to enter into a five-year framework.
Nigeria	ADVOCACY OUTPUT: CEPA catalyzed a national civil-society mobilization and championed specific demands that align with campaign priorities, including calling for a commitment of 50% by the federal government of Nigeria within the PEPFAR Partnership Framework. A leaked draft indicates that the Nigerian government has committed to this 50% target.
Zambia	ADVOCACY OUTPUT: CEPA partners, in collaboration with regional partner PATAM, engaged in the development process for Zambia's National AIDS Strategic Framework, which is linked to the PEPFAR Partnership Framework, and a preliminary draft includes some CEPA recommendations, e.g., commitments to eliminate pediatric HIV/AIDS, achieve universal access to testing and treatment, improve laboratory infrastructure and health inforemation systems.

OBJECTIVE #6: OVERCOME HUMAN RESOURCES CRISIS

Priority Outcome 6.1: Effective policies and guidelines to expand and improve human resources capacity to support scale-up of PPTCT+ and pediatric treatment services by 2012. About half of the CEPA country partners have undertaken some initial efforts to improve human resources capacity, and the CEPA Uganda team has developed simplified algorithms and job aids and other technical tools on EID, EIT, and PMTCT services for use by health care workers. These tools will be launched at the National Pediatric HIV/AIDS Conference being held this week in Kampala, and we anticipate accelerated progress on this front during 2011. We assign an **ORANGE** rating to CEPA's progress toward this priority outcome.

OBJECTIVE #6: OVERCOME HUMAN RESOURCES CRISIS	
Priority 6.1: ***Effective policies and guidelines to expand and improve human resources capacity to support scale up of PPTCT+ and pediatric treatment services by 2012.***	
Mozambique	ADVOCACY OUTPUT: Lack of engagement of the Ministry of Health has affected CEPA partners working with the MOH to raise awareness and jointly train community, religious, and traditional leaders, traditional healers, and community activists on pediatric HIV/AIDS, PMTCT, and stigma and discrimination. Working with the MOH has been challenging. ADVOCACY OUTCOME: Non-physician clinicians (e.g., medical technicians) can now prescribe antireitroviral therapy for children. (*)(+) ADVOCACY OUTCOME: Training for non-clinical health care workers (HCWs) began in the second half of 2010. (*)(+)
Uganda	ADVOCACY OUTPUT: CEPA partners and CHAI have developed simplified pediatric treatment and diagnosis algorithims, job aids, and other technical tools for healthcare workers, which were launched at the 4th National Paediatric HIV/AIDS Conference, September 28-30, 2010.

Zambia	ADVOCACY OUTPUT: CEPA Zambia produced a report titled Grave Negligence, which includes a review of health workforce financing and employment in Zambia (Health Space Fiscal Study review). ADVOCACY OUTPUT: CEPA partners, in collaboration with regional partner PATAM, engaged in the development process for the National AIDS Strategic Framework for Zambia, which is linked to the PEPFAR Partnership Framework, and a preliminary draft includes some CEPA recommendations, e.g., recruitment, retention, and training of health workers to achieve a ratio of 2.3 HCWs per 1,000 population, accreditation of community health workers, etc. ADVOCACY OUTPUT: CEPA has produced a review of the national Nurse's and Midwives Drug Formulary and Prescribing Guidelines and Curriculum to push the Zambian government for inclusion of pediatric ART in these guidelines.

OBJECTIVE #7: OVERCOME STIGMA AND DISCRIMINATION

Priority Outcome 7.1: Effective policy and monitoring mechanisms to reduce stigma and discrimination to support scale-up of PPTCT+ and pediatric treatment services by 2012.
Both the CEPA Nigeria and Tanzania teams are actively exploring opportunities to leverage progress in reducing stigma and discrimination, and four of the CEPA countries (Kenya, Nigeria, Tanzania, and Zambia) are implementing the Stigma Index. We expect further progress on this front in late 2010 and 2011, and assign an **ORANGE** rating to progress toward this priority outcome.

OBJECTIVE #7: OVERCOME STIGMA AND DISCRIMINATION	
Priority 7.1: ***Effective policy and monitoring mechanisms to reduce stigma and discrimination to support scale-up of PPTCT+ and pediatric treatment services by 2012.***	
Nigeria	ADVOCACY OUTCOME: A national stigma and discrimination bill has passed both houses of the national assembly and is awaiting Presidential approval.
Tanzania	ADVOCACY OUTPUT: The Stigma Index is being piloted in the Dar Es Salaam region by the National Council for People Living with AIDS (NACOPA) and the African Medical and Research Foundation, and the Tanzania AIDS Forum and NACOPA will be receiving funds from UNAIDS to expand this initiative to three additional regions nationwide.
Global	ADVOCACY OUTPUT: In the FY2011 State and Foreign Operations Appropriations bill, the Senate included this report language: "The Committee welcomes the emphasis in PEPFAR's five-year strategy on addressing stigma and discrimination against most-at-risk populations and violations of the rights of women, and directs OGAC to address the needs for legal and policy reform and the enforcement of such policies in Partnership Frameworks, Partnership Framework Implementation Plans, and Country Operational Plans." GAA submitted a FY2011 wish list to the U.S. House and Senate that included this language.

(*) Denotes advocacy outputs or outcomes that were unanticipated.
(+) Further assessment required to determine attribution to CEPA's advocacy efforts