This past year was a big one for mothers2mothers (m2m)—we turned 15 and achieved exciting results for our clients through increased scale, scope, and impact! In this special birthday edition of our Annual Report, we look back to m2m’s birth in 2001 at one site in Cape Town, South Africa, with the goal of preventing mother-to-child transmission of HIV, to growing to provide a range of services designed to eliminate paediatric AIDS and to improve the health of mothers and families in hundreds of health centres and communities in eight countries.

When m2m started, the prognosis for women testing HIV-positive was bleak in sub-Saharan Africa. I will never forget the tragic death of Gugu Dlamini in 1998, a brave woman living with HIV/AIDS, who was beaten to death by her neighbours in KwaZulu-Natal, South Africa, for “bringing shame on her community” by publicly speaking on the radio on World AIDS Day about being HIV-positive. Back then, rampant stigma and discrimination, a lack of accurate information, and severely overcrowded health centres made it difficult for pregnant women to access lifesaving testing and treatment. m2m Founder Dr. Mitch Besser’s simple solution—employ local, HIV-positive women as Mentor Mothers to provide essential health education and behaviour change support to newly diagnosed pregnant women—was a game changer.

Because peer-to-peer support and eliminating paediatric AIDS are at the heart of our work, we are driven to innovate and improve our outcomes to comprehensively address the causes and effects of HIV. m2m Mentor Mothers now provide family-centred support for a range of intertwined health and social issues such as poor nutrition and gender-based violence spanning pregnancy, birth, a child’s early years, and adolescence.

- In 2016 alone, m2m and our partners enrolled 1.95 million clients—including women, infants, children, adolescents, and men.
- Moreover, in addition to our core clients (pregnant women and infants), m2m directly provided services to almost 220,000 adolescent girls and young women, one of the most impacted population segments of the ongoing AIDS epidemic.

Today, m2m is a robust, evidence-based organisation, passionately analysing our data and refining our programmes to drive and foster a world without AIDS.

- Among our enrolled clients, m2m has contributed to the virtual elimination of mother-to-child transmission of HIV for the third year in a row, with an average transmission rate of just 1.6%.

We are both humbled and proud to recognise the thousands of women m2m has employed as Mentor Mothers over the last 15 years. They are the embodiment of Raising the Future—leading by example, mentoring, and driving positive change, just as Gugu Dlamini courageously championed. Furthermore, we are deeply grateful to everybody who has contributed to our growth and supported us to become a globally-recognised leader in our field, including our donors, partners, board members and trustees, staff, and friends.

As you read through our 2016 accomplishments, please take a moment and connect m2m to the significant milestones of your life; we hope you will count your relationship with us as one of them.
mothers2mothers (m2m) believes in the power of women to eliminate paediatric AIDS and create health and hope for themselves and their babies, families, and communities.

Our mission is to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, child, and adolescent health. Our Mentor Mother Model empowers mothers living with HIV, through education and employment, as role models to help other women and their families access essential services and medical care.

We work with governments, local partners, and communities to:

- **Eliminate** HIV infections in children
- **Reduce** maternal and child mortality
- **Improve** the health of women, adolescents, and families
- **Support** livelihood development for families and communities
- **Promote** universal access to reproductive health and family planning
- **Advance** healthy development of newborns and children
- **Overcome** stigma and discrimination
- **Champion** gender equality
Where We Began

Name: mothers2mothers2be

Where Conceived: Our Founder, Dr. Mitch Besser, came up with the concept in a place where many great ideas come from... the shower

Date of Birth: 4 October 2001

Place of Birth: Cape Town, South Africa, in the trunk of Mitch’s car, thanks to a $7,000 grant from The Starr Foundation

First Home: Groote Schuur Hospital, Cape Town

Size: 5 Mentor Mothers educating and supporting approximately 25 HIV-positive women each week on how to protect their babies from HIV and stay healthy

HIV/AIDS Then

Resource-rich countries:
- Drugs to prevent mother-to-child transmission (PMTCT) of HIV introduced in mid-1990s.
- Mother-to-child HIV infections almost entirely eliminated; fewer than one baby infected with HIV a day.

Resource-poor countries:
- Few pregnant women knew their status and few health centres had medicine to prevent mother-to-child transmission of HIV.
- 1,500 babies infected with HIV each day globally, the majority in sub-Saharan Africa.

First Year: 2001

Back then, HIV was hectic. What women knew is that if someone was diagnosed with HIV, that person was going to die. If they disclosed their status to their partners or husband, they would be left or beaten up. Some of them would be kicked out of their home. It was very desperate times.

— Nosipho Ntshanga, Former Nurse and Midwife, now a trainer at m2m

When I arrived in Cape Town from the U.S., I was surprised that many pregnant women at my clinic who tested HIV-positive were so frightened that they never came back to get treatment. And while I didn’t have the words “Mentor Mother” in mind, I realised that my former patients could join me at the clinic after they had their babies and be peer mentors to women who were about to experience what they had just completed. And so I started to enlist my patients to educate and support these women so they would return to the clinic for care.

— Dr. Mitch Besser, m2m Founder

When m2m started 15 years ago, my mind was just zoomed into seeing mothers looking good and being able to look after themselves. m2m’s support structure made it easier for mothers to start moving from that space of being terrified to accepting their status. The dream was to give support to the women and tell them this is not the end of it. You can still live your life to the fullest.

— Elaine Maane, Founding Mentor Mother

At the clinics, there are always a lot of babies, there are children. It’s a very lively place. But before m2m, the clinics were a place of people and silence. After m2m, they became a place of connection. m2m was a huge player in the change from no hope to hope.

— Dr. Donna Futterman, Board Member 2001-present, current Board Chair, m2m U.S.
Major Milestones

We started in one clinic with a good idea. It took off, not because we were so smart, but because we were smart enough to put mothers at the heart of the solution. When mothers make up their minds to have healthy children, regardless of the obstacles, there is no stopping them!

– Robin Smalley, Co-founder and Chief Connector

2002

Early Growth

Opened five more sites in the Cape Town area

2003

New Parents

Robin Smalley became the first Executive Director; Gene Falk the first CEO two years later

2004

First Steps

Moved into the Northern Cape of South Africa with a site in Kimberley

2005

Lifelong Friends

Received first direct grant from the United States Agency for International Development (USAID)

2006

Early Friends

Received funding from Johnson & Johnson, our first and largest corporate funder; partnered with Pathfinder to bring the m2m model to Botswana and with IntraHealth to bring it to Ethiopia

2007

First Trip Abroad

Expanded programme into Lesotho with 34 sites

2008

British Invasion

Registered as a charity in the U.K.; opened European office four years later

2012

Graduation

Kenya became first country to adopt m2m’s Mentor Mother Model as national policy; South Africa followed one year later with Provincial programmes

2013

Bigger Footprint

Scaled to Kenya, Malawi, Rwanda, Swaziland, and Zambia, and two years later to Tanzania and Uganda

2016

Broader Horizons

Began offering comprehensive reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services

2017

Latest Adventure

Expanded into Mozambique, bringing the number of countries we currently work in to eight


When I was helping Mitch develop the first strategic plan, I asked him what his vision was for m2m and he said at its core this is such a simple intervention, mothers talking to other mothers. It can be used for HIV/AIDS, but it could be used for other challenges as well.

– Andrew Stern, Former Board Co-Chair, m2m U.S., Board Member 2005 - 2016

When I tested HIV-positive while pregnant with my second child, Mentor Mothers made me believe that women with HIV could live openly with the virus and be strong and healthy. In 2003, I became a Mentor Mother to share what I learned with other mothers. Our goal as women, as mothers, is to end paediatric AIDS and help mothers keep themselves and their families healthy. My countryman, the late Dr. Nelson Mandela, wrote of his long road to freedom. This too, has been a long road for us as women, but we are getting there.

– Babalwa Mbono, one of m2m’s first clients and Mentor Mothers, now a Junior Trainer at m2m
15 Years Later

The scale and scope of m2m’s work continues to grow, with more than 1,600 Mentor Mothers providing services in hundreds of health centres and communities around sub-Saharan Africa. While eliminating paediatric AIDS is still at the heart of our efforts, we now combat HIV’s causes and effects in a comprehensive way by focusing not only on mothers and babies, but on the health of everyone in a household.

2016 in numbers*

1,948,376 new clients were reached by a Mentor Mother, either directly, or by partnering with governments or other non-governmental organisations (NGOs)

Together with our partners, we helped to prevent HIV infections among more than 700,000 infants under two years of age.

m2m provided services directly to 811,179 individuals, including...

- 235,326 women, aged 25+
- 219,284 adolescent girls and young women, aged 10-24
- 264,690 infants and children, aged 0-9
- 91,879 adolescent boys, young men, and men, aged 10-25+
- 97,083 families were engaged through m2m community outreach
- 1,639 m2m Mentor Mothers and Site Coordinators were employed in health centres and communities
- 1,009,137 one-on-one sessions were conducted by m2m Mentor Mothers in health facilities
- 190,630 home visits were carried out by m2m Mentor Mothers in communities
- 12,512 group sessions were held by m2m Mentor Mothers in health facilities and communities, such as adolescent clubs, information sessions, and play groups

Since our founding 15 years ago, m2m has reached nearly 1.5 million HIV-positive women in 10 countries in sub-Saharan Africa. We currently operate in:

- Kenya
- Malawi
- South Africa
- Uganda
- Lesotho
- Mozambique
- Swaziland
- Zambia

Disclaimer: mothers2mothers strives to provide accurate performance data. Our data quality and routine monitoring and evaluation systems are regularly reviewed and updated. We benchmark and validate internal systems through external evaluations and data quality assurance processes. National and site comparisons often rely on public domain data; mothers2mothers has no control over the quality of such data.

* m2m 2016 Annual Evaluation
2016 Milestones

m2m 2016 Annual Evaluation

Virtual Elimination of Mother-to-Child Transmission of HIV Achieved Among m2m’s Clients

For the third year in a row, m2m’s Mentor Mothers helped to virtually eliminate mother-to-child transmission of HIV. The final transmission rate among HIV-positive mothers who are m2m clients was just 1.6%—far below the UN benchmark of 5%.

m2m Clients Are More Likely to Stay on Treatment

m2m successfully supports HIV-positive pregnant women to remain in care and adhere to their antiretroviral therapy (ART)—two of the biggest globally-recognised challenges to eliminating paediatric AIDS.

Early Uptake of ART

m2m HIV-positive pregnant clients who started ART remained on treatment after three months, a critical period when many women drop out of treatment due to fears of stigma and discrimination. By comparison, nationally in Uganda,** 73% of HIV-positive pregnant women remained on treatment after three months.

Adherence

m2m clients consistently took ART more than 80% of the time, which is sufficient to reduce a person’s viral load to an undetectable level. This supports a key UNAIDS goal—90% of all people receiving ART achieve viral suppression by 2020.
As m2m enters adolescence, our work has “grown up” too, now encompassing a full cycle of life . . . from pregnancy, through childhood, to adolescence. When children grow up healthy and reach reproductive age with the skills and knowledge to protect the next generation from infection, an HIV-free generation will become a reality.
While tremendous progress has been made to reduce paediatric AIDS, more than 200 children are still infected with HIV each day in eastern and southern Africa.

Approximately 60% of HIV infections among children occur during breastfeeding.

AIDS-related illnesses are a leading cause of death in the region, especially among young women and girls aged 15 to 24 years.

At the heart of m2m’s work is our core PMTCT and RMNCAH Mentor Mother Programme which unlocks the potential of mothers living with HIV to empower other women and families in their communities to stay healthy.

Using a family-centred approach, m2m employs Mentor Mothers to engage women, their partners, and families in health centres, households, and communities. They promote uptake of HIV testing and other health services, retaining them in care, and improving adherence to treatment.

Mentor Mothers support HIV-positive mothers through pregnancy and breastfeeding and until their children have their final 18-24 month HIV test and are no longer at risk of infection.

In contact with their clients over an extensive period of time, Mentor Mothers also provide essential RMNCAH services. They include linkages to care and referrals for family planning, cervical cancer screening, child immunisation, gender-based violence support, neonatal male circumcision, malaria, nutrition, and TB.

My life changed when I was five months pregnant and my HIV test came back positive. Fortunately, the nurse took me to meet the m2m Mentor Mothers who helped me understand that it wasn’t the end of my life and I could have an HIV-negative child. The hardest part was disclosing my status to my family who separated the utensils I was using in the house from everyone else’s. But that changed when I started working for m2m in 2016. I used what I learned to educate my family about HIV and they started treating me like a human being again.

– Wilbroda Awuor, former m2m client, currently a Community Mentor Mother in Kenya

In 2016...

m2m HIV-positive clients adopted behaviours linked to preventing mother-to-child transmission of HIV, including:

- 90% disclosed their status
- 97% gave birth in health centres
- 84% of babies had an HIV test result at 6–8 weeks
Early Childhood Development

Pregnancy to Age 5

Research shows that children exposed to risks and adversity, such as HIV or poverty, in their early years are particularly vulnerable and need additional support to help them reach their potential.*

Evidence suggests that early interventions, from pregnancy into early childhood, can lead to positive outcomes, including: increased cognitive, physical, and social development; improved school performance; and higher earning potential.


m2m is committed to ensuring that every child not only survives, but also thrives with early childhood development (ECD) services integrated into our core Mentor Mother Programme.

Specially trained Mentor Mothers provide essential ECD services at home and in communities, supporting parents and caregivers to understand the importance of nurturing a child’s development.

The intensive intervention is designed to support children’s cognitive, social, emotional, motor, and language development, and physical growth through stimulation activities and referrals, and creating an enabling environment for their optimal development.

By engaging mothers through their child’s early years, m2m is able to support them to stay on treatment or regularly test for HIV or viral load for their own health.

Mentor Mothers also identify orphans and vulnerable children (OVC), up to age 19, and link them to health and social services, and provide hands on support to create healthy, resilient households.

Many of the women I see are single women, whose own parents have died of AIDS-related illnesses and who don’t know the importance of stimulating their babies. The grandmothers are taking care of their children and always have them on their backs so they can work. We teach the mothers and grandmothers how to help babies develop in all of the domains, which are physical, cognitive, socio-emotional, and language. We also make sure the mother is taking her medication and that the baby is getting immunised.

– Thobile Nyamane, ECD Mentor Mother, Swaziland

In 2016...

m2m provided integrated ECD services in Kenya, Lesotho, South Africa, and Swaziland for the first 1,000 days (pregnancy to age two), and in some areas up to age 5.

14,093 children benefitted from our ECD services.
Paediatric Care and Support

Birth to Age 12

Leaving No Child Behind

m2m is working to make sure that all children are tested and access the treatment they need.

Mentor Mothers, who are trained in a comprehensive package of services, identify HIV-exposed children at health facilities and in communities. They educate their families about the importance of testing them for HIV, and facilitate and support the testing process.

For children who test HIV-positive, Mentor Mothers ensure that they are linked, initiated, and retained in care, providing ongoing follow up and adherence support to the children and their families.

Identification of HIV-positive children, and initiating and retaining them in care, has not progressed at the same rate as improvements in PMTCT* services.

An estimated 2.1 million children under age 15 are living with HIV globally.**

Only one out of two HIV-exposed children in the 21 countries with the highest HIV burden was tested 6 to 8 weeks after birth as recommended.***

Without treatment, half of all children born with HIV will die by the age of two.***

It was painful to learn my older girl had HIV. At the same time, this weight was lifted off my shoulders by finally being able to know. Some months after I started giving her antiretrovirals (ARVs), I noticed that my sweet daughter was doing so much better. Her energy has returned and she plays a lot and enjoys being with other children from the neighbourhood. I feel like my daughter has been rescued.

– Mefa, an m2m client in Malawi who was encouraged to test her older children for HIV by a Community Mentor Mother

In Malawi, where the Paediatric Care and Support initiative first started, Mentor Mothers identified 90,293 infants and children and linked them to services.

*  Prevention of mother-to-child transmission of HIV (PMTCT)
**  UNAIDS Fact Sheet 2017
***  UNAIDS Children & HIV Fact Sheet, 2016
Adolescent Health and Positive Youth Development
Age 10 to 24

Healthy Choices

m2m is working to reduce HIV infections and deaths among adolescent girls and young women (AGYW) through our integrated service platform that links communities and health centres.

Peer Mentors, aged 20 to 24, promote HIV counseling and testing, as well as critically needed sexual and reproductive health education, through youth clubs and support groups in schools and communities.

They refer and link adolescent girls and young women to health centres for the medical services they need.

For those who test HIV-positive, Peer Mentors link them to Mentor Mothers at health centres for education and support to help them access lifesaving treatment.

Only 13% of adolescent girls, aged 15 to 19, were tested for HIV in sub-Saharan Africa over the past year and received the result of their last test.*

Nearly 7,000 adolescent girls and young women, aged 15 to 24, are infected with HIV each week globally, the majority in sub-Saharan Africa.**

Transactional and intergenerational sex, gender-based violence, and gender inequalities make adolescent girls and young women disproportionally vulnerable to HIV infection.

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Many adolescent girls become pregnant and infected with HIV in my community. One of the challenges is poverty. This makes girls vulnerable to older men taking advantage of them with promises to buy them expensive things. I promote HIV counseling and testing, as well as safer sex education. It is my duty to educate these girls about the risks of having sex with older men and help them say “no” to things that would ruin their future. Over the last year, I have seen positive change in many of the girls I meet. I want every young woman in my country to have the same opportunity to make healthy choices about how they live their lives.

-- Noscelo Kubone, Peer Mentor, South Africa

In 2016...

86% of m2m’s HIV-positive AGYW clients were initiated on ART.

97% of m2m’s AGYW clients were adherent more than 80% of the time, which is critical to reduce viral load to an undetectable level.


** UNAIDS Data, 2017

In 2016... ⭐

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Our 2016 Financials

We are pleased to report that m2m maintained a consistent level of revenue in 2016, despite an uncertain global economic and political climate. We continued to diversify our revenue base to support the growth of m2m services (including new institutional and individual donors, new programmes, and new countries of service that will kick off in 2017). This diversification, together with the implementation of new site- and community-level services, made it possible for us to meet our strategic objectives.

Notably in 2016, we expanded our service platform: implementing m2m’s Adolescent Health and Positive Youth Development Initiative in South Africa (supported by the United States Government’s DREAMS Initiative, Johnson & Johnson, and MAC AIDS Fund); demonstrating our Paediatric Case Finding approach in Malawi (with support from the Children’s Investment Fund Foundation, through a subgrant from the Elizabeth Glaser Pediatric AIDS Foundation, and Johnson & Johnson); integrating our Early Childhood Development (ECD) programme with core reproductive, maternal, newborn, and child health services in Lesotho, South Africa, and Swaziland (funded by the United States Agency for International Development/USAID); and rolling out our mHealth initiative across country programmes (supported by a capacity strengthening grant from Comic Relief).

Due to ongoing contributions and donations we received from a wide range of supporters, we were able to deepen our services reaching women and infants, and expand our family-centred approach to entire households. Our supporters included individuals, corporations, institutions, foundations, other international organisations, as well as the invaluable, ongoing support of USAID through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

We are proud to report that our commitment to maximise resources reaching our beneficiaries has meant that more than 90% of all resources received are spent on our programmes.

Separate audited financial statements for m2m’s three global entities (South Africa, U.K., and U.S.), prepared in accordance with International Financial Reporting Standards (IFRS), U.K. Generally Accepted Accounting Principles, and U.S. Generally Accepted Accounting Principles, are available on our website, m2m.org.
$500,000+

Comic Relief
Department for International Development (DFID)
The Children’s Investment Fund Foundation (CIFF)
Sub-Award:
District Health System Strengthening & Quality Improvement for Services Delivery in Malawi (via Elizabeth Glaser Pediatric AIDS Foundation (EGPAF))
Johnson & Johnson
MAC AIDS Fund
United Nations Children’s Fund (UNICEF) Uganda
Sub-Award:
Support for Orphans and Vulnerable Children (OVC) in Nairobi and Coast Counties of Kenya (Nilinde) (via Plan International USA)

$100,000 - $499,999

Anonymous
Bickerstaff Family Foundation
Bohemian Foundation
Denise Coates Foundation
Department of Health, Mpumalanga Province
The Elizabeth Taylor AIDS Foundation (ETAF)
The ELMA Foundation
Emuel Green S.P.A. (EGP)
FHI 360
ICAP plc
Jasmine Charitable Trust
Lighthouse Trust
Mothers2mothers

$50,000 - $99,999

Gilead Sciences, Inc.
The Hunter Foundation
Edward E. Matthews
Carolina & Martin Schwab
Selfish Mother
Starr International Foundation
The Trustees’ Philanthropy Fund of Connecticut
Vitol Foundation

$10,000 - $24,999

Jonathan Rush
Kurt Chapman
Discovery Fund
Veronica Escudero & Luis Segui
Global Health Corps
Caroll Hill & Richard R. Pickard
Innovation Edge
Caroline Janda & Michel Glouchevitch
Frieda Levycky
Katy Levycky
Ana Maria & Bertrand Lafontaine
Lighthouse Trust
Katy & Chris Marruson
Celia & David McCarty
The Curtis W. McGraw Foundation
Susan & William Oberndorf
Ngozi Nnenna Orji
The Relate Trust
Segal Family Foundation
Maartje & Esteban Skare
Robin & Jeffrey Smalley
Carl Stewart
Victoria Beckham Limited
Amy Wilson-Janice

$5,000 - $9,999

Christine & Timothy Adams
Anonymous
Be One Percent
Bellaser
Marianne Bokan-Blair & David Blair
Paul Boskind
Damiana Foscari
Cameron Schrier Foundation
Centre for Disease Control and Prevention (CDC), South Africa
Sub-Award:
Programmatic Implementation and Technical Assistance for HIV/AIDS and Tuberculosis (via TB/HIV Care Association)
Laure Heriard Dubreuil
Susan Gibson & Mark Bergman
Emily Taylor & John Goodall
Dana Gurira
Joelle & David Jennison
Janet & Derek Luhner
Angus McGregor
Charles McGregor
Louis Dreyfus Company
The OUTFIT
Sanjay Patel
Stephanie Power
Sue Richardson & Peter Coward
Stephanie Power
Sanjay Patel

$1,000 - $4,999

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Josefina de Achaval
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Constanza & Toby Ali
All Saints Anglican School
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Shirley Baskin Familian
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Mary Jane & William Driscoll
Adrianna Enna & Johannes Graf von Schaesberg
Alejandro Escudero
Pedro Escudero
Farmglade Ltd
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Marjorie J. Hill, Ph.D
Nicklas Hildebrand
Shirley Baskin Familian

...Continue on next page
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We wish to extend special thanks to the following individuals and organisations for their exceptional help and support in 2016

**m2m Global Giving Circle:** A group of like-minded individuals who have made a sustained financial commitment to m2m to end paediatric AIDS.

- Debbie Bickerstaff
- Leslie Brunner
- Kurt Chapman
- Laure Heriard Dubreuil
- Nancy Gallt
- Susan Gibson & Mark Bergman
- Michel Glouchevitch
- Carol Hill & Richard K. Pickard
- Janet & Derek Lubner
- Michael Marsh
- Celia McCarty
- Ngozi Nnenna Orji
- Carolina & Martin Schwab
- Maartje & Esteban Skare
- Carl Stewart
- Amy Wilson-Janice
- Monica Winsor

**m2m Cycle to Zero:** These cyclists supported m2m’s work through a 4-day challenge event in Malawi.

- Josefina de Achaaval
- Frank Beadle de Palomo
- Dalitso Blamu
- Claire Bonnefeuex
- Victor Chimota
- Peter Coward
- Katinka Donagemina
- Veronica Escudero & Luis Segui
- Alejandro Escudero
- Pedro Escudero
- Damiana Foscari
- Kenneth Gottlib
- Ana Maria & Bertrand Lafontaine
- Frieda Levycky
- Katy Levycky
- Derek Lubner
- Katy & Christe Manibusen
- Angus McGregor
- Charles McGregor
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- Matt Norris
- Carolyne Opinde
- Sanjay Patel
- Stephenie Power
- Chad Rathner
- Carolina & Martin Schwab
- Maartje & Esteban Skare
- Lauren Smith
- Andrea Soler-Boig
- Carl Stewart
- Kathryn & David Torres
- Wanita Weaver
- Derek Whithurst
- Pia-Sophie Wool & Heath Tipton
- The wonderful kids who joined us on the Kid’s Programme
The South Africa, U.K., and U.S. Board of Directors/Trustees* are comprised of a diverse group of individuals committed to the elimination of mother-to-child transmission of HIV and creating healthy families and communities.

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Derek Lubner
Chair, m2m South Africa
Marketing Director, Innovate Services Limited

Carl Stewart
Chair, m2m U.K.
Global Head of Hedge Funds Coverage, HSBC

Dr. Donna Futterman
Chair, m2m U.S.
Professor of Clinical Pediatrics, Albert Einstein College of Medicine

Kimberly Dasher Tripp
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Lynn Cornelissen
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President and Chief Executive Officer, m2m

Dr. Mitch Besser
Founder, m2m

Robin Allinson Smalley
Co-founder and Chief Connector, m2m U.S.

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Sonja Kotze
Treasurer, m2m South Africa and m2m U.S., Finance Director, m2m

David Torres
Secretary, m2m U.S., Senior Advisor to the President and CEO, m2m

Chad Rathner
Secretary, m2m South Africa, Chief Operating Officer, m2m

* mothers2mothers South Africa, mothers2mothers U.S., and mothers2mothers (UK) Limited are separate, nonprofit organisations, governed independently.

mothers2mothers is registered as mothers2mothers South Africa NPC under Section 10 of the South African Companies Act 2008 (Reg. Number: 2002/013453/08) and as a South African nonprofit and public benefit organisation (Number: 930000109).

mothers2mothers is registered in the United States as mothers2mothers International Inc., a nonprofit organisation under section 501 (c) (3) of the Internal Revenue Code in the United States of America (EID: 30-0545760).

mothers2mothers is registered in the United Kingdom as mothers2mothers (UK) Limited, a charity registered with the U.K. Charity Commission (Number: 1119721).
Evolution of our logo

The logo symbolises the Mentor Mother Model upon which m2m was founded. It shows a Mentor Mother with her HIV-positive client and her HIV-negative newborn baby. The circle that contains the figures represents the programme itself. As for the colours, they represent the diverse and rich array of colours in the African landscape.

- Alex Levetan, Graphic Designer, creator of m2m’s logo (2005)
- Chadé Diener, Graphic Designer, keeper of m2m’s brand (2015 - present)