Report

Beyond rhetoric: Strengthening linkages to address stigma and discrimination in Southern and East Africa

Pre-conference ahead of the 18th International Conference on AIDS and STIs in Africa (ICASA)

29 November, 2015

Bronte Hotel, Harare, Zimbabwe

Contents

Background

The AIDS and Rights Alliance for Southern Africa (ARASA) is a partnership of 89 non-governmental organisations, working in 18 countries in southern and east Africa to promote a rights-based response to HIV and TB, through capacity strengthening and advocacy.

Recognising that stigma and discrimination remain a major barrier to an effective response to HIV and TB in southern and east Africa, the ARASA partners identified the reduction of stigma and discrimination as a priority for action during the ARASA Annual Partnership Forum (APF) in April 2015. They recommended that ARASA support its partners to strengthen capacity to advocate for a reduction in stigma and discrimination in their context.

On 29 November, ARASA, SAfAIDS, Zimbabwe Network of People Living with HIV (ZNNP+), Gays and Lesbians of Zimbabwe (GALZ), Sexual Rights Centre (SRC) and Zimbabwe Lawyers for Human Rights (ZLHR) hosted the "Beyond rhetoric: Strengthening linkages to address stigma and discrimination" Pre-conference at the Bronte Hotel in Harare, Zimbabwe ahead of the International Conference on AIDS and STIs in Africa (ICASA).

The pre-conference convened 71 participants from Africa and beyond to explore how to scale up successful evidence-informed interventions to address stigma and discrimination in the HIV response in sub-Saharan Africa.

Objectives of the pre-conference

1. To facilitate cross-sectoral consensus on the status and underlying causes of HIV-related stigma and discrimination in the region;
2. To facilitate the sharing of experiences and good practices in addressing HIV-related stigma and discrimination at various levels (including the community level as well as legal and policy environment); and
3. To develop a position statement with recommendations for investment in effective approaches to address HIV-related stigma and discrimination in Africa

Outcomes

1. This report documents the current state of stigma and discrimination in the region along with good practise examples of interventions that are effective at reducing stigma and discrimination;
2. Advocacy priorities and strategies were agreed for implementation by regional, national and community-based organisations in 2016 and beyond; and
3. A statement (see Annexure A) captured the consensus on the status of stigma and discrimination in sub-Saharan Africa and puts forward recommendations on effective interventions in regards to:
    - Documenting evidence of stigma and discrimination for advocacy;
    - Anti-stigma interventions at community level;
    - Addressing stigma and discrimination in service delivery;
    - Laws, policies and access to justice; and
    - Anti-stigma campaigns and working with the media to address stigma

The recommendations will form the basis of regional advocacy targeted at decision makers as well as other potential influencers in 2016 and beyond.

Welcome and opening remarks

Muchanyara Mukamuri, the Executive Director of Zimbabwe National Network of People Living with HIV (ZNNP+) and Lois Chingandu, the Executive Director of SAfAIDS welcomed participants to the pre-conference.

"We have truly made a lot of strides [in the HIV and AIDS response]. When governments pledged to halt the spread of HIV in the Millennium Development Goals, we didn't think that we would be here in the year 2015, but here we are!" said Lois Chingandu.

"We should scale up effort to reduce stigma with a focus on addressing the effects of cumulative stigma, which occurs when already marginalised people are further victimised as seen in cases where someone is poor, a lesbian woman and living with HIV. We need innovative mechanisms to address these various layers of stigma as well as retrogressive cultures in our communities," she added.

In her opening remarks, Michaela Clayton, Director of ARASA stressed that the AIDS response in Southern and East Africa will not be effective unless stigma and discrimination are addressed at their

source and in the many ways they manifests themselves. She added that a response with a heavy focus on biomedical interventions and limited efforts to create an enabling environment will be counterproductive as "we cannot treat our way out of this epidemic."

A short video by the Open Society Foundation, titled "They took my choice away" on the sterilisation of women living with HIV in Namibia illustrated the harmful impact of stigma and discrimination on people's rights and dignity.

Beyond rhetoric: A panel discussion

A panel discussion, moderated by Jonathan Gunthorp from the Southern Africa AIDS Trust (SAT), set the context for the discussions of the day. Commencing with responses to the question: "Are we losing the war and winning the battle?" the discussion centred on the diverse experiences of the panellists in regards to reducing stigma and discrimination as well as their perspectives on what is needed to scale up evidence-based interventions that are proven to work.

The panel consisted of Eunice Sinyemu from the Zambian Network of People living with HIV an affiliate of the Global Network of People living with HIV and AIDS (GNP+) who emphasised the role of people living with HIV (PLHIV) in leading interventions to reduce stigma and the importance of documenting evidence of discrimination for advocacy based on her experience of working on the Stigma Index project in Scotland and Zambia.

Chesterfield Samba from Gays and Lesbians of Zimbabwe (GALZ), shared the experience of organisations of lesbian, gay, bisexual, transgender and intersex (LGBTI) people in addressing stigma against LGBTI people and reflected on opportunities created by the repressive political environment s:

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"Harassment from the state is the biggest challenge [fuelling stigma against LGBTI people]. However, having a political leader who is outspoken on these issues has its benefits. It has allowed us to engage [the public] on these issues and has created space for us to talk about the issue. The rhetoric has allowed LGBTI populations to come out and to speak on their own issues. There is also continued willingness from other colleagues [from 'mainstream NGOs' to work on key populations issues although the fear of being deregistered as an NGO hampers the engagement of many others. This is a form of stigma that is imposed by government "

MacDonald Sembereka from the Malawi Network of Religious Leaders living with and Personally Affected by HIV and AIDS (MANARELA+) and the Global Interfaith Network on Sex, Sexual Orientation, Gender Identity and Expression (GINSOGIE) spoke about the role of the faith community and religious leaders in reducing stigma and addressing the barrier presented to accessing health services. Regarding claims that faith and church based structures promote

discrimination, MacDonald explained that:

"To leave the faith community out of interventions to reduce stigma would be a disaster. A recent publication by the scientific journal, the Lancet, mentioned that 80% of the population is linked to faith. When engaging religious leaders, we need to be careful because they lack public health knowledge. The curriculum used to train theologians also does not includes this knowledge. A lack of knowledge on these issues amongst religious leaders is what is exacerbating stigma and discrimination. Working with faith-based structures is key to address and over come discrimination."

Annabel Raw from the Southern Africa Litigation Centre (SALC) reflected on the role of the courts in addressing stigma and discrimination and how laws can increase or reduce stigma and discrimination.

"Unfortunately, the courts are bad at recognising 'discrimination'. The Namibian forced sterilisation case [where the court found that the women were sterilised without their informed consent, but did not find that this was because they were living with HIV] is a case in point. During the appeal, the Supreme Court also made a point of not mentioning the fact that there was discrimination. Another example is the BONELA 2015 case. There, we found three layers of discrimination: 1) prisoners, 2) who were foreigners living with HIV, 3) plus denial of ARVs. The rhetoric around the case was very negative around the case and the theatre of the courts provided an interesting lens from which to look at these layers. The courts were not able to recognise these three levels of discrimination while the government endorsed discrimination publicly.

Kurai Makumbe from the Zimbabwe Human Rights Commission spoke about the role of national human rights institutions in addressing stigma and discrimination Responding the question of how Human Rights Institutions protect human rights when they are established by government, Kurai explained that:

"The independence of these institutions can promote human rights as they offer alternatives to the court system. Individuals and civil society organisations can lay complaints on human rights violations. Human Rights institutions are mandated by many covenants signed by governments, including the Universal Declaration of Human Rights to protect the human rights of all citizens."

Patrick Eba from the UNAIDS Head Office in Geneva, Switzerland, elaborated on what is needed to address stigma and discrimination in sub-Saharan Africa given the UNAIDS 90-90-90 and Fast-Track targets in the post 2015 era. Asked why UNAIDS Head Office in Geneva is important to communities in addressing stigma and discrimination, Patrick responded that:

"The modus operandi of UNAIDS is to mobilise government to do the right thing. Now UNAIDS is going back to basics and this is articulated in the UNAIDS Strategy for 2016 – 2020. We engage governments to ensure that the strategies are translated into action."

Breakaway groups: From rhetoric to results

The participants divided into groups to share experiences and good practices in addressing stigma and discrimination through interventions implemented at various levels according to five themes:

1. Documenting evidence of stigma and discrimination for advocacy;
2. Anti-stigma interventions at community level;
3. Addressing stigma and discrimination in service delivery;
4. Laws, policies and access to justice; and
5. Anti-stigma campaigns and working with the media to address stigma

Each break-away session was framed by two speakers who introduced the topic, shared good practices in regards to the theme and reflected on what is needed to scale up evidence informed interventions to reduce stigma. A moderated discussion resulted in the identification of key elements, which contribute to the success of these interventions as well as

recommendations for NGOs, governments, the media, donors and other stakeholders in the HIV and AIDS response.

The conclusions of the discussions are captured below and recommendations are captured in the consensus statement in Annexure A.

I. Documenting evidence of stigma and discrimination for advocacy

The Malawi Network of People Living with HIV/AIDS (MANET+) shared their experience as well that of the Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) and the National Association of People Living with HIV and AIDS (NAPWA) in South Africa in using the Stigma Index to generate evidence for advocacy related to addressing stigma and discrimination.

The Namibia Women's Health Network (NWHN) presented on their experience documenting the sterilisation of women living with HIV without their consent in public hospitals and empowering the members of their support groups to take the cases to court.

Following the presentations, the participants of the break-away group agreed that the following elements were critical for documenting evidence of stigma and discrimination for advocacy:

- Strengthen access to information on human rights and where to seek redress for PLHIV and key populations at higher risk of HIV;
- Identify where stigma and discrimination is most frequently encountered by PLHIV and key populations at higher risk of HIV (i.e. key points / areas of stigma) and establish a taskforce to address stigma in those areas; and
- Utilise modern media (e.g. social networking platforms such as Facebook and Twitter) to document and facilitate the sharing of experiences and testimonies between victims of stigma and discrimination

II. Anti-stigma interventions at community level

The African Young Positives Network reflected on good practice examples of young people living with HIV addressing stigma, through cost effective and youth-led community based interventions, which were.

The Southern Africa ATDS Trust (SAT), Malawi shared their experiences using a Gender Transformative Tool to addresses stigma and discrimination at community level.

The participants of this group agreed that key elements of success in addressing stigma and discrimination at the community level include:

- Greater / meaningful involvement of people living with HIV;
- Developing affordable interventions for implementation at the community level;
- Using gender transformative approaches, which enable the development of community-orientated strategies to empower communities in identifying underlying causes and solutions to stigma and discrimination;
- Engaging community champions and public personalities, including those living with HIV speaking out publicly about living positively (e.g. recent disclosure of HIV status by actor Charlie Sheen);
- Identifying HIV positive mentors who adhere to treatment as well as empowering models for continuum of care;
- Decentralise and provide sexual and reproductive health services for adolescents at schools to reduce stigma and discrimination against adolescents and young people living with HIV at healthcare facilities;
- Engaging the media;

- Empower young people on how to deal with stigma and be productive community members; and
- Establish a platform for community members to address stigma and discrimination in their communities

It was also agreed that investment in interventions, which address stigma should be increased.

III. Addressing stigma and discrimination in service delivery

KELIN shared their experience of strategic litigation to protect the human rights of women living with HIV, who were sterilised without their informed consent.

Collectif Urgence Toxida (CUT) from Mauritius spoke about their efforts to address stigma and discrimination against people who use drugs in an effort to improve access to harm reduction services.

The following were identified by the participants of this group as key elements of successful interventions to address stigma and discrimination in service delivery:

- Promotion of an informed consent model, where patients can give full, free and informed consent and know what they are getting themselves into, before any procedure or test is performed;
- Promotion of respect for dignity and rights within public health in order to ensure that healthcare providers respect the choices of the patients;
- Social inclusion of people living with and at higher risk of HIV at the community level;
- Psychosocial support for people living with and at higher risk of HIV to reduce self-stigma; and
- Meaningful participation of people living with HIV and key affected populations in the design, provision and evaluation of services in an effort to amplify the voices and influence of those most affected – "nothing for us without us"

Interventions to address stigma and discrimination in service delivery should include the following:

- Campaigns and information, education and communication (IEC) materials, on how HIV is transmitted, in order to address fears related to HIV infection, in local languages and in clearly visible public spaces including health facilities;
- Establishment of effective referral systems to community-based and other platforms and providers (including legal aid) to ensure redress when rights are violated;
- Training and capacity strengthening for civil society organisations (CSOs), healthcare service providers and community members on human rights and HIV;
- Inclusion of content related to HIV, human rights and sexuality in the curricula of training and educational facilities for healthcare providers;
- Working with the media (in different formats) and engaging religious and traditional leaders to address stigma and discrimination at the community level;
- Effective and strategic collaboration between CSOs and other stakeholders;
- Tailoring of programmes to the needs of young people and other key populations at higher risk of HIV - avoid the "one size fits all" programme planning and implementation approach;
- Strengthening evidence gathering in regards to violation of rights in order to support advocacy related to stigma and discrimination

IV. Laws, policies and access to justice

Zimbabwe Lawyers for Human Rights (ZLHR) screened two videos on their work to protect PLHIV and key populations against discrimination. The first video looked at the criminalisation of HIV and was based a case involving a woman accused of infecting her husband, which illustrates why women are more vulnerable to prosecution under HIV-specific laws that criminalise transmission and/or exposure. The second video, called "Beyond the Shadows" looked at the criminalisation of sex workers in Zimbabwe.

The Sexual Rights Centre (SRC) of Zimbabwe shared the lessons learned during the implementation of their human rights defender programme in which sex worker peers, trained as paralegals, mobilise sex workers around sexual rights issues, provide paralegal services with the support of a legal practitioner and facilitate training on sexual rights.

The participants of this group agreed on the following in regards to the role of laws, policies and access justice in reducing stigma and discrimination:

- People living with HIV and key populations should be empowered and educated on their rights, even if they are living in countries with punitive laws as they often do not know when law enforcement officials and others are acting outside the remit of the law;
- More test litigation is needed in the region to strengthen a body of sound jurisprudence around SRHR, HIV, TB and human rights;
- Interventions, such as those implemented by SRC (see above), which increase access to justice for key populations, helps document human rights violations and provides a platform for collective advocacy should be increased and funded;
- Efforts and campaigns to increase rights awareness should be increased;
- Given the safety and security concerns faced by human rights defenders in the region, CSOs should increase the use platforms such as Martus (see https://www.martus.org), which is a free, open source, secure information collection and management tool that empowers human rights activists and their organisations to record human rights violations on a network of secure servers around the world to be used in advocacy and strategic litigation;
- Interventions aimed at increasing literacy in regards to rights and HIV should be implemented for staff of various Ministries and service providers including health care workers, police, etc.
- Punitive laws targeted at key populations and PLHIV, should be reformed and harmonised to align with public health goals;
- There is a need for an improved interpretation of the law as most members of the public and service providers (including police, healthcare workers, etc.) do not understand what these laws actually say, thus blurring the line between what the law says and how they perceive and interpret this;
- Human rights violations should be documented consistently and should be addressed as they occur; and
- The scope of the Stigma Index should be broadened to reflect the right questions in order to solicit accurate information that adequately reflects the existence of stigma at the community level

V. Anti-stigma campaigns and working with the media to address stigma

GALZ presented lessons learned from their work with the media in an effort to reduce stigma against LGBTI people and address the negative image of the organisation in their country.

Soul City's experience in implementing interventions using various multi-media

platforms to reduce HIV-related stigma was also briefly outlined.

Participants of this group agreed that in general there seems to be a decrease in stigma against people living with HIV and in some contexts against key populations in the media due to the work done by human rights organisations and networks and organisations of key populations and PLHIV to position themselves as key informants and sources of accurate information on issues affecting them. The contributing factors to this achievement include the following:

- Building personal relationships and trust with members of the media (including sending small presents and congratulatory notes on birthdays, promotions, etc.);
- Involving people living with HIV and key populations in the design and broadcast of health and HIV-related content and programmes;
- Controlling HIV-related messages in the media by developing programmes and content as done by Soul City and SAfAIDS in their television programmes. This can also include writing media briefs and summaries that can be used as is in publications as well as providing as much background information on the issue as possible;
- Providing training and capacity strengthening opportunities to media professionals;
- Facilitating opportunities for the voices and perspectives of the affected communities on the multiple layers of stigma to be heard first-hand; and
- Humanising HIV for media professionals by engaging them on how HIV affects them on a personal level.

The participants agreed that engaging the media was crucial to reducing stigma and discrimination as the media has a wide reach and can initiate and facilitate dialogue on key human rights issues. They also have the power to perpetuate stigma as they influence norms, behaviours and perceptions of communities in regards to people living with HIV and key populations.

The recommendations of this group (included in Annexure A below) should be considered in the context of AIDS fatigue within the media as well as the delivery of inconsistent messages by diverse CSO groups and the abrupt and inconsistent implementation of anti-stigma campaigns and media engagement as well as the existence of too many media houses, which are commercial enterprises, which are only interested in the bottom line and see coverage of HIV-related content as a money-making opportunity.

Way forward

ARASA will reflect the outcomes of this pre-conference in the design of regional advocacy campaigns on stigma and discrimination in 2016 and beyond. ARASA will also provide support to in-country partners to implement the outcomes of the pre-conference and spear-head advocacy for the reduction of stigma and discrimination.

The consensus statement (Annexure A) will be shared with decision makers as well as other potential influencers as part of advocacy efforts calling for the reduction of stigma and discrimination in 2016 and beyond.

Annexure A: Consensus statement

Civil Society Statement on Strengthening Linkages to address Stigma and Discrimination in Sub-Saharan Africa

We, the undersigned representatives of civil society organisations responding to and promoting a rights-based response to HIV and AIDS in sub-Saharan Africa, met on 29 November 2015 during a pre-conference to the International Conference on AIDS and STIs in Africa (ICASA) 2015, titled: "Beyond rhetoric: Strengthening linkages to address stigma and discrimination" to deliberate on the harm caused by stigma and discrimination and explore how to scale up successful evidence-informed interventions to address stigma and discrimination in the HIV response in sub-Saharan Africa.

This statement documents our consensus on the status of stigma and discrimination in sub-Saharan Africa and puts forward recommendations on what is needed to address stigma and discrimination in order to end AIDS and ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment by 2030 as promised in the Sustainable Development Goals. The statement will be shared with decision makers as well as other potential influencers as part of advocacy efforts calling for the reduction of stigma and discrimination in 2016 and beyond.

We commend African Member States for the progress made towards achieving the Millennium Development Goals, including Goal 6, combat HIV and AIDS, malaria and other diseases. We recognise that, since 2001, HIV and AIDS received unprecedented political commitment and an increase in financial resources. The number of people receiving life-saving antiretroviral therapy has increased significantly and fewer children are being orphaned because of AIDS. As a result, we have been able to significantly reduce the spread of HIV as well as AIDS-related morbidity and mortality.

However, we are alarmed that Africa remains the epi-centre of the HIV epidemic. Despite numerous political commitments to address stigma and discrimination the violations of the rights of people living with and at higher risk of HIV such as women, sex workers, persons with disabilities, lesbian, gay, bi-sexual, transgender and intersex people, people who use drugs and prisoners continues to undermine effective HIV and AIDS responses.

We are deeply concerned that the gains made during the past few decades are under threat due to several factors, key amongst which is the persistence of stigma and discrimination against people living with and at higher risk of HIV. Too many people living with, affected by and at higher risk of HIV continue to be stigmatised,

marginalised and discriminated against in their communities, homes, schools, healthcare facilities as well as places of work and worship.

We are gravely concerned that, despite efforts to increase awareness of how HIV is transmitted, fear, fuelled by myths, misinformation and moral judgement have contributed to prejudice, exclusion and marginalisation of people living with or perceived to be living with HIV based on their association with behaviours that place them at higher risk of infection. This drives people away from healthcare services. As a result, the majority of individuals living in the region are not aware of their HIV status and many who are living with HIV refuse to enter treatment programmes.

We are further concerned that, despite overwhelming evidence that laws and policies, and the failure to enforce protective laws, play a role in the ability of people living with HIV and those most at risk to protect themselves from HIV or access treatment and care services, countries continue to enact and enforce punitive laws in an effort to respond to HIV or police the behaviours of consenting adults.

Now more than ever before, we know what works to reduce stigma and discrimination. We know that a comprehensive package of anti-stigma interventions, which address the root causes of stigma and include awareness raising, sensitisation and dialogue at the community level, are crucial. Interventions are required at the sources of stigma and discrimination, such as the family, community and health care, education and employment institutions. Efforts should be made to address problematic laws and policies and to ensure the enforcement of protective laws. We also know that these interventions should last at least 3 to 5 years, be tailored to the context and employ multiple strategies.

We are in dire need of political will and commitment, illustrated through allocation of adequate funding and support for programmes that are effective in reducing stigma and discrimination in order to re-energise the momentum towards the eradication of stigma and discrimination in sub-Saharan Africa.

We urge that people living with HIV and populations at higher risk of HIV are meaningfully involved in the design, implementation and monitoring of anti-stigma interventions. Further, human rights defenders should be protected and civil society organisations, particularly human rights organisations should receive consistent and sustainable funding.

Therefore, we call on African governments, NGOs, development partners, the media, United Nations agencies, regional economic communities, the African Union and other stakeholders in the response to HIV in sub-Saharan Africa to ensure the following comprehensive set of interventions, which have been proven to reduce stigma, in order to reduce stigma in sub-Saharan Africa:

In regards to documenting evidence of stigma and discrimination for advocacy

- Stakeholders should strengthen the capacity of communities so that those who have been stigmatised or had their rights violated can speak out, advocate for and claim their rights;
- Civil society should unite and strengthen its coordination in order to provide solidarity when the rights of certain groups are violated;
- Civil society should develop or adapt a regional tool, which should continu-

ously assess and monitor stigma and discrimination related trends in all countries across the region in order to enhance the development of evidence based advocacy strategies;

- Documented data on rights violations should be made accessible to policy makers and civil society should work with Policy makers to use the data when developing and reforming policies and laws; and
- Governments should address any contradiction in policies and laws and should align these to provide protection to all citizens

In regards to anti-stigma interventions at community level

- Interventions should be targeted at marginalised people such as women, sex workers, LGBTI persons, persons who use drugs and youth who are at higher risk of HIV and the places they frequent within the communities such as health care facilities and education institutions; and
- Stigma is identified as a "poor man's curse" and often has many layers. Therefore it should be approached through 2 approaches at the community level:
    1. Internal approach – focused on empowering people living with HIV and those at higher risk by providing people living with and at higher risk of HIV with support such as empowerment to establish their own businesses, providing job placements as well as educational incentives in order to eradicate poverty; and
    2. External approach – focused on increasing HIV literacy and sensitisation of communities through:
        * Anti-stigma messages in information, education and communication (IEC) materials, on bill boards and in the media;
        * Creation of inclusive support clubs / groups;
        * Engagement of policy makers and gate-keepers including community leaders as positive role models;
        * Use documented good practice of community engagement models such as community dialogues to engage with community leaders;
        * Ensure integration of services to reduce the multiple layers of stigma and discrimination; and
        * Ensuring the decentralisation of ART by considering various models of ART acquisition such as distribution of a fortnightly or quarterly supply of drugs by health facilities. This is particularly important for children and adolescents in boarding school.

In regards to addressing stigma and discrimination in service delivery

- People living with HIV and key affected populations should be meaningfully involved in the training of healthcare providers and other anti-stigma interventions - "Nothing for us without us";
- Strengthen evidence gathering and documentation to support evidence-

based advocacy, including strengthening referral systems for those whose rights have been violated;

- People living with HIV and CSOs should consider using strategic litigation as a last resort to protect rights; and
- Donors should increase funding for litigation related to discrimination of people living with and at higher risk of HIV in healthcare settings

In regards to laws, policies and access to justice

- Ensure the meaningful participation and representation of key affected populations in policy and programme design and implementation;
- Strengthen evidence gathering to support advocacy and creation of referral systems to providers of legal services; and
- Litigation should be a last resort as it can costly and lengthy

In regards to anti-stigma campaigns and working with the media to address stigma

- Donors and governments should scale up investment of financial and human resources for anti-stigma campaigns and work with the media;
- Governments should reduce their heavy focus on biomedical interventions in their response to HIV and also invest in interventions to address structural barriers including anti-stigma campaigns and work with the media;
- Anti-stigma campaigns and work with the media to address stigma should involve PLHIV and key populations in their design, implementation and monitoring;
- NGOs should enhance their documentation of stories and interventions as well as their relationships with the media in order to control the messages portrayed; and
- Media should recognise that HIV-related stories are newsworthy and should embrace their social responsibility to include factual, non-discriminatory HIV and key populations related content on a consistent basis

Harare, Zimbabwe
29 November, 2016

Signed:

Name	Organisation	Country
Michaela Clayton	AIDS and Rights Alliance for Southern Africa (ARASA)	Namibia
Jacob Segale Segale	ARASA	South Africa
Lynette Mabote	ARASA	South Africa
Felicita Hikuam	ARASA	Namibia
Nelago Amadhila	ARASA	Namibia
Nthabiseng Mokoena	ARASA	South Africa
HeJin Kim	ARASA	South Africa
Lois Chingandu	SAfAIDS	Zimbabwe
Muchanyara Mukamuri	Zimbabwe Network of People living with HIV (ZNNP+)	Zimbabwe

Edmore Mutimodyo	ZNNP+	Zimbabwe
Rumbidzai Matewe	ZNNP+	Zimbabwe
Tonderai Chiduku	ZNNP+	Zimbabwe
Mgcini Sibanda	ZNNP+	Zimbabwe
Linet Musasa	ZNNP+	Zimbabwe
Nombulelo Madonko	Sexual Rights Centre (SRC)	Zimbabwe
Nqobani Nyathi	SRC	Zimbabwe
Chesterfield Samba	Gays and Lesbians of Zimbabwe (GALZ)	Zimbabwe
Teddy Munyimani	GALZ	Zimbabwe
Yeukai Chuma	SADC Parliamentary Forum	Zimbabwe
Josephat Chirunga	GALZ	Zimbabwe
Eunice Sinyemu	Zambian Network of People living with HIV	Zambia
Peter Nweke	NEPWHAN	Nigeria
Mluleki Zazini	NAPWA	South Africa
Martin stolk	GNP+	Amsterdam
Saima Jiwan	GNP+	South Africa
Eddie Banda	MANET+	Malawi
Chipiwa Mugabe	INERELLA Zimbabwe	Zimbabwe
John Kashiha	CHESA	Tanzania
MacDonald Sembereka	MANARELA+ / Global Interfaith Network on Sex, Sexual Orientation, Gender Identity and Expression	Malawi
Angeline Chiwetani	Widows Fountain for Life	Zimbabwe
Annabel Raw	Southern Africa Litigation Centre	South Africa
Kurai Makumbe	Zimbabwe Human Rights Commission	Zimbabwe
Patrick Eba	UNAIDS	Switzerland
Jennifer Gatsi-Mallet	Namibia Women's Health Network	Namibia
Belice Odamna	KELIN	Kenya
Kunal Naïk	Collectif Urgence Toxida	Mauritius
Joan Chamungu	Tanzania Network of Women living with HIV	Tanzania
Jonathan Gunthorp	Southern Africa AIDS Trust	South Africa
Susan Kaunda	Southern Africa AIDS Trust	Malawi
Margaret Zulu	Southern Africa AIDS Trust	South Africa
Robert Mangwazu Phiri	Southern Africa AIDS Trust	South Africa
Gareth Coats	Southern Africa AIDS Trust	South Africa
Cindy Kelemi	BONELA	Botswana
Zoonadi Ngwenya	Southern Africa AIDS Trust, Zambia	Zambia
Paddy Masembe	African Young Positives Network	Uganda
Nontyatyambo Makapela	AIDS Legal Network	South Africa
Johanna Kehler	AIDS Legal Network	South Africa
Tinashe Mundawarara	Zimbabwe Lawyers for Human Rights	Zimbabwe
Patricia Ochieng	DACASA	Kenya
Monica Muchenje	Tony Waite Organisation	Zimbabwe

Patricia Okuo	ICW West Africa	Ivory Coast
Bruce Tushabe	MANERELA+	Malawi
Sostain Moyo	MSF	Zimbabwe
Gracious N Dzapasi	ZLHR	Zimbabwe
Susan Chileshe	ZANARELA+	Zambia
Kennedy P Chungu	ZANARELA+	Zambia
Emmanuel Gasa	The AIDS & Arts Foundation (TAAF)	Zimbabwe
Jame Owen Mulenga	Treatment Advocacy and Literacy Campaign (TALC)	Zambia
Kunyima L Banda	NZP+	Zambia
Sharon Sibanda	Development Arts Trust	Zimbabwe
Chamunorwa Mashoko	IPM-SAT	Zimbabwe
Felistus Motimedi	BONELA	Botswana
Precious Nyamukondiwa	Pamuhacha HIV and AIDS Prevention Project	Zimbabwe
Simbarashe Chifunda	Pamuhacha HIV and AIDS Prevention Project	Zimbabwe
Casper Pound	Family AIDS Support Organisation	Zimbabwe
Pemberai Zambezi	Family AIDS Caring Trust (FACT)	Zimbabwe
Wamala Twaibu	Uganda Harm Reduction Network (UHRN)	Uganda
Peter Kamusiya	AIDS Counselling Trust (ACT)	Zimbabwe

Annexure B: Agenda

8:30 – 9:00 **Registration**
Hosts

9:00 – 19:15 **Welcome**
Muchanyara Mukamuri (ZNNP+) / Lois Chingandu (SAfAIDS)

9:15 – 9:30 **Opening remarks**
Michaela Clayton (ARASA)

HEALTH BREAK

10:00 – 11:00 **Panel discussion**
Moderator: Jonathan Gunthorp (SAT)

Eunice Sinyemu
Zambian Network of People living with HIV / GNP+
Chesterfield Samba
Gays and Lesbians of Zimbabwe
MacDonald Sembereka
MANARELA+ / Global Interfaith Network on Sex, Sexual Orientation, Gender Identity and Expression
Annabel Raw
SALC
Mr. Kurai Makumbe
Zimbabwe Human Rights Commission
Patrick Eba
UNAIDS

11:00 – 13:00 **Breakaway groups: From rhetoric to results**

Documenting evidence of stigma and discrimination for advocacy
Eddie Banda, (Malawi Network of People Living with HIV/AIDS (MANET+)
Jennifer Gatsi-Mallet (Namibia Women's Health Network)
Moderator: Jacob Segale (ARASA)
Rapporteur: Linet Musasa (ZNNP+)

Anti-stigma interventions at community level
Paddy Masembe (African Young Positives Network)
Susan Kaunda (Southern Africa AIDS Trust)
Moderator: Lynette Mabote (ARASA)
Rapporteur: MacDonald Sembereka (MANARELA+ / GINSOGIE)

Addressing stigma and discrimination in service delivery
Belice Odamna, KELIN, Kenya
Kunal Naïk (Collectif Urgence Toxida) Mauritius
Moderator: Nthabiseng Mokoena (ARASA)
Rapporteur:

Laws, policies and access to justice
Tinashe Mundawarara, Zimbabwe Lawyers for Human Rights
Nqobani Nyathi (Sexual Rights Centre), Zimbabwe
Moderator: Nelago Amadhila (ARASA)
Rapporteur: Nombulelo Madonko (SRC)

Anti-stigma campaigns and working with the media to address stigma
Chesterfield Samba (GALZ)
Paddy Sipho Nhlapo (Soul City)
Moderator: Felicita Hikuam(ARASA)
Rapporteur: Felistus Motimedi (BONELA)

	Health break / Lunch
14:00 – 15:00	**Report back** ***Linet Musasa (ZNNP+)*** ***Adolf Mavheneke (SAfAIDS)*** ZLHR ***Nombulelo Madonko (SRC)*** GALZ
15:00 – 15:30	**Endorsing of the outcomes statement** ***All***
15:30 – 16:00	**Closing** ***Michaela Clayton*** (ARASA) ***Muchanyara Mukamuri*** (ZNNP+)

Annexure C: Participants list

Name	Organisation	Country
Michaela Clayton	AIDS and Rights Alliance for Southern Africa (ARASA)	Namibia
Jacob Segale Segale	ARASA	South Africa
Lynette Mabote	ARASA	South Africa
Felicita Hikuam	ARASA	Namibia
Nelago Amadhila	ARASA	Namibia
Nthabiseng Mokoena	ARASA	South Africa
HeJin Kim	ARASA	South Africa
Lois Chingandu	SAfAIDS	Zimbabwe
Muchanyara Mukamuri	Zimbabwe Network of People living with HIV (ZNNP+)	Zimbabwe
Edmore Mutimodyo	ZNNP+	Zimbabwe
Rumbidzai Matewe	ZNNP+	Zimbabwe
Tonderai Chiduku	ZNNP+	Zimbabwe
Mgcini Sibanda	ZNNP+	Zimbabwe
Linet Musasa	ZNNP+	Zimbabwe
Nombulelo Madonko	Sexual Rights Centre (SRC)	Zimbabwe
Nqobani Nyathi	SRC	Zimbabwe
Chesterfield Samba	Gays and Lesbians of Zimbabwe (GALZ)	Zimbabwe
Teddy Munyimani	GALZ	Zimbabwe
Yeukai Chuma	SADC Parliamentary Forum	Zimbabwe
Josephat Chirunga	GALZ	Zimbabwe
Eunice Sinyemu	Zambian Network of People living with HIV	Zambia
Peter Nweke	NEPWHAN	Nigeria
Mluleki Zazini	NAPWA	South Africa
Martin stolk	GNP+	Amsterdam
Saima Jiwan	GNP+	South Africa
Eddie Banda	MANET+	Malawi
Chipiwa Mugabe	INERELLA Zimbabwe	Zimbabwe

Name	Organisation	Country
John Kashiha	CHESA	Tanzania
Ellen Vengere	Tony Waite Organisation	Zimbabwe
MacDonald Sembereka	MANARELA+ / Global Interfaith Network on Sex, Sexual Orientation, Gender Identity and Expression	Malawi
Angeline Chiwetani	Widows Fountain for Life	Zimbabwe
Annabel Raw	SALC	South Africa
Kurai Makumbe	Zimbabwe Human Rights Commission	Zimbabwe
Patrick Eba	UNAIDS	Switzerland
Jennifer Gatsi-Mallet	Namibia Women's Health Network	Namibia
Belice Odamna	KELIN	Kenya
Kunal Naïk	Collectif Urgence Toxida	Mauritius
Joan Chamungu	Tanzania Network of Women living with HIV	Tanzania
Jonathan Gunthorp	Southern Africa AIDS Trust	South Africa
Susan Kaunda	Southern Africa AIDS Trust	Malawi
Margaret Zulu	Southern Africa AIDS Trust	South Africa
Robert Mangwazu Phiri	Southern Africa AIDS Trust	South Africa
Garreth Coats	Southern Africa AIDS Trust	South Africa
Cindy Kelemi	BONELA	Botswana
Zoonadi Ngwenya	Southern Africa AIDS Trust, Zambia	Zambia
Paddy Masembe	African Young Positives Network	Uganda
Nontyatyambo Makapela	AIDS Legal Network	South Africa
Johanna Kehler	AIDS Legal Network	South Africa
Tinashe Mundawarara	Zimbabwe Lawyers for Human Rights	Zimbabwe

Name	Organisation	Country
Patricia Ochieng	DACASA	Kenya
Silibele Mpofu	NAC	Zimbabwe
Monica Muchenje	Tony Waite Organisation	Zimbabwe
Patricia Okuo	ICW West Africa	Ivory Coast
Bruce Tushabe	MANERELA+	Malawi
Sostain Moyo	MSF	Zimbabwe
Musara Lubombo	Independent researcher	Zimbabwe
Gracious N Dzapasi	ZLHR	Zimbabwe
Susan Chileshe	ZANARELA+	Zambia
Kennedy P Chungu	ZANARELA+	Zambia
Emmanuel Gasa	The AIDS & Arts Foundation (TAAF)	Zimbabwe
Jame Owen Mulenga	Treatment Advocacy and Literacy Campaign (TALC)	Zambia
Kunyima L Banda	NZP+	Zambia
Sharon Sibanda	Development Arts Trust	Zimbabwe
Chamunorwa Mashoko	IPM-SAT	Zimbabwe
Felistus Motimedi	BONELA	Botswana
Precious Nyamukondiwa	Pamuhacha HIV and AIDS Prevention Project	Zimbabwe
Simbarashe Chifunda	Pamuhacha HIV and AIDS Prevention Project	Zimbabwe
Casper Pound	Family AIDS Support Organisation	Zimbabwe
Pemberai Zambezi	Family AIDS Caring Trust (FACT)	Zimbabwe
Wamala Twaibu	Uganda Harm Reduction Network (UHRN)	Uganda
Peter Kamusiya	AIDS Counselling Trust (ACT)	Zimbabwe


ARASA
AIDS & Rights
Alliance
for Southern Africa
ZNNP+
SAfAIDS
GALZ
Sexual
Rights
Centre
ZIMBABWE
LAWYERS
FOR
HUMAN RIGHTS