

Terms of Reference: SAFEStart+ Global Community Advisory Board

Purpose

Vertical transmission of human immunodeficiency virus (HIV), syphilis, hepatitis B virus (HBV), and Chagas disease is a leading cause of preventable stillbirth and child mortality. Timely diagnosis and treatment of these infections are critical to protect the health and well-being of women, infants, and young children. While fragmented health systems, low availability and uptake of services, and complex market barriers impede the elimination of vertical transmission (EVT) of HIV, syphilis, HBV, and Chagas disease in low- and middle-income countries, the tools and approaches to address these barriers exist. To help address this and through partnership and funding from Unitaid, PATH, the International Community of Women Living with HIV Eastern Africa (ICWEA), and the World Hepatitis Alliance (WHA) are leading a four-year project designed for maximum reach and impact: Country- and Community-led Scale Up of Accessible, Integrated, and Family-Centered EVT Plus Services for a Healthy Start (SAFEStart+).

Interest in and commitment to EVT has steadily grown, driven by the goal of accelerating disease elimination and enabling people-centered, integrated services across antenatal care (ANC), intrapartum care (IPC), and post-natal care (PNC). SAFEStart+ aims to improve health outcomes for pregnant and breastfeeding women, their newborns, and partners. Momentum is growing towards a life course approach to primary health care (PHC), inclusive of ANC/PNC and women's health. This is complemented by advancements in high-impact tools that strengthen EVT outcomes, including triplex rapid diagnostic tests (RDTs), new long-acting pre-exposure prophylaxis options that are safe for mother and child during pregnancy and breastfeeding, and expanded World Health Organization (WHO) guidelines that recommend pragmatic approaches to increase access to prevention and treatment of HIV, syphilis, and HBV.

Given these priorities as well as shifts in global health financing, WHA and ICWEA are establishing and will co-convene an EVT Global Community Advisory Board (G-CAB). The G-CAB will serve as an essential platform to ensure that the voices, expertise, and perspectives of the communities living with HIV, HBV, syphilis, and Chagas disease inform all stages of the SAFEStart+ project.

The primary objectives of the G-CAB are to:

1. Strengthen EVT stakeholder platforms at country and global levels.
2. Oversee community and civil society leadership strengthening.
3. Provide oversight on and guide project approaches, research, and advocacy efforts.

Functions

The fundamental principle underpinning the operation of the CAB is the promotion of integrated, person-centered care that is both accessible and equitable. The functions of the G-CAB include, but are not limited to:

- Informing project strategy, global and regional advocacy, community engagement approaches, evidence generation, and learning plans and protocols.
- Guiding EVT implementation by ensuring that efforts are informed by community knowledge and experience sharing and guided by a robust understanding of the community context and relevant data to support effective research, programming, and policymaking.
- Reviewing protocols, standardized surveys, and qualitative interview tools to be used in the SAFEStart+ values and preferences study.

- Supporting awareness, literacy, and demand generation efforts by co-developing messaging, tools, and methods in collaboration with Country Community Advisory Boards (C-CABs) and coordinating with support groups and peer networks to increase the uptake and use of EVT tools and services.
- Contributing to SAFEStart+ monitoring, evaluation, and learning with a focus on ensuring that community perspectives and priorities are reflected in and central to the learning and accountability processes and outputs. The G-CAB will focus on interpretation, validation, and community accountability, with technical and analytical support provided by the G-CAB secretariat to:
 - Providing input on project indicators, targets, and progress milestones, relevant to community engagement, advocacy, and uptake of EVT services.
 - Reviewing community generated data and ensuring findings are interpreted through the lens of lived experiences.
 - Promoting equity monitoring, ensuring women, young women, and vulnerable populations are meaningfully included in project implementation and monitoring outcomes, ensuring equity and rights are central to monitoring processes.
 - Advising on the tools by piloting and using simplified participatory monitoring tools to capture and elevate community perspectives purposely to promote community accountability.
 - Contributing to quarterly reviews and participating in annual accountability sessions to reflect on achievements, highlight challenges, and recommend corrective actions.
 - Supporting a continuous learning approach to assess the impact of awareness, literacy, and demand generation on messaging, tools, and methods.
- Supporting learning dissemination and informing plans for successful intervention scale-up at country, regional, and global levels.
- Elevating C-CAB learnings to ensure visibility of project progress across countries, highlighting shared challenges and opportunities to the Program Steering Committee (PSC), as needed.

Membership

The project management team (comprising PATH, WHA, and ICWEA), will form the G-CAB secretariat. ICWEA and WHA will ensure that G-CAB membership includes experts across all four disease areas by selecting seven G-CAB members to represent people with lived experiences and regional expertise across the four disease areas. In addition, each C-CAB in Malawi, Nigeria, Paraguay, and Uganda will select a representative to be a member of the G-CAB, which will also leverage representation from existing or former regional community advisory boards or groups. An open call for applications, with inclusive membership criteria that ensure equal representation across the four disease areas, will be circulated via ICWEA and WHA's community networks, in addition to recommendations from C-CAB or PSC members.

ICWEA and WHA will consider the following criteria when selecting G-CAB members:

- At least one person with lived experience of each of the four diseases.
- Representation of key populations, particularly young women.
- Representation of community groups that support people particularly women with lived experience and their partners and families.
- Members with experience working as part of other regional or global groups.
- Members with a basic knowledge of triple elimination of vertical transmission of HIV, HBV, syphilis, and Chagas disease.
- Members with experience disseminating key project learnings and information in support of bringing about local, national, regional, and/or global action on issues identified.

- Membership will be for the duration of the SAFESStart+ project (through April 2029). If replacement members are needed, ICWEA and WHA will work with the remaining members of the CAB and country partners to identify suitable replacements.

G-CAB member responsibilities

- Participate in all meetings, with apologies sent in advance to inform organizers when their attendance is not possible.
- Declare conflicts of interest when joining the G-CAB and report any changes to the conflict of interest information when they arise.
 - Members of G-CAB who apply for the SAFESStart+ small grants program will note a conflict of interest and will not be able to serve on the selection panel for the small grants selection for the country for which they have applied.
- Protect confidential and sensitive information and documents associated with SAFESStart+.
- Actively participate in discussions and meetings and commit to an open, honest, and participatory engagement.
 - Support and foster linkages between SAFESStart+ countries.
 - Maintain focus on the agreed scope of SAFESStart+ and strive for timely actions and decisions.

Competencies and capacity

- All G-CAB members will receive orientation and training on SAFESStart+'s monitoring, evaluation, and learning framework and tools to ensure meaningful participation.
- Members are expected to demonstrate a basic understanding of participatory monitoring approaches and data use for advocacy and community engagement.
- Ongoing mentorship will be provided to strengthen members' capacity to interpret evidence, apply findings, and incorporate community insights at national, regional, and global levels.

Operation

The G-CAB will meet quarterly, with one in-person meeting and three virtual meetings each year. The location of the G-CAB's annual in-person meeting will be linked to the SAFESStart+ Annual Core Country Meeting, with the aim of rotating the location among the core countries of Malawi, Nigeria, Uganda, and Paraguay.

- The virtual meetings are expected to have a duration of one to two hours. CAB members will be consulted in advance to determine suitable dates and times.
- The G-CAB secretariat will manage the logistics for the in-person and virtual meetings, including sending invites, setting up the agenda, and sending action items.
- Between meetings, the G-CAB members may be asked to provide input or feedback on project documents via email, with the expectation that reviews would take no more than three to four hours per month.
- ICWEA and WHA will provide direct technical assistance for G-CAB activities, including the design and delivery of interventions addressing stigma and discrimination, human rights, and gender issues.
- ICWEA and WHA will work with the Africa Centers for Disease Control and Prevention and Mundo Sano to define EVT cross-learning mechanisms with and between the PSC, G-CAB, C-CAB, country governments, civil society organizations, networks of people living with HBV and HIV, ANC providers, and women's groups.
- An open and transparent two-way dialogue between the G-CAB members and secretariat will ensure that the G-CAB is being managed appropriately, and members are meeting their

commitments. This will form part of the regular review of the G-CAB structure and will be essential for successful management.

- Initially, the G-CAB will be represented in the PSC through ICWEA and WHA. This representation model will be vetted further and adapted in consultation with the G-CAB after the first year of the project.

Language and translation/interpretation

The primary language of the G-CAB will be English, but informal, free-of-charge online platforms will be used to translate all G-CAB documents into Spanish. Simultaneous Spanish translation will also be provided during the G-CAB meetings. Emerging translation and interpretation will be a matter for ongoing discussion and review once the G-CAB members have been appointed.

Resources

G-CAB memberships are volunteer positions, as members work in an advisory capacity to promote community participation and involvement in the project within their respective countries and regions. To support G-CAB member involvement, the G-CAB secretariat, in particular, ICWEA and WHA, will provide an orientation on G-CAB member roles and responsibilities.

Training and capacity-building will be provided to G-CAB members to ensure all members have the necessary technical knowledge, skills, and understanding across the four disease areas to participate in discussions on EVT. Training will also ensure members understand technical, operational, and programmatic issues to fully support their meaningful involvement in discussions and decision-making. External advocates and relevant experts may be invited to present during meetings to provide the range of perspectives and information required.

ICWEA and WHA will provide stipends to cover internet costs to enable participation in quarterly meetings. Additionally, WHA will cover travel expenses for G-CAB members attending the annual in-person meeting.

Monitoring, evaluation, and reporting

SAFESStart+ will ensure the G-CAB's performance is systematically tracked within the project's monitoring and evaluation (M&E) system while also maintaining specific processes to assess and strengthen the G-CAB's own effectiveness and relevance. The project will monitor G-CAB performance and contributions in several ways, all of which will feed into the M&E framework:

- The G-CAB secretariat will prepare and share meeting notes or provide summaries after each engagement. These documents will be used to track G-CAB contributions (e.g., technical assistance, workshops, or policy support).
- The G-CAB secretariat will provide insights from quarterly reviews and annual reflection to inform adjustments to G-CAB priorities and working methods to strengthen impact and accountability.
- WHA and ICWEA will report annually on G-CAB contributions, influence, and areas for improvement.
- ICWEA and WHA will ensure that the G-CAB maintains ongoing feedback mechanisms within the G-CAB/among members especially for tracking and following up on recommendations and action items from meetings. They will also ensure feedback mechanisms function between C-CABs and the G-CAB as well as between the G-CAB and SAFESStart+ project management to ensure two-way learning and accountability.
- The G-CAB will contribute to the project's annual community monitoring brief by providing a synthesis of community perspectives, accountability findings, and recommendations, ensuring that lived experiences are reflected in project learning and adoption.

Annex 1: A brief about partners

- A) **Unitaid:** Unitaid saves lives by making new health products available and affordable for people in low- and middle-income countries. We work with partners to identify innovative treatments, tests, and tools; tackle market barriers that hinder their adoption; and accelerate their delivery to the people who need them most. Since we were created in 2006, we have unlocked access to more than 100 groundbreaking health products to address the world’s biggest health challenges, including HIV, TB, and malaria; women’s and children’s health; and pandemic prevention, preparedness, and response. Every year, more than 300 million people benefit from the products we’ve helped roll out. Learn more at www.unitaid.org.
- B) **PATH:** PATH is a global nonprofit dedicated to achieving health equity. With more than 40 years of experience forging multisector partnerships, and with expertise in science, economics, technology, advocacy, and dozens of other specialties, PATH develops and scales up innovative solutions to the world’s most pressing health challenges. Learn more at www.path.org.
- C) **ICWEA:** ICWEA is a regional autonomous advocacy network and membership-based organization and is part of the global International Community of Women Living with HIV network founded in 2005. ICWEA exists to give visibility to women living with HIV and believes that gender inequalities and the limited access to sexual and reproductive health and rights for women are at the heart of the HIV epidemic. Our advocacy is based on evidence of our daily lived experiences and is driven by participatory processes to address the priorities of women living with HIV, including young women. ICWEA brings the community perspective into this project.
- D) **WHA:** WHA is an international network of over 400 organizations working in more than 130 countries towards the goal of eliminating hepatitis by 2030. WHA’s network comprises civil society and community organizations across the world. Together, we lead the fight against hepatitis through advocacy, capacity building, and awareness raising. WHA is led and governed by people with lived experience of hepatitis, ensuring that people with lived experience of hepatitis are at the heart of everything we do.

Annex 2: Tentative agenda for 2025 G-CAB meeting

Target date	Tentative agenda items	Format
November 2025	<ul style="list-style-type: none"> • Introductions <ul style="list-style-type: none"> ○ G-CAB members ○ Secretariat (ICWEA, WHA, PATH) ○ Unitaid • Project overview • G-CAB roles and responsibilities • Technical training on EVT • Community sub-grantees call for proposals and training agenda 	Virtual

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ICWEA