Our work in 2014 was possible due to the support of:

FORD FOUNDATION
Working with Visionaries on the Frontlines of Social Change Worldwide

Hivos
people unlimited

funders’ network
go smart growth and livable communities

REGional SRHR FUND
Contents
Imagine a world where leaders act on their promises... we do.................................................................4
Our beginning ........................................................................................................................................5
About AIDS Accountability International .........................................................................................6
How do we improve the response to health needs? ...........................................................................6
AAI’s Accountability Framework ........................................................................................................7
AAI Definition of Accountability ..........................................................................................................8
What we want to achieve .....................................................................................................................9
FAQ........................................................................................................................................................10
AAI Key Successes ................................................................................................................................12
Programme Areas ................................................................................................................................14
Projects 2014 .......................................................................................................................................16
Maputo Plan of Action .........................................................................................................................18
ICPD + and Beyond 2015 ....................................................................................................................19
Youth SRHR Taskforce ..........................................................................................................................21
ARCPD Reflections Report ..................................................................................................................23
African Union Commission ..................................................................................................................25
Young People Today .............................................................................................................................27
Integrating HIV and SRHR in Southern Africa ....................................................................................28
Youth Symposium ................................................................................................................................29
Strengthening Africa’s Country Coordinating Mechanisms ..............................................................30
Global Fund Key Populations Pilot ......................................................................................................31
SA Joint Parliamentary Committee on HIV and AIDS Initiative .....................................................33
SA HIV Prevention Research Advocacy Expert Group .....................................................................35
Spotlight in Vasectomy Access and Uptake in South Africa ..............................................................37
Other Publications ..............................................................................................................................37
AAI’s Partners ......................................................................................................................................38
AAI Governance and Staff ...................................................................................................................40
Governance .............................................................................................................................................43
Contact details .....................................................................................................................................43
Imagine a world where leaders act on their promises… we do.

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

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

When 11-year-old Nkosi Johnson stood in front of 20,000 delegates at the International AIDS Conference and asked the government to start providing anti-retroviral drugs to mothers and children, South Africa’s president at the time, Thabo Mbeki, was so embarrassed he walked out. Not only was Mbeki criticised when he publicly questioned the widely accepted link between the HIV virus and AIDS in 2000, but his government was reluctant to supply the drugs at state hospitals, saying they were too expensive and toxic.

While Mbeki was shamed, another man in the audience was inspired. Rodrigo Garay, founder of AAI, is the son of a political refugee, and he spent his teenage years trying to escape the reach of Chilean dictator General Augusto Pinochet. The family moved first to Romania and then later to Sweden.

"I had to be a grown up and I was a child," said Garay, explaining how he had to translate for his parents in their newly-adopted homeland. "When I met Nkozi Johnson, I saw this happening again." He felt that Johnson, like himself, was a victim of unaccountable leaders. "I said to myself: 'Why is a child at this opening ceremony talking about leadership when none of the grownups are?' Five years later, in 2005, Garay founded AAI which has offices in Stockholm and Cape Town.

Having worked as an insurance broker, Garay felt that leaders, like Mbeki, could be pushed to act if they were being watched and ranked by an independent outsider. "In the financial sector, rating institutions have a huge influence," he said. "Ratings, if they are well done and well utilised, will force leaders to focus and take action. There is a consequence because you are measuring what they are doing."

By publishing scorecards, and doing needs-based research and advocacy, AAI aims to provide tools that allows activists and other stakeholders to hold leaders accountable for the public commitments they have made on health.

*Copied from an article by Katie Nguyen on Rodrigo Garay and AAI.
About AIDS Accountability International

Stronger leadership is required in order to ensure that universal health rights and services are provided that are accessible, affordable, acceptable and quality in nature. This also requires impact mitigation programmes to the people who need them, and rights and services that are catered to the needs of those who are most marginalized by society, policy or otherwise.

AIDS Accountability International (AAI) was established in 2005 with the mission to follow up on commitments to the AIDS epidemic that were made by governments. Our work has since expanded to sexual and reproductive health and rights, malaria, tuberculosis, and non-communicable diseases, and we work on holding all leaders accountable, such as business, civil society, funding partners and bi and multi-lateral development organizations.

How do we improve the response to health needs?

We are an independent research and advocacy think tank holding leaders accountable for the commitments they have made to respond to health needs.

AAI uses research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health. We conduct only needs-driven, evidence-based research and advocacy that measures performance against the commitments that have been made by governments. We also conduct our own advocacy, capacity building and monitoring and evaluation interventions to encourage those who are delivering on their commitments, identify and put pressure on those who are under-performing and stimulate constructive debate about what can be learned from different approaches and how best practices should be shared. AAI focuses on inclusion of the most marginalized in much of our work, with a focus on women, girls and lesbian, gay, bisexual, and transgender people. We have a global reach with an African focus.
AAI’s Accountability Framework

AAI use our 3 step Accountability Framework as a lens on all of our work. The framework suggests a way to ensure that the principle of accountability is translated from rhetoric into action.

Increasing accountability

AAI believes that strong and accountable leadership is necessary to ensure effective responses to health needs. We do this by increasing transparency, promoting dialogue and supporting action to improve the response.

1. Transparency
Data, full, relevant, correct, accurate and unbiased data that is methodologically sound, periodically collected and collectively reported, discussed and reported as well as transparent about its failings and limitations is a vital starting point for any discussion on developing a response to health problems.

2. Dialogue
Dialogue should mean all relevant stakeholders can meaningfully and freely participate, without fear, in the discussions and debates on the delivery and performance of health by public servants, especially in relation to the commitments that they as governments and leaders have made.

3. Action
Action is necessary for public servants to improve their delivery of health, share their successes and learn from their failures making for quality, improved, sustainable and human rights based health access for all a reality. All leaders, not just governments, need to act to ensure transparency and dialogue are part of the health development process.
AAI Definition of Accountability

AIDS Accountability International does not propose one single definition of accountability.

Each individual’s, organisation’s and country’s context influences what the definition of accountability would be. There are various forms and types of accountability, political and individual; horizontal and vertical and diagonal; and there are various mechanisms to get accountability and circumstances in which accountability exists prior to any commitment at all. For this reason, there is no one definition or application of accountability that fits all.

It follows then, as part of our Accountability Literacy work especially, that we encourage individuals to develop a broad understanding of the different kinds of accountability that exist, become aware of the various frameworks, and then filter, consider and engage with a definition which is most contextually relevant at that time.

In a similar manner AAI periodically undertakes a review of our own working definition of accountability, and at this time in 2014 finds the following most applicable to our context:

*Being answerable for performance to one’s constituency, according to the obligations of your role, and whether this is done in a transparent, ethical, timely and financially prudent manner.*

For further resources on accountability please see [www.aidsaccountability.org](http://www.aidsaccountability.org)
What we want to achieve

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

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

Values

Dedication
Our wholehearted commitment to the cause and to people affected by the lack of the provision of quality, affordable, accessible and acceptable health care informs all our work.

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 for all including women’s and girls’ rights, the rights of key groups such as lesbian, gay, bisexual and transgender people, sex workers and injecting drug users.

Participation
AAI consults broadly with stakeholders and collaborates widely on research and advocacy. Our work is done in a collaborative manner, always.

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.

Accessibility
AAI continuously strives to make our research processes accessible and our material user-friendly for advocacy.
FAQ

What does AAI do?
We are an independent research and advocacy think tank holding leaders accountable for the commitments they have made to respond to health needs. AAI uses research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health. AAI focuses on inclusion of the most marginalized in much of our work, with a focus on women, girls and LGBT people. We have a global reach with an African focus.

Where are AAI’s offices?
AAI has an office in Cape Town South Africa, and is hoping to open a new branch in Johannesburg in 2015. We have staff in Stockholm, Sweden, New York, USA and in the South African offices.

Where does AAI work?
AAI’s work is multi-tiered. We work principally at the regional or continental level with organisations that span the African continent such as the African Union Commission. However, we feed this work both up to global processes such as the Post 2015 process, and down to national level. We have global reach with a focus on Africa.

Who works at AAI?
AAI has a small, dedicated team of human rights activists working for us. Our staff are all professionally trained, have experience and cover areas such as policy analysis, health services implementation, epidemiology, communications, governance and political theory, research methodology, demographics, human rights law, community consultations, public-private partnerships, and various other areas of work. We also have specific staff for finances and administration.

What spaces does AAI occupy and influence?
AAI is a small and dynamic human rights activist think tank and as such we are very strategic about what spaces we can be most effective in and where we can have the most positive outcomes. Our policy of needs based research and advocacy also sees us working to close gaps very often. AAI works closely with the African Union Commission, various United Nations bodies, and with global, regional and national civil society and governments providing technical and strategic input, always within the framework of accountability and transparency.

Does AAI believe in name and shaming unaccountable leaders?
AAI believes that all too often the reason why leaders are not accountable is a lack of capacity. For this reason, we follow our Accountability Framework and work towards Transparency, Dialogue and Action as a means to ensure better capacity. We offer support, both technical and strategic to ensure better
performance, but if a leader does not then show political will AAI believes it is perfectly appropriate that accountability mechanisms such as elections, public demonstrations, legal censure and other more forceful measures are necessary to ensure the leader starts to serve the public’s needs better.

What are AAI’s values?
AAI is uncompromising on our progressive agenda, and believes that human rights are universal and inalienable; indivisible; interdependent and interrelated;

AAI is also of the opinion that human rights are universal because everyone is born with and possesses the same rights and dignity regardless of age, birth, class, creed, disability, ethnicity, gender, gender identity, language, property, race, religion, sexual orientation, political or other opinion, national, social or geographical origin, cultural or ethnic background or other status;

AAI works for equality and equal access to quality, affordable, accessible and acceptable health for all human beings.

AAI has a non-religious, non-partisan, non-factional approach to our work, but bases our work and opinions on the analysis of accurate qualitative and quantitative facts, evidence and data.

AAI does not accept funds that may create a conflict of interest and where work does arise we accept only programme costs and bear the weight of human and admin costs ourselves. Rare as these occurrences are, we ensure this information is in the project documentation for the sake of transparency.
AAI Key Successes

1. AAI conceptualised and developed the African Youth Task Force on Post 2015; a group of 12 dynamic youths that took African Youths asks on SRHR to their NYC based National Representatives to the United Nations, in order to make a significant impact on African representative’s work in NYC.

2. AAI played an important role in the African Regional Conference on Population and Development, and researched and launched a Reflections report on the failures and success of this process. AAI has also made various interventions on the ICPD and Post 2015 process, from capacity building to direct advocacy and launching research.

3. AAI researched and wrote the Maputo Plan of Action Scorecard; and worked closely with the African Union Commission to prioritise this commitment, as well as accessing and making public the largest SRHR database in Africa. (Available on our website).

4. AAI has always worked closely with the African Union Commission to increase accountability and transparency in the work that they do on global, continental and regional commitments on health.

5. AAI put vasectomy back on the agenda in South Africa and globally as a means of increasing shared responsibilities on contraception, by placing it within the MenEngage Campaign managed by Sonke Gender Justice.

6. AAI coordinated and collated the input of over 70 African activists (and securing over 350 African activists’ signatures to the document) on various health foci, especially SRHR, to develop the African Common Position on Post 2015, for submission and use in the African Regional Review by the UNFPA and the AUC.

7. AAI initiated influential work on Global Fund (GFATM) Country Coordinating Mechanisms (CCM) doing research on the sexual orientation and gender identity inclusion being done by the GFATM, and developed Priorities Charters in African countries that directly increase inclusion of key populations in these important decision-making bodies, especially that of women, girls and LGBT people.

8. AAI conceptualised and developed a project and curriculum to improve Southern African civil society’s understanding of HIV and SRHR and the inter-sectionalities of these two areas of work.

9. AAI launched the AAI Scorecard on LGBT, and did significant advocacy around the gaps in data available on sexual orientation and gender identity.

10. AAI created and led the The HIV/AIDS Accountability Forum, a coalition of international non-governmental organizations promoting an actionable accountability framework for government commitments to HIV. The HIV/AIDS Accountability Forum was a global platform for information exchange and public debate on HIV/AIDS and accountability issues.

11. AAI was selected to co-organize the only session on Global Health at the European Development Days in Stockholm with UNAIDS, GFATM, GAVI & Stop AIDS Alliance.

12. AAI launched the Women’s Scorecard and worked closely with UN Women to put accountability at the top of the agenda.

13. AAI launched the Country Scorecard, the first result of an effort that has involved a large number of international experts and over two years of work to develop its concept and methodology.
14. AAI was invited as a member of the European Centre for Disease Control Advisory-Group to monitor the Dublin Declaration.

15. AAI established the Country Rating Advisory Group (CRAG) involving representatives of government, civil society, academia and the private sector, from both the North and South.

16. AAI organized an exclusive workshop at the Tällberg Forum focusing on emerging challenges and innovations in global health.

17. AAI initiated collaborative research arrangements with the London School of Economics in the UK, the Karolinska Institute in Sweden, and the Human Sciences Research Council in South Africa.

18. AAI was endorsed by the WHO and UNAIDS.
Programme Areas

In order for AAI to achieve our vision of a world where strong and accountable leadership permeates all levels of society to ensure effective responses to health challenges, we work with a number of key stakeholders.

Our work covers scorecards, qualitative and quantitative research, advocacy tools, technical expertise, capacity building, opening spaces for dialogue and ensuring greater inclusion of the most marginalised of people.

Our work includes holding various stakeholders accountable to their commitments, whether they are civil society, funding partners, governments, parliaments, the Private Sector, UN bodies or Pan-African organisations such as the African Union Commission.

African Organisations

AAI has partnered with the African Union Commission over several years to increase accountability in their work, as well as the African Population Bureau. AAI plays a strategic role in technical spaces in Addis Ababa to ensure greater involvement of human rights and the most marginalised in these decision-making arenas. To a lesser degree, but oftentimes AAI is plugged in to regional economic development bodies.

Civil Society

AAI does Accountability Literacy Workshops with civil society, provides scorecards and other qualitative and quantitative research and advocacy tools to civil society for their own work. AAI builds CSO capacity on global and regional commitments and processes as well as creates spaces for civil society to dialogue with government on health outcomes and priorities at national level.
AII has been working on the greater inclusion of women, girls and lesbian, gay, bisexual and transgender people (LGBT) in Global Fund work since 2010 and has developed a number of research and advocacy tools for this purpose.

AAI works with governments, using scorecards, capacity building and creating spaces of dialogue to improve accountability, transparency and implementation. This work has been focussed on data quality, capture and reporting since the first AAI Country Scorecard.

AAI works with UN bodies to ensure that their processes are inclusive of an empowered civil society and that there is greater transparency and consultation with African voices especially those that are most marginalised such as women, girls and LGBT.

AAI works with the Private Sector through dialogue and tools such as the AAI Accountability Workplace Scorecard to enable the monitoring and benchmarking of AIDS strategies and activities in the workplace in countries and business sectors most affected by the disease.
Projects 2014

AAI has during the course of the past year managed to work towards all of our goals:

1. Research, various presentations as well as our communications campaigns have all created greater transparency around process, data and created and opened existing spaces for the most marginalized, women, girls and LGBT especially. AAI is well known for connecting relevant stakeholders and has been able to do so effectively over the grant period and has seen many positive outcomes from this kind of work.

2. AAI, through the AYTF, our role on the South African coalition working on Post 2015, and on the continental Post 2015 African Group, has managed to create new initiatives and, join and support existing ones, as a means to advocating for a coordinated and strategic approach around the SDGs and Post 2015.

3. Similarly, through these spaces, and with our engagements with the AUC, AAI has been able to create spaces especially for the voices and situation of African Youths (AYTF) and LGBT. AAI has done significant capacity building, through conferences attendance, presentations, communication campaigns and a myriad of other activities described above.

4. AAI has used simple communication messages and language to demystify the Post 2015 and SDGs processes, and in so doing has reached those who have formerly self-excluded, and by bringing in in 12 dynamic Youth and providing them with capacity building has empowered a trans-African youth voice on the issues.

5. AAI has released a number of reports during this period, all of which contribute to the level of transparency around the various issues that we work on, but most especially around processes, partners and other areas failing the most marginalized.

6. AAI has hosted, participated in, affected the strategies and agendas of meeting spaces, and been invited to a myriad of spaces where we have been able to share our accountability framework and our research and advocacy messages.

Overall, we are content that we have continued to do top quality work, at value for money rate, which is needs based, collaborative, and accessible to all.
Maputo Plan of Action

One major development during the project implementation period has been the advanced review process of the MPOA that is being spearheaded by the African Union through the Department of Social Affairs. This review process has meant that other anticipated interventions such as the lobbying of UN agencies such as UNFPA and UNAIDS to spearhead the MPOA Progress Assessment Tool (PAT) completion at country level have been postponed to such a time when the review of the MPOA has been completed. Despite this change and advanced work on the review process being conducted by AUC, AAI’s vast historical experience on the MPOA work has been instrumental in contributing at several planning and review meetings as outlined below (See AUC sub-section). This experience has been shared during three meetings (Partners Planning Meeting, Inception Report Meeting, CSO and Partners Validation Meeting of review process). Outcomes of these meetings have been share over AAI’s website and social media platforms.

Transparency
Advocate that UN bodies that began the creation of the MPoA begin to renew their involvement in the commitment in a more accountable way. This will include AAI advocating that UNFPA and perhaps UNAIDS play a role in convening MPOA PAT workshops at country level across the continent so that AAI can continue to do PAT completion workshops at country level. The rationale for these workshops being done is covered above. AAI will then continue to apply our PAT model so as to set example of how reporting should be done in a collaborative, quality and verified manner.

Dialogue
AAI will continue to create dialogue, and play our role as a leader in making the MPoA a useful commitment. AAI commits to doing desk advocacy, speaking at conferences and meetings held by others, doing telephone and email communications, as well as using social media as a platform to increase awareness of the MPoA, its contents, its value as a tool for civil society and government, and how it should be strengthened. To this end AAI will hold one workshop per year, valued at 5000 USD.

Action
AAI will also continue to do research reports as we find gaps and the need during our work. Advocacy around these research findings will impact the implementation of MPoA and especially with regard to the reporting aspect of the project. We will continue to hold partners such as the AUC, UN bodies and civil society and government to account for their inadequate implementation or lack of action in this area. These reports will be disseminated as part on an IEC campaign on all of AAI’s platforms.

The African Union Commission commenced the review of the MPoA in 2014 and that process will continue into 2016. The review of the MPoA forms part of a larger review of 4 African Health Policies. Reporting on MPOA thus now falls under the AUC section below.
ICPD + and Beyond 2015

During the course of the reporting period, the ICPD Beyond 2015 review period finally ended with the special session on ICPD held at the UN General Assembly held in New York on 22 September 2014. Prior and during this event, AAI continued its work on ensuring that there is inclusion of civil society voices in the review process of the ICPD and Post 2015 development agenda, and building the capacity of civil society. Throughout this period, AAI has learnt that civil society must always speak and address the full issues of the post 2015 development agenda in their advocacy without only focusing in the sexual and reproductive health and rights. This approach allows for greater acceptance by policy makers as it embraces the full scope of the development agenda.

Transparency
AAI will continue to hold partner organisations on the ICPD and Beyond 2015 processes accountable to quality work. Processes such as the inclusion of civil society speakers at key events, the mobilisation of civil society in Africa around Beyond 2015 and other work being done by UNFPA and UNECA will be monitored by AAI, research done through qualitative and quantitative methods as often as possible, and then disseminated through our usual campaign methods to ensure that civil society, government and others are all informed of how the processes are occurring and where strengthening and more detailed monitoring and advocacy is required.

Dialogue
AAI will continue to create dialogue, and play our role as a leader in educating civil society in Africa especially on what these global processes are, how they occur, and how they affect their work at national and grassroots level. AAI will continue to run social media information campaigns and discussion forum providing a space for civil society to engage in the processes and give their voice a platform where it can be heard. AAI will also continue to play our role as one of the leaders of African civil society in these processes, and ensure that strategic and collaborative work of quality level is done wherever possible.

Action
AAI will also continue to do research reports as we find gaps and the need during our work. Advocacy around these research findings will impact the inclusiveness of Africans in these global processes, and in the monitoring thereof after the renewed commitments have taken place. We will continue to hold partners such as the AUC, UN bodies and civil society and government to account for their inadequate inclusiveness or lack of transparency on this work. These reports will be disseminated as part on an IEC campaign on all of AAI’s platforms.

AAI has through this project been able to conduct several activities. The following are some of the activities conducted:
**69th Session General Assembly of the United Nations, September 2014:**
AAI attended the UN General Assembly held in New York September. As part of the ICPD review process, the UN held a special session on the ICPD beyond 2014. This event allowed provided AAI with an opportunity to advocate for sexual reproductive health and rights within the context of the ICPD beyond 2013.

**CSOs and UNFPA Global Strategy Meeting: ICPD Beyond 2014 & the Post 2015 Development Agenda, January 2015.**
AAI by the invitation of the United Nations Population Fund (UNFPA) attended the CSO and UNFPA Global Strategy meeting on the ICPD Beyond 2014 and Post 2015 held in Turkey in January 2015 aimed at strategizing on how CSOs and UNFPA could partner to ensure that the outcomes of the ICPD Beyond 2014 review process were taken forward and integrated into the post 2015 agenda. This meeting provided an opportunity for AAI to further highlight the importance of accountability during the discussions of means of implementation of the post 2015 development agenda.

**African Regional Consultation on the Global Health Strategy, May 2015**
As part of the UN General Secretary review of the Global Health Strategy, AAI took part in the African Regional Consultation on the Global Health Strategy which took place in Johannesburg from 5-6 May. This platform allowed for continued advocacy on sexual reproductive health and rights into the global health strategy. As part of this exercise, AAI took part in the drafting of the adolescent component of the Women, Child and Adolescent recommendations to the Global Health Strategy which is closely linked to the ICPD Beyond 2014 and the Post 2015 development agenda.

The above activities were aimed at increasing transparency on sexual reproductive health and rights of marginalized populations including girls, women, and adolescents in the post 2015 process These events have been conducted at both regional and global level.

Furthermore, AAI has through the above activities was able to create platforms for dialogue to discuss key issues affecting women, girls and adolescents in the area of sexual reproductive health and rights (SRHR) and beyond. The following stakeholders have been involved in dialogue throughout the project period: global and regional policy makers, national governments, regional bodies and civil society.

Lastly, AAI through the above activities was able to identify concrete action plans and/or interventions within the review period of the ICPD Beyond 2014 as it relates to the Post 2015 development agenda.
Youth SRHR Taskforce

AAI over the project period successfully established an African Youth Task Force on the Post 2015 (AYTF) that has effectively worked towards taking the voices of African Youths to relevant spaces in New York, especially the African Permanent Representatives. The project has also managed to research, write and launch a significantly impactful and relevant piece of research the State of African Youth Report “What African Youth Want”. This project further allowed for the development of significant partnerships with New York policy makers as evident from AAI co-hosting a side event with the Permanent Mission of Zambia to the UN during the 48th Commission on Population and Development.

This initiative seeks to promote the implementation (and strengthen accountability) of SRHR commitments for young persons within the overall framework of broader commitments that affect young persons.

Key activities

1. Establishment of the continental steering committee for youth SRHR and DD. Related sub-activities include,
2. Appointment of SHRHR Youth Coordinator,
3. Inaugural (capacity building) meeting for steering committee – the inaugural meeting would hold in Namibia in collaboration with the National Youth Council of Namibia; outputs include the development/finalization of TORs and Action plan,
4. Facilitate the review of the implementation of existing commitments to Youth including those on SRHR (in the MPoA). Outputs of this activity includes an implementation /accountability report, and the publication of the State of Youth Report; - this would build on the Africa Youth Strategy indicators and strategies to harness the demographic dividend,
5. Establish M & E system to facilitate Member State reporting on Youth (SRHR) commitments, including online systems and social media,
6. Development of an implementation strategy for SRHR commitments,
7. Presentation of reports to Ministerial Conferences/Special Technical Committees (STCs).

AAI has through this project been able to establish an African Youth Task Force on the Post 2015 (AYTF) aimed at addressing issues of youth SRHR and demographic dividends. The AYTF comprises of 12 respected, experienced, and dynamic young Africans from 10 African countries.

Through this group, AAI has been able to provide transparency on youth issues through the development of youth related reports addressing key issues for the attainment of the demographic dividend in the context of the post 2015 development agenda.
Furthermore, this project allowed for the AYTF members’ capacity building through two training meetings. This capacity building adequately prepared AYTF members for dialogue during the review of existing commitments to youth including those on SRHR such as the MPoA, ICPD and Sustainable Development Goals.

The following activities have been conducted:

**AYTF Capacity Building Meeting 23 - 25 August. Johannesburg, South Africa**

AAI conducted the first capacity building meeting of the AYTF in Johannesburg, South Africa with the support of Sonke Gender Justice. This meeting allowed for AYTF members to understand key global and African regional SRHR commitments. It further provided an opportunity for identifying key advocacy opportunities for the AYTF in post 2015 development agenda process and regional review of youth related policies.

**African Permanent Missions to the UN Advocacy Trip October 2014:**

AAI though the African Youth Task Force on Post 2015 held an advocacy trip to the African Permanent Missions to the UN based in New York. The aim of this advocacy trip was to ensure that African Youths participate more in global processes with a particular focus on having youth issues in-cooperated into the Post 2015 development agenda. Furthermore, this trip was meant to mend the disconnection between the African continent and the negotiators in NYC. Through this trip, 12 young African leaders were able to meet permanent representatives from nine African Permanent Missions (Benin, Botswana, Burundi, Kenya, Liberia, Mozambique, Nigeria, South Africa and Zambia). Prior to this advocacy visits, AAI held a second capacity building workshop for AYTF members. This workshop was facilitated by AAI, International Women’s Health Coalition (IWHC) and Felix Dodds.

**48th Session on the Commission on Population and Development, April 2014:** AAI attend the 48th Session on the Commission on Population and Development that was held in New York from 13-17 April, 2015. The platform allowed for advocacy on matters related to the ICPD. As part of this event, AAI through the AYTF project on 17th April co-hosted a side event in partnership with the Permanent Mission of Zambia entitled ‘Realising the Future African Youth Want’ that was attended by approximately 70 participants. This side event allowed for the launch of a report entitled ‘Realising the Future We Want: State of African Youth Report" which examines the State of African Youth Issues in the context of the Post 2015 Agenda.

In addition to the above, AAI was able to conduct several desktop advocacy including phone calls and emails with the Major Group on Child and Youth of the Sustainable Development Goals by providing input into the youth advocacy brief for the June 2015 Inter Governmental Negotiations of the Post 2015 development agenda. In addition, AAI has been able to disseminate the information on this project on the AAI website through project updates, meeting reports and circulation of newsletter.

Lastly, this project has allowed for the identification of appropriate actions within the context of the post 2015 development agenda that allow for the implementation (and strengthening accountability) of commitments for young persons.
ARCPD Reflections Report

In late 2014, early 2014, AAI received funds to the value of 10 000 USD to do work to fulfil the long term objective of improving sexual and reproductive health and rights (SRHR) in the 4 Regional Economic Communities (RECS) and thus across Africa. These funds were to support AAI’s work on ICPD, the SDGs and Post 2015 processes.

As a means to achieve this objective the funds granted were used for AAI to host a Reflections workshop at the ICASA Conference in Cape Town, South Africa in December 2013. The grant lasted from 1 November 2013 until end 28 February 2014.

The following serves as the required end of project report.

Transparency
Develop Reflections Report as a means to feedback to CSOs what happened in Addis with the CSO ACP: this forms part of a transparency initiative to our constituency (the CSOs who signed the CSO ACP) and to inform them of the information we have developed in the Reflections report. Read the Reflections Report here.

Research and interviews were conducted with various stakeholders to ensure that content of the Reflections Report included more than just the thoughts of AAI. Staff from the following institutions were interviewed for the Reflections Report:


The Report was then distributed on our social media for comment, and particularly amongst the following groups for feedback:

- CSO participants through CSO list serve (icpdbeyond2014-uneca-cso@googlegroups.com)
- CSO Steering committee members
- Youth Steering committee members
- UNFPA Staff including Regional Director for Southern and Eastern Africa
- 2 South African government delegates from DSD
- 1 Liberian government delegate
- IPPF Staff

The Reflections Report will hopefully still be incorporating input from the UNFPA in NYC post CPD.
Include in Reflections the challenges and barriers faced in ARCPD as a means to create transparency with what went wrong so as to be better positioned to work more strategically moving forward.

The Report captures the barriers and challenges as well as analyses them so as to contribute to there being less chance of such occurrences in the future. What is perhaps most valuable is the discussion that has taken place with the AUC, the UNFPA and IPPF around the Reflections work, and this has allowed for dialogue and sharing which cannot be included in a public report. However, these discussions have allowed for greater awareness that accountability and improved transparency is being demanded by AAI should these barriers exist in future rounds.

Dialogue
Host a workshop and use social media to discuss the findings of the report, as well as use the research process to open dialogue around issues that arose, to learn from the mistakes and otherwise discuss and debate the analysis for strategy development for future rounds of similar advocacy in Africa at ICASA Dec 2013. Approximately 55 participants from relevant stakeholders arrived for the event at the Westin Hotel, opposite the ICASA Conference. See attached programme.

Ensure that key players such as UNFPA, UNECA, AUC and IPPF are invited to participate and provide input into this reflection/feedback process and workshop. UNFPA, AUC and CSOs presented and participated in the discussion. IPPF representative was ill and unable to attend on the night. Discuss and learn about next steps in the regional and global processes to begin strategy development. Done and ongoing as part of AAI’s work on ICPD. AAI has attended a variety of ICPD related meetings since the Reflections workshop and has consulted with stakeholders at non-ICPD meetings too.

Action
In the workshop develop the final analysis of the Reflections report so as to have an agreed upon document with steps going forward on what it is agreed needed to happen so as to ameliorate existing barriers and to prevent same circumstances happening in future events. Done, although we are still awaiting UNFPA and IPPF input, so the draft remains undistributed in a final form. We have been promised feedback post NYC April 2014.

Begin developing an outline on how to positively and more coherently affect the upcoming next steps in the ICPD+20 review, MDG/SDG and Post 2015 processes, including by influencing national governments in the region and within regional position development. Was completed and is in the Reflections Report. An abstract was also sent to IAC 2014 in Melbourne to present Reflections there. We are still waiting a response from IAS.
During the past year AAI has been able to effectively remain as a relevant partner with the African Union Commission (AUC) Department of Social Affairs. This is as a result of AAI’s previous and current work on African Health Policies including the Maputo Plan of Action (MPoA). For this reason, AAI has provided meaningful contribution throughout the review period of the African health policies and played a key role in ensuring accountability and transparency in these spaces.

**Transparency**

Assist and support the AUC with how and who assists them with their reports. Create greater transparency around who gets chosen to do this work, and what agendas they are pushing. As well as this more political issue, AAI assists the AUC in including more data driven analysis in their reports and provides demographic and economic analysis of the relevant data, as well as does data mining for them.

**Dialogue**

AAI attends and supports the AUC in writing reports ad presenting at meetings and thus contributes and sometimes hosts meetings which increase the dialogue around various health issues in Africa. Our liberal human rights based, accountability framework perspective is a powerful tool in the advocacy toolbox for the improved right to access health for the most marginalised, women, girls and LGBTIQ.

**Action**

AAI assists the AUC wherever possible with pragmatic and practical application of work, such as co-writing and researching best practice reports which assist in the better implementation and roll out of effective programmes, and scale up or replication of good practice in other countries. AAI also supports the AUC in moving governments to action by providing technical expertise and analysis wherever requested.

Over the past year, AAI has continued to work closely with the AUC Department of Social Affairs particularly aimed at the revision of the existing African Health policies:

1. The Africa Health Strategy,
2. The Maputo Plan of Action,
3. The Annual MNCH Status Report and

Through this work, AAI has been able to increase transparency on the implementation of health policies given its previous work on the MPoA. This has allowed AAI to effectively contribute to the dialogue on the review process as a representative of civil society. Calling where possible for greater inclusion of the most marginalized, improved accountability, and adding greater transparency to the process by publishing and disseminating info on the process. Regarding record of meetings attended and face to face advocacy, AAI has
within the project year July 2014-June 2015 attended 3 meetings held by the African Union Commission Department of Social Affairs.

The following were the meetings attended by AAI:

1. Partners Planning Meeting with AUC DSA on the review process held in Addis Ababa, Ethiopia October 2014.
2. Inception Report presentation by hired consultants on the review of MPOA held in Addis Ababa, Ethiopia in December 2014.
3. CSO Report Validation meeting held on 16-17 February 2015 and Partners Validation meeting held on 24-25 February in Nairobi, Kenya.

The above meetings in addition to approving strategy for the review of African health policies including the MPoA, facilitated for the hiring and management of consultants. The two validation meetings allowed for the hired consultants to receive input in the review process from all stakeholders involved in the review process of the project. Through these meetings AAI effectively contributed to the review of African health policies including the MPoA. This contribution is a result of evidence gathered and lessons learnt through the implementation of the project: ‘Monitoring the Maputo Plan of Action: An Assessment of Sexual and Reproductive Health and Rights Responses and Reporting in Africa’.

AAI has in this capacity attended several meetings throughout this process that have provided opportunities to share our experience, advocate for improved process and responses and allowed for increased dialogue on accountability. AAI has further conducted desktop advocacy and has the opportunity to speak at conferences including the recent CSO Consultation on Ending Child Marriage held in Johannesburg in June 2015 during the African Heads of State Summit.

In addition to the above, AAI was able to conduct several desktop advocacy including phone calls and emails with the African Union Commission and several civil society partners. In addition, AAI has been able to disseminate the information on this project on the AAI website through project updates, meeting reports and circulation of newsletter.

AAI has used this project to highlight key opportunities for action in the implementation of health policies in Africa with a greater emphasis on periodic, complete and accurate data collection.

Lastly, AAI during the project period was able to develop a report entitled a 'Toolkit to Increase Accountability on the African Health Policies. This toolkit was developed with the view to increase accountability literacy and inform its users about the existing African health policies. This toolkit was launched at the African CSO Consultation on Ending Child Marriage held during the African Heads of State Summit held in Johannesburg in June 2015.

The AUC also endorsed the AAI Realizing the Future We Want: State of African Youth Report. See below.
UNESCO and UNAIDS in collaboration with UN and development partners, RECs and CSOs, religious and youth leaders led an initiative aimed at securing commitment from Education and Health ministers from 20 Eastern and Southern African countries to accelerate access to comprehensive sexuality education and health services for young people in the region. The initiative is a strategic tool that brings together Ministries of Education and Health to strengthen HIV prevention efforts and foster positive health outcomes by advocating for access to quality, comprehensive sexuality education as well as sexual and reproductive health services for young people in the ESA region.

The historic ESA commitment was endorsed at the 2013 ICASA Conference and has time-bound actions and targets that were agreed upon by member states. The ESA Ministerial Commitment is expected to pave the way for actions which scale up delivery of sexuality education and related health services, support joint action around developing programmes, sharing information strengthening linkages and referrals between schools and health services and an overall approach which facilitates access and equity and strengthens national responses to HIV and SRH.


AIDS Accountability International has played a leadership role in determining civil society’s role in holding leader’s accountable to this new commitment, and determining how this should occur. Click here to read about our event at ICASA.

Post ICASA, AAI has participated as a member of the Technical Working Group on the structure and content of the Accountability Framework. Click here to read more about the Accountability Framework.

Click here to see the project website.
Integrating HIV and SRHR in Southern Africa

For more than thirty years the Southern African region has been one of the worst affected regions with regards to HIV and AIDS. Due to the enormous impact of HIV on health and wellbeing of individuals, families and communities and the recognition of the epidemic as a national and global emergency, the response to HIV was initially implemented through vertical programs parallel to other health sector efforts. This has led to the development of a large portion of health activists being trained on HIV and AIDS issues, and as a result there are many HIV civil society staff that bring decades of work experience as well as formal training to the health sector. These HIV experts in civil society have also managed to evolve and adapt over time to the changing needs within the HIV sector as the disease and its management have evolved. In recent years HIV has begun to be mainstreamed into the rest of the healthcare system, and under the umbrella of sexual and reproductive health and rights especially. Within this area of health, the same can be said of many of the sexual and reproductive health and rights activists in civil society: that their area of speciality does not overlap into HIV, and that their core skills and experience lies within the ambit of the area of health in which they specialise, but not beyond it. Integration of HIV and SRHR is thus forcing civil society to work in areas in which they have little or no formal training and experience, and this is potentially problematic.

Thus, this project is based on the findings of AAI that civil society in the Southern African that work on these two health issues, SRHR and HIV and AIDS, require capacity building on each other’s area of work, especially given the context on integration. This capacity building needs to be done within a framework of rights, and address the gaps of both groups, as well as uncover and discuss new emerging issues.
Youth Symposium

Youth Symposium: Adolescents SRHR (ASRHR) and HIV in Africa Symposium, December 2014.

AAI was able to strategically and practically assist and support the Zambia based Youth Symposium, and was able to put accountability on the agenda and build capacity of youth which was a useful and fulfilling opportunity.

AAI managed 300 000 ZAR/ 30 000 USD for the participation of youths in the Youth Symposium. AAI provided financial sub-grants to the symposium, provided strategic advice as part of the planning committee and played a role in the programme.

Prior to the Adolescent SRHR and HIV in Africa Symposium, AAI and three other members of the AYTF were invited to be members of the conference steering committee. The AYTF was in attendance of the planning meeting held in Zambia in July, 2014. During the conference held in December 2014, AAI presented on the attainment of the demographic dividends through the ICPD Review and Post 2015 development agenda. This presentation was made to approximately 120 adolescent and youth participants.
Strengthening Africa’s Country Coordinating Mechanisms

Since the second half of 2014 AAI’s work on CCM’s has changed significantly with a much larger focus on South Africa than any of the other countries. Advocacy with SANAC on the need for a more inclusive and collaborative process in developing the funding proposal has paid off and not only have there been a CSF Priorities Charter, a KP Priorities Charter, and various KP stakeholder consultations but the involvement of civil society all along the way has been significantly greater than before and the process has been much more transparent. AAI staff have also played a key role on the writing team, strategic planning and other issues during the proposal submission process. Indeed, the process is so different from prior rounds, and significantly better than neighbouring countries even that this will probably be demonstrating best practice for the region by the end of the process.

AAI plans to do the following activities in the period July 2014-June 2017 with regard to this project:

**Transparency**
AAI will continue to hold the GFATM accountable for the lack of meaningful participation of women, girls and LGBT in their strategies, CCMs and other mechanisms. We will continue to hold the GFATM to account for their inadequate inclusiveness or lack of transparency on this work by doing advocacy trips to Geneva annually.

**Dialogue**
AAI will continue to create dialogue, and play our role as a leader in this area of work. AAI is currently part of the GFATM Community of Practice and will share our Priorities Charter model with partners in the hope of being able to replicate it globally, and especially in Sub-Saharan Africa. As a contributor to the COP on the GFATM AAI has an opportunity to share our learned experiences and expertise with others and train them on how to implement this model in their countries. AAI will continue to run IEC campaigns on how the GFATM works, especially the New Funding Model and how civil society should be able to access these funds and use them for increasingly for SOGI work.

**Action**
AAI will also continue to do research reports as we find gaps and the need during our work. We plan to conduct research on the composition of CCMs across SSA and to compare the progress achieved on the CCMs AAI has been working with for three years. We hope too to work with partners such as Aidspan and the Alliance on research briefs to ensure that the participation of women, girls and LGBT is more meaningful, tangible, pragmatic and present than ever. Advocacy around these research findings will impact the inclusiveness of vulnerable people in these funding decisions and allocations. These reports will be disseminated as part on an IEC campaign on all of AAI’s platforms.
Over the course on mid-2014 to mid-2015 AAI has significant work on the CCM project, both on the Swaziland KAP pilot project work and on the usual research and advocacy work in the SADC region.

The Swaziland KAP Pilot project work is subsidized by Ford as the stipend amount requested from GFATM covers basic costs only as a means to avoid conflict of interest. AAI has been able to be a fundamental pillar in getting Swaziland the funds to run their KAP Pilot project and will be running the KAP Capacity Building Workshop and KAP Priorities Charter in Swaziland in July 2015.

In addition to this, the larger amount of AAI time has been spent on assisting and supporting the South African process in 2015. AAI played a pivotal role in the following activities: SA Civil Society Priorities Charter, Country Dialogues for MSM, TG, SW and IDUs, as well as Community System Strengthening, and have been members of the SA Writing Team. In our role as support to the process AAI has advocated for greater inclusion and transparency throughout the process, whilst also working and intervening to remove blockages in the process by facilitating dialogue between key stakeholders when the need has arisen.

Global Fund Key Populations Pilot

From 2014-2015, AAI accepted financial resources from the Global Fund to provide technical assistance to the CCM in Swaziland; in the interests of transparency we need to emphasize that we remain committed to maintaining our position as a watchdog of the Global Fund, and ensuring greater accountability to women, girls and key affected populations.

Since 2011, AIDS Accountability International (AAI) has been working to achieve greater accountability from the Global Fund to fight AIDS, Tuberculosis and malaria, especially for women, girls and those marginalized by their sexual orientation and gender identities (SOGI) in Africa. Our project “Strengthening Africa’s Country Coordinating Mechanisms” includes original qualitative and quantitative research on the accountability of CCMs in Southern Africa (see “Who is really affecting the Global Fund decision making process?”). Based on the findings of this research, AAI’s key recommendation for the Global Fund’s New Funding Model (NFM) is a more coordinated civil society response. To support civil society to engage meaningfully AAI hosted five capacity building workshops in Swaziland, Zambia, Malawi, Zimbabwe and Tanzania to support partners in country to produce advocacy roadmaps for the NFM (see “Civil Society Priorities Charters for the Global Fund New Funding Model”). As this project will be completed in August 2014, AAI is committed to our continuing role as Global Fund watchdogs. We would also like to acknowledge the efforts of the Global Fund to be more accountable to marginalized groups, which is why AAI finds it timeous to provide technical assistance on the KP/PLWD engagement pilot.

AAI accepted an invitation to be part of the Global Fund’s two-year pilot project to increase the engagement of civil society, key populations and people living with HIV, TB and malaria in the Global Fund’s New Funding
Model. For this pilot, AAI will be providing guidance and oversight to the CCM in Swaziland, helping to make sure that programming through the pilot is supporting marginalized groups to participate more meaningfully in Global Fund decision making. AAI will also be reporting to the Global Fund Secretariat on Swaziland’s successes and challenges throughout the pilot.

The amount designated for this work is USD 5000/year for two years. AAI has carefully considered this potential conflict of interest and has deemed our ability to ensure accountability to key affected populations in Swaziland as a greater benefit than not participating. The amount of money received will cover AAI’s time and travel costs during the pilot project.

**About the Pilot**

For the purposes of this pilot, resources will be made available to 10 CCMs. The funds will be managed by CCM members representing people living with HIV and/or affected by HIV, tuberculosis and malaria and used to achieve increased and more meaningful involvement of key populations in Global Fund related country processes i.e. country dialogues processes, concept note development and CCM participation.

During the pilot, these CCM members will be supported by a regional civil society partner organization or network of their choice. These organizations will provide ongoing support throughout the pilot and document its effectiveness.

For Swaziland, AAI is the regional partner to:

- Provide on-going support and documentation to the implementation of the pilot in Swaziland, by advising the CCM members on their key population engagement plans and monitoring that resources are used to appropriately;
- Identify areas that require immediate attention and liaise with the Country Team and other relevant teams at the Global Fund Secretariat in order to identify appropriate actions, including leveraging of technical assistance;
- Provide interim reports to the Global Fund Secretariat (maximum one page), documenting progress and challenges toward to objective of the pilot.

To read the full Concept Note, [CLICK HERE.](#)
SA Joint Parliamentary Committee on HIV and AIDS Initiative

Since July 2014, AIDS Accountability International (AAI) has been actively part of a civil society initiative lobbying for the formal re-constitution of the Joint Committee on HIV and AIDS under the new fifth Parliament of South Africa.

The participating organisations include the following among others:

- Desmond Tutu HIV Foundation
- National Association of People Living with HIV and AIDS (NAPWA)
- Network of People Living with HIV and AIDS in Southern Africa. (NAP-SAT+)
- Section 27
- Sonke Gender Justice
- South African National AIDS Council (Civil Society Forum)
- Treatment Action Campaign
- Wellness Foundation
- World AIDS Campaign International

Specifically, civil society in South Africa has been disappointed that so far under the new fifth Parliament, no efforts have been made by the relevant authorities to formally constitute the Joint Committee that was surprisingly omitted when the other Committees were set up at the end of June 2014. This was in the aftermath of the historic legislative elections that were held on 7th May 2014 as the country celebrated its 20th anniversary as a multi-racial democracy.

Civil society organisations collectively, have fully acknowledged the previous efforts to prioritise HIV as represented by the setting up of the Joint Committee on HIV and AIDS during the 4th Parliament. The original Committee was set up belatedly during 2012. This was after the successful lobbying efforts by the civil society for the ratification of the recommendations of the Inter Parliamentary Union (IPU) and Southern African Development Community Parliamentary Forum (SADC-PF) for the establishment of the Joint Committee on HIV and AIDS.

Its establishment was also supported the intense process of advocacy by international partners such as Department for International Development (DFID), Joint United Nations Programme on HIV/AIDS (UNAIDS) and civil society including the National Democratic Institute which had produced a research product on the role of Parliaments in HIV and AIDS.

The Committee has a very strategic role in terms of the monitoring and oversight for the South Africa National AIDS Council (SANAC) and any other HIV and AIDS related issues of national interest. It has previously done collaborative work with the Department of Health and also Correctional Services, SANAC,
WACI and SWEAT, among others. It has also attempted unsuccessfully to host an all-stakeholder consultation workshops. The workshop idea could still be revisited going forward.

As such civil society recently re-affirmed its full support for the continued separate existence for the Committee. (HIV and AIDS is not just a matter for health but it is much broader. It is a national developmental issue).

Civil society has further expressed serious concerns that it was not consulted by Parliament with regards to the status and future of the Committee, at the commencement of the fifth Parliament. As such it is the civil society’s considered view that the Presiding Officers of Parliament should make a public statement on the status of the Joint Committee on HIV and AIDS including answering the following pertinent questions:
1. Is there a plan to disband the Joint Committee?
2. If not, by when will the members be selected to serve on it?
3. When will its budget be allocated?

In the meantime, civil society is lobbying to have a meeting and clarify issues with both the presiding officers for Parliament (The Speaker of the National Assembly and the Chairperson of the National Council for the Provinces).

Civil society is also seeking to consult with others relevant public officials such as the former co-Chairs of the Committee; the heads of the parliamentary caucuses for the different political parties in Parliament, the former Deputy President during the fourth Parliament and also the new Deputy President of South Africa. In November 2014, the coalition sent a letter to the National Chairperson of SANAC, Cyril Ramaphosa.

An excerpt reads:
"As civil society, we have noted with great concern that most committees have been announced and some have begun their business but the Joint Committee on HIV and AIDS has not been instituted... since South African civil society deems this issue as a matter of critical national importance, we have now resolved as a collective to approach you as National Chairperson of the South African National AIDS Council (SANAC) to help us clarify in no uncertain terms the status of the Joint Committee. SA civil society, by way of this letter, requests from you, as National Chairperson of SANAC an urgent and clear response that explains the official status of the Joint Committee. It remains vital to remember that the proportion of South Africans infected with HIV has increased from 10.6% in 2008 to 12.2% in 2012, according to the Human Sciences Research Council's (HSRC) National HIV Prevalence, Incidence and Behaviour Survey. The total number of infected South Africans now stands at 6.4-million; 1.2-million more than in 2008. Women aged between 30 and 34 and males aged 35 to 39 have the highest infection rates: 36% of females and 28.8% of males in these respective age groups contracted HIV."

Letter to the SANAC Chairperson Final
SA HIV Prevention Research Advocacy Expert Group

The SA HIV Prevention Research Advocacy Expert Group has been established to provide senior level advocates and programme leaders a platform to:

- enhance their individual capacity relating to all aspects of HIV Prevention Research
- build the capacity of key individuals in their organization and circles of influence including policy makers, donors and strategic partners on issues of HIV Prevention Research
- accelerate the pace and level of public discourse around HIV Prevention Research Advocacy as it pertains to existing as well as potential technologies in their conceptualization, development, trial, piloting, procurement, distribution & marketing stages
- serve as a point of entry and access to the HIV Prevention Research Science communities for advocates
- provide leadership during the first year of Project ARM activities in Africa.

Expert Group Meetings

This activity seeks to provide a space for the expert group to meet once quarterly for updates, monitor progress of deliverables, joint group activities as well as an opportunity to plan for any upcoming activities. From time to time the group will elect to invite selected individuals to join this meeting if it is felt that such an inclusion will advance the agenda of the group.

Advocacy Statements

Each quarter the group issues advocacy statement’s that seeks to raise the public awareness and understanding of a key HIV Prevention Research advocacy issue. These statements reflect the diverse specialty areas of the group and so far are intended to focus on the following areas:

- Access to Post Exposure Prophylaxis by survivors of sexual violence – lessons for HIV Prevention Research
- Understanding the Community Advisory Board – Functionality, Focus and Accountability
- Communicating and messaging about pre qualified MMC devices to communities
- The Blind Spot – the realities of black lesbians accessing the public health system in townships
- HIV Testing in PopART Communities & Human Rights – What are you consenting to?
- Universal Access to Viral Load Testing – A logical evolution in HIV Prevention
- Keep the faith – engaging African faith based sector on microbicide research

Members

Dr Ntlotleng Mabena joined the Reproductive Health and HIV Research Unit as a junior doctor and came out a certified HIV clinician with a passion for public health. As the operations manager at the Centre for HIV/Aids Prevention Studies, Mabena helps government to set up male circumcision clinics. “Medical male circumcision is a proven, effective HIV prevention strategy which in effect decreases the chances of a man
acquiring HIV from an HIV positive woman by about 60%.” But her end goal is still women’s health, for which she hopes to become an innovator, clinician and rights activist.

Sisonke Msimang joins the Expert Group as a trustee of the Grace Machel Trust, is a writer and activist who works on race, gender, democracy and politics. She has global, regional and national experience, having worked for the United Nations as well as within the civil society sector and in private philanthropy. Until November 2012, she led George Soros’ philanthropic efforts based in Johannesburg as the Executive Director of the Open Society Initiative for Southern Africa (OSISA) and is the author of a weekly column at the Daily Maverick, a leading South African online news daily.

Ntando Yola has worked in HIV prevention research at the Desmond Tutu HIV Foundation (DTHF) in Cape Town for the last 8 years. In his role as a Community Engagement Coordinator, has worked closely with various, national and international HIV prevention research networks. His work has involved, developing and implementing community education programmes and involvement of communities in HIV prevention trials. He is also a 2013 AVAC HIV Prevention Research Fellow, hosted by NACOSA.

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 Executive Director of AIDS Accountability International (AAI). Under Phillipa’s leadership the organization has seen the work focus on increasingly 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.

Dr Johanna Kehler is the National Executive Director of the AIDS Legal Network (ALN), South Africa. Johanna is a social scientist, researcher and rights advocate and has worked on issues of human rights, gender and HIV for over 20 years. Johanna received her Ph.D. in Cultural Anthropology at Humboldt University, Germany, in 1992, based on research she conducted in rural areas of South Africa. Over the years, Johanna has served in various national structures, including the Human and Legal Rights Technical Task Team of the South African National AIDS Council (SANAC), and is currently the Chairperson of the Technical Expert Group of the SANAC Women’s Sector.

Tian Johnson - Sexual and Reproductive Health & Rights (SRHR) Portfolio Manager Tian is a human rights advocate whose career has spanned the development sector in South Africa, with a particular focus within the women's rights and SRHR sectors. After consulting widely in the HIV Prevention and Sexual Violence sector – including work with Sonke that analysed the gendered implications of Tenofovir® vaginal microbicide introduction in South Africa - he was appointed as Advocacy Advisor (S.A.) to the NASDAQ listed Female Health Company and went on to establish country wide FC2 Female Condom® distribution and training sites.
Spotlight in Vasectomy Access and Uptake in South Africa

Setting the National Agenda & Sharing Contraceptive Responsibilities Spotlight on Vasectomy Access and Uptake in South Africa

AIDS Accountability International & Sonke Gender Justice held two national think tank meetings on vasectomy access and uptake in South Africa being in Cape Town and Johannesburg during May 2014.

Vasectomy is widely accepted as a safe and effective method of birth control, with an estimated 31 million couples worldwide currently relying on vasectomy for contraception. Uptake in sub-Saharan Africa is less than 0.1%, whereas other parts of the world have rates as high as 20%. Government and civil society should be doing more to increase awareness and access to the procedure, whilst also ensuring that quality informed consent and quality services are not adversely affected. Yet a myriad of issues surround vasectomies, not least of which is that low access rates result in the bulk of the contraceptive burden being placed on women. Also of interest is access for women, adolescents, and people with diverse sexual orientations and gender identities in the broader context of sexual and reproductive health and rights. Recent government and civil society vasectomy campaigns in Rwanda and Kenya provide case study examples of the potential for vasectomy to be part of the selection of choices offered to men, women and couples as part of their sexual and reproductive health and rights in Africa.

The Vasectomy Report can be found on our [website](#).

Other Publications


**Working Paper No 006**: Accountability Theory: How can it improve the response to health needs in Africa? by Phillipa Tucker
AAI’s Partners

AAI has worked with a number of partners, either as implementing partners on the same project or as partners for our research work and advocacy and capacity building activities since our inception.

The following is not an exhaustive list and represents some of our implementing partners:
- African Union Commission (AUC)
- African Population Commission (APC)
- UNESCO
- UNAIDS
- UNFPA
- UN Women
- The International HIV/AIDS Alliance
- Sonke Gender Justice Network
- Southern Africa AIDS Trust (SAT)
- African Men for Sexual Health and Rights (AMSHeR)
- High Level Task Force on ICPD
- African Youth and Adolescents Network (AfriYAN)
- Coalition of African Lesbians (CAL)

The following is not an exhaustive list but represents some of our research, advocacy and capacity building partners:
- African Union Youth Division
- African Centre for Shared Development Capacity Building
- Agency for Cooperation and Research in Development (ACORD)
- African Young and Adolescents Network
- African Population and Health Research Center (APHRC)
- The African Women’s Development Fund (AWDF)
- Coalition for African Lesbians (CAL)
- International Labour Organisation
- South African Business Coalition on HIV and AIDS
- South African Clothing and Textile Worker’s Union
- Civic Commission for Africa
- The African Women’s Development and Communication Network (FEMNET)
- International Refugee Rights
- International Planned Parenthood Federation Africa Region (IPPFAR)
- Reproductive Health Advocacy Network Africa (RHANA)
- Women in Law and Development in Africa (WILDAF WEST AFRICA)
- Youth Action Movement
- Youth Vision
- United Nations Population Fund
- Connect Africa Development
- Global Youth Coalition on Aids (GYCA)
- International Planned Parenthood Federation Africa Region (IPPFAR)
- Paramount Young Women’s Initiative (PAYOWI)
- PEPETA
- Pan African Youth Union
- Youth Action Movement (YAM)
- African Young Positives (AY+)
- African Youth and Disability Network (AYWDN)
- Curious Minds
- Partners in Sexual Health (PSH)
- SAfAIDS
- YECE
- Malawi
- Ibis Reproductive Health
- South African Business Coalition on HIV and AIDS (SABCOHA)
- Anglo American
- Ford
- Heineken
- Levi Strauss & Co.

In addition, many national community-based organisations have benefited from our workshops and trainings for example from one workshop in Malawi:

- ActionAid
- AoG Relief and Development Services
- Baylor College of Medicine
- Centre for the Development of People (CEDEP)
- Clinton Health Access Initiative (CHAI)
- Coalition for Prevention of Unsafe Abortion
- Family Planning Association of Malawi (FPAM)
- FOCUS
- Health Care Workers Living Positively (HECAWLP)
- Jhpiego
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- Journalists Association Against AIDS (JournAIDS)
- Key Correspondent for Aidspan and International HIV/AIDS Alliance
- Ladder for Rural Development
- Malawi AIDS Counselling and Resource Organisation (MACRO)
- Malawi Global Fund Coordinating Committee (MGFCC)
- Malawi Network of AIDS Service Organizations (MANASO)
- The Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+)
- The Malawi Network of People Living with HIV and AIDS (MANET+)
- Mlazi Community Initiative for Development
- Mothers2Mothers
- Médecins Sans Frontières/Doctors Without
Borders (MSF), Network of Journalists Living with HIV (JONEHA), Nkhotakota AIDS Service Organisation in Nkhotakota (NASO), Oxfam, Pact, Paradiso TB Patients Trust, Passion For Women and Children, Scout Association of Malawi (SAM), Story Workshop Educational Trust, Society for Women and AIDS in Malawi (SWAM), University of Malawi, College of Medicine, The Centre for Youth Empowerment and Civic Education (YECE), YouthNet and Counselling (YONECO).

AAI prides itself on remaining in touch with communities and with the civil society organisations working with communities, as we do our work on a continental and international platform. We are however not a grassroots organisation and should never be misconstrued as such. We also take care to ensure the participation of local nationalities, rural people, women, girls and lesbian, gay, bisexual and transgender people (LGBT) in all our workshops, meetings and research and outputs from meetings.

AAI has had a small basket of funding partners during our existence including the European Commission Intergration Fund, Ford Foundation South Africa, Funder’s Network and received private sector support from Heineken and Diversitas. The organisation has been supported by the government of Sweden, Denmark and Norway.
AAI Governance and Staff

AIDS Accountability International is governed by a board of trustees. To maintain the independence, impartiality and reliability of the foundation, AAI has adopted transparent and publicly available codes and policies. The board has four members at present.

Maria Penderud, Financial Director at AIDS Accountability International
Carl-Olof Bouveng, Partner at Law firm Lindahl KB, Sweden
Rodrigo Garay, Founder & Chairperson of the Board at AIDS Accountability International
Phillipa Tucker, Executive Director at AIDS Accountability International

Founder and Board Chair
Rodrigo Garay

Mr. Rodrigo Garay is the founder and Board Chair 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). Rodrigo was formerly the Chief executive of the International AIDS Society.

Financial Director
Maria Penderud

Maria Penderud was born in Sweden in 1972 and she still lives and works there. After school, she studied economics at Folkuniversitetet in Stockholm. Since 1997, Maria has worked as a financial manager at several workplaces, including those focussed on health, family and human resources such as Manpower AB, Friskis & Svettis Nacka Värmdö, Brolin Ombildning & Förvaltning AB and Plusfamiljen AB. Maria then opened her own accounting firm in 2009. Maria has been with AAI from our beginning, and was promoted to Financial Director in 2012.
Legal Director
Carl-Olof Bouveng
Carl-Olof has key expertise in corporate law, mergers & acquisitions and insurance. Carl-Olof represents publicly and privately held companies as well as private equity sponsors in a broad range of corporate transactions, including mergers and acquisitions, reorganizations and tender offers. He also advises on capital market, corporate governance and general corporate matters, as well as regulatory issues in the insurance industry. Carl-Olof also represents a number of international NGOs. Carl-Olof is a recent Chair of the International Section of the New York State Bar Association, and also admitted to practice in New York. Carl-Olof Bouveng has extensive experience in all aspects of corporate/M&A and is a member of the New York State Bar.

Executive Director
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 Executive Director of AIDS Accountability International (AAI). Under Phillipa’s leadership the organization has seen the work focus on increasingly on Africa whilst still keeping linkages to global 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.

Daniel Molokele
Deputy Executive Director
Daniel was one of the student leaders who led the University of Zimbabwe Student Union from 1995 to 1999, whilst completing his Bachelor of Laws honours degree. He also completed a Masters in Human Rights Litigation from the University of South Africa, and has continued to be an outspoken pro-democracy activist from his new home town in Johannesburg. Daniel is the voluntary International Coordinator for the Global Zimbabwe Forum (GZF), which a network of for all organisations representing Zimbabweans living outside the country. Just prior to AAI, Daniel served as the Civil Society Partnerships Coordinator for the Southern Africa Regional Programme of Access to Medicines and Diagnostics (SARPAM).
Senior Advisor
Henry E. Chang

Henry has more than 26 years of knowledge and experience of working on humanitarian and international development programs in the United States, Africa, Asia Pacific, Eastern Europe, Latin America and the Caribbean. Henry served as Executive Director of Doctors of the World USA (MdM USA), was the President and Founder of the ACTeVIS Consulting Group, and served as Vice President of Impact Initiatives at the Global Business Coalition on HIV/AIDS, tuberculosis, and malaria. Henry has both technical and political expertise which he brings as a Senior Advisor to AAI. He received a B.A. (Phi Beta Kappa) in Molecular Biology from the University of California, Los Angeles.

Senior Researcher
Gemma Oberth

Gemma Oberth is a Senior Researcher at AAI and Project Manager for Strengthening Africa’s Country Coordinating Mechanisms. In 2013, she was awarded a PhD in Political Studies from the University of Cape Town. Her thesis 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 f major international donors. She also co-authored a book chapter with AAI Executive Director, Phillipa Tucker, entitled “Count Us In: The Need for More Comprehensive Global Data on HIV/AIDS Prevention, Testing and Knowledge.” among LGBT Populations”, which is published in Ray Smith’s Global HIV/AIDS Politics, Policy, and Activism.

Researcher
Bob Mwiinga Munyati

Bob Mwiinga Munyati is a Researcher at AAI and project manages the Global and Regional Commitments section of AAI’s work. Bob is completing a 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 and attending major conferences such as the Bali Global Youth Forum, the African Regional Conference on Population and Development (ARCPD), and the African Regional Consultative Meeting on Sustainable Development Goals (SDGs). In addition, Bob has also attended numerous workshops on the MPOA in the SADC region.
 Governance

For our Annual Reports and Financial Accounts please click here

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

 Contact details

<table>
<thead>
<tr>
<th>AIDS Accountability International</th>
<th>Sweden Secretariat</th>
<th>South Africa Rating Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail: <a href="mailto:info@aidsaccountability.org">info@aidsaccountability.org</a></td>
<td>Eriksbergsgatan 46 SE- 114 30 Stockholm Sweden Phone:+46 8 700 46 14 Fax: +46 8 700 46 50</td>
<td>54 Shortmarket Street, Cape Town, 8000 Phone: +27 (0) 21 424 2057</td>
</tr>
</tbody>
</table>