Community consultation on the role of peer support in the Retention of women, adolescents and children in HIV care and treatment

16-17 November 2017,

Hotel Djeugua, Yaoundé, Cameroon

Meeting Report

December 2017

Contents

Acronyms

ANC	Antenatal Clinic
ART	Antiretroviral Therapy
A/YPLHIV	Adolescents and young people living with HIV
CBO	Community Based Organization
CDC	Center for Disease Control
CFC's	Child Friendly Communities
CS	Civil society
CSO	Civil Society Organization
EMTCT	Elimination of Mother to Child Transmission
FBO	Faith Based Organization
GNP+	Global Network of People Living with HIV
ICW	International Community of Women Living with HIV
ICASA	International Conference of AIDS and STI's in Africa
INSPIRE	Integration and Scaling Up PMTCT through Implementation Research
MOH	Ministry of Health
M2M	Mothers to Mothers
NGO	Non-Governmental Organization
OHTA	Optimizing HIV Treatment Access
PBW	Pregnant and Breastfeeding women
PMTCT	Prevention of Mother to Child Transmission
UNAIDS	United Nations joint agency on AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization

BACKGROUND

A number of global initiatives and frameworks have emphasized the importance of ensuring that women, children and adolescents with HIV have access to treatment and are retained in care with suppressed viral loads. The *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*[1] was followed in 2014 by the launch of the WHO EMTCT initiative aim towards elimination of mother-to-child transmission (EMTCT) of HIV as a public health priority[2]. Building on the legacy of the Global Plan, a Super-Fast Track framework, STAY Free - START-Free - AIDS Free for ending AIDS among children, adolescents and young women by 2020, was also launched in 2015[3].

In order to achieve these outcomes, strategic engagement with communities to support service delivery with a focus on improving retention is a key component. A substantial body of literature has documented the positive impact of community and/or peer support interventions on Prevention of Mother to Child Transmission PMTCT programs. In 2012, UNAIDS conducted a review to define the role of community and to identify and describe existing promising practices for PMTCT[4]. In 2015, UNICEF, through the Optimizing HIV Treatment Access (OHTA) initiative for pregnant and breastfeeding women conducted a literature review whose findings demonstrated and documented eleven promising practices associated with increased service uptake, adherence and or retention along the continuum of PMTCT[5]. In 2012 the *Integration and Scaling Up PMTCT through Implementation Research (INSPIRE)*, *started* six implementation research projects in Malawi, Nigeria, and Zimbabwe to support scale up of interventions towards elimination of mother-to-child transmission (EMTCT). The research was completed in 2016 and its outcomes confirmed the critical role of peer supporters to promote retention in care for pregnant and breastfeeding women with HIV.

Despite the findings of both INSPIRE and OHTA and long-standing recommendations from WHO, in practice, few country programmes have implemented government-supported community interventions at national scale and, in most of the cases, peer support programs such as mentor mothers, are supported by Non-Governmental Organization (NGO) rather than governments. This questions the sustainability of peer support programs within national programmes, and the extent to which the national programme takes ownership of this intervention. If national programmes were to formally recognize the importance of community- led peer support and promote the engagement of civil society, this could potentially address the issue of sustainability and ownership.

In this context, the International Community of Women Living with HIV/AIDS (ICW), WHO and UNICEF, in partnership with regional and global stakeholders co-convened a Community Consultation on 16-17th, November 2017 in Yaoundé, Cameroon, to strengthen the dialogue between governments and civil society in order to improve service utilization, retention, adherence and quality of care for women, adolescents and children living with HIV.

[1] http://www.unaids.org/sites/default/files/media_asset/20110609_JC2137_Global-Plan-Elimination-HIV-Children_en_1.pdf
[2] http://www.who.int/reproductivehealth/publications/rtis/9789241505888/en/
[3] http://www.unaids.org/sites/default/files/media_asset/Stay_free_vision_mission_En.pdf
[4] http://www.unaids.org/sites/default/files/media_asset/20120628_JC2281_PromisingPracticesCommunityEngagements_en_0.pdf
[5] https://childrenandaids.org/d8/sites/default/files/2017-03/community_facility_linkages_report_en.pdf

OBJECTIVES

The specific objectives of the meeting were to:

1. Share experiences of community led peer support to improve service utilization, retention, adherence and quality of care for women, adolescents and children with HIV
2. Stimulate discussion between governments and civil society on how to sustain the collaboration and contribution of civil society for better retention in care and outcome of ART for women, adolescents and children with HIV;
3. Identify major challenges and define key actions to address strengthening partnerships and achieving sustainable community support for the delivery of services to women adolescents and children with HIV
4. Highlight current tools and best practices for capacity building among civil society to improve peer support for women living with HIV.

The meeting methodology aimed to maximize the engagement of all participants in an active dialogue to identify the most appropriate and feasible approaches for countries to advance implementation of peer-led community engagement interventions for retaining women, adolescents and children in HIV care and treatment. The consultation included various presentations from programs and country experiences. Sessions were dedicated to promoting dialogue between participants in order to identify lessons and best practices.

KEY HIGHLIGHTS

The consultation brought together more than 75 participants from seven countries: Cameroon, Cote d'Ivoire, Democratic Republic of Congo, Malawi, Nigeria, Uganda and Zimbabwe. These countries were selected in regard to their current community projects and grants, including INSPIRE and OHTA, to build on the existing experience in peer support with a goal of minimizing the number of patients not retained in their ART and PMTCT services.

Each country delegation included representatives from Ministry of Health (MOH), networks of women and adolescents living with HIV, UNICEF and WHO country office focal points. Representatives from WHO, UNICEF, UNAIDS, CDC, and other partners from the global and regional level also participated in the consultation. The list of participants is provided in Annex 3.

1. Countries Survey

Prior to the workshop, the organizers sent a survey questionnaire to all sub-Saharan African countries, to assess extent of use of peer supporters by government sector to improve retention in HIV care. Twenty-four countries responded. Some of the key highlights from the survey included:

- 33% of the countries reported that they had government supported programs, at national or subnational level, to employ people living with HIV as paid (either receiving salary or stipend) expert clients or peers, within public sector clinics to support HIV clients accessing service.
- 63% of the countries reported the existence of NGO/CBO/FBOs-funded programs to employ PLHIV as paid cadres. In most of these countries there are program to support all PLHIV, bust

some countries also have specific programs for PBW (eight countries), adolescents (seven countries), pregnant adolescents (six countries) and children (four countries).

- The coverage of these programs was variable within and across countries, mostly lower than 25% of the Health facility, and with variety of approaches.
- 63% of the countries reported on the existence of long-term partnerships between MoH and Civil Society Organizations providing peer support to people living with HIV, mostly through signed agreements, including national, district level, with PEPFAR and GF, or just acknowledgement of the work.
- 58% of the countries reported that there are programmes to link peers in the community to health facility

Although seventeen countries reported that peer support is accepted as a key retention intervention to reach the 3rd '90', several challenges for their implementation was reported for the implementation and scaling up of peer support programs:

- Lack of financial resources to support peer support staff and programs and strong dependence on external donors
- Lack of policy and unrecognized cadre of peer support staff in health system
- High level of PLHIV stigmatization in the community
- Weak community engagement
- Lack of MOH capacity to train peer support workforce
- Limited coverage of network

2. Evidence and experience of peer-support for pregnant and breastfeeding women living with HIV

Results from a qualitative study and a literature review on the role of peer support to improve retention in pregnant and breastfeeding women (PBW) were presented.

Preliminary findings from a community-based qualitative study conducted by GNP+ and ICW with support from the OHTA project in Malawi, Uganda and Zambia were presented. The study assessed, through use of focus group and interviews, the facilitators for retention on HIV treatment of women, the role of community health workers in promoting retention, and which effective strategies could be strengthened. Specific interventions included: support groups, to address stigma and provide counselling, improving quality of services (i.e. dedicated day for appointments for teenagers or pregnant women and home visits by health workers) and developing an environment at health facility respectful of human rights and dignity (i.e. changing HCWs' attitudes). The findings showed that the facilitators for retention were those that empower women living with HIV with practical and emotional support and provided safe spaces for them to share experience on challenges and how they have overcome these challenges.

A review from published and grey literature on the roles of peer supporters to improve retention in care among PBW highlighted the importance of differentiate community health workers and peer mentors, in order to enable programmers and stakeholders effectively plan for their roles and investment in their contribution to the health sector. The evidence also described the importance of peer support in terms of the quality of the interaction, which was found to be more relevant than the volume of interaction for the success of the peer support interventions. The review also showed

that peers need continuous training and resources in form of funds, materials, personal and professional support, to be able to effectively carry out their role. It is important for countries to find ways for integrating peer interventions into public health systems to effectively improve retention in this population.

3. Integration and Scaling up of PMTCT through implementation research (INSPIRE)

INSPIRE was a 5-year operational implementation research initiative supported by Global Affairs Canada in partnership with WHO in three countries- Malawi, Zimbabwe and Nigeria. Two studies in each country were implemented in close partnership with the MoH. The six studies evaluated different interventions with their primary objectives focused on retaining pregnant women living with HIV and their infants in care and treatment. Two of the studies in Malawi and Nigeria which implemented peer-support interventions reported a statistically significant improvement in retention when compared to the national standard of care. The other studies, while reporting important lessons learned which impact PMTCT services, including interventions that focused on making changes to the health care system, did not show a significant change in retention for pregnant women living with HIV in care and treatment.

4. Optimizing HIV Treatment Access (OHTA)

OHTA was implemented in partnership with MOH in four countries (Cote d'Ivoire, DRC, Malawi and Uganda), to improve quality of health care services, create linkages between community and facilities and strengthen monitoring and evaluation to improve service delivery. A Community Mentor model was implemented in Cote d'Ivoire, Malawi and Uganda with the focus of empowering clients through individual support. This emerged as a Promising Practice related to the contribution in facilitating improved access to care and retention of pregnant and breastfeeding women living with HIV and their infants in PMTCT program. The key program outcomes and factors documented were reduced HIV-related stigma, strengthened community- facility linkages, improved women's comfort-level with regard to seeking care and mothers provided with critical personalized health information, decreasing the workload of other facility -based staff.

5. Experiences from WLHIV and from Mother to Mother

Three women living with HIV from Uganda, Malawi and Nigeria shared their experiences of being mentor mothers, complementing the INSPIRE and OHTA presentations. They focused on their experiences as mothers living with HIV and on the benefits of being mentor mothers both to themselves individually, and to the women who they support in the community.

Mothers to Mothers (M2M) shared examples of tools for implementation including Standards Operating Procedures for training peers. The presentation highlighted the experience of M2M in implementing peer- led interventions in PMTCT country programs.

6. Ministry of health perspectives and experiences

MOH representatives from Zimbabwe and Cameroon shared their perspectives on strengthening government ownership and institutionalizing peer support programs. Zimbabwe has strong peer

support interventions that support PLHIV, including national guidance and training material. However, most of the interventions are funded by partners. Therefore, the geographical coverage is based on partners' focus and there is not a standardized approach to supporting peer supporters (i.e. stipend). In contrast, Cameroon's community support programs are less common and linkage with the community is still a crucial challenge to ensure support for women, adolescents and children living with HIV.

7. Evidence and experience of peer support for adolescents living with HIV

A review of published and grey literature on peer support for adolescents highlighted the following key points:

- Globally In 2016, there were 610,000 new HIV infections among adolescents, aged 15-24 and 260,000 were between the ages of 15-19
- Adolescent girls are particularly vulnerable (20% of the new infections, 56% of the total number of infections, yet only make up 11% of the population)
- Eighty-two percent of adolescents living with HIV globally are in Sub Saharan Africa.

Panellists representing adolescents and young people living with HIV (A/YLHIV), as well as organizations that implement programs for A/YLHIV, shared organizational and personal experiences on community and peer support to improve outcomes for A/YTLHIV. Key notes highlighted from these presentations and follow-up discussions included:

- Adolescents and young people have unique sets of needs and they require immediate focus to address the concerning cases of new infections.
- It is important to strengthen collaboration between youth organisations and MOH for joint action targeting adolescents and young people.
- Investment in capacity building of adolescents through adolescent-friendly approaches is critical in the context of weak health systems. This may only happen in an environment of strong political goodwill, as evidenced by global advocacy efforts under the 'ALL In' campaign.
- It is important to ensure engagement and commitment of adolescents themselves when organizing sessions for adolescents on awareness raising.
- There is a need for age and sex disaggregated data to ensure that results are well understood and can inform program decision making and improvement.

Brief, in order to implement effective peers support programs to improve retention among PBW it is needed to define the role of peer educators and mentor/expert mothers, and to integrate them within the public health services of retaining women adolescents and children in HIV treatment and care.

Country-to-country sharing of best practices is key for ensuring implementation of best practices.

Countries are encouraged to: strengthen programs that increase linkages between facilities and peer supports, find innovative strategies to increase male involvement around PMTCT and expand the roles of mentor/expert mothers to include TB screening and evaluation of nutritional status in order to maximise on available opportunities for providing health care and interventions.

8. Cost implications for peer support for retention of women, children and adolescents in HIV treatment care and support

A Cost-Effective Analysis based on INSPIRE results from mentor mother peer interventions which demonstrated a benefit of peer support for pregnant women by helping them stay on HIV treatment and in care, was presented at the meeting. The presentation highlighted the cost of the formalized, structured peer support interventions within national HIV care and treatment programmes interventions and the value added for the investment to the overall health sector. Country Programs were encouraged to review costs incurred from these INSPIRE studies, and consider how to modify them for their own country contexts. In discussions, participants were shown that monitoring for outcomes are important to best understand any cost benefit analysis they conduct in their own country. The more results of the programme that are quantified, the more those benefits may be included to the overall cost-effectiveness calculations; therefore, potentially reducing the cost per outcome. One of the key take away points illustrates that the benefit gain to programmes utilizing trained and supportive peer mentors outweighs the costs. It was noted that one intervention showed a greater difference using mother mentors in the second year of the programme compared to the current standard of care and investment, illustrating the benefits of interventions are not always immediate, and consideration should be given to measuring outcomes over longer periods of time.

9. Multisector partnership and coordination for peer support for retention of women, children and adolescents in HIV treatment care and support

MOH representatives from DRC and Malawi, CBOs representatives from Zimbabwe and Cameroon and CDC participated in a panel to propose specific strategies and actions to enhance partnership between MoH and CSO through peer support, to improve outcomes for ART for women and ALHIV Specifically, the panel also discussed what countries could do to support desirable results in reaching and retaining all women, adolescents and children living with HIV in HIV treatment and care. Discussions and questions from these presentations looked at how to increase linkages with the UNAIDS 2 million community health workers framework. Participants agreed on the following; -

1. WHO could provide guidance on peer support interventions to be adopted by countries.
2. Documentation of community involvement in health is useful for mobilizing resources that scale up interventions like peer support in PMTCT settings.
3. MOH should engage multisectoral stakeholder in advocacy and action for investment in peer interventions at community level.

COUNTRY ACTION PLAN DEVELOPMENT

In order to engage all players at country level to commit towards supporting advocacy and activities to promote peer and community led intervention at country level, participants were guided in country group work sessions to propose practical approaches and concrete actions to overcome challenges and build peer support into national strategies and plans. A summary of country presentations is annexed below.

KEY ADVOCACY POINTS FROM THE MEETING:

Based on the meetings discussions, the following advocacy messages were developed: -

1. Accountability: Promote accountability at all levels for effectiveness of community and peer led interventions. This includes at Government, medical facility and at family/community level.
2. Supporting interventions that involve mentor mothers in PMTCT have shown impact on new transmissions and retention in health care
3. Women and adolescents living with HIV should be involved in every decision regarding their sexual and reproductive health including HIV treatment and care.
4. National action frameworks are needed to standardize peer support interventions: status of peer mentors, identification, stipends, training (counselling, family testing and disclosure), male involvement, Standards Operating Procedures s, community-facility linkages, integration in other sectors, scale-up, etc.
5. Coordination has to be improved around peer support: planning, implementing and monitoring data/quality. Consideration on how to measure community participation and integration with other sectors (e.g. poverty, food access, school access and violence) is important.
6. Funding: supporting government accountability, addressing fragmented health systems and social stigma are critical.

NEXT STEPS

- ICW, WHO and UNICEF will work jointly to develop an advocacy call to action paper.
- Consultation co-conveners(ICW, WHO and UNICEF) will find modalities for engaging the meeting participants in country, regional and global advocacy: use this group to create a platform for advocacy
- ICW, WHO and UNICEF to follow-up country action plans

ANNEX

Annex 1: Agenda

Agenda

DAY 1		
Time	**Topic/Activity**	**Presenters/Facilitators**
8:00 – 08:30	Registration	ICW
8:30 – 09:30	**1. Opening Session** **M.C**	
	• Welcome remarks • Official opening remarks • Group Photo	• WHO Country Representative, • ICW Representative • His Excellency, The Ministry of Public Health, Cameroon
	• Introductions of participants • Administrative and Security Briefing • Objectives, Expected outcomes and Agenda	• ICW • UNICEF • WHO
9:30–10:45	**Chairs: CAMEROON, UNICEF Rapporteurs: ICW, Uganda**	
	2. Evidences and Experiences in Peer Support	
	Experiences of women living with HIV – retention and adherence in an environment of stigma, violence and discrimination	ICW East Africa
	Evidence review of community engagement to improve retention in care for pregnant women and breast feeding period	Divya Mallampati, WHO, HQ
	Results of the Country Surveys	Sanni Saliyou (WHO/IST-CA)
	Discussion	All
10:45–11:15	**Coffee/Tea Break**	
11:15–13:30	**3. Evidences and Experiences of community and facility-based peer support**	
	The history of networks of women living with HIV – contributions towards promoting retention	Florence Anam (ICW)
	Cameroon experience in PMTCT and Pediatric care Retention	Dr Tjek Biyaga, DFH/MoH Cameroon
	MOH perspective on strengthening Government owned peer support: barriers, challenges and solutions	MoH representative Zimbabwe
	INtegration and Scaling Up PMTCT through Implementation Research (INSPIRE) – Overview +Video	Françoise (WHO/AFRO)
	INSPIRE learning, MOMENT in Nigeria	• Françoise (WHO/AFRO) •
	INSPIRE learning, PURE in Malawi	• Thom Ellen (WHO/ Malawi) • Mentor Mother Malawi
	Optimizing HIV Treatment Access (OHTA) initiative for	• MoH Cameroon

	pregnant and breastfeeding women – Promising Practices in peer support + Video	• UNICEF ESARO • Mentor Mother
	M2M: A decade of programming , Example of Tools for implementation(SOPs, training for peers)	Betty Mirembe (M2M)
	Discussion	All
13:30–14:30	**Lunch break**	
	Chairs: Zimbabwe, CDC Rapporteurs: ICW, DRC	
	4. Experiences of Adolescence, HIV & Community Support	
14:30- 15:25	Living with HIV and adolescence	Moses Bwire (Uganda)
	Evidence review on peer support for adolescents	Divya Mallampati, WHO HQ
	Adolescent PMTCT – Learning from INSPIRE	Christine (WHO /Zimbabwe)
15:25–15:45	**Coffee/Tea Break**	
15:45-16:45	Community and peer support to improve outcomes for ALHIV	Moderator: Symplice Mbolla Mbassi (WHO) Kosisochukwu Samuel Umeh (Y+), Evelyn Mutetwa (AFRICAID)
	Discussion	All
18:00-20:00	**Reception and Movie Night**	**UNICEF**

DAY 2: Co-Chairs: Uganda, UNAIDS, Rapporteurs: ICW, Malawi, Cote d'Ivoire		
08:30 - 09:00	Recap from Day 1	Day 1 rapporteurs
	5. Dialogue and Partnership	
09:00-10:10	Results from the CEA analysis – comparison of costs of the intervention against potential costs saved	Elizabeth McCarthy (CHAI)
	Community and peer support within the WHO AFRO health system Strengthening framework	Françoise (WHO/AFRO)
	Discussion	All
	Panel to propose specific strategies and actions to enhance partnership between MoH and CSO through peer support to improve outcomes for ART for women and adolescents living with HIV	MoH, CSO, CDC, UNICEF Moderator Jacqueline Makhoka (UNAIDS)
11:10–11:30	**Coffee/Tea Break**	
	Group Work introduction	Innocent Nuwagira (WHO/IST-ESA)
	Group Work: Country teams propose practical approaches and concrete actions to overcome challenges and build peer support into national strategies and plans	All facilitators
13:30-14:30	**Lunch break**	

14:30–16:20	**6. Agreed Actions, Next steps and Closing**	
	Feedback from Group Work	Countries
	Advocacy Paper on peer support in the retention of women, adolescents and children in HIV care and treatment	Florence /ICW
	Next Steps, Follow-action Actions and Recommendations	UNICEF/ICW/WHO
	Closing remarks	Dr Claire Mulanga, UNAIDS Country Director

Annex 2: List of Participants

Name	Function	Organization	Country
Dr Mpono Pascale	Cadre à la Direction de la santé familiale	Ministry of Health	Cameroon
Dr Tjek Biyaga Paul Théodore	Chef service PTME	Ministry of Health	Cameroon
Francine Nangale	Community	ICW	Cameroon
Etienne Kembou	HIV Program officer	WHO	Cameroon
Mangele Gertrude	Dpt community life and youth participation	Ministry of Health	Cameroon
Therese Nduwimana	HIV specialist	UNICEF	Cameroon
Menyem ivon Kum	Community member	ICW	Cameroon
Semi Lou Bertine	Community	GNP+	Cote d' Ivoire
Houssou Gonhi Christine	Community	GNP+	Cote d' Ivoire
Dr Ivonne Odoh Loba	Chargée d'études PEC et Qualité des Soins	Ministry of Health	Cote d' Ivoire
Dr Francoise Kadja Adjoba	Sous Directrice, Point focal suivi des activités	Ministry of Health	Cote d' Ivoire
Dr Germain Kouadio Yao	Ministry of Health	Ministry of Health	Cote d' Ivoire
DIABAGATE Madoussou	Point focal PTME/PNLS	Ministry of Health	Cote d' Ivoire
Dr Ilunga Bulaya Ndala	PMTCT Manager	Ministry of Health	DRC
Joseph Liomba	HIV Communication Manager	Ministry of Health	DRC
Mimie Kabanga	Adolescent Health Delegate	Ministry of Health	DRC
Sakula Kubika	CS PMTCT	Ministry of Health	DRC
Felly Mayamba Munongo	PMTCT Program officer	WHO	DRC
Stephanie Misumba Bashiya	Community	M2M	DRC
Velvine Sarah JOBIESE	ICW	ICW global	Kenya
Ms Ellen Thom	PMTCT Program officer	WHO	Malawi
Joyce Joan Kamwana	CS PMTCT	ICW	Malawi
CHINKONDE Jacqueline Rose	Programme Officer	UNICEF	Malawi
Dalitso Midiani	HIV Department	Ministry of Health	Malawi
PHIRI Precious William Chigona	PHC coordinator	Ministry of Health	Malawi
Mrs Chiwaula Catherine	School Health Coordinator	Ministry of Health	Malawi
Patricia Kapesi	CS PMTCT	ICW	Malawi
Jacqueline Nkhoma	Program officer	UNICEF	Malawi
Nkemdilim Precious Chukwuemeka	CS PMTCT	ICW West Africa	Nigeria
Nkechi Blessing Onyeka	CS PMTCT	INSPIRE Project	Nigeria

Kosisochukwu Samuel Umeh	CS Adolescent	ICW	Nigeria
Betty Mirembe	Director	M2M Uganda	Uganda
Mrs Rita Nalwadda	PMTCT Program officer	WHO	Uganda
Dr Linda Nabitaka Kisakye	PMTCT Manager		Uganda
Ms Juliet Katushabe	Program Officer, PMTCT Community	Ministry of Health	Uganda
Ms Teddy Nabwie Chimulwa	Ministry of Health	Ministry of Health	Uganda
Justine Nakirya (OHTA)	Community	OHTA project	Uganda
Dorothy Namutamba	Program manager	ICW East Africa	Uganda
Moses Bwire	CS Adolescent	Peers to Peers Uganda	Uganda
Esther Nyamugisa Ochoro	PMTCT Program officer	UNICEF	Uganda
Dyvia Mallambati	Consultant	WHO	USA
Mrs MUHLWA Betty Makanyara	ART	Ministry of Health	Zimbabwe
BHILA Janet Tatenda	civil society representative	ICW	Zimbabwe
Ms Evelyn Mutetwa Bede	NGO Representative	AFRICAID	Zimbabwe
Dr TREVOR KANYOWA	Maternal Health Program officer	WHO	Zimbabwe
MASHAMBA Evelyn Sharon	community	ICW	Zimbabwe
Solomon Mukungunugwa Huruva	PMCTCT	Ministry of Health	Zimbabwe
Beula Senzanje	UNICEF	UNICEF	Zimbabwe
Ms. Amanda Geller	CDC	CDC	USA
Amandine Bollinger	Regionall advisor	UNICEF WCARO	Senegal
Winfred Mutsotso	UNICEF	UNICEF ESARO	Kenya
Jacqueline Makhoka (TBC)	Senior Adviser, Community Support	UNAIDS, Southern Eastern Africa	South Africa
Elizabeth McCarthy	CHAI	CHAI	Zambia
Serena Brusamento	Consultant	WHO/HQ	Switzerland
Saliyou Sanni	PMTCT Focal Point	WHO/IST/Central Africa Region	Gabon
Dr Mbola Mbassi	Regional Advisor on Adolescent health	WHO/AFRO	Congo
Innocent Nuwagira	PMTCT focal Point	WHO/IST/East and South Africa Region	Zimbabwe
Françoise BIGIRIMANA	PMTCT Regional advisor	WHO/AFRO	Congo
Florence Aman	Advocacy and Communication manager	ICW global	Kenya
Rose Adem Akinyi	ICW	ICW global	Kenya