



## Campaign to End Pediatric HIV/AIDS (CEPA) Update and Progress Report September–December 2009

### I. EXECUTIVE SUMMARY

Since September 2009, the Campaign to End Pediatric HIV/AIDS (CEPA) has continued to lay a strong foundation for implementing a dynamic advocacy campaign to scale up prevention, treatment, and care of pediatric HIV/AIDS in six focus countries in sub-Saharan Africa: Kenya, Tanzania, Uganda, Zambia, Nigeria, and Mozambique. In particular, we successfully (1) launched the campaign at the first CEPA Advocacy Summit in Johannesburg; (2) strengthened the network of regional and country partners that is leading CEPA's design and implementation; (3) developed the 2010 CEPA Global Advocacy Action Plan and National Advocacy Action Plans that will provide the framework for the campaign's advocacy strategy and ongoing monitoring and evaluation; (4) initiated plans for finalizing a new Regional Advocacy Action Plan; (5) integrated the Impact Planning, Assessment, Reporting and Learning system into CEPA's advocacy action planning process; and (6) defined a nexus of 16 advocacy priorities that provide a framework for concerted and aligned advocacy by CEPA's national, regional, and global partners, and will enable the campaign to achieve a significant, transformative impact. In addition, Mrs. Graça Machel has agreed to serve as chair of the CEPA Leadership Council.

CEPA's regional initiating partners include the African Network for Care of Children Affected by HIV/AIDS (ANECCA), Paediatric AIDS Treatment for Africa (PATA), and Pan African AIDS Treatment Access Movement (PATAM). 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 and Health GAP are facilitating CEPA's local-to-global advocacy strategy.

CEPA's network partners continue to advocate for accelerated action to address pediatric HIV/AIDS. Most notably, we have sought to hold the Obama Administration accountable for proposing a FY2011 budget that sustains U.S. leadership on global HIV/AIDS; co-authored a policy paper that outlines a joint vision for a robust, fully funded Global Health Initiative that supports integrated programs and addresses the continuum of health care needs ([http://www.globalaidsalliance.org/page/-/PDFs/The\\_Future\\_of\\_Global\\_Health\\_Civil\\_Society\\_Report.pdf](http://www.globalaidsalliance.org/page/-/PDFs/The_Future_of_Global_Health_Civil_Society_Report.pdf)) ; tracked the Global Fund to Fight AIDS, Tuberculosis and Malaria's new reprogramming initiative on prevention of mother-to-child prevention (PMTCT) and pediatric treatment; and developed a proposal for UNAIDS to support CEPA's replication through a new Global AIDS Plus MDGs Action Network (GAMAN).

In addition, CEPA's partners have begun to undertake advocacy to advance CEPA's goals at the national and regional level—making important progress in raising awareness and building support for the campaign's 2010 implementation priorities.

## 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. In addition, there are a number of internal and external factors that are creating a growing demand for the expansion or replication of CEPA beyond its initial focus countries. Appendix I outlines the growing imperative to expand or replicate CEPA.

- ◆ In May 2009, the Global Fund to Fight AIDS, TB and Malaria board of directors adopted Decision Point #34, which called for a review of the Fund's portfolio to identify countries with a high pediatric HIV/AIDS burden and low coverage rates for PPTCT+ and pediatric treatment, as well as accelerated implementation of WHO guidelines endorsing highly active antiretroviral therapy (HAART) as best practice for prevention of mother-to-child transmission. In response, the Global Fund has now launched a reprogramming initiative to transition PMTCT services in 27 out of 34 countries receiving Global Fund grants from single dose nevirapine to dual or triple ARV therapy. This initiative will focus initially on ten countries, including all six of the current CEPA countries and four countries that are not part of the campaign: South Africa, Malawi, Ethiopia, and Zimbabwe. Negotiations are now under way or planned in all of the CEPA countries, and this opportunity has been identified as an important CEPA campaign wide priority in 2010.
- ◆ On November 30, the World Health Organization issued new treatment guidelines recommending that patients with HIV/AIDS begin receiving antiretroviral treatment when their CD4 cell count reaches 350 cells per cubic millimetre. (Previous WHO guidelines recommended treatment initiation at CD4 counts below 200 cells/mm.) WHO's recommendations also encourage pregnant HIV-positive women to begin ARV treatment earlier in their pregnancy and continue throughout breastfeeding, which should last for one year. These guidelines could increase the number of people on ARV treatment by as many as 3-5 million people per year—a significant challenge for both national governments and international service providers, particularly in resource-poor countries. In addition, the new WHO guidelines create ethical challenges in terms of determining who receives treatment, i.e., people with lower CD4 counts who may have been waiting longer, or people with higher cell counts who have progressed to clinical AIDS, etc. Rapid adoption of these guidelines has emerged as another top priority for CEPA's 2010 advocacy strategy.
- ◆ On World AIDS Day, South African President Jacob Zuma announced an expanded treatment plan to meet the government's goal of halving the number of new HIV infections in South Africa by 2011, and called for universal HIV testing. President Zuma's plan includes a commitment to provide treatment for all HIV-infected infants at government-run health facilities beginning in April 2010, and to provide treatment and care to HIV-positive pregnant women earlier in their pregnancies in order to prevent new pediatric infections. This announcement marks a welcome change in South Africa's AIDS policy and creates real momentum for change. Specifically, President Zuma's leadership challenges CEPA and its partners to leverage bolder action from other African governments.
- ◆ The Southern African Development Community (SADC) Parliamentary Forum has partnered with Regional African HIV and AIDS NGOs (RAANGO) to launch a new Movement for Prevention that seeks to reduce the number of new HIV infections in Southern Africa by 50% between 2010 and 2015 and to eliminate mother-to-child HIV transmission. This initiative could provide a key opportunity to advance CEPA's advocacy objectives.
- ◆ The Obama Administration's apparent shift toward prioritizing HIV/AIDS prevention over treatment—as articulated on multiple occasions by Dr. Eric Goosby—will make it increasingly difficult to achieve the PEPFAR reauthorization legislation's commitment to provide treatment to children with HIV/AIDS.

- ◆ The ongoing global financial crisis continues to impact the willingness of wealthy nations to invest in global health and other development programs. To cite just one example, several major European countries are reducing their contributions to the Global Fund to Fight AIDS, TB and Malaria. Additionally, many donors are reducing their support for civil-society advocacy groups worldwide, including many of CEPA's African partners.

### III. PROGRAM PROGRESS

Since September 2009, CEPA's network partners have continued to make strong progress toward implementing a complex and dynamic advocacy campaign to scale up prevention, treatment, and care of pediatric HIV/AIDS in Kenya, Tanzania, Uganda, Zambia, Nigeria, and Mozambique.

#### **Key Activities:**

- ◆ CEPA and iScale developed a National Advocacy Action Plan guidance document that outlined the process for articulating advocacy outputs, outcomes and beneficiary outcomes as part of the Impact Planning, Assessment, Reporting and Learning monitoring and evaluation system.
- ◆ On October 8, CEPA convened a consultative meeting of U.S.-based international faith organizations to brief them on CEPA's advocacy strategy, exchange ideas on how to advance specific advocacy goals related to pediatric HIV/AIDS in the U.S., and discuss possible collaboration.
- ◆ The first CEPA Advocacy Summit convened in Johannesburg, South Africa, from October 20-22, marking the official launch of the campaign. A total of 85 people attended, including representatives of CEPA's country, regional, and global partners; multilateral institutions such as UNICEF, UNAIDS, WHO, PEPFAR, Global Fund to Fight AIDS, TB and Malaria, and the Clinton HIV/AIDS Initiative; and stakeholders such as iScale and The Children's Investment Fund Foundation. The three-day meeting featured an inspiring plenary address from Mrs. Graça Machel and included presentations on CEPA's strategic objectives; a review of the advocacy action planning process; a dialogue on country-level and global perspectives; a series of advocacy workshops; and breakout sessions to review and revise the National Advocacy Action Plans (NAAPs) and Global Advocacy Action Plan (GAAP). The key outputs of the summit were to (1) review and align CEPA's National Advocacy Action Plans and Global Advocacy Action Plan; (2) strengthen the CEPA network and galvanize the commitment and support of key external stakeholders; and (3) identify next steps in formulating CEPA's M&E framework and network communications platform. In addition, CEPA's regional partners articulated the need to develop a plan for leveraging regional advocacy opportunities. The summit presentations are posted online at <http://www.globalaidsalliance.org/index.php/1298>.
- ◆ A press conference held in conjunction with the CEPA Advocacy Summit featured Mrs. Graça Machel and CEPA's African partners, and generated extensive press coverage, particularly in the African press. Media hits included Agence France Presse, Reuters, Inter Press Service, Yahoo News, and Voice of America, among others. The summit press release is available online at [http://aidsalliance.3cdn.net/82aa3ab93927163193\\_7ym6bhdhh.pdf](http://aidsalliance.3cdn.net/82aa3ab93927163193_7ym6bhdhh.pdf), and Mrs. Machel's speech is posted at [http://www.globalaidsalliance.org/page/-/CEPA%20PDFs/Oct.%20Summit%20Partner%20Press%20Kit/CEPA-7B\\_Graca\\_Machel\\_CEPA\\_speech.pdf](http://www.globalaidsalliance.org/page/-/CEPA%20PDFs/Oct.%20Summit%20Partner%20Press%20Kit/CEPA-7B_Graca_Machel_CEPA_speech.pdf).

- ◆ During the summit, Mrs. Machel announced her decision to chair the new CEPA Leadership Council, which will enable individuals who are prominent within the national, regional and global HIV/AIDS, and international health communities to visibly affiliate themselves with CEPA, and help advance CEPA's advocacy agenda. The Leadership Council will have 10 members, including representatives from each focus country and three individuals who represent global perspectives.
- ◆ Following the summit, CEPA's regional and country-level partners finalized NAAPs that included clearly defined (1) advocacy outcomes, i.e., institutional and funding changes to address bottlenecks that prevent CEPA's beneficiary outcomes; (2) advocacy outputs, i.e., products or steps toward achieving advocacy outcomes; and (3) key performance indicators (KPIs) that reflect the evidence needed to measure progress toward desired advocacy outputs and advocacy outcomes.
- ◆ CEPA's regional partners have also begun to develop a Regional Advocacy Action Plan (RAAP).
- ◆ On December 10-11, CEPA convened a peer review panel of nine network partners and external civil-society stakeholders to review and provide feedback and recommendations on the NAAPs and GAAP in order to finalize a coherent campaign strategy. These recommendations have been incorporated into the CEPA 2010 Implementation Plan.
- ◆ CEPA's network partners are implementing an Impact Planning, Assessment, Reporting and Learning (IPARL) system that can facilitate continuous learning, real-time course correction, and periodic impact evaluation. As part of this process, CEPA's country partners refined the National Advocacy Action Plans in order to hone advocacy outcomes and advocacy outputs; identify Key Performance Indicators (KPIs) and other evidence of progress; and begin to formulate an IPARL framework for the 2010 CEPA implementation plan.
- ◆ CEPA is establishing a network communications system that can support effective advocacy communications, network management, and monitoring and evaluation. Specific activities included (1) designing and administering a communications assessment survey with CEPA network partners and synthesizing the survey results; (2) organizing presentations on network communications at the CEPA Advocacy Summit; (3) installing a basic communications platform; and (4) developing of an initial requirements list, including the level of effort required of key individuals.
- ◆ Based on input from CEPA's Africa partners, a new campaign logo was designed and translated into French, Luganda, Swahili, Bemba, Nganga, and Portuguese. In addition, special banner versions of the seven CEPA logos were created for use in email and print documents. (These logos can be accessed online at <http://www.endpediatricaids.net/index.php/1290>.)
- ◆ As mentioned earlier, there is a growing imperative for CEPA's replication beyond the initial focus countries. Efforts to strategically manage this imperative are focused on securing additional funding support to initiate the campaign in South Africa; developing materials for promoting the campaign's local-to-global advocacy model and other tools at the XVIII International AIDS Conference in Vienna; and working to leverage UNAIDS and UNICEF into supporting CEPA replication as part of a new Global AIDS Plus MDGs Network (Appendix II).
- ◆ Finally, CEPA's network partners defined a nexus of 16 advocacy priorities that provides a framework for concerted and aligned advocacy by national, regional, and global partners, and will enable the Campaign to End Paediatric HIV/AIDS to significantly accelerate progress toward these prioritized advocacy outcomes and achieve a significant transformative impact (Appendix III).

## **Key Accomplishments:**

Since September, CEPA has generated several key advocacy outcomes and helped mobilize high-level political support that will be critical to advancing CEPA's advocacy goals.

- ◆ CEPA's ongoing advocacy helped persuade the Global Fund to Fight AIDS, TB and Malaria to undertake a new reprogramming initiative to implement Decision Point #34 calling on the Fund's Secretariat to review its portfolio to identify countries with a high pediatric HIV/AIDS burden and low coverage rates for PPTCT+ and pediatric treatment, and accelerate the implementation of WHO guidelines endorsing highly active antiretroviral therapy as best practice for prevention of mother-to-child transmission.

In addition, we have achieved the following key advocacy outputs:

- ◆ CEPA network partners contributed to a policy paper that outlines a joint vision for a robust, fully funded Global Health Initiative that addresses the continuum of health care needs, including prevention of mother-to-child HIV transmission and pediatric HIV/AIDS diagnosis and treatment (<http://www.theglobalhealthinitiative.org/documents/report.pdf>). Importantly, this report focused on the synergies between HIV/AIDS and maternal, reproductive health, child, and primary health care and is aligned with CEPA's prioritization of family-centered care.
- ◆ CEPA network partners continued to meet individually and in coalition with high-level PEPFAR officials to engage them in supporting the campaign, and played a key role in developing the Global AIDS Roundtable's goals and recommendations for PEPFAR's new prevention guidance and program implementation, which outlined essential reforms in 12 key areas, including scaling up PMTCT programs.
- ◆ CEPA network partners co-published a World AIDS Day report card assessing President Obama's response to global AIDS ([http://aidsalliance.3cdn.net/31ffb18c0f31b270fc\\_i9m6bq07a.pdf](http://aidsalliance.3cdn.net/31ffb18c0f31b270fc_i9m6bq07a.pdf)), which called on the U.S. government to (1) provide increased funding for PEPFAR and the Global Fund to Fight AIDS, TB and Malaria; (2) set a target of doubling the number of people on treatment to 6 million by 2013; and (3) eliminate funding for prevention programs that are not evidence-based. Progress on these fronts is essential to achieving CEPA's goals, and the report card generated considerable media coverage criticizing the Obama administration's global HIV/AIDS policies ([http://www.globalaidsalliance.org/page/-/PDFs/GAA\\_MediaSources\\_ObamaCriticized\\_121009.pdf](http://www.globalaidsalliance.org/page/-/PDFs/GAA_MediaSources_ObamaCriticized_121009.pdf)).
- ◆ Finally, there is evidence that CEPA's advocacy with global stakeholders is facilitating progress at the country level. For example, when the Human Development Trust met with Tanzania's UNAIDS and UNICEF country coordinators to promote CEPA, the staff there had already received an email request from the regional offices to support efforts to scale up PMTCT services as part of the new UNAIDS Joint Action for Results framework.

Appendix IV details additional achievements that CEPA's regional and country partners achieved during CEPA's initial phase.

## APPENDIX I

### CEPA Replication Imperative

As described below, there is a growing demand for the expansion or replication of the campaign beyond the initial focus countries of Kenya, Mozambique, Nigeria, Tanzania, Uganda, and Zambia.

- ◆ In May 2009, the Global Fund to Fight AIDS, TB and Malaria board of directors adopted Decision Point #34, which called for a review of the Fund's portfolio to identify countries with a high pediatric HIV/AIDS burden and low coverage rates for PPTCT+ and pediatric treatment, and accelerated implementation of WHO guidelines endorsing highly active antiretroviral therapy (HAART) as best practice for prevention of mother-to-child transmission. In response, the Global Fund has now launched a reprogramming initiative to transition PMTCT services in 27 out of 34 countries receiving Global Fund grants from single dose nevirapine to dual or triple ARV therapy. This initiative will focus initially on ten countries, including all six of the current CEPA countries and four countries that are not part of the campaign: **South Africa, Malawi, Ethiopia, and Zimbabwe**.
- ◆ Including **South Africa** as a focus country will maximize CEPA's impact and provide a strong model for scaling up pediatric programs regionally and globally. In addition to having the largest epidemiological burden of pediatric HIV/AIDS in Africa, South Africa is home to strong activist networks and could play a critical role in sharing best practices for prevention and treatment of pediatric HIV/AIDS. Conversely, CEPA can help generate the political momentum needed to scale up pediatric prevention and treatment in South Africa. CEPA Leadership Council Chair Mrs. Graça Machel strongly supports expanding the campaign to include South Africa, and CEPA is in dialogue with Atlantic Philanthropies regarding the possibility of supporting the campaign there.
- ◆ Dr. Shaffiq Essajee, director of clinical operations and senior advisor in pediatrics for the Clinton HIV/AIDS Initiative (CHAI) has recommended expanding CEPA to countries or regions that can practically achieve the goal of eliminating pediatric HIV/AIDS and thus provide a model of success that will help galvanize the campaign elsewhere. These countries or regions might include **Cambodia, Rwanda, and the Caribbean**.
- ◆ The Pan African Treatment Access Movement (PATAM) has taken on a leadership role in driving the CEPA advocacy campaign, and several PATAM steering committee members would like to see CEPA replicated in **Zimbabwe** and **Swaziland**—and potentially in Francophone countries such as **Côte d'Ivoire**—depending on the strength of national chapters. PATAM has also indicated that some of its members are already trying to implement CEPA in **Zimbabwe**, and we are following up to learn more about those efforts.

Finally, there are several regional networks that are seeking to engage with CEPA in various ways and provide new opportunities to expand the campaign. These include Friends of the Global Fund Africa; the stock-outs campaign based at Health Action International in Kenya; and several faith networks, including the Pan African Christian AIDS Network and the Ecumenical Advocacy Alliance, which has launched its own campaign on pediatrics.

## APPENDIX II

### Global AIDS Plus MDGs Action Network (GAMAN)

There is a growing consensus that a more coordinated and integrated approach is needed in order to accelerate progress toward universal access to HIV/AIDS prevention, treatment, and care and the Millennium Development Goals—which are lagging far behind agreed-upon targets.

- ◆ United Nations Secretary-General Ban Ki-moon is prioritizing efforts to link the global AIDS response to broader development efforts in preparation for the joint Millennium Summit and 10-year review of the U.N. General Assembly Special Session on HIV/AIDS (UNGASS) in fall 2010.
- ◆ The United Nations Development Programme (UNDP) has developed a framework for accelerating progress toward the Millennium Development Goals (MDGs), with a focus on identifying and addressing country-level bottlenecks.
- ◆ The Joint United Nations Programme on HIV/AIDS (UNAIDS) has launched a Joint Action for Results Outcome Framework that lays out ambitious goals for accelerating action to achieve universal access and the MDGs by 2015—and effectively repositions universal access as part of the broader global health and development agenda. As UNAIDS Executive Director Michel Sidibé said recently, “The AIDS plus MDG agenda provides an opportunity to unite the creativity, determination, and momentum of the AIDS movement with movements for other MDGs.”

Moving forward, the U.N. Secretary-General, UNDP, and UNAIDS have a critical opportunity to align their efforts in order to galvanize renewed political momentum at next year’s Millennium Summit and UNGASS review—and strengthen global action for the final push to achieve the Millennium Development Goals between 2011 and 2015. In tandem with this unprecedented activation of the United Nations system, a parallel activation of civil society, governments, and the private sector is needed in order to help drive progress toward the joint AIDS plus MDGs agenda.

***The overarching goal of the Global AIDS Plus MDGs Action Network (GAMAN) is to accelerate progress toward both universal access and the Millennium Development Goals.***

To achieve this goal, GAMAN will seek to (1) achieve universal access to HIV/AIDS prevention, treatment, and care (MDGs #6); (2) advance primary health (MDGs #4,5,6); (3) advance children’s well-being (MDGs #1,2,4,5,6); (4) advance women’s equality (MDGs #1,2,3,5,6); and (5) mobilize resources and maximize impact (MDGs #1-8).

#### **GAMAN Implementing Approaches**

GAMAN will undertake three major implementing approaches to achieve its strategic objectives:

1. **Strategic Advocacy:** GAMAN will develop advocacy action plans that are based on well-defined theories of action at the country and global levels, and link to key performance indicators that can be used by multiple stakeholders to monitor and report success in achieving concrete people-level impact or beneficiary outcomes.

2. **Global Action Networks:** GAMAN will utilize a Global Action Network (GAN) approach to facilitate the engagement and interaction of multiple stakeholders from the global AIDS and MDG advocacy movements in order to reach joint understanding of the problems, develop mutual definitions of the agenda, design collaborate actions, and create shared accountability for results.
3. **Network Communications:** GAMAN will leverage a 21st-century communications platform that supports real-time virtual engagement across networks, generates a dynamic knowledge base of effective practices, and supports the advocacy efforts of network partners.

### **GAMAN Campaign Networks**

GAMAN will leverage strategic advocacy efforts through partners and allied networks to achieve policy change at both the global level and the country level, with a focus on catalyzing stakeholders for effective collective action.

*Specifically, GAMAN will seek to build bridges among the diverse streams of the AIDS and MDG advocacy movements, e.g., poverty elimination, universal basic education, maternal and child health, human rights, sexual and reproductive health and rights, and food security.*

Over the next year, GAMAN will catalyze at least five Campaign Networks:

- ◆ Campaign to End Pediatric HIV/AIDS (CEPA) Network
- ◆ Mobilizing TB/HIV Response Network
- ◆ Mobilizing SRH/HIV Integration Network
- ◆ Zero Tolerance Network: Stop Violence Against Women and Girls
- ◆ Access to Justice Network: Decriminalize HIV/AIDS

Several of these Campaign Networks have already been initiated through existing campaigns, including (1) the Campaign to End Pediatric HIV/AIDS, which GAA has designed in partnership with UNICEF, the Clinton HIV/AIDS Initiative, and Africa-based regional networks; and (2) the Mobilizing SRH/HIV Integration Action Network, which builds on an initiative co-led by GAA and Population Action International and funded by the Bill and Melinda Gates Foundation.

Importantly, these Campaign Networks will collaborate to advance cross-cutting action agendas that support the U.N. Secretary-General's priorities, such as the new UNiTE to End Violence Against Women campaign, and will align with both UNDP's MDG acceleration framework and the UNAIDS Joint Action for Results priorities. Moreover, additional Campaign Networks could be developed based on consultations with the U.N. Secretary-General and United Nations Development Programme.

*For more information on the Global AIDS Plus MDGs Action Network, please contact Dr. Paul Zeitz of the Global AIDS Alliance at [pzeitz@globalaidsalliance.org](mailto:pzeitz@globalaidsalliance.org).*

## APPENDIX III

### CEPA Nexus: 2010 Campaign-Wide Objectives and Prioritized Advocacy Outcomes

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

**Priority #1:** Rapid adoption of new World Health Organization guidelines on antiretroviral therapy, PPTCT+, and infant feeding by 2011

**Priority #2:** Development and adoption of family-centered care and nutrition guidelines at global level, with aligned efforts at the country level by 2012

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

**Priority #1:** Development and implementation of early infant diagnosis (EID) guidelines to increase testing of children within two months of birth by 2011

**Priority #2:** Improved efficiency of PCR testing results dissemination in CEPA countries by 2012

#### **CORE OBJECTIVE #3: Access to Appropriate Medicines**

**Priority #1:** Reduce stock-outs of ART for adults and children and family planning commodities by 2012

**Priority #2:** Accelerate national registration, procurement, and distribution of paediatric first-line fixed dose combination medicines by 2012

**Priority #3:** Mobilize support for the UNITAID Patent Pool by 2011

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

**Priority #1:** Increase (percentage increase to be determined by each country) national budgets for PPTCT+ and paediatric treatment by 2012

**Priority #2:** Achieve greater monitoring and accountability of funding by 2012

**Priority #3:** Achieve the Abuja Declaration Commitment by 2012

**Priority #4:** Full funding for the Global Fund to Fight AIDS, TB and Malaria and PEPFAR by 2012

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

**Priority #1:** Leverage National Health Plans and National AIDS Plans to adopt CEPA targets and priorities by 2010, and achieve those targets by 2012

**Priority #2:** Optimize the Global Fund Reprogramming Initiative and funding negotiations to achieve CEPA targets during 2010

**Priority #3:** Leverage PEPFAR annually

#### **CROSS-CUTTING OBJECTIVE #6: Overcoming Human Resources Crisis**

**Priority:** National targets for new workers by cadre by date via support of national governments, PEPFAR, and the Global Fund to Fight AIDS, TB and Malaria by 2010, implemented by 2012

#### **CROSS-CUTTING OBJECTIVE #7: Overcoming Stigma and Discrimination**

**Priority (NAAPs):** Baseline collected and agenda developed in 2010, and agenda implemented and monitored in six CEPA countries by 2012

**Priority (GAAP):** Global adoption of Stigma Index by Global Fund and PEPFAR by 2012

## APPENDIX IV

### CEPA Partner Progress Updates (December 2009)

Regional Partners		Achievements
ANECCA		<ul style="list-style-type: none"> <li>Started the process of strengthening ANECCA country level platforms by establishing country office in Uganda and Tanzania. The secretariat will support establishment of offices in Kenya and Nigeria in the next planning process.</li> <li>ANECCA is supporting its structures through establishment of country offices that will enable it to play a lead role in CEPA implementation.</li> </ul>
PATA		<ul style="list-style-type: none"> <li>During PATA's Southern African forum in November 2009, met with the Mozambican and Zambian participants to share information on CEPA.</li> <li>PATA appointed an Advocacy officer who started on October 7, 2009.</li> </ul>
PATAM		<ul style="list-style-type: none"> <li>The PATAM Advocacy Coordinator was appointed in October 2009.</li> <li>The fiduciary agent (PATA- Nigeria) was able advance some funds to PATAM to enable some activities to commence.</li> <li>A consultant has been hired to work on the website and newsletter. The CEPA-focused newsletter will include input from the initiating partners in PATAM affiliate organizations in Nigeria, Zambia, Mozambique and Kenya.</li> </ul>
Country Partners		Achievements
Kenya	KETAM	<ul style="list-style-type: none"> <li>The Campaign has improved KETAM's role within the HIV/AIDS arena which has led to its inclusion in the UNGASS Steering Committee (KENYAN Delegation)</li> <li>Participated in the National Pediatric RUN for child survival and highlighted some of the CEPA Campaign and the Campaign itself in the RUN and mainstream media.</li> </ul>
Uganda	HEPS	<ul style="list-style-type: none"> <li>Development of CEPA promotional materials and wide publicity of the CEPA and NAAP processes.</li> <li>Bringing people, CSOs and government together to discuss the NAAP and pediatric HIV/AIDS.</li> <li>Enrolling more stakeholders in the campaign.</li> <li>Active, enthusiastic networks on pediatric HIV/AIDS at local and continent level.</li> </ul>
Tanzania	HDT	<ul style="list-style-type: none"> <li>Stakeholders meeting to input into and vet the bottleneck report. The draft report is available on the HDT website.</li> <li>Recruitment of Advocacy officer to start in January 2010.</li> <li>Meeting with UNAIDS country coordinator to discuss UNAIDS partnership in CEPA Tanzania. UNAIDS was happy to be involved and they are consulting MoH to plan a meeting.</li> </ul>
Zambia	TALC	<ul style="list-style-type: none"> <li>17 total strategic partners were brought on board for the campaign, and three have been identified as implementing partners.</li> <li>The partners were involved in all stages of developing the NAAP. This instilled ownership of the program among partners.</li> <li>The draft NAAP and other CEPA documents were given to Zambia's First Lady, Mrs. Thandiwe Banda, who later said, "It is important for the African Continent to ensure that the elimination of transmission of HIV from mother-to-child is a priority." She urged her fellow African First Ladies to help prevent infants from contracting the virus.</li> </ul>

<b>Mozambique</b>	MATRAM	<ul style="list-style-type: none"> <li>▪ One of the key successes of the campaign was the support from the beginning from the UN family and key partners like EGPAF.</li> <li>▪ Set up working group comprised of UNAIDS, EGPAF, MONASO, MATRAM, MULEIDE, UNICEF and RENSIIDA; first meeting held with technical support of UNAIDS and briefed partners on issues related to pediatrics, CEPA's advocacy goals, and campaign building.</li> </ul>
<b>Local-to-Global Partners</b>	<b>Achievements</b>	
Health GAP	<ul style="list-style-type: none"> <li>▪ Mobilization of the civil-society delegations to the Global Fund board to prioritize support for implementation of the Global Fund's decision to expand coverage of high-quality pediatric HIV prevention and treatment services.</li> <li>▪ Advocacy and policy efforts at the national and global levels to ensure Kenya had the right to appeal the decision by the Global Fund to reject Kenya's National Strategy Application.</li> <li>▪ Successful advocacy to ensure the timely launch of the Global Fund's Round 10.</li> </ul>	