



## Campaign to End Pediatric HIV/AIDS (CEPA) Update and Progress Report January–May 2010

### I. EXECUTIVE SUMMARY

The Campaign to End Pediatric HIV/AIDS (CEPA) is now transitioning from laying the foundation for a coordinated advocacy campaign to implementing CEPA's National Advocacy Action Plans (NAAPs), Regional Advocacy Action Plan (RAAP), and Global Advocacy Action Plan (GAAP). In addition, the campaign's network partners have finalized a CEPA Nexus of Advocacy Outcomes that provides the framework for aligned advocacy action by national, regional, and global partners (Appendix I)

The campaign officially launched in Kenya, Nigeria, Tanzania, and Zambia (Priority Outcome 4.1), and CEPA's network partners have achieved some key advocacy outcomes in implementing the NAAPs and RAAP. Perhaps most important, we are now implementing CEPA's local-to-global advocacy strategy, which is essential to optimizing the campaign's success and achieving real people-level impact. Specifically, CEPA has achieved some initial progress in promoting rapid adoption and implementation of new World Health Organization guidelines on antiretroviral therapy, PPTCT+, and infant feeding by 2011 (Priority Outcome 1.1) and ensuring that political commitments and national plans or frameworks adopt CEPA goals and priorities, and achieve those goals by 2012 (Priority Outcome 5.1).

A key advocacy outcome toward advancing family-centered care and nutrition (Priority Outcome 1.2) was the Global Fund board's adoption of Decision Point #20, which recognizes that the health-related Millennium Development Goals are interlinked; strongly encourages Country Coordinating Mechanisms to explore opportunities to scale up an integrated health response that includes maternal and child health, including nutrition, in proposals for HIV/AIDS, tuberculosis, malaria, and health system strengthening programs; and pledges to work with partners to identify ways to enhance and integrate the Global Fund's contributions to maternal and child health within the context of national strategies and integrated approaches.

In addition, the Global Fund to Fight AIDS, TB and Malaria now plans to implement its reprogramming initiative to transition PMTCT services from single-dose nevirapine to dual or triple ARV therapy in 20 countries (Priority Outcome 5.3), including all six of the current CEPA countries, and we hope to leverage reprogramming to advance CEPA's advocacy agenda. In addition, the Global Fund has identified the need to fund social mobilization as part of its reprogramming initiative, which offers an important funding opportunity for CEPA partners and could help drive demand for PMTCT+ and pediatric treatment programming.

CEPA's regional initiating partners are the African Network for Care of Children Affected by HIV/AIDS (ANECCA); the Pan African AIDS Treatment Access Movement (PATAM); and Health GAP. Our country-level initiating partners include the Kenya Treatment Access Movement; Mozambique Treatment Access Movement; Positive Action for Treatment Access (Nigeria); Treatment Advocacy and Literacy Campaign (Zambia); Human Development Trust (Tanzania); and Coalition for Health

Promotion and Social Development (Uganda). The Global AIDS Alliance (GAA) and Health GAP are implementing of CEPA's Global Advocacy Action Plan and local-to-global advocacy strategy, and CEPA is also working with the Open Society Institute South Africa.

## **II. CONTEXTUAL CHANGES AND LESSONS LEARNED**

There have been a number of changes in the external environment that present opportunities—and potential obstacles—for the Campaign to End Pediatric HIV/AIDS.

- ◆ The Global Fund to Fight AIDS, TB and Malaria now plans to implement its reprogramming initiative to transition PMTCT services from single-dose nevirapine to dual or triple ARV therapy in 20 countries, including all six of the current CEPA countries. Negotiations to shape country-level implementation of the reprogramming initiative will be initiated over the next six months, and CEPA's partners will be seeking additional opportunities to leverage reprogramming to advance key components of the CEPA agenda, including pediatric treatment and comprehensive PMTCT+. In addition, the Global Fund has identified the need to fund social mobilization as part of its reprogramming initiative, which offers an important funding opportunity for CEPA partners and could help drive demand for PMTCT+ and pediatric treatment programming.
- ◆ New WHO treatment guidelines released in November 2009 recommend triple or combination ARV therapy to prevent mother-to-child HIV transmission; however, many countries, including several CEPA countries, are opting to implement a less expensive and less efficacious version of PMTCT (Option A) that includes AZT during pregnancy, delivery, and post-partum, as well as single-dose nevirapine during labor. Unfortunately, there is strong evidence that many HIV/AIDS officials in resource-poor countries are responding to pressure from PEPFAR, which has essentially flat-lined its own global HIV/AIDS spending.
- ◆ UNICEF's new regional director for southern and eastern Africa has made prevention of mother-to-child transmission and elimination of pediatric HIV the top priority for those regions—making all UNICEF representatives accountable for concrete progress, and lending additional support to CEPA's objectives. Moreover, Tony Lake's recent appointment as UNICEF Executive Director provides new opportunities to advocate for UNICEF to develop and publish a costing estimate for its own children's well-being framework—and highlight the huge gap in available funding for comprehensive children's well-being interventions, including PMTCT+ and pediatric treatment.
- ◆ On May 19, the Global Fund launched Born HIV Free—a digital campaign to end mother-to-child transmission of HIV by 2015 and support full replenishment of the Fund. While clearly aligned with the campaign's goals, CEPA's network partners continue to dialogue with Fund officials regarding opportunities to ensure that the two campaigns collaborate effectively.
- ◆ The White House's February budget request to Congress for the FY2011 budget offered a small 3.8% increase for U.S. bilateral AIDS programs; a 12.4% increase for family planning; and a 47.7% increase for maternal and child health, although this latter figure still falls well below the need and \$300 million below the minimum ask from the community. The FY2011 budget also included a request for the Global Fund that would reduce the U.S. contribution by \$50 million (or 6.7%) from that provided in FY2010. Congress may eke out some additional support for each of these program areas, but it will be a challenge to increase PEPFAR support for PMTCT and pediatric treatment as Obama's Global Health Initiative (GHI) takes shape. In addition the impact of the GHI remains unclear. For example, it could support certain CEPA objectives if allocations support fixing supply-chain problems in target countries, but it could also be counter-productive if treatment funding is reduced and ARVs become less accessible for pregnant women and children.

- ◆ The ongoing global economic downturn continues to negatively impact the global AIDS response. As detailed in the International Treatment Preparedness Coalition's new report, *Rationing Funds, Risking Lives: World Backtracks on HIV Treatment*, the reduced commitment to global HIV/AIDS programs and funding are already making themselves felt through caps on the number of people enrolled in treatment programs, more frequent drug stock outs, and shortfalls in national AIDS budgets [http://www.itpcglobal.org/images/stories/doc/ITPC\\_MTT8\\_FINAL.pdf](http://www.itpcglobal.org/images/stories/doc/ITPC_MTT8_FINAL.pdf). At the same time, both public and private donors are reducing their support for AIDS advocates. The Netherlands government recently withdrew its support for key civil-society groups, including the World AIDS Campaign, Global Network of People Living with HIV/AIDS (GNP+), and others. And the Ford Foundation has disbanded its global HIV/AIDS program altogether.
- ◆ Several new advocacy campaigns are targeting prevention of pediatric HIV/AIDS, including the Global Fund's Born HIV Free Campaign, the Elizabeth Glaser Pediatric AIDS Foundation's Join the Moment campaign, the African Union's Campaign on Accelerated Reduction of Maternal Mortality (CARMMA), and the Southern Africa Regional Access to Medicines (SARPAM) campaign.

### **III. CAMPAIGN PROGRESS**

Since December 2009, the Campaign to End Pediatric HIV/AIDS has begun to implement a complex and dynamic networked advocacy campaign to scale up prevention, treatment, and care of pediatric HIV/AIDS in Kenya, Tanzania, Uganda, Zambia, Nigeria, and Mozambique. In particular, the CEPA partners are now shifting their focus from developing advocacy action plans and M&E frameworks to advancing specific policy goals with stakeholders at the country, regional, and global levels. As outlined in this section, we have achieved a number of key advocacy outcomes and outputs, and begun to successfully operationalize CEPA's local-to-global advocacy approach.

#### **Key Activities:**

#### **ADVOCACY ACTION PLANNING**

- ◆ CEPA's network partners revised and finalized the National Advocacy Action Plans, Regional Advocacy Action Plan, and Global Advocacy Action Plan—all of which are aligned with CEPA's Nexus of Advocacy Outcomes.

#### **CEPA ACTION TEAM**

- ◆ The CEPA Action Team (CAT) held its first meeting in Lusaka, Zambia, March 17-19, to finalize CEPA's 2010 Advocacy Implementation Plan and develop a detailed IPARL plan for the NAAPs, RAAP, and GAAP. Importantly, this meeting also finalized a CEPA Nexus of Advocacy Outcomes that includes seven campaign-wide priorities, and provides a framework for concerted and aligned action by national, regional, and global partners.
- ◆ As part of the CAT meeting in March, the CEPA Global Policy and Strategy Committee convened its first meeting. This committee provides a forum for the campaign's national, regional, and global partners to deliberate and make policy and strategic decisions as needed to ensure that the campaign moves forward in an aligned and consistent manner.

## **CEPA LEADERSHIP COUNCIL**

- ◆ On March 9, CEPA's network partners released an announcement calling for nominations to the CEPA Leadership Council, which is chaired by Mrs. Graça Machel, and the first Leadership Council meeting is scheduled for early September 2010.
- ◆ On March 22, Mrs. Machel met with the CEPA Kenya Team during a visit to Kenya, where she received a brief update on the campaign's progress and then attended a CEPA press conference where she challenged the Kenyan government to actively support efforts to scale up prevention and treatment of pediatric HIV/AIDS.

## **IPARL FRAMEWORK AND NETWORK COMMUNICATIONS**

- ◆ CEPA's network partners worked closely with iScale to develop detailed IPARL frameworks that are integrated with the NAAPs, RAAPs, and GAAP and can be used to support continuous learning, real-time course correction, and impact evaluation throughout the remainder of the campaign. These frameworks outline Key Performance Indicators (KPIs) for advocacy outcomes and advocacy outputs within each of CEPA's core objectives. Specifically, within each advocacy outcome and output, the IPARL frameworks define the KPIs; evidence required to track progress; relevant data sources; methodology and frequency of data assessment; responsible staff; baseline data; and progress to date.
- ◆ CEPA's network partners are moving forward with creating an online communications hub that will enable both email and web-based communication; include public and private discussion groups; and facilitate data submission and reporting within the IPARL framework.

### **Key Accomplishments:**

Since December 1, CEPA's network partners have generated the following key advocacy outcomes as part of our efforts to advance CEPA's Global Advocacy Action Plan:

- ◆ **Priority Outcome 1.2:** At its April 2010 meeting, the Global Fund's board approved Decision Point #20, which recognizes that the health-related MDGs are interlinked; strongly encourages Country Coordinating Mechanisms to explore opportunities to scale up an integrated health response that includes maternal and child health in proposals for HIV/AIDS, tuberculosis, malaria, and health system strengthening programs; and pledges to work with partners to identify ways to enhance and integrate the Global Fund's contributions to maternal and child health within the context of national strategies and integrated approaches. This represents an important opportunity to advance CEPA's advocacy goals related to family-centered care.
- ◆ **Priority Outcome 5.2:** The Global Fund to Fight AIDS, TB and Malaria now plans to implement its reprogramming initiative to transition PMTCT services from single-dose nevirapine to dual or triple ARV therapy in 20 countries, including all six of the current CEPA countries. Negotiations to shape country-level implementation of the reprogramming initiative will be initiated over the next six months, and CEPA's partners will be seeking additional opportunities to leverage reprogramming to advance key components of the CEPA agenda, including pediatric treatment and comprehensive PMTCT+. In addition, the Global Fund has identified the need to fund social mobilization as part of its reprogramming initiative, which offers an important funding opportunity for CEPA partners and could help drive demand for PMTCT+ and pediatric treatment programming.

In addition, CEPA has achieved important progress in implementing its local-to-global advocacy strategy, including progress toward two of CEPA's core objectives:

### **CORE OBJECTIVE #1: Family-Centered Care and Nutrition**

**Priority Outcome 1.1:** Rapid adoption and implementation of new World Health Organization guidelines on antiretroviral therapy, PPTCT+ (Option B), and infant feeding by 2011.

- ◆ **Kenya:** Kenya's Ministry of Health (MoH) has selected Option B for WHO's new PMTCT guidelines and has already convened a meeting to review the current guidelines. CEPA Kenya Team members have been included among the members of a newly formed technical committee that will review the current PMTCT guidelines and assess the costs of disseminating and implementing the new guidelines nationwide.
- ◆ **Mozambique:** The MoH has adopted the new WHO PMTCT guidelines, and started to implement Option A in Maputo. The CEPA Mozambique Team will continue to advocate with the MoH to select Option B for the PMTCT guidelines.
- ◆ **Uganda:** The new WHO guidelines have not yet been adopted, although consultations with the MoH indicate that they are leaning toward Option A for the PMTCT guidelines. The CEPA team intends to continue consulting with MoH officials and advocating for adoption of Option B.
- ◆ **Tanzania:** The new WHO guidelines have not yet been adopted by the MoHSW, and the CEPA Zambia Team will be working with UNICEF to consult with the MoHSW and advocate for the adoption of Option B for PMTCT guidelines.
- ◆ **Zambia:** Thanks in part to advocacy by the CEPA Zambia Team, the MoH has opted for Option B for WHO's new PMTCT guidelines and is in the process of adopting the guidelines.
- ◆ **Zambia:** The MoH recently set an 80% target for provision of and roll out of PMTCT+ and pediatric services—fulfilling one of the CEPA Zambia Team's key advocacy goals—and CEPA's partners will monitor progress to ensure those targets are met.
- ◆ **RAAP:** WHO is planning a regional workshop to support countries with the adoption and implementation of its new PMTCT guidelines, and CEPA's RAAP partners are dialoguing with WHO AFRO and encouraging WHO to include civil society in this process.
- ◆ **GAAP:** UNAIDS is releasing new global resource needs estimates at the XVIII International AIDS Conference, and GAA is advocating for UNAIDS to ensure that its new estimates include PPTCT+ and pediatric drugs and commodities, consistent with new WHO guidelines, as well as early infant diagnostics and treatment.

### **CROSS-CUTTING 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.

- ◆ **Kenya:** On January 26, the CEPA Kenya Team launched the campaign at an event that focused on lack of government funding to prevent and treat pediatric HIV/AIDS. Ibrahim Mohammed, head of the National Aids and Sexually Transmitted Diseases Control Programme in Kenya's Ministry of Medical Services, supported the need to prioritize children as part of the country's national AIDS strategy (<http://www.standardmedia.co.ke/health/InsidePage.php?id=2000001779&cid=442&>).
- ◆ **Mozambique:** Initially, international partners, particularly donors supporting the Ministry of Health, were not supportive of CEPA and felt there was no need for the campaign; however, the NAAP process succeeded in mobilizing international partners to call on the MoH to increase its PMTCT coverage targets to 80%, and the MoH has now expressed its willingness to do this.

- ◆ **Mozambique:** The CEPA Mozambique Team will launch the campaign on June 16, and Mrs. Machel hopes to attend.
- ◆ **Nigeria:** The CEPA Nigeria Team launched the campaign at a February 24 event attended by UNAIDS Executive Director Michael Sidibé; Dr. Prosper Okonkwo, Executive Director of Nigeria's AIDS Prevention Initiative; Professor Eburn Adejuyigbe, a member of the National Pediatrics Technical Working Group; and 11-year-old Ebube Taylor, a child activist for the rights of children with HIV, all of whom joined in CEPA's call to action.
- ◆ **Tanzania:** The CEPA Tanzania Team launched the campaign on April 29 at an event in Dar-es-Salaam that was attended by the Deputy Minister of Community Development, Gender and Children, who announced that the Tanzanian government is committed to increasing PMTCT coverage to 80% by 2012.
- ◆ **Uganda:** The CEPA Uganda Team will launch the campaign during the week of June 7 or June 21. The Queen of the Buganda Kingdom has agreed to serve as the Uganda CEPA Champion and will attend some of the campaign launch activities. Alex Coutinho, Executive Director of the Infectious Diseases Institute in Kampala, has also been asked to serve as a CEPA Champion.
- ◆ **Zambia:** The MoH recently set an 80% target for provision of and roll out of PMTCT+ and pediatric services—fulfilling one of the CEPA Zambia Team's key advocacy goals—and CEPA's partners will monitor progress to ensure those targets are met.
- ◆ **Zambia:** The CEPA Zambia team launched the campaign at a March 19 event, where Bishop Joshua Banda, chair of the National AIDS Council, joined in calling on Zambian stakeholders to end pediatric HIV/AIDS by December 2012.
- ◆ **RAAP:** PATAM and members of the CEPA Uganda Team were successful in influencing the language of the East African Community HIV and AIDS Prevention and Management Bill of 2010 to secure inclusion of a section that recognizes the need for the East African Community governments to integrate PMTCT into its reproductive health services.
- ◆ **RAAP:** RAAP partners together with James Kamau from the CEPA Kenya Team contributed to a communiqué from civil-society experts that urged African heads of state to strengthen health systems; prioritize maternal, newborn, and child health; prevent stock-outs of sexual and reproductive health commodities; allocate appropriate resources to health; and reposition and prioritize family planning, among other goals.
- ◆ **RAAP:** RAAP partners and CEPA's country teams will dialogue with the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) to urge African Union heads of state to prioritize maternal, newborn, and child health issues during the African Union Summit in July.
- ◆ **RAAP:** UNICEF's new regional director for southern and eastern Africa has made prevention of mother-to-child transmission and elimination of pediatric HIV the top priority for those regions—making all UNICEF representatives accountable for concrete progress, and lending additional support to CEPA's objectives.
- ◆ **GAAP:** Tony Lake's recent appointment as UNICEF Executive Director provides new opportunities to advocate for UNICEF to assert leadership in calling for an end to pediatric HIV/AIDS, with a continued focus on scaling up PMTCT+ and pediatric treatment services.
- ◆ **GAAP:** As the Obama Administration develops implementation strategies for the proposed Global Health Initiative, GAA is conducting grassroots advocacy for a new U.S. Presidential Call to Action to End Pediatric HIV/AIDS.
- ◆ **GAAP:** GAA is tracking the design and implementation of the Global Fund to Fight AIDS, TB and Malaria's new reprogramming initiative to transition PMTCT services from single-dose nevirapine to dual or triple ARV therapy in 20 countries, including all six of the current CEPA countries. Given the Global Fund's desire to fund social mobilization as part of its reprogramming initiative, we are also exploring opportunities to leverage new funding for CEPA's country-level partners and drive increased demand for PMTCT+ and pediatric treatment programming.

## APPENDIX I

### CEPA Nexus of Campaign-Wide Objectives and Prioritized Advocacy Outcomes

#### **CORE 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.

**Priority 1.2:** Development, adoption and implementation of family-centered care and nutrition guidelines at country and global level by 2012.

#### **CORE OBJECTIVE #2: Early Infant Diagnosis and Treatment**

**Priority 2.1:** Development and implementation of early infant diagnosis and treatment (EID/T) guidelines to increase testing of children within two months of birth by 2011.

**Priority 2.2:** Effective policy and monitoring mechanisms in place to improve efficiency of PCR testing results in CEPA countries by 2012.

#### **CORE 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 (OI) drugs, EID and family planning commodities by 2012.

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

**Priority 3.3:** Increased number of pharmaceutical companies that produce ARTs for adults and children in UNITAID Patent Pool by 2011.

#### **CORE OBJECTIVE# 4: Full Funding**

**Priority 4.1:** Increased national budgets for PPTCT+ and, pediatric treatment, and services by 2012.

**Priority 4.2:** Achieve greater monitoring and accountability of CEPA-related funding by 2012.

**Priority 4.3:** Achieve the Abuja Declaration Commitment by 2012.

**Priority 4.4:** Full funding for the Global Fund to Fight AIDS, TB and Malaria (Replenishment Cycle 2011-2013) and PEPFAR by 2012.

#### **CROSS-CUTTING OBJECTIVE #5: Programming to Achieve CEPA Impact**

**Priority 5.1:** Political commitments and national plans/frameworks adopt CEPA goals and priorities, and achieve those goals by 2012.

**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.

**Priority 5.3:** GHI/PEPFAR programming opportunities include sufficient funding for all four prongs of PPTCT+, coverage targets, and pediatric treatment in CEPA countries by 2012.

#### **CROSS-CUTTING OBJECTIVE #6: Overcoming 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.

#### **CROSS-CUTTING OBJECTIVE #7: Overcoming 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.