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Lots of talk, but what about action?

Stronger leadership is required in order to mobilize communities against the further spread of HIV and to ensure the sustainable provision of antiretroviral treatment and other impact mitigation programmes to the people who need them.

AIDS Accountability International (AAI) believes that an effective way to ensure stronger leadership and more assertive action is to hold leaders accountable for the formal commitments they have made about the response to the HIV/AIDS epidemic.

Guiding principles

Vision
AAI's vision is a world where strong and accountable leadership permeates all levels of society to ensure effective responses to HIV and related health challenges.

Mission
We do this by increasing transparency, promoting dialogue and supporting action for an improved response.

Values
1. Dedication – Our wholehearted commitment to the cause and to people affected by the health issues that we work on.
2. Human Rights – AAI is committed to human rights for all. No exceptions. Our research and advocacy is intended to contribute to the fulfilment of human rights including women’s rights, SRHR and the rights of key groups affected by the epidemic.
3. Participation – AAI consults broadly with stakeholders and collaborates widely on research and advocacy.
4. Transparency – Without transparency there can be no accountability. AAI is transparent about what we do, how we do it and who funds us. We advocate for others to be transparent too.
5. Accessibility – AAI continuously strives to make our research processes accessible and our material user-friendly for advocacy.
Our Approach to Accountability

AIDS Accountability International (AAI) is an independent non-profit organization working to accelerate progress in the response HIV and AIDS through bolder leadership and accountability. AAI does this by rating and comparing the degree to which political and other leaders live up to the commitments they have made, and by developing tools with which advocacy groups, organizations and individuals can hold their governments and other leaders accountable. Through these means, AAI strives to encourage those who are delivering on their commitments, put pressure on those who are under-performing, and stimulate constructive debate about what can be learned from different approaches.

Accountability Framework

We base our projects on a basic three-step framework for accountability. The framework suggests a way to ensure that the principle of accountability in the response to HIV and AIDS is translated from rhetoric into a set of actionable governance steps. The framework can be applied to national governments, private sector and other stakeholders.

1. Transparency
The dialogue on accountability cannot start unless stakeholders including people living with, affected by and vulnerable to HIV, have sufficient and equal access to the relevant data on the national response collected in periodic reviews. Further, it is essential that this data is presented in a way that enables civil society and other key stakeholders to engage with it and draw conclusions from it.

2. Dialogue
The meaningful involvement of civil society in the response to HIV and AIDS is a key principle for accountability. With evidence from the periodic reviews, the opportunity should be given for stakeholders to discuss the performance in relation to commitments, and set goals and targets. The reviews should ensure the broadest possible engagement and representation of women and people living with, affected by and vulnerable to HIV.

3. Action
Access to data and dialogue between stakeholders are no ends in themselves but should determine which forms of action are necessary. Where the responsible stakeholder, e.g. government, accepts responsibility for poor performance in some aspect of the response, it should take action to improve that performance. Where civil society and other stakeholders disagree with plans to remedy poor performance, civil society stakeholders should take political action to try increase the leverage of their demands for accountability and fulfillment of commitments.
Projects in brief

The Hive: The Hive forms an integral part of the Maputo Plan of Action (MPOA) project and is also linked to our work on the International Conference on Population and Development (ICPD). The main objective of The Hive is the realization of full or comprehensive Sexual and Reproductive Health and Rights (SRHR) in Africa using social media and other networking tools.

MPOA - A Strengthening: This project aims to increase transparency around MPOA & ICPD & Accountability, focusing on improving annual data collection for contributing to the annual reports to the AU Heads of State and Government Summits until 2015. The project aims to increase dialogue around the MPOA & ICPD & Accountability, especially with regard to women, girls and other vulnerable groups, as well as increase action in terms of pushing for a better response.

Accountability Literacy: The Accountability Literacy Project increases the understanding of accountability amongst key stakeholders: the meaning of the concept, how it is represented in current governance processes in various countries, and how advocates can use it more effectively.
**M.in Hälsa (“My Health”):** In 2012 AAI received funding from the European Integration Fund to implement a one year project working on the meaningful participation of migrants in the health response in Sweden.

**ICPD:** An African Common Position: Mobilization, capacity building and advocacy for increased and improved civil society partnerships with the African Union and Regional Economic Communities in Africa for greater accountability in the ICPD and MDG processes and greater inclusion of SRHR in these processes.

**The Scorecard on LGBT:** The Scorecard on LGBT is designed to provide an evidence-base for a constructive dialogue between government and stakeholders on the strengths and weaknesses in countries’ responses to AIDS.

**Monitoring the Maputo Plan of Action - An Assessment:** This project advocates for transparency around the MPOA data and provides an assessment of Sexual and Reproductive Health and Rights (SRHR) Responses and Reporting in Africa, by means of the MPOA Scorecard.
The HIV/AIDS Accountability Forum: The HIV/AIDS Accountability Forum is a global platform for information exchange and public debate on HIV/AIDS and accountability issues.

The Workplace Scorecard: The AIDS Accountability Workplace Scorecard will supply companies, organizations, investors and others with toolkits, analysis and good practices and raise awareness for workplace programmes and business accountability among key stakeholders to HIV and AIDS.

The AIDS Accountability Scorecard on Women: The AIDS Accountability Scorecard on Women is the first-ever independent assessment of how well governments respond to the specific needs and vulnerabilities of women in the context of the AIDS epidemic.

AIDS Accountability Country Scorecard: The AAI Country Scorecard is an assessment of eight key elements required for an effective national response to AIDS, based on the data on progress reported against the core indicators used by UNAIDS for monitoring the United Nations Declaration of Commitment. It also provides an AIDS Reporting Index that measures country reporting levels.
Projects in detail

Monitoring the Maputo Plan of Action: An Assessment of Sexual and Reproductive Health and Rights in Africa

Introduction

Sexual and reproductive health and rights (SRHR) are usually understood as the rights of all people, regardless of their nationality, age, sex, gender, health or HIV status, to make informed and free choices with regard to their own sexuality and reproductive well-being, on condition these decisions do not infringe on the rights of others. This includes the right to access education and information, services and healthcare.

As a result of the state of SRHR in Africa, various governments, as well as regional groups such as the Southern African Development Community (SADC) and the African Union (AU), responded to the call to act with the development of policy on SRHR, not least of which was the International Conference on Population and Development (ICPD) in 1994, the African Union Conference of Ministers of Health and the Maputo Plan of Action in January 2006.

The Maputo Plan of Action for the Operationalisation of the Sexual and Reproductive Health and Rights Continental Policy Framework, commonly known as the Maputo Plan or Maputo Plan, plans to achieve universal SRHR in Africa by 2015. In order to achieve this goal the Maputo Plan developed the Progress Assessment Tool (PAT) which is a questionnaire completed annually by all AU members and submitted to the AU by year end. Although the PAT is a means to improve SRHR, no assessment of its applicability, impact, usefulness and accessibility has been finalized to date.
On 5 July 2012 AAI released a report entitled “Evaluating the Reporting Process for the MPOA Progress Assessment Tool: A review of the inclusion and exclusion of civil society in the monitoring and evaluation procedures of the Maputo Plan of Action.” This report looks at the role that civil society played in completing the Maputo Plan of Action reporting. It evaluates the why civil society involvement in the UNGASS reporting process has been helpful and is both desired and achievable, examines 3 case studies on Malawi, Sudan and Benin and then asks “Why has the same collaborative process that is improving for UNGASS not also happening with MPOA?” The report then ends with recommendations on how the future rounds could be improved. To read the full report, click here. 
To read the brief, click here.

Advocacy

AAI launched the MPOA Scorecard in September 2012 at the 5th African Sexual health and Rights Conference in Namibia. The MPOA Scorecard provides data and an analysis of statistics provided by African governments to the African Union Commission in the Maputo Plan of Action (MPOA) reporting. This report first briefly introduces the various concepts that inform sexual and reproductive health and rights on the continent, how the Maputo Plan of Action commitment evolved as a government solution, and how accountability and data can be used to improve Sexual and Reproductive Health and Rights (SRHR). In the second section of the report the data is presented and analysed in an easy-to-read manner and a way forward provides recommendations in the final closing section. Click here to read the MPOA Scorecard.

Capacity Building at the African Union Commission

The Workshop on the Implementation of the MPOA on SRHR was held in Addis Ababa on 13-14 December 2012. The workshop brought together various stakeholders on Sexual and Reproductive Health and Rights and on Maternal, Infant and Child health issues in general. These will include AUC officials; Officers of the Mission of AU Members States; Selected Civil Society Organizations; Select donor organizations and development partners; as well as Representatives of Regional Economic Communities. The overall objective of this workshop was to accelerate efforts to ensure synergy between the various activities of the relevant AUC Departments as well as interfacing with the missions of the AU Member States to facilitate a collective and cohesive effort to enhance the implementation of the essential elements of the MPoA.
Monitoring the Maputo Plan of Action: A Strengthening of Sexual and Reproductive Health and Rights in Africa

Introduction

There are three main objectives of this project:

- Increase transparency around MPOA & ICPD & Accountability, focusing on improving annual data collection for contributing to the annual reports to the AU Heads of State and Government Summits until 2015.
- Increase dialogue around the MPOA & ICPD & Accountability, especially with regard to women, girls and other vulnerable groups.
- Increase action around the MPOA & ICPD & Accountability for women, girls and vulnerable groups.

Activities

In 2012, AAI held four Capacity Building Workshops in Botswana (12-13 November 2012), Zimbabwe (15-16 November 2012), Malawi (19-20 November 2012) and Zambia (27-28 November 2012) for key stakeholders from media, civil society, marginalized communities and government.

The workshops included presentations from key experts on SRHR and MPOA at national and regional level, as well as an expert media trainer from the Institute for the Advancement of Journalism (IAJ). Furthermore, the workshops included discussions and debates on key focus areas to achieving the MPOA by 2015, as well as how these three stakeholders can play a significant role in reaching the promised goals.
State of the African Population Report (SAPR)

Introduction

The African Union Commission’s Department of Social Affairs and collaborating partners have been publishing the biennial reports on the State of the African Population since 2004. Over the years, the reports have been structured to reflect issues that intrinsically link Africa’s economic growth pattern to its population trends. The 2012 State of the African Population Report is entitled “Harnessing the Demographic Dividend for Africa’s Socio-Economic Development.” This report, while building on the previous four SAPR, offers another uniquely relevant lens of analysis; how can Africa effectively harness the demographic dividend yielded from its contemporary population age structure? Previous research has taken a much narrower look at how population size affects a country’s growth and development, neglecting the key variable of how total population is shared among different age strata.

Research

AAI offered technical support to the AUC in the research and writing of the SAPR 2012. This report draws on multiple sources of information, including published and unpublished reports, articles and books. Where possible, information was sourced from African organizations, authors and journals. The statistical data on the state of the African population were derived from different publications of the African Union Commission, United Nations Economic Commission for Africa (UNECA), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO), United Nations Department of Economic and Social Affairs (UNDESA) and others. In addition, relevant UN and AU policy documents, as well as secondary literature on issues of population, demographic dividend and economic development were utilized. Since this report builds on a series of preceding State of the African Population reports, data and sources from 2011 and 2012 were prioritized. To read the State of the African Population Report 2012, click here.

Advocacy

The State of the African Population 2012 Report was used at two of the AAI ICPD consultative meetings and the ARCPD (see next section). During the CSO Africa Common Position on ICPD consultative meetings that took place on 23rd-24th October 2012 in Johannesburg, South Africa and 30th-31st October 2012 in Dakar, Senegal, the SAPR was presented to participants in order to highlight the key areas to be targeted for the Demographic Dividends to be achieved on the Continent. The State of the African Population Report 2012 had a significant impact at the ARCPD and will continue to be a respected source document for a number of high level meetings.
Introduction

Convened by the United Nations, the International Conference on Population and Development was held in Cairo, Egypt in 1994, and “consider(ed) the broad issues of and interrelationships between population, sustained economic growth and sustainable development, and advances in the education, economic status and empowerment of women”, and was “explicitly given a broader mandate on development issues than previous population conferences, reflecting the growing awareness that population, poverty, patterns of production and consumption and the environment are so closely interconnected that none of them can be considered in isolation.

Population is linked to the full range of development concerns including poverty alleviation, women's empowerment and environmental protection. The conference therefore focused on population, sustained economic growth and sustained development, with special emphasis on women's health, education and status. Delegations from 179 States took part to finalize a Programme of Action (PoA) for the next 20 years which addresses a wide range of population and development themes until 2015 and beyond.

The ICPD PoA sets a framework for the development of more than a dozen key issues of which one was reproductive rights and reproductive health.
This SRHR section focused attention on 5 key issues:

(1) Reproductive rights and reproductive health
(2) Family planning
(3) Sexually transmitted diseases and HIV prevention
(4) Human sexuality and gender relations
(5) Adolescents. The ICPD PoA includes goals to significantly reduce infant, child and maternal mortality and to expand access to education, specifically for girls.

The Coalition of Southern African Civil Society Organizations on ICPD


The Coalition’s initial aim was to hold the UNPFA accountable for elements of the Global Survey, developed by the ICPD Beyond 2014 Secretariat. The Global Survey was designed to gather information against a number of key indicators that relate to each ICPD thematic area. The Coalition raised a number of issues with the Survey:

1. The questionnaire is comprehensive although not entirely inclusive of all marginalised groups all the time.

2. How and who completes the report needs to be captured as a means of understanding the quality and accuracy as well as ownership of the data reported, and whether it reflects only the opinion of one government bureaucrat or a highly paid consultant commissioned by the government, or whether it’s a collective, informed working group of government, civil society organizations and other experts as it ideally should who will truly reflect the country's scenario.
3. Accountability needs to be highlighted if any action is going to be measured and data is a strong tool, and this survey focuses too strongly on policy and does not collect performance related quantitative data. Additionally Accountability is incorrectly located under financing and not under governance where it belongs.

To read the specific sections of the Survey which the Coalition took issue with, click here.

**Consultative Meetings on the African Common Position on ICPD+**

Following the formation of the Coalition of Southern African Civil Society Organizations AAI continued to hold the UNFPA accountable for the lack of inclusion of all but the largest and surprisingly non-locally grown CSOs in the UNFPA Regional Consultations on ICPD. As a response to this, AAI partnered with the African Union Commission (AUC), and the African Population Commission (APC), to work together to develop a Civil Society Organization African Common Position Paper on ICPD+, by means of Consultative Meetings in Johannesburg and Dakar in October and November 2012.

The aim of the CSO African Common Position was twofold:

1. Develop a regional civil society common position on SRHR issues for ICPD

2. Use the CSO African Common Position as an advocacy tool prior and during the African Regional Population Conference (ARCPD) which is scheduled to be held on 23-25 October 2013 in Addis Ababa.

The CSO Africa Common Position on ICPD consultative meetings took place on 23rd-24th October in Johannesburg, South Africa and 30th-31st October, 2012 in Dakar, Senegal.

The meetings included presentations from key experts on SRHR and ICPD in Africa, discussions and debates on what is required from the ICPD Beyond 2014. All the content from the discussions was included in the development of the draft African Common Position Paper on ICPD+. This position paper highlights the status of the African population, as well as identifies challenges and successes. Recommendations will be developed that pave the way for achieving the goals related to ICPD PoA and ultimately the MDGs related to SRHR.

To see the full concept note and programme from these consultative workshops, click here.

The outcome document from these two meeting went through an e-consultation process with the final input of over 75 experts the CSO African Common Position was complete. It contains a set of recommendations which are aimed at national governments so as to address population and development issues.
Strengthening Africa’s Country Coordinating Mechanisms

Introduction

AAI’s project entitled “Strengthening Africa’s Country Coordinating Mechanisms” aims to empower marginalized communities in the context of the Global Fund to fight AIDS, Tuberculosis and Malaria. This means supporting people to meaningfully participate in the decision making processes which happen on the country boards that make funding proposals and design country programmes – the Country Coordinating Mechanism (CCM).

Research

The first major research output from this project is a literature review, which scaffolds the debate about a lack of representation and participation of women, girls and people who are marginalized by their sexual orientation and gender identities (SOGI) on CCMs. The Literature Review has been made available on the AAI website. A Literature Review was conducted in the first quarter of 2012 and released in April of that year.

Then, beginning in April 2012, community consultations with CCM members and related stakeholders began, with a total of 69 key informant interviews conducted in 7 Southern African countries: 11 interviews in Lusaka, Zambia, from 18-20 April 2012; 12 interviews in Harare, Zimbabwe, from 2-4 May 2012; 13 interviews in Lilongwe, Malawi, from 23-25 May 2012; 14 interviews in Gaborone, Botswana, from 5-8 June 2012; 11 interviews in Mbabane, Swaziland, from 5-8 June 2012; 5 interviews in Windhoek, Namibia, from 17-18 September 2012; and 3 interviews in Cape Town South Africa, 1 on 6 August 2012 and 2 more a month later on 6 September 2012. Additional telephonic interviews were conducted in October 2012 with representatives from Aidspan (publisher of the Global Fund Observer Newsletter) in Nairobi, Kenya, and the Global Fund Headquarters in Geneva, Switzerland.

The final report(s), entitled “Who is really affecting the Global Fund Decision Making Process?” is comprised of the Community Consultation Report and accompanying Quantitative Analysis Report. The research was published by AAI in November 2012, and is set to be launched officially in early 2013.
Advocacy

Advocacy around the importance of meaningful engagement and participation of women, girls and LGBT people on CCMs was done in several ways in 2012. First, the 69 key informant interviews which AAI conducted across Southern Africa were used as opportunities to build the capacity of stakeholders around the Global Fund’s Gender Equality Strategy, Sexual Orientation and Gender Identities Strategy, as well as to do Accountability Literacy. Each of the key informants had their capacity build by AAI through the interview process.

Second, advocacy around the research results, both from the Literature Review and the community consultation report (“Who is really affecting the Global Fund Decision Making Process?”) reports was conducted at two major events in 2012. First, the community consultation report was been circulated in working paper format as a means to invite wide feedback from project participants and respondents, relevant stakeholders, as well as AAI’s Expert Panel.

The working paper format of the report was launched in July 2012, to coincide with the International AIDS Conference in Washington DC. Experts from all over the world were invited to provide further feedback and technical review of the working paper, in order to strengthen the participatory nature of the research and garner extensive technical validation.

Next, the working paper of the Community Consultation was presented in a workshop in September 2012 at the 5th Africa Conference on Sexual Health and Rights in Windhoek, Namibia. During this workshop, participants were trained in Accountability Literacy, the Global Fund’s GE and SOGI strategies and the current levels of participation of marginalized groups on Southern Africa’s CCMs, based on the original quantitative and qualitative research and analysis in AAI’s working paper. Then, the participants engaged directly with the country case studies in the working paper, helping to comment and make recommendations based on the results. This consultative feedback from delegates was incorporated into the final versions of the reports.

To read AAI’s 2012 publications from this project, click the images below:
**Workplace Scorecard**

**Introduction**
After two years of expert dialogue and consultation with different stakeholders, AAI launched a scorecard methodology that enables the monitoring and benchmarking of AIDS strategies and activities in the workplace.

**Research**
As part of AAI’s Workplace Scorecard project, AAI published a guidance note in June 2012 entitled “Responding to HIV and AIDS: Good practices for investors and businesses”. This guidance note was published in partnership with CDC, the UK’s development finance institution, and Rosencrantz & Co, a consulting firm that provides advisory services to companies, investment managers and public institutions on sustainable development.

The guidance note shares case studies from various companies, such as Heineken, Unilever and Levi Strauss, countries such as South Africa, Kenya, and China, among others. To read the report, [click here](#).

**Advocacy**
AAI has been engaging in discussions with Deloittes to discuss how the AAI workplace scorecard could be used in their “Best Company to work for” Survey for 2014. AAI has also partnered with SABCOHA on using the workplace scorecard on the new Monitoring and Evaluation workplace programme called Bizwell.
M.in Hälsa ("My Health")

Introduction

AAI’s M.in Hälsa ("My Health") project aims to improve the national HIV response from the Swedish government to be more accountable to diaspora communities living in Sweden, particularly focusing on women and young people who have come to Sweden from outside of the EU. As part of the project we are working to increase the representation and participation of migrants in existing forums for exchange of experiences relating to policy and decision-making around HIV. The project is led by Edna Soomre and is funded by the European Integration Fund.

Research

In April 2012, AAI launched the M.in Hälsa research report. It rates Sweden’s HIV related policy and law to find gaps in information, care and prevention efforts for newly arrived migrants, with specific attention given to women and young people. Read more on the Swedish AAI website at:

sve.aidsaccountability.org.

Advocacy

On Thursday 24 May 2012, AAI hosted a workshop at Swedish Secretariat to present the M.in Hälsa ("My Health") project and give participants the opportunity to discuss relevant problems and solutions. The work led to the creation of Working for Change, a Swedish non-profit organization which aims to improve diversity and create more opportunities for migrants in the Swedish labour market.
The Hive

Introduction

AAI has been using social media for an extended period of time for capacity building and advocacy on the MPOA project and as part of this work The Hive was created. The network is an integral part of the MPOA project and through this network different forms of engagement have been taking place with the overall view of accelerating progress on the implementation of the MPOA. In turn this will assist the continent in progressing towards the full realization of comprehensive SRHR in Africa. The main outcome of this network is the realization of full or comprehensive SRHR sexual and reproductive health and rights in Africa. This will be achieved by improving civil society advocacy around SRHR in Africa.

The long term objective will be achieved by improving civil society participation and advocacy around SRHR in Africa. Through the network different forms of engagement on issues around the MPOA and ICPD will take place with the overall view of accelerating progress on the implementation of the MPOA and ICPD which would assist the continent in progressing towards the full realization of achieving universal access to reproductive health services in Africa. The Hive will provide a platform for discussion and dialogue for the CSOs.

Research

In August 2010, a global meeting of SRHR activists and researchers was held in Malaysia and proposed a transformative agenda for moving beyond ICPD and the MDGs by re-politicizing Sexual and Reproductive Health and Rights.

In November 2011, a 5 day meeting hosted by Mosaic in Cape Town was convened with SRHR advocates, with the support of the Women’s Global Network for Reproductive Health Rights (WGNRR), the Triangle Project and The Networking HIV/AIDS Community of South Africa (NACOSA).
As part of the capacity building for SRHR advocacy, a platform was created for regional advocates to discuss developments within the global and regional SRH arena, in preparation for ICPD 2012 and the MDGs. Discussions around the ICPD, the MDGs and the Maputo Protocol resulted in the creation of an advocacy road map. Linked to this were discussions on the New Development Agenda and its impact on SRHR in the region.

Delegates resolved to establish a SRHR Network that would provide a space for dialogue, learning, sharing of best practices, identify advocacy opportunities, information sharing on SRHR issues as well as resources. All these efforts will be geared towards strategically positioning SRHR in the continent.

Advocacy

The Hive LinkedIn discussion group was created in late 2012 and the number of members is steadily climbing. AAI plans to continue to work on The Hive and will be focusing on the following activities in 2013:

- Create an African SRHR network of civil society organizations, including a membership format, and online presence, including Facebook, LinkedIn, Twitter etc.
- Mobilize a wide variety of organizations working on SRHR, including but not limited to HIV, Women’s’ rights, LGBT rights and youth. (advocacy, collaborate, resource and knowledge sharing, identify gaps for advocacy as well as existing opportunities, specific capacity development initiatives)
- Collaborate and network with existing networks with a view to grow a CSO movement on SRHR in Africa.
- Building member CSOs capacity
- Build the capacity of CSOs to advocate for improved implementation of government commitments on the MPoA, ICPD and the MDGs.
- Launching information and education campaign
- Capture and share best practices from all member CSOs and analyze and disseminate for wider implementation as well as lessons learnt to prevent duplication of ineffective strategies.
- Undertake research on key SRHR challenges, and disseminate research findings.
Accountability Literacy

AAI is acutely aware that many members of civil society do not fully understand the meaning of accountability, often mistaking it for accounting, monitoring and evaluation, governance or responsibility. Few have had access to information and training on whom to hold accountable, what makes one accountable, and what can be done to increase accountability.

AAI has discovered a lack of understanding around what accountability is and how effective a tool it can be when correctly understood and used in advocacy. This content will include but is not limited to the following topics:

- What is accountability?
- Where do we get it, who do we get it from?
- What mechanisms can we use to increase accountability?
- What accountability is not
- Personalizing accountability

To view the PowerPoint presentation which guides AAI’s Accountability Literacy workshops, or to use it to conduct your own workshop, click here.
AAI has conducted various workshops to date and they have been well attended and well received:

“AAI has collaborated with SAfAIDS during the training of MPs and CSOs around the Maputo Plan of Action. The 3-day training workshops are built around bringing MPs and CSOs together as representatives of the people. Focus is on building effective CSO coalitions that are able to hold the legislature to account with regards to ensuring universal access to SRHR. The role played by AAI is to deliver the training on Accountability. During the workshops recently conducted in Malawi and Swaziland, this has proven to be a topic that gets participants talking; it evokes active debates about accountability - to who? and why?. During the evaluations, it was cited as one of the most enlightening sessions that was ably delivered by the team members from AAI (Phillipa Tucker and Danga Mughogho). The practical exercises, in particular, were deemed interesting and effective.”

~ Ketlogetswe Montshiwa, SAfAIDS

“Increasingly, civil society organizations are recognizing that they not only need to advocate for policies and programs but that ensuring that policies and programs are effectively implemented is an integral part of their role and responsibility. With respect to youth-led and youth serving organizations, the capacity to promote accountability is critical in addressing the myriads of challenges facing young people. The good news is that these organizations recognize the need to acquire relevant knowledge and skills to promote accountability and as such we all need to make the decisions that will strengthen them to deliver more and improved services to young people.”

~ Eka Williams, Ford Foundation

The AAI Personal Accountability Scorecard

In May 2012, AAI piloted a new tool as part of the Accountability Literacy Project, the Personal Accountability Scorecard.

The Scorecard featured 10 personal questions which assist those attending AAI’s Accountability Literacy Workshops (and others who make use of the tool) to understand accountability as a personal ethic and not just a difficult and (oftentimes) inaccessible governance concept.

To view the AAI Personal Accountability Scorecard and to test how accountable you are, click here.
Events and Meetings

4th Inter-Agency Meeting
Addis Ababa, Ethiopia, 12-14 March 2012

Introduction

The 4th Inter-Agency Meeting was held in Addis Ababa, Ethiopia from 12-14 March 2012, under the theme: “Boosting the HIV, TB and Malaria response through Accountability”. The 4th Inter-Agency meeting took place against the background of significant developments in the funding landscape for HIV, TB and Malaria. He highlighted the vulnerability of global donor financing, the fall in the international investments for AIDS by more than 13% and uncertainty around the future of Global Fund support as some of the said developments which had not escaped the attention of AU Heads of State and Government. He reported that the AU Assembly at its 18th Ordinary Session in January 2012, decided to revitalize “AIDS Watch Africa” (decision Assembly/AU/Dec.395(XVIII)), as an “AU Heads of State and Government Advocacy and Accountability Platform, and for mobilizing resources to fight HIV, TB and Malaria in Africa”. He also referred to the Assembly decision to broaden the mandate of AWA to include TB and Malaria and to broaden representation to the whole continent.


Activities

AAI presented as part of Panel 5: “Accountability Mechanisms”. The panel was chaired by Dr Melanie Renshaw, Chief Technical Adviser of ALMA. A presentation was made by each representative of UNECA and NEPAD. The presentations highlighted the need of a framework of development cooperation to be translated to actionable deliverables. AAI’s main points on this panel were:

- Governments of Member States are being held accountable through data collation and M&E reporting, with increasing civil society participation in these processes.
- Data collection and M&E reporting should regarded solely as accountability mechanisms, but also as commitments that governments are accountable for, in and of themselves. For this,
there is a shared accountability and shared responsibility from development partners, CSOs and national governments.

- Accountability need not only be about buck passing, naming and shaming, or cataloguing failures. It also has the potential to be a powerful tool that can be used positively and constructively to motivate those responsible for public health commitments through perceived prices to pay for underperformance.

**Outcomes**

Around accountability for implementation of the recommendations of the 4th Inter Agency Meeting the AUC committed to establish a mechanism for reporting actions taken (by Agencies) in implementing the recommendations of the 4th IAM. Through this mechanism, Agencies are to report to the AUC actions taken using the mechanism established, and the AUC will to present a report on status of implementation to the 5th IAM.

**The XIX International AIDS Conference**

**Washington D.C., 22-27 July 2012**

**Introduction**

The International AIDS Conference is the premier gathering for those working in the field of HIV, as well as policy makers, persons living with HIV and other individuals committed to ending the pandemic. It is a chance to assess where we are, evaluate recent scientific developments and lessons learnt, and collectively chart a course forward.

The theme of the conference was “Turning the Tide Together”, creating a space to share new scientific knowledge and offering opportunities for structured dialogue on the major issues facing the global response to HIV.

**Activities**

At AIDS 2012 AAI conducted Accountability Literacy in a session on Monday 23 July 2012. On the following day AAI presented the Workplace Scorecard to interested parties from the private sector, civil society, academia among others. In the Women's Networking Zone, AAI spoke on a panel entitled "Engaging Governments in Women’s, Young Women’s, Girls’ and Trans People’s HIV/AIDS Issues: The 2012 Report Card." Further, doctoral research from AAI Research Fellow, Gemma Oberth, was accepted to be presented as a poster presentation.

Throughout the conference AAI held video sessions for delegates to participate in a dialogue around “What is Accountability”? These videos will be available on AAI’s website in the coming months.
Outcomes

In addition to the above activities, AAI also used the conference as an opportunity to garner feedback on the latest working paper from the CCM Project. The rich variety of delegates at the conference allowed AAI to get a wide array of feedback from more than forty key stakeholders on the report, enriching the analysis and providing further depth to the conclusions and recommendations. To read the working paper, see the section on AAI's CCM Project.

Consultation on South Africa’s Key Population Guidelines
Cape Town, South Africa, 8 August 2012

Introduction

On Wednesday 8 August 2012, AIDS Accountability International took part in a stakeholder consultation for developing South Africa’s Key Population Guidelines. These guidelines are designed to collectively operationalize most-at-risk population policies that are already in South Africa’s National Strategic Plan (2012-2016). The document is written from both a public health and a human rights approach, targeting health managers as its primary audience.

Activities

Among those present at the consultation were representatives from SWEAT, Health4Men, The Desmond Tutu TB Centre, The South African Ministry of Health, The TB/HIV Care Association, University of the Western Cape School of Public Health, Médecins Sans Frontières, World AIDS Campaign and more. The group discussed and debated different elements of the draft guidelines, adding technical input, validating data and advocating for rights-based language throughout.

Outcomes

Throughout the consultation, AAI advocated for the inclusion of discourse around accountability and transparency, particularly with a lens to ensure that the “marginalized within the marginalized” are adequately included. For example, AAI pressed for the inclusion of a guideline on the combination effects of anti-retrovirals (ARVs) and hormone replacement therapy among transgendered individuals, as well as specified sexual and reproductive health and rights awareness of prostate cancer screening in transwomen and cervical/ovarian cancer screening in transmen. In addition, AAI fought for the inclusion of policy guidelines on the use and efficacy of female condoms among men who have sex with men (MSM). This was a contested issue among various participants in the meeting, but the lead authors agreed to look into it further.
Introduction

The 5th Africa Conference on Sexual Health and Rights was held in Windhoek, Namibia from 17-21 September 2012 and was hosted by the Namibia Planned Parenthood Association (NAPPA), an affiliate member of the International Planned Parenthood Federation (IPPF) under the auspices of the African Federation for Sexual Health and Rights. The conference theme is “Sexual Health and Rights in Africa: Where are We?” This conference interrogated the status of sexual health and rights in Africa, with a focused lens of human rights for women, girls, adolescents and youth.

Activities

At the Conference, AAI was involved in a variety of activities. On the 19th, AAI’s Regional Manager for Africa, Phillipa Tucker, gave a plenary session which drew attention to the need for action, not more commitments to SRHR. The following day AAI gave two presentations as part of the breakaway session on Policy, Legislation & Rights. Gemma Oberth gave a presentation entitled “An Evaluation of the Reporting Process for the MPOA Progress Assessment Tool: A Review of the Inclusion and Exclusion of Civil Society in the Monitoring and Evaluation Procedures of the Maputo Plan of Action” and Phillipa Tucker presented on “The Maputo Plan of Action Scorecard: Rating Country Responses to Sexual and Reproductive Health and Rights in Southern Africa.” On Thursday 20 September, AAI co-hosted a special panel session called “Building Young Women’s Leadership in the Field of Sexual & Reproductive Health and Rights (SRHR)”, which invited discussions and debates on:

- The challenges in supporting the next generation of women leaders in the SRHR field
- Realizing sexual and reproductive justice for young women in southern Africa
- Case studies of what partners are doing on the ground, locally and regionally
- Experiences from the African Union on the African Youth Charter, SRHR & HIV
- Ideas for supporting young women to engage in SRHR advocacy in our region.

On Friday 21 September, AAI delivered a break-away workshop as part of the LGBTIQ Session on “Strengthening Africa’s Country Coordinating Mechanisms through Empowerment of Marginalized Communities: A Literature Review”

Outcomes

Reflections and Commitments from the workshop participants included the need for the following:

- Comprehensive Sexuality Education and Youth Friendly Services
- Promoting and Protecting Sexual and Reproductive Health and Rights
- Preventing child marriage
- Accountability and Leadership
Participants appreciate the space provided through this conference to engage on many SRHR issues and the role these play in strengthening our understanding and need for accountability. There was renewed commitment to work together, partnering with people from different sectors to ensure that SRHR is better understood as a central and an integral part of development, including the HIV epidemic, poverty, human rights, education and justice and will ensure that future conferences will build on this foundation.

Workshop for Policy-Makers on Strengthening Results Delivery and Accountability on Universal Access to Health Services in Africa
Addis Ababa, Ethiopia, 27-28 November 2012

Introduction

African countries and the global community have committed to achieving the Millennium Development Goals (MDGs) as well as the continental health commitments (Abuja Call for accelerated Action towards universal access to HIV/AIDS, TB and Malaria services, Maputo Plan of Action on Sexual and Reproductive health and Rights (SRHR), Africa Health Strategy, African Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive...) by 2015. The MDGs are ambitious and will be challenging to implement in less than 5 years. Progress on prevention and control of communicable diseases and the attainment of the MDGs will require strong health systems, which is only possible with better resource allocation for health systems strengthening. Raising sufficient money for health is imperative, but just having the money will not ensure universal coverage. The final requirement is to ensure good planning and that resources are used efficiently.

As the targets for “Abuja Call” and the MDGs approach, it is important that policy-makers and implementers have the capacity for strengthening result delivery and accountability on universal access to HIV/AIDS, TB and Malaria services in Africa.

The main objectives of the workshop included:

i. To strengthen country monitoring and evaluation practices to improve regular reviews and other accountability processes;
ii. To provide an overview of the current status of the different components of a country accountability framework, with a focus on HIV/AIDS, TB and Malaria.
iii. To strengthen continental monitoring, evaluation and reporting mechanisms for “Abuja Call”.

Activities

At the workshop, AIDS Accountability International conducting capacity building for policy makers through Accountability Literacy, as well as through a presentation on the AAI MPOA Scorecard.
Outcomes

A workable and useable definition of accountability is an important first step in any actionable response. The foundation of accountability is located within explicit and implicit contracts, which empower every individual to hold relevant actors responsible for their actions and inactions. This contract exists between elected government and its citizens, between the executive, legislative and judicial branches of government, and also between civil society, donors and the private sector and their constituencies. Mechanisms to achieve accountability include elections, public opinion polls, judicial review, legislative criticism, media criticism and civic action such as protests and petitions. Further, while monitoring and evaluation, governance and accounting form part of accountability and its mechanisms, they are by no means satisfactory as unilateral definitions. AIDS Accountability International’s definition of accountable leadership involves a three step continuous process of (1) transparency, (2) dialogue and (3) action. This formula promotes a needs-driven, evidence-based process of data collection, review and advocacy that measures performance against the commitments that have been made. The application of this theory and process can be ground in the real world example of monitoring the Maputo Plan of Action (MPOA). AIDS Accountability International’s MPOA Scorecard is a simple and accessible accountability tool which exposes poor performance and rewards good results in sexual and reproductive health and rights in Southern Africa.

The following observations were made:

- Policy adoption is quite strong in the region, but performance and implementation of those policies lags behind.
- While reporting was generally quite strong, there are still gaps in the reporting process related to incomplete data, unverified data quality;
- There is a need for a multi-stakeholder approach to data collection;
- Countries should adhere to their commitments to report data to the African Union Commission.
Executive Director
Rodrigo Garay

Mr. Rodrigo Garay is the founder and Executive Director of AAI. Rodrigo is also the Executive Director of the World Infection Fund (WIF) based at Karolinska Institute in Stockholm. The mission of WIF is to combat HIV/AIDS, Tuberculosis and Malaria by supporting the development of drugs, vaccines and control strategies. Rodrigo Garay is also the Chairman of the non-for-profit organization International Competence (IK). IK’s aim is to increase the competitiveness of the private sector in Sweden by adopting and promoting diversity within the work force. Rodrigo was formerly the Chief Executive of the International AIDS Society. He was born in Chile and has worked and lived in Sweden and other countries.

Regional Manager for Africa
Phillipa Tucker

Phillipa Tucker is an African human rights activist with a focus on HIV, sexual and reproductive health and rights and malaria and is currently the Regional Manager for Africa at AIDS Accountability International (AAI). Phillipa’s research expertise has enabled AAI to have an increasing focus on Africa whilst still keeping linkages to global processes (such as the ICPD Beyond 2014 and Millennium Development Goals/Sustainable Development Goals (MDG/SDG) and Post 2015 review processes). Phillipa’s roots in community work and training in political theory have resulted in a focus on increased capacity building of CSOs across all projects on governance issues such as Accountability Literacy and increasing CSO understanding of government commitments as a means to increasing transparency.
Research Fellow
Gemma Oberth
Gemma Oberth is a Senior Researcher at AAI and Project Manager for Strengthening Africa’s Country Coordinating Mechanisms. She is currently working towards her PhD in Political Studies at the University of Cape Town. Her doctoral research develops a new way of measuring HIV/AIDS governance, assessing and explaining the extent to which African countries are able to deviate from, or must conform to, the policy prescriptions of major international donors.

Researcher
Bob Mwiinga Munyati
Bob Mwiinga Munyati is a Researcher at AAI and project manages the ICPD An African Common Position Project in addition to closely working on the MPOA, Strengthening the Sexual and Reproductive Health and Rights responses and reporting in Africa. Furthermore, Bob works at submitting his thesis at the end of this year in partial fulfillment of his Masters in Public Health with a focus in Epidemiology. Since joining AAI in July 2012, Bob has been able to expand his skill set by enrolling into French school.

Social Media and Website Administrator
Ntsoaki Nhlapo
Ntsoaki has worked for AAI for over a year as the Social Media and website administrator. She has worked as an Administrator and Social Media Manager for a theatre called On Broadway. She has an interest in youth, girls and SRHR. She keeps track of AAI’s Facebook profile and pages, LinkedIn groups, Twitter and Website. She is currently studying a short-course in Marketing.
Publications

AAI Publications


Acknowledgements


For our Annual Financial Accounts please click here

The legal name is Foundation AIDS Accountability International, acronym used is AAI.