



CASE STUDY Free to Shine

How African First Ladies spearheaded the successful launch of a continent-wide campaign to prevent HIV and AIDS in childhood

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A project implemented by



Box 1

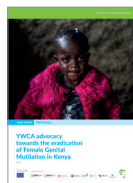
Overview of case studies and synthesis briefs (SoAW action learning process)

Case studies



The value of civil society alliances in realising women and girls' Sexual and Reproductive Health and Rights

IPPF Africa Region



YWCA advocacy towards the eradication of Female Genital Mutilation in Kenya

YWCA Kenya



Journalists networked across Africa for increased SRHR coverage in the media

IPPF Africa Region



Faith leadership of civil society collaboration towards adoption of the EAC SRHR Bill

Faith to Action Network



How African First Ladies spearheaded the successful launch of a continent-wide campaign to prevent HIV and AIDS in childhood

OAFIAD



Institutional change towards the integration of population and development issues in the All Africa Conference of Churches (AACC)

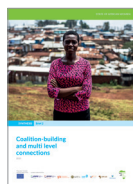
All Africa Conference of Churches (AACC) and Faith to Action Network

Synthesis briefs



Progressing on the unfinished business

KIT Royal Tropical Institute



Coalition-building and multilevel connections

KIT Royal Tropical Institute

How African First Ladies spearheaded the successful launch of a continent-wide campaign to prevent HIV and AIDS in childhood

In 2018, the Organization of African First Ladies for Development (OAFLAD) and the African Union co-lead and launched a continental campaign to end new HIV infections in children and to keep mothers alive, called Free to Shine Campaign. Ever since, the campaign was launched in twenty-three African countries, under the leadership of the First Ladies in the respective countries. This case study describes the process of advocacy and concerted effort that lead to the development of the campaign and its acceptance and adoption by stakeholders and communities at the continental, national and local levels.

The disproportionate effect of HIV and AIDS on women and girls

Globally, since the start of the HIV epidemic, women have been disproportionately affected by HIV. In Africa, women constitute 59% of the 25.6 million adult people living with HIV¹. Young women aged 15-24 years are 2.5 times more likely to be infected than men². HIV and AIDS remains the leading cause of death for women of reproductive age (15 to 49)³.

Poverty is a primary factor that increases vulnerability to HIV among women and girls. Women who are economically poor may be obliged to adopt behaviors that put them at risk of infection, including early marriage, and relationships that expose them to violence and abuse. In addition, at some point in their lifetime, one in three women will experience physical or sexual violence from a partner. This also prevents many women, particularly young women, from protecting themselves against HIV.

Social norms and unequal gender relations make women more likely to contract HIV than men. In sub-Saharan Africa countries, 40% of young women living in urban areas will have been pregnant by the time they reach 18. Close to half of them, however, are unable to make decisions about their own health⁴. Due to dominant cultural and religious norms, service providers are often reluctant to provide sexual and reproductive health (SRH) services to unmarried but sexually active young people. In addition, HIV-related stigma and discrimination affect women's access to SRH services and information, their experiences of care, including pre- and post-natal treatment and care. A lack of access to comprehensive HIV and SRH information and services means that women are less able to look after their sexual and reproductive health and reduce their risk of HIV infection. Also, education remains a luxury that most young women cannot afford; 60% of girls in the least developed countries in the world, do not attend secondary school⁵. Studies have shown that increasing educational achievement among women and girls is linked to greater control over their fertility and SRH outcomes including delayed childbearing, safer births, lower rates of sexually transmitted infections (STIs) and unintended pregnancies.

1 Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/tthe-state-of-the-african-women>
 2 Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/tthe-state-of-the-african-women>
 3 https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/march/20200305_weve-got-the-power
 4 UNAIDS (2019) 'Women and HIV – A spotlight on adolescent girls and young women', p8 [pdf]
 5 UNAIDS (2019) 'Women and HIV – A spotlight on adolescent girls and young women', p16 [pdf]

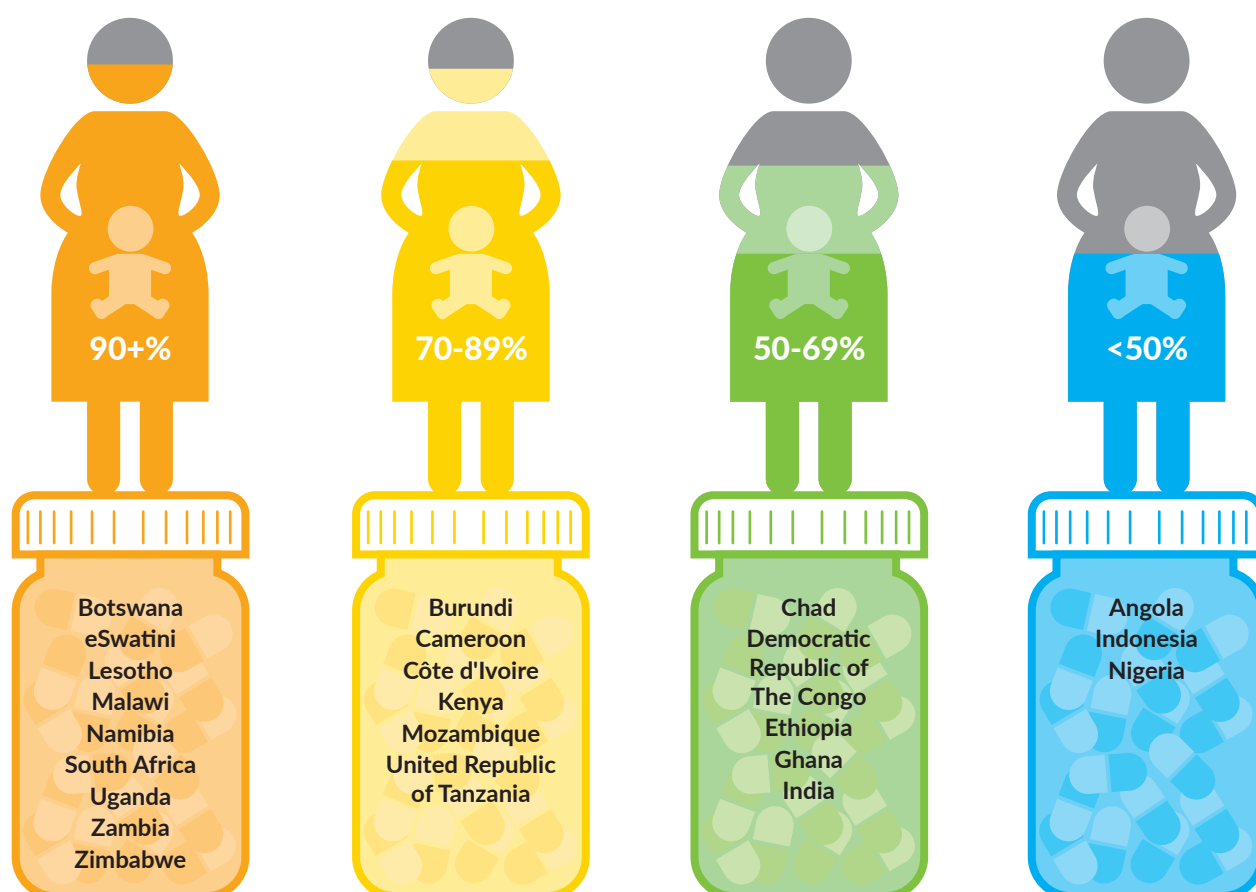
Mother-to-child transmission

While new HIV infections in Africa have shown a decline, figures differ per country and per group. Young women aged 15-22 make up 66% of new infections and in some regions, like Eastern and Southern Africa, over 50% of children born to HIV-positive women get the disease, often during the postnatal period⁶. This mother-to-child transmission (MTCT) or vertical transmission from a mother to her child during pregnancy, is the cause of a majority of new infections in children.

Although the percentage of pregnant HIV-positive women receiving ART to prevent PMTCT has increased remarkably in some countries, many women are not yet receiving appropriate treatment (see figure 1⁷). Similarly, in 2019, just over half (53%) of the children aged 0-14 living with HIV globally were receiving ART⁸.

Figure 1.

% of pregnant HIV-positive women in priority countries receiving antiretroviral treatment to prevent mother-to-child transmission, 2017



Source: UNAIDS 2018 estimates (graphic via Avert)

⁶ Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/tthe-state-of-the-african-women>; UNAIDS (2017) 'Start Free Stay Free AIDS Free: 2017 progress report' [pdf]

⁷ <https://www.avert.org/printpdf/node/4251>

⁸ UNICEF (2020) Paediatric care and treatment. <https://data.unicef.org/topic/hiv/aids/paediatric-treatment-and-care/> (accessed November 2020)



Launch of the Free to Shine campaign by H.E Madam Antoinette Sassou-Nguesso First Lady of the Republic of Congo

Effective interventions during pregnancy, labor, delivery and breast-feeding can reduce vertical transmission to below 5%⁹. It is important to note that without eliminating vertical transmission of HIV it will be impossible to end AIDS by 2030.

To break the mother to child transmission and maintain the gains obtained continent wide, in 2011 the African Union adopted the *Global Plan to eliminate new HIV infections among Children by 2015 and Keeping their Mothers Alive*. In addition, AU initiated AIDS Watch Africa (AWA) in 2001, launched the *Campaign for Accelerated Reduction of Maternal Mortality in Africa* (CARMMA) in 2009, the *AU Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa* in 2012, and the *Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa By 2030* in 2013. The Agenda 2063, a strategic framework for the socio-economic transformation of the continent within a 50 year period was developed the same year as the revised Maputo Plan of Action in 2016. Also the AU has developed a [Common Africa Position \(CAP\) on the post 2015 Development Agenda](#) that puts forward an ambitious target on the number of children who are living with HIV on treatment and virally suppressed by 2020.

The First Ladies of Africa have played a vital role in building awareness and harnessing political commitment to the AIDS response and the broader health and development agenda through their organization they formed in 2002, under the name of the *Organization of African First Ladies for Development* (OAFAD)¹⁰. This network of First Ladies, which is the first of its kind in the world, has brought together more than half of the continent's First Ladies to join hands to fight the epidemic that has claimed the lives of millions of Africans, particularly women and children. Working in collaboration with the AU Commission, and leveraging their positions, First Ladies of Africa have adopted different strategies to advocate for policy changes and prioritization of HIV and AIDS in national government's health agendas (see box).

Apart from advocacy and awareness raising in countries, OAFAD also developed a collective advocacy agenda at continental level that culminated in the Free to Shine Campaign. The journey to develop the latter has seen the involvement of various stakeholders.

H.E. Madam Margaret Kenyatta, First Lady of Kenya, ran marathons to raise funds for mobile maternal and child health clinics and has helped raise awareness of mother-to-child transmission of HIV. The First Lady of Uganda, H.E. Madam Janet Kataha Museveni, travelled throughout Uganda promoting treatment adherence and speaking out against HIV stigma and discrimination. H.E. Madam Denise Nkurunziza, First Lady of Burundi, has been mobilizing men at different stages of their adult lives in order to encourage couples' counselling and testing for prevention of mother-to-child transmission of HIV. The First Lady of Malawi, H.E. Dr. Gertrude Mutharika, has made it her mission to ensure that all children living with HIV can get the treatment they need. H.E. Madam Dominique Ouattara, First Lady of Cote D'Ivoire is also a Special UNAIDS Ambassador for the Elimination of Mother to Child Transmission of HIV and promotion of pediatric treatment, has been active through media outreach, convening meetings and supporting catalytic projects.

⁹ Eerdewijk et al. (2018) The State of African Women Report. <https://rightbyher.org/resource/the-state-of-the-african-women/>

¹⁰ Before 2019, OAFAD was known as the Organisation of African First Ladies against HIV/AIDS (OAFLA).

The Free to Shine Campaign

The strategy adopted by OAFILAD and the Africa Union is to co-lead a continental campaign to end new HIV infections in children and keep mothers alive called *Free to Shine Campaign*. The latter was officially launched on January 2018 in Addis Ababa Ethiopia. Ever since, the campaign was launched in twenty-three African countries, under the leadership of the First Ladies in the respective countries.

History of the Free to Shine Campaign

In 2017, the OAFILAD Secretariat initiated a discussion with the African Union Commission (AUC), about the need for a continental elimination of MTCT campaign so as to realize the vision to end childhood AIDS in Africa by 2030 and keep mothers healthy.

Upon acknowledgement of the need for such a campaign by the African Union in supporting the general health and development vision of the continent by 2063, it invited OAFILAD to make a presentation on the proposed continental campaign at the Aids Watch Africa (AWA) Consultative Experts 'Committee Meeting of the AUC, held in Conakry, the Republic of Guinea.

The [AWA](#) is an important strategic space because of its status and mandate. AWA is a statutory entity of the African Union with the specific mandate to lead advocacy, accountability and resource mobilization efforts to advance a robust African response to end AIDS, TB and malaria by 2030. AWA advocates for the mobilization of the political will of African Heads of State and Government to adhere to their commitments on AIDS, TB and malaria and emphasizes the importance of strengthened health systems. It also advocates for national level ownership by governments, and ensures that national governments are held accountable for agreed upon targets that have been adopted by the African Union.

Upon the recommendation of the AWA experts committee meeting, the Heads of State endorsed the *Free to shine: Africa united against childhood AIDS campaign* at the 29th AU Heads of states summit held in Addis Ababa, Ethiopia in 2017.

On December 2017, a soft launch of the campaign was organized in the margins of the biggest AIDS conference in Africa with more than 10,000 participants: *The International Conference on AIDS and STIs in Africa (ICASA)* in Abidjan, Côte d'Ivoire. An OAFILAD's special session at the conference had remarkable coverage and attendance.

The campaign was officially launched in January 2018 in Addis Ababa, Ethiopia at the [20th Ordinary General Assembly of OAFILAD](#). The Steering Committee overseeing the advocacy process was co-led by OAFILAD and the AU and mobilized UNAIDS, UNICEF, WHO, EGPAF, AIDS Accountability International, and Abbott as members, who are leading in the fight against AIDS. The Steering Committee was expected to provide technical guidance in policy and political advocacy, strategic information, communication, campaigns and strengthened partnerships and networks as detailed in the [Terms of Reference](#) developed by the co-leads of the campaign.



Launch of the Free to Shine campaign by H.E. Dr. Aisha Muhammadu Buhari, First Lady of the Republic of Nigeria

Objectives of the Free to Shine Campaign

The campaign focuses on the more immediate 2020 global targets outlined by UNAIDS [‘Start Free, Stay Free, AIDS Free’](#) super-fast-track framework for children, adolescents and young women. The campaign enables to directly contribute to the ‘Start Free’ (every child deserves an HIV-free beginning) aspect of the framework by focusing on the prevention of MTCT.

Within that framework and in line with the broad goals proposed by the AU and OAFILAD, the Steering Committee of the campaign agreed on the following objectives of the campaign:

- Raise awareness of the HIV epidemic in children and the need to prioritize children and mothers, to ensure that successes achieved in reducing infections are extended to this vulnerable group.
- Increase understanding of prevention strategies of HIV and AIDS in childhood by keeping mothers healthy, preventing mother to child transmission and ensuring fast and effective identification and treatment of HIV infected children.
- Mobilize resources and prioritize the delivery of effective and sustainable HIV and AIDS health services that are accessible to all who need them.
- Highlight the need to remove barriers that prevent women and mothers accessing HIV and AIDS related health services for themselves and their children.

The theory of change to realize these objectives is presented in figure 2.

The campaign targets two main groups in AU member states:

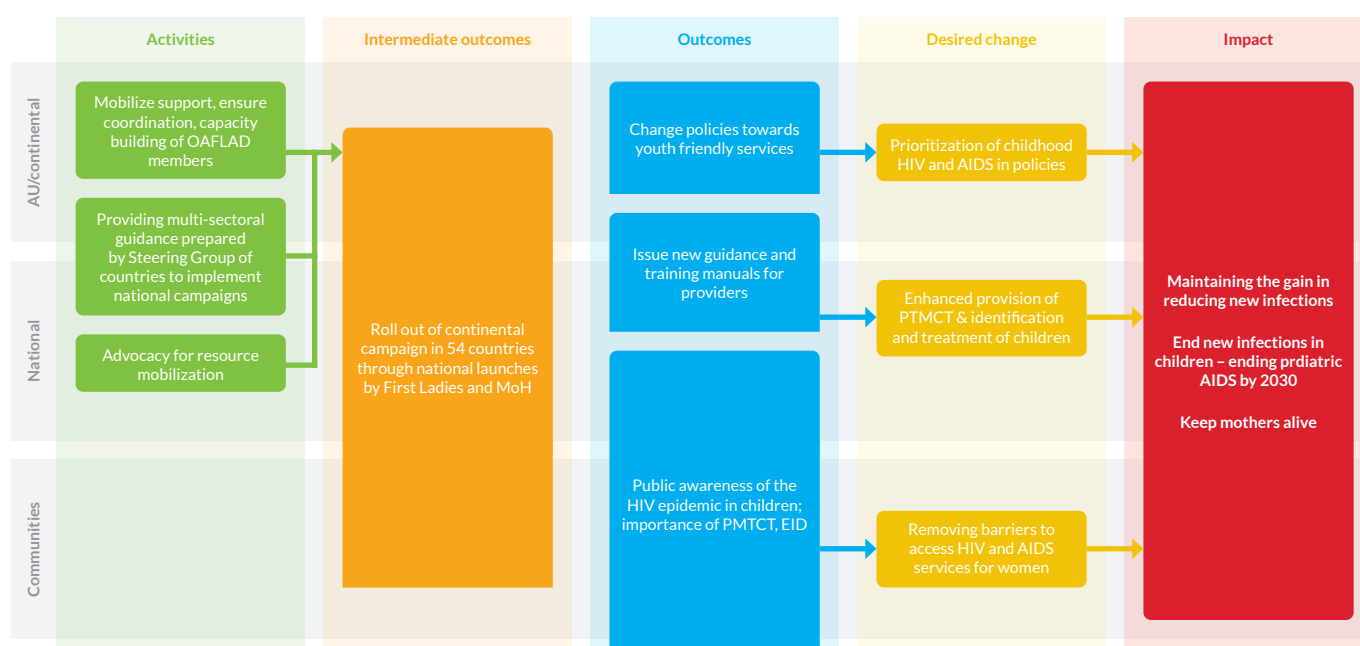
- At the **policy level**, the campaign targets Ministries of Health with the aim to change relevant policies, develop more youth-friendly services, and put out new guidelines or training manuals to sensitize health care workers on PMTCT
- At the **community level**, the campaign targets families and health workers to generate a better understanding of the importance of PMTCT, Early Infant HIV diagnosis (EID), and initiation of treatment, leading to improved health outcomes for HIV-exposed and HIV infected infants and their mothers.



Launch of the Free to Shine campaign by H.E Mrs. Rebecca Akufo-Addo, First Lady of the Republic of Ghana

Figure 2.

Theory of change of the roll out of the Free to Shine Campaign



Outcomes achieved

National launches in 23 countries

The African Union announcing the high level political commitment towards the Free to Shine campaign, as per the decision of Heads of States in July 2017, sent out a note verbal to all African Ministers of Health, requesting them to roll out the *Free To Shine* Campaign in collaboration with First Lady Offices in view of accelerating national efforts to eliminate mother-to-child transmission of HIV. The [formal correspondence](#) was sent out to countries accompanied by a guidance note that served as a general framework within which countries can decide to either launch the campaign as a standalone campaign or as a strategy integrated into an existing campaign.

Leveraging their positions, African First Ladies initiated the roll out of the campaign in their respective countries cognizant of the fact that a formal call to action has been the communication from the African Union through the formal government structure. Through their membership of OAFLAD, they inspired one another to initiate the launch of the campaign.

Within one year after the launch of the campaign, twenty-three countries launched their national campaigns. Countries like Niger, Congo, Mozambique, Zimbabwe, Rwanda, Uganda, Burundi, Malawi, Chad, Lesotho, Angola, Cap-Verde, Mali, Nigeria, Gambia, Ghana, Central African Republic, and Zambia launched the campaign in the form of a national event (see examples in box). In some countries including Namibia, Kenya and Sierra Leone, the First Ladies integrated the campaign into their already existing nationally recognized campaigns to benefit from the established visibility. The launches were attended by Ministers of Health, national champions, community leaders, youth, the media and development partners.

First Ladies also travelled to share experiences and witness the launch of the campaign in another First Lady's country. For instance, First Ladies of Zambia and Central African Republic attended the campaign launch in Burundi. The First Lady of Zimbabwe visited the First Lady of Kenya's flagship campaign called *Beyond Zero*, which aims to contribute to the improvement of maternal and child health and to reduce new HIV infections among children.

In **Uganda** the launch featured a panel discussion under the title EMTCT on Keeping Mothers and Babies in Care. Panelists include representatives from the Ministry of Health, UNFPA, WHO, EGPAF, Community leader from Mothers to Mothers organization. It was followed by a discussion with community leaders, the youth, media religious leaders, cultural leader who took part at the panel discussion. Panelist included the minister of health and representatives of various UN agencies. A testimony by an HIV positive couple who had HIV negative children thanks to the advocacy of the first lady which made medicines available during and after child birth. A video was also aired showing Uganda's EMTCT Success Story.

In **Burundi**, the launch of the campaign was attended by 3000 people and the first Ladies of Zambia and Central African Republic, minister of Health, other government officials, representatives of UN agencies and other stakeholders. The launch of the campaign was organized during the international conference of women leaders hosted by the First Lady of Burundi.

In **Gambia**, the First Lady's team with representatives from the ministry of Health, PLWHA, organizations working on the fight against HIV and members of the media organized a Caravan tour to sensitize communities about HIV/AIDS. The Caravan toured among twenty-two community groups and promoted HIV testing while announcing the launch of the Free to Shine campaign.

Grassroots reach

On the occasion of the national launches, local communities and organisations were united to bring about collective understanding of the actions that can be taken to drive the effective delivery and use of healthcare services to end childhood AIDS. Each country adopted a different strategy in terms of involving the community, including panel discussions, walks, movement in caravan, appointment of Free to Shine Ambassadors, and media involvement.

The fact that the launch of campaign was initiated by the respective First Lady, who is used to working with different stakeholders and community leaders at grassroots level has enabled them to reach out to members of the society. Campaign launches in countries like Burundi, Uganda, The Gambia, Nigeria, Rwanda, Zambia were attended by elders, youth and other members of the community.

Factors contributing to success of the campaign and its roll-out

AU endorsement ensuring African Ministries of Health buy-in

With the support of the African Union commission, particularly the Department of Social Affairs, the campaign was endorsed by Heads of States of government. This endorsement enabled the campaign to be considered as an important initiative to address one of the health priorities at country level. The campaign is seen as contributing to the broader health and development agenda as outlined in the [Agenda 2063](#) leading to the *Africa We want* and to all other ongoing health campaigns. The formal correspondence from the African union to the ministries of health pushed for commitment to the decisions of the Heads of States of Africa.

Creating momentum

One of the strategies used to build momentum is using international commemoration days such as World Health Day, International Women's Day and International Day of the African Child to as well as relevant strategic platforms to amplify the visibility of the campaign and advocate for the elimination of mother-to-child transmission of HIV.

Building a coalition of professionals

The steering committee of the campaign was composed to represent a group of professionals from multilateral donors, NGOs and the private sector. Building this multidisciplinary coalition to oversee the roll out of the campaign throughout the continent has been beneficial particularly in terms of producing knowledge products that support the implementation of the campaign by Member States.

Toolkits were developed by [UNAIDS](#) and [EGPAE](#) to support First Ladies in their advocacy work, while WHO and UNICEF provided support in availing M&E tools and updated facts and data to be used for the campaign messaging. Abbott, a pharmaceutical company supported the campaign by handing all communications activities including website development, social media presence, documentation and issuance of press statements.

The coalition has not only enabled the mobilization of resources and create knowledge to table the agenda in an evidence-based manner but also facilitated the implementation of activities under the campaign at national level.



Leveraging the influence of First Ladies

Considered as unofficial, the title of First Lady is given to the spouse of a Head of State of a country. Nevertheless, First Ladies occupy a unique position that is respected by many including government officials, community leaders and the community. Considered mothers of their nations, first Ladies have a moral authority that enables them to influence policy dialogues as well as community norms. This unique ability to influence decision making both within the formal and informal governance structures has proven to be effective. First Ladies are also considered one of the best avenues to get the attention of the Head of State.

With the establishment of OAFILAD, African First Ladies have made a strategic move to bring about even greater influence in the continent through joint advocacy. The fact that First Ladies organized themselves under one formal organization has enabled them to approach the African Union, UN agencies and various developmental partners who also are interested in leveraging their positions to reach out to the government structures and community at the same time.

The involvement of the African Union, which created the avenue for the Free to Shine campaign to get acknowledged at the African Heads of States Summit is the result of this consortium of women leaders with high moral authority in their respective countries.

“The fight against AIDS needs to divert more attention to young men and women, girls and boys who comprise a majority of our population in our respective countries. Ours is a continent which is experiencing a sharp increase in youth population. Such a youthful population offers an opportunity which can in turn provide socioeconomic opportunities if well harnessed. This is exactly where OAFILAD comes in, and this is precisely why we African First Ladies are needed to make a contribution for long lasting impact.”¹¹

¹¹ Statement by H.E Dr. Gertrude Mutharika, First Lady of the Republic of Malawi, and president of OAFILAD at the opening of the 18th Ordinary General Assembly 31 January 2017

Technical assistance and brokering role by OAFAD secretariat

The primary role of the OAFAD Secretariat is to motivate First Ladies to take part in the launch of the campaign and to encourage technical support by partners during their launch at country level. The OAFAD Secretariat supported the African Union in identifying the right recipient of the correspondence at country level. The secretariat played a role in mobilizing funds for the launch of the campaign from existing partners.

It remained in contact with organizations particularly UN agencies, that have country offices in the different countries that could provide technical as well as financial support to the First Ladies. Besides, by sharing information about the campaign with the donor community, the Secretariat has created visibility of the campaign so as to provide the opportunity for those interested to partner with countries. It also facilitated experience sharing sessions including during OAFAD General Assembly among members where lessons learnt and challenges encountered by countries that launched the campaign were discussed.

Challenges

Although all African countries were invited to roll out the campaign via the correspondence of the African Union to their respective ministries of Health, only twenty-three countries out of fifty-four managed to roll out the campaign at national level. This may be due to several reasons.

Commitment and priority setting

The campaign is continental and is expected to be launched under the leadership of the Ministry of Health and the national EMTCT coordination mechanism in-country. Countries whose First Lady is a member of OAFAD were more likely to introduce the campaign at an early stage under the leadership of the First Lady. OAFAD currently has thirty-two active member states which means that 70% of the First Ladies member of OAFAD has invested in this campaign and contributed to putting childhood HIV on the national agenda while it may still be an overlooked issue in countries where First Ladies are not a member of OAFAD. At the same time, even among members, First Ladies could have a different priority given the current reality of their country and may not have invested in the campaign for that reason. The roll out of the campaign in twenty-three countries is nevertheless considered as an achievement worth celebrating since it usually takes multiple phases over years to garner Member State support. Also, the buy-in of Ministries of Health is of paramount importance if the campaign is expected to go beyond campaign launch events to devising concrete strategies to PMTCT. It is also illustrating the AU's emphasis on country ownership and political commitment to the HIV response, promoted in the AU Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria in Africa.

Coordination challenges

Bearing in mind the disparities across regions and countries, the roll-out of Free To Shine at national-level was non-prescriptive to allow OAFAD Members to customize the initiatives to their context and to their respective priorities. In addition to the guidance note that was shared with countries by the AUC, the OAFAD Secretariat had communicated with Member states on the roll out of the campaign. In consultation with the Ministry of Health and other national stakeholders (UNAIDS, UNICEF, WHO, EGPAF), it was proposed to OAFAD Member states to identify key gaps and design a response as part of Free To Shine, in support of national efforts led by the Ministry of Health. The coordination of the campaign through existing EMTCT country coordination mechanisms was not always effective; the Free to Shine campaign, then, remained a standalone campaign that is likely less able to attract the necessary attention, push for policy change and budgetary re-allocations.

Lessons learned and conclusion

The Free to Shine campaign showcased the commitment of OAFLAD and the AUC to provide the continental leadership needed to bring about positive change in peoples' lives. It is expected that the collaboration between OAFLAD and AUC will serve as an example where such collaboration can have a greater impact.

The Free to Shine campaign enabled to mobilize African First Ladies and other high-level leadership, and further strengthen ownership and accountability to end AIDS in children and keep mothers alive. It cultivated partnerships and enabled community involvement and participation to increase ownership of women and children's health programmes.

Bringing together various stakeholders to lead, strategize and monitor as a team is beneficial while launching a continental campaign. The involvement of stakeholders should begin at the conception of an idea and continue until it meets the purpose it is intended for. Ownership of a project, particularly one that has a wide reach, requires the collaboration of various stakeholders, whose expertise might be needed throughout the process.

Unofficial leaders with moral authority, such as First Ladies, community and religious leaders, have the potential to make a difference. It is therefore beneficial to use their referent powers to mobilize the community, organizations, individuals and government offices. However, it is advisable to strengthen collaboration between unofficial leaders and formal structures for joint decision-making, better synergy, complementarity and effectiveness.

Regular update, follow up and experience sharing among those that implement the launch of a campaign is crucial. Particularly concerning advocacy, it is important that the advocates, who might not come from formal structures need to base their advocacy messages on evidence and with latest information. A forum where advocates share their experiences is key in keeping the momentum and create solidarity for a common cause.



COLOPHON

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Tel. +251 118 962 998 +251 115 508 069

P.O. Box: 21291 Addis Ababa, Ethiopia

E-mail: info@oafra.org

www.oafra.org

www.facebook.com/oafra

[@oafra](https://twitter.com/oafra)

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