STRATEGIC PLAN

2019 - 2021

The new frontier: Disruption, innovation and mobilisation for bodily autonomy and integrity

Abbreviations

ACHPR	African Commission on Human and People's Rights
AU	African Union
ARASA	AIDS and Rights Alliance for Southern Africa
ART	Antiretroviral Therapy
CSO	Civil society organisation
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
LGBTI	Lesbian, gay, bisexual, transgender and intersex
PEPFAR	President's Emergency Plan for AIDS Relief
SADC	Southern African Development Community
SDG	Sustainable Development Goal
Sida	Swedish International Development Cooperation Agency
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
TB	Tuberculosis
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

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Executive Summary

At the heart of our work on HIV and TB over the past 16 years has been our collective demand for respect for human rights. The changing environment in which we find ourselves provides us with a unique opportunity to change the way that we work from a niche focus on HIV and TB to using the movement we have built, the lessons we have learned and the experience that we have gained in the field of HIV, TB and human rights to more broadly address the social and structural determinants of health, central to which are the rights to bodily autonomy and integrity, as well as equity, equality and social justice.

From 2019 to 2021, we will use our core competencies and comparative advantage of expertise on our environment and region; technical competency on human rights, health and development; quality service delivery; adaptability; dependability and professionalism to contribute towards the creation of just, equal, productive and resilient societies in southern and east Africa, in which social justice and human dignity are at the centre of all development, policy and organising; and health and wellbeing are promoted for sustainable development.

In particular, we intend to contribute to significantly scaling-up and sustaining civil society capacity for advocacy to hold governments accountable for ensuring that the commitment to human rights that have been agreed on at the regional level are followed-through and integrated at the national level to shape policy and programming.

The implementation of ARASA's Strategy for 2019-21 will be anchored in the core principle of respect for and protection of the rights to *bodily autonomy and integrity*.

ARASA areas of focus for 2019-21

I. **Promoting the rights to bodily autonomy and integrity:** ARASA will promote social justice, Universal Health Coverage and the achievement of the SDGs (with a focus on Goals 3, 6 and 10) through respect for and protection of the rights to bodily autonomy and integrity, equity, equality and ensuring accountability to regional and international health and human rights instruments.

I. **Transforming culture and discourse:** ARASA will seek to influence culture and discourse on bodily autonomy and integrity, recognising that cultural and religious influencers such as media, artists and community leaders can help shape cultural and religious norms that influence how the rights of bodily autonomy and integrity are valued and upheld.

II. **Removal of structural barriers:** ARASA will focus on the removal of structural barriers – such as national, regional and international policies and laws on gender, SRH, sexual orientation and gender identity – that prevent accelerated progress on rights-based responses to HIV, TB and SRH, in particular for people living with HIV, key populations and other vulnerable communities.

III. **Protection of civil society space:** ARASA will focus on protecting the rights of civil society advocates to expression, association and engagement – to ensure their full and critical role in rights-based action on HIV, TB and SRH that responds to the real needs of communities.

IV. **Sustaining and increasing health financing:** ARASA will focus on holding national governments, regional institutions and international donors to account for their funding commitments for

HIV, TB and SRH, and ensuring sustained and increased investment – especially in structural interventions and programmes for key populations and other vulnerable communities – in order to achieve the SDGs.

The implementation of this Strategic Plan will be guided by our Programme Theory which states that, in order to protect and promote the rights to bodily autonomy and integrity to achieve health, dignity and wellbeing for sustainable development in southern and east Africa, ARASA should recruit, retain and develop competent and skilled staff; mobilise sufficient and sustainable resources; coordinate a sustainable partnership of like-minded progressive national and regional civil society organisations; forge and strengthen partnerships with strategic regional and international partners; and engage at the regional and international levels with key influencers[1] in political, health and financing institutions in an approach that elevates key and emerging policy issues from local and national levels to regional and international platforms.

We believe that this should be supported by capacity strengthening efforts and the provision of technical assistance for policy makers and civil society at the regional levels along with the creation of spaces for inclusive and meaningful horizontal learning, dialogue, networking, consensus building, solidarity and collaborative advocacy action. Also, at the regional level, ARASA should spearhead advocacy and provide evidence and policy options to key influencers.

This will result in increased coordination, understanding, capacity, agency and strategic alliances amongst civil society, which will be used to mobilise communities at the local level and to advocate to national decision-makers for positive changes to laws, policies and financial allocations. Likewise, key influencers at national and regional levels will have increased understanding of the need for human rights to be respected and protected if health, dignity and wellbeing are to be enjoyed by all in southern and east Africa and use this to work towards positive changes to laws, policies and financial allocations.

As a result of the civil society advocacy for positive changes and subsequent positive changes in law and policy spearheaded by key influencers, young women, youth and marginalised people will enjoy respect for bodily autonomy and integrity; human diversity and dignity; agency for health; gender equality and equity. This will ultimately result in health, dignity and wellbeing for sustainable development in southern and east Africa.

WHERE DO WE COME FROM?

Established 16 years ago by a concerned group of 5 organisations from 5 countries in southern Africa, the AIDS and Rights Alliance for Southern Africa (ARASA) was created to galvanise a movement of progressive civil society actors to advance a human rights-based response to HIV in southern Africa.

The partnership was born out of a need to catalyse a strong community response to the rampant violations of the rights of people living with and vulnerable to HIV to liberty, privacy, freedom of association, non-discrimination, and equality before the law in their homes, schools, healthcare facilities, places of work and places of worship, which fuelled HIV infections.

ARASA set out to build a cadre of civil society organisations in the region to raise awareness and understanding by both communities and policy makers about the need for human rights to be at the

[1] Key influencers include policy-makers, parliamentarians; government officials; judicial officers; prosecutors; law enforcement officials; media; National Human Rights Institutions; traditional leaders; religious leaders; donors; health care providers; and representatives of key national and regional platforms and mechanisms (such as Country Coordinating Mechanisms).

centre of national HIV (and subsequently TB) responses and to strongly advocate for a human rights-based response.

Since then, the partnership has grown to include 100 diverse civil society organisations in 18 countries in southern and east Africa in 2018 and has been recognized for its contribution to regional and international thinking on:

(i) the importance of respect for and protection of human rights not only for the health outcomes of people living with HIV and TB but also in determining vulnerability to HIV and TB; and
(ii) how to address the failings of health governance, which allows local, provincial and national governments to either deliberately block or delay key programmes, refuse to allocate sufficient domestic resources for public health or human rights, refuse to admit and address key weaknesses in their national responses, or their inability to shape their response to the epidemic based on human rights principles.

ARASA'S value drivers include its principled, uncompromising stance and an unwavering commitment to human rights principles, its credibility and the access it has gained to national, regional and international health policy platforms. With experience spanning over a decade and half, the ARASA partnership has proved itself to be a strategic influencer; and a health and human rights expert. This is exemplified by its ability to have its ear to the ground through its vast network of passionate and committed partners from diverse backgrounds and operational focus, whose work is guided by the needs of their communities. ARASA is also able to elevate national level health related human rights issues to regional and international spaces, to influence progressive health policies.

ARASA is credited for being a trusted, reliable and united regional advocacy voice, which has successfully raised and increased the visibility of sensitive and contentious human rights issues such as the sexual and reproductive health and rights of women, sex workers, transgender people, men who have sex with men and people who use drugs. This has contributed significantly to enhanced efforts by governmental and regional bodies, to mainstream human rights in HIV and TB policy and programming and has contributed towards the removal of legal and policy barriers in several countries in the region.

ARASA's core strength lies in its ability to facilitate consensus-building amongst civil society and decision-makers on the importance of human rights being at the centre of national health programmes.

WHERE ARE WE GOING?

We recognise that, while our contribution to the HIV and TB responses in southern and east Africa may have been meaningful; as with most human rights struggles, the battle is not complete until policy changes are fully secured and implemented. Therefore, civil society's efforts to date to increase the removal of legal barriers as well as to increase legal literacy, access to justice and positive law enforcement need to be sustained, scaled up and broadened beyond HIV and TB, to contribute to the achievement of the Sustainable Development Goals[2] (particularly Goals 3: Good Health and Wellbeing; Goal 5: Gender Equality; and 10 Reduced Inequality) and the African Union Agenda 2063. We believe that this will ensure tangible impact in the dignity, health and overall wellbeing of people on the margins of society. *The networks, capacities and solidarities we have helped develop over the past 16 years will be vital for this new phase of work.*

[2] The Sustainable Development Goals (SDGs) adopted by United Nations (UN) Member States in 2016 commit governments to aim, by 2030, to "leave no one behind" and to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases; ensure universal access to sexual and reproductive health-care services and achieve universal health coverage. The broad-based approach of the SDGs to health, rights and development, presents an opportunity to connect issues known to interact in our region, such HIV and gender-based violence (targets 3.3 and 5.2) and to push for changes to discriminatory laws, policies and practices, notably under Goal 10 ('reduce inequality within and among countries).

The current context: A new frontier for health and human rights in southern and east Africa?

ARASA's Strategy for 2019-21 is informed by the changing and challenging environments in which we work. This is characterised by a complex range of current and emerging trends that present both opportunities and challenges to our work in southern and east Africa. Key examples of these trends include:

Harnessing Africa's demographic dividend: There is a significant opportunity to harness the demographic dividend through investments in the sexual and reproductive health and rights of Africa's biggest population, its adolescents and youth (ages 10 to 24), which can facilitate significant gains for the continent's economic transformation. The current change in age structure of the continent's population has the potential to contribute to a demographic dividend by capitalising on the increase in the continent's working-age population, which, if adequately supported, could have fewer dependents compared to the previous generation, thus leading to an increase in household and state resources, which can be redirected to invest in education and the economy[3].

Systematic sexual and reproductive rights violations, especially against women and key populations, fuelled by barriers embedded in laws, policies, the economy, and in social norms and values—especially gender inequality— persist across southern and east Africa and, in some countries are escalating[4]. These include, laws that restrict women's and adolescents' access to health services by requiring third-party authorisation, laws that require service providers to report personal information, laws that criminalise same-sex relationships and sex work and criminal laws that prohibit provision of and access to abortion services[5]. Central to these human rights abuses are a lack of respect for and protection of the right to *bodily autonomy and integrity*. The situation is fuelled and exacerbated by new waves of conservatism and fundamentalism that amplify state-sponsored violence and criminalisation and undermine individual agency. Punitive laws, policies and practices remain the 'norm', with severe implications for the right to health of individuals and responses to health by countries.

Revitalising HIV prevention: Although there has been significant progress in reducing HIV infections amongst children in southern and east Africa over the past decade an estimated 800 000 people in eastern and southern Africa acquired HIV in 2017[6]. The SDGs and 2016 Political Declaration on HIV and AIDS pledge to end the AIDS as a public health threat by 2030 and reduce the number of new infections among young people and adults (aged 15 and older) to 210 00 (75%) in Eastern and Southern Africa by 2020. Although there has been momentum recently around the achievement of this objective, including the launch of a Global Coalition on HIV Prevention, at the current pace the region will not reach the 2016 Political Declaration target. If we are to achieve this objective we must recognise that the missing piece of the puzzle in fast-tracking combination HIV prevention in Africa is addressing *structural barriers* to HIV prevention and that we cannot focus on scaling up bio-medical interventions alone.

Inadequate access to health services: Health is in crisis across our region, as evidenced by some of the most important global indicators. For example, Sub Saharan Africa has the world's highest levels of maternal mortality and is home to 76% of all adolescents living with HIV. In parts of southern Africa, more than half of people with TB also have HIV, and TB remains the leading cause of death among people living with HIV. This human catastrophe has been caused by multiple factors, including the de-

[3] Guttmacher–Lancet Commission. (2018). Accelerate progress— sexual and reproductive health and rights for all
[4] Ibid
[5] Ibid
[6] UNAIDS. (2018). Global AIDS Update 2018. Miles to go: Closing gaps breaking barriers righting injustices.

prioritisation of health in government plans and budgets. As with rights violations, it especially affects the most marginalised and vulnerable, severely restricting their access to health services.

Failure to address the root causes of ill health: Poor health does not occur in a vacuum. It is often a symptom of the power imbalances that result from structural barriers in our societies and systems in southern and east Africa. For example, entrenched gender inequality 'permits' widespread sexual and gender-based violence, which, in turn, has severe health impacts, particularly for women, young women and adolescent girls. Meanwhile - although welcome and vital - bio-medical advances, such as relating to Antiretroviral Therapy (ART) and Pre-Exposure prophylaxis (PrEP) for HIV, risk neglecting the true drivers of epidemics. For example, even when available, members of key populations may not be able to *access* HIV, TB or SRH-related services, due to human rights violations, such as discrimination by health care workers and criminalisation of their identities. Action on social and structural barriers - through rights-based and gender-transformative approaches as part of a holistic and joined-up approach - is necessary to address both the *symptoms and the root causes* of ill health.

Broad-based SDG framework: The framework of the Sustainable Development Goals (SDGs) – global commitments that aim to 'leave no one behind' and promote broad-based approaches to health, rights and development – has changed the context in which we work. For advocacy in southern and east Africa, this presents unprecedented opportunities. From a disease-specific perspective, for example, the SDGs provide a clear mandate to, by 2030, end AIDS and TB and provide universal access to SRH services (targets 3.3 and 3.7); and to connect issues known to interact in our region, such HIV and gender-based violence (targets 3.3 and 5.2). They also provide a mandate for changes to discriminatory laws, policies and practices, notably under Goal 10 ('reduce inequality within and among countries). Whilst the cross cutting approaches in the SDGs, such as the push for Universal Health Coverage (target 3.8) may on the face of it pose challenges which include the risk of neglecting the specificities of specific health conditions (such as the uniquely intense stigma and discrimination associated with HIV), they do provide us with a unique opportunity to change the way that we work from focusing specifically on HIV and TB *to more broadly addressing the social and structural determinants of health, central to which are the rights to bodily autonomy and integrity, equity, equality and social justice.*

Deteriorating funding climate: The financial environment for HIV and TB has changed significantly in our region in recent years, especially for middle-income countries, and volatile political environments in key donor countries. Positive trends are evident. For example, some key donors have increased their investment in interventions by and for key populations. Examples include the Swedish International Development Cooperation Agency (Sida), the Global Fund, President's Emergency Plan for AIDS Relief (PEPFAR), Robert Carr civil society Networks Fund and the Government of the Netherlands. Overall, however, there is an on-going decline in international funding for HIV, TB and SRHR. Meanwhile, domestic investment has failed to keep pace - with national governments especially reluctant to resource structural interventions and rights-based programmes for marginalised communities, including LGBTI persons, sex workers, people who use drugs and prisoners. This pattern is of increasing concern as countries classified as middle-income face transition from major donors – raising questions about the sustainability of vital initiatives, in particular those focused on human rights and key populations. This situation is yet further exacerbated by volatile political environments in important donor countries - that both threaten current funding allocations and make future patterns difficult to predict. However, the global commitment to achieve Universal Health Coverage is fuelling momentum for countries to develop their health financing systems in ways that ensure and sustain universal coverage.

The state of civil society spaces and voices: The challenging legal, political and financial context not only threatens individuals and communities, but the organisations that support them. Civil society is essential to, and on the frontline of addressing the structural determinants of ill health. Yet, in our

region, many CSOs struggle to secure the legal status, political respect and safe operating environment that they need to work freely and effectively. In some countries, draconian government policies have led to a dramatic reduction in civil society space, with activists and leaders unable to engage meaningfully in a wide range of decision-making forums and processes, due to fear of the consequences of speaking out against power-holders.

The need to scale-up and sustain civil society capacity for advocacy for rights-based approaches and holding governments accountable for the implementation of rights-based approaches: Amidst this immensely challenging environment, the role of civil society is vital - for shaping the policies, laws and financial allocations needed to respond to communities' needs and uphold the right to health in southern and east Africa as well as for monitoring and insisting on the implementation of these. The past efforts of ARASA and others have significantly increased the number of mobilised, informed and skilled civil society advocates. For example, the 2017 external evaluation of ARASA's 2012 – 2017 Strategic Plan found that the number of partners who reported training civil society in their own communities rose from 69% in 2013 to 92% in 2016[7]. However, there is still more to be done. We need to ensure that the commitment to human rights that is agreed on at the regional level is followed-through and integrated into / used to shape policy and programming at the national level. Overall, there remains the need to further scale-up and sustain capacity in the sector. This is particularly the case in relation to advocacy for and holding governments accountable for the implementation of rights-based approaches that provides a bold response to countries' changing environments

OUR CORE COMPETENCIES/ COMPETITIVE ADVANTAGE

In recognising ARASA's competencies that have been gained and strengthened through 16 years of collaborative work, partnership building, capacity strengthening, the provision of technical assistance and advocacy, we regard the following as our core competencies:

Expertise on our environment and region: Through building and maintaining a diversified regional partnership and working with diverse stakeholders in the region, ARASA has gained expertise about the region and the diverse development and human strategies that are most effective in the local contexts.

Good governance: ARASA is committed to upholding the highest standards of good governance and is governed by a board of trustees, comprising 8 highly skilled and experienced members, which provides oversight and strategic direction to ensure that the organisation fulfils its mission in an accountable and transparent manner.

Technical competency: Through 16 years of activism, ARASA has developed high levels of technical knowledge on human rights, health and development. The lessons that we have learned from promoting a human rights-based response to HIV and TB can be applied more broadly in addressing the social and structural determinants of health in the region. It is through this operational experience that ARASA is able to provide quality technical assistance and capacity strengthening and to engage in and support effective coalition building and advocacy.

Quality service delivery: ARASA prides itself in delivering quality work that meets global standards and is undertaken by a competent, skilled and trained team.

[7] http://www.arasa.info/files/3014/9518/5968/ARASA_2013-2017_Strategic_Plan__Evaluation-2.pdf

Adaptability: Through reflection, monitoring, evaluation and continuous learning, ARASA is able to adapt to ever-changing contexts and environments.

Dependability: ARASA's partnership has grown exponentially since 2002 and both internal and external partners regard ARASA as a dependable ally.

Professionalism: ARASA demands high standards of its staff and board in all aspects of its work and is known for its professionalism in its engagement with civil society partners, parliamentarians, policy makers, judges and UN partners alike. Our guiding principles of honesty, transparency and accountability are key to our professionalism.

Our Strategic Framework for 2019-21

THE WORLD WE WANT TO SEE

We are seeking to contribute towards the creation of just, equal, productive and resilient societies in southern and east Africa, in which social justice and human dignity are at the centre of all development, policy and organising; and health and wellbeing are promoted for sustainable development. We envision an inclusive and diverse southern and east Africa, where the right to bodily autonomy and integrity are respected and protected.

We want a society where communities collectively address the causes of violence and inequality. Where people can freely decide, where to live, what to do with their bodies, including when, whether and how to have sex, feel pleasure and decide whether to have children, with whom and how many children to have, and how to express their gender and sexuality free from judgement and fear. A society where being male is not valued more than the other genders and women and non-conforming people in southern and east Africa are not perceived as powerless but have power and control over resources and the decisions that affect their lives.

Our goal

To promote respect for and the protection of the rights to bodily autonomy and integrity for all in order to reduce inequality, especially gender inequality and promote health, dignity and wellbeing for sustainable development in southern and east Africa.

Our core values

We recommit to the following core values, which were agreed at the inception of our organisation and continue to serve as the foundations for our work and relationships:

- Transparency, honesty, integrity and accountability in governance, financial procedures and decision-making
- Zero tolerance for corruption
- Maximum involvement of marginalised and affected people
- Limitations of human rights only in accordance with the provisions of international human rights law
- Non-discrimination
- Justice
- Tolerance
- Inclusiveness

- Consultation
- Respect
- Excellence in service delivery
- Reflecting the diversity of ARASA partners in organisation staff and management

Our core principle and strategic focus

At the heart of our work on HIV and TB over the past 16 years has been our collective demand for respect for human rights. The changing environment in which we find ourselves provides us with a unique opportunity to change the way that we work from a niche focus on HIV and TB to using the movement we have built, the lessons we have learned and the experience that we have gained in the field of HIV, TB and human rights to more broadly address the social and structural determinants of health, central to which are the rights to bodily autonomy and integrity, as well as equity, equality and social justice.

The implementation of ARASA's Strategy for 2019-21 will be anchored in the core principle of respect for and protection of the rights to *bodily autonomy and integrity*.

What do we mean by *bodily autonomy and integrity*?

We believe that each of us, as human beings with equal rights, should have agency over our own bodies, a bodily autonomy and integrity equal to all others. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) persons, sex workers, people who use drugs, people living with disabilities, women, and young women all deserve the same bodily autonomy and integrity as every other human being. Yet all of them experience daily violations that make it impossible to live lives of dignity and respect. We believe that the right of bodily autonomy and integrity is the one principle that can mobilise and unite diverse movements in addressing the social and structural determinants of health, serving as a radical touchstone through which to create a more active solidarity.

ARASA areas of focus for 2019-21

Promoting the rights to bodily autonomy and integrity: ARASA will promote social justice, Universal Health Coverage and the achievement of the SDGs (with a focus on Goals 3, 6 and 10) through respect for and protection of the rights to bodily autonomy and integrity, equity, equality and ensuring accountability to regional and international health and human rights instruments.

Transforming culture and discourse: ARASA will seek to influence culture and discourse on bodily autonomy and integrity, recognising that cultural and religious influencers such as media, artists and community leaders can help shape cultural and religious norms that influence how the rights of bodily autonomy and integrity are valued and upheld.

Removal of structural barriers: ARASA will focus on the removal of structural barriers – such as national, regional and international policies and laws on gender, SRH, sexual orientation and gender identity – that prevent accelerated progress on rights-based responses to HIV, TB and SRH, in particular for people living with HIV, key populations and other vulnerable communities.

Protection of civil society space: ARASA will focus on protecting the rights of civil society advocates to expression, association and engagement – to ensure their full and critical role in rights-based action on HIV, TB and SRH that responds to the real needs of communities.

Sustaining and increasing health financing: ARASA will focus on holding national governments, regional institutions and international donors to account for their funding commitments for HIV, TB and SRH, and ensuring sustained and increased investment – especially in structural interventions and programmes for key populations and other vulnerable communities – in order to achieve the SDGs.

Underlying theories of social change

Recognising that social change is enormously complex and unpredictable we reflected on our 16 years of experiences and lessons learned and drew on the following theories of change[8] to inform our thinking and practice in order to contribute to the creation of this world that we want to see whether we are involved or not:

Personal development: We believe that change happens when individuals develop self-efficacy by enhancing their skills, knowledge and competencies in regard to the science of health and wellness, their rights and the economic, political and other forces that influence their ability to make choices that safeguard their rights, health, wellbeing and dignity;

Access to information: We believe that change happens when individuals gain access to knowledge about their situations and environment resulting in a deeper appreciation of their bodies, health and rights and the forces that impact on these aspects of their lives;

Grassroots mobilization: We believe that change happens through supporting effective local organization, based on the uniting of individuals with a common interest to agree on the key challenges affecting their health and rights based on a deep understanding of their realities and what is needed to safeguard their rights, health, wellbeing and dignity;

Advocacy coalition: We believe that change happens when multiple stakeholding groups combine forces and seek to find common-ground for advocacy based on the inter-sectional nature of their struggles;

Participation: We believe that change happens through engagement, dialogue and inclusion of groups in the identification of health and human rights challenges affecting themselves and their communities as well as their leadership in seeking solutions to these challenges. We believe that ownership, leadership and meaningful participation of people most affected by societal challenges is a key determinant for sustainable solutions to societal challenges;

Strategic partnerships: We believe that change happens through developing alliances and coalitions of organizations based on a common progressive understanding of the commonalities and intersectionality of their struggles and the solutions required to address core systemic challenges;

Social and cultural norms: We believe that change happens through influencing the popular media and political agendas shaped by key influencers including political, religious and community leaders, educators, peers and family structures;

Organizational outflanking: We believe that change happens when groups organize more effectively than the incumbent power holders by increasing the number of like-minded people who are uniting and adhering to democratic and transparent processes of reaching consensus, determining structures for communication, respecting diverse experiences and opinions and a commitment to constructive methods for conflict resolution and ultimately a common vision;

[8] http://impactready.org/theories-of-change/

Evidence-based (rational) policy: We believe that change happens through providing policy makers with evidence and policy options, recognising that the most harmful policies are shaped by relying on personal conviction, values, stereotypes and prejudices;

Good governance: We believe that change happens when governments are democratically accountable and responsive to citizens who have a solid understanding of their rights, entitlements and democratic processes that result in the election of governments who are committed to their electorate and work to fulfil their obligations to ensure dignity, wellbeing and health for all.

ARASA's Theory of Action / Programme Theory

We are convinced that, in order to protect and promote the rights to bodily autonomy and integrity to achieve health, dignity and wellbeing for sustainable development in southern and east Africa, ARASA should recruit, retain and develop competent and skilled staff; mobilise sufficient and sustainable resources; coordinate a sustainable partnership of like-minded progressive national and regional civil society organisations; forge and strengthen partnerships with strategic regional and international partners; and engage at the regional and international levels with key influencers[9] in political, health and financing institutions in an approach that elevates key and emerging policy issues from local and national levels to regional and international platforms.

We believe that this should be supported by capacity strengthening efforts and the provision of technical assistance for policy makers and civil society at the regional levels along with the creation of spaces for inclusive and meaningful horizontal learning, dialogue, networking, consensus building, solidarity and collaborative advocacy action. Also, at the regional level, ARASA should spearhead advocacy and provide evidence and policy options to key influencers.

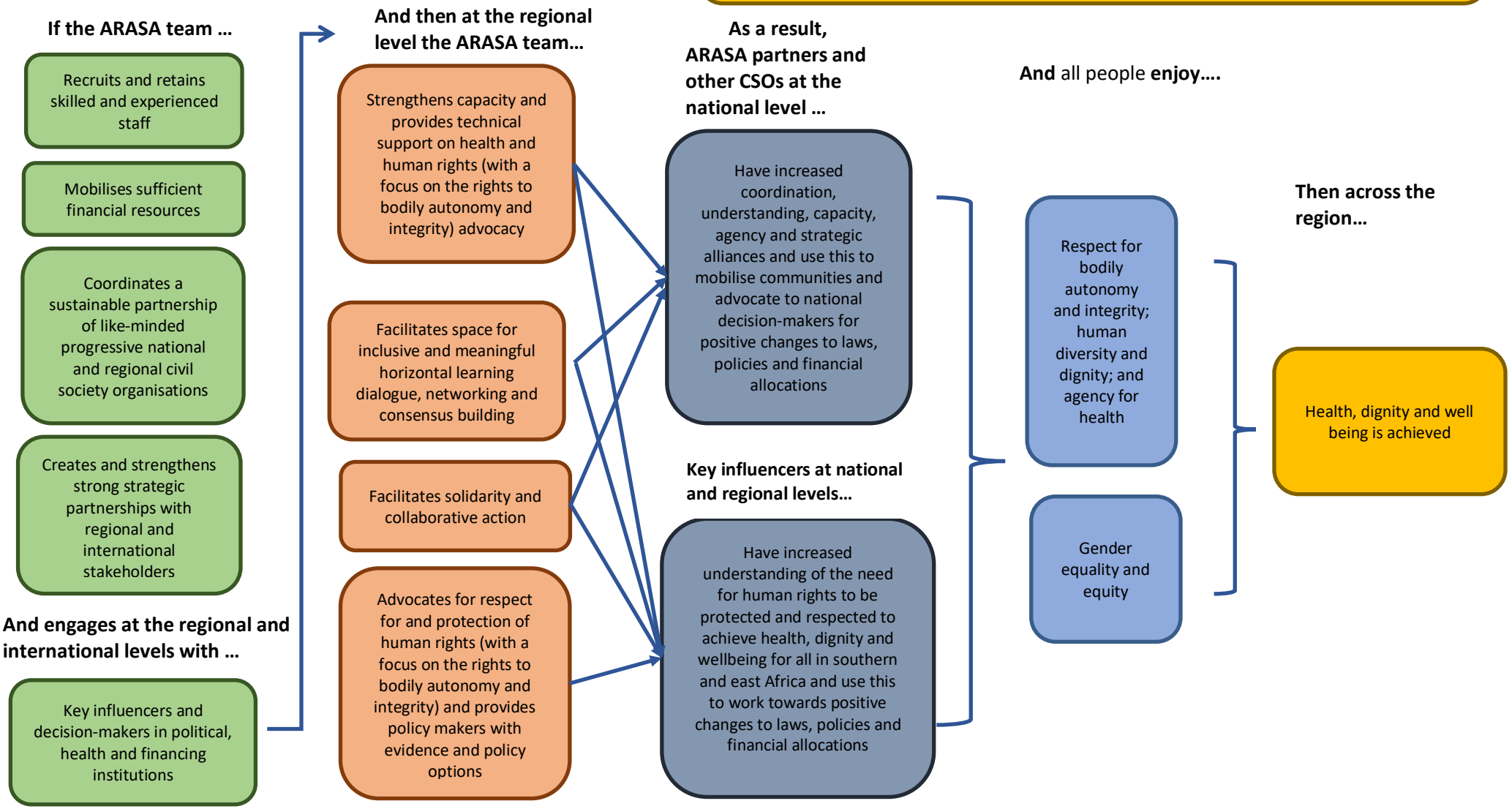
This will result in increased coordination, understanding, capacity, agency and strategic alliances amongst civil society, which will be used to mobilise communities at the local level and to advocate to national decision-makers for positive changes to laws, policies and financial allocations. Likewise, key influencers at national and regional levels will have increased understanding of the need for human rights to be respected and protected if health, dignity and wellbeing are to be enjoyed by all in southern and east Africa and use this to work towards positive changes to laws, policies and financial allocations.

As a result of the civil society advocacy for positive changes and subsequent positive changes in law and policy spearheaded by key influencers, young women, youth and marginalised people will enjoy respect for bodily autonomy and integrity; human diversity and dignity; agency for health; gender equality and equity. This will ultimately result in health, dignity and wellbeing in southern and east Africa.

[9] Key influencers include policy-makers, parliamentarians; government officials; judicial officers; prosecutors; law enforcement officials; media; National Human Rights Institutions; traditional leaders; religious leaders; donors; health care providers; and representatives of key national and regional platforms and mechanisms (such as Country Coordinating Mechanisms).

ARASA'S PROGRAMME THEORY

Goal: To promote respect for and the protection of the rights to bodily autonomy and integrity in order to reduce inequality, especially gender inequality, to achieve health, dignity and wellbeing in southern and east Africa.



IMPLEMENTING OUR STRATEGY

The 2019-21 strategy will be implemented from the perspective of "a learning organisation", which "deliberately puts regular time aside to learn from its experience, to think about what this means for practice and to develop its capabilities, in order to continually improve the quality of its work, to rethink its purpose when necessary and to strengthen how it organises itself to do the work[10]." Going forward, ARASA will take steps to allow for deep reflection on the changing political, economic, legal and social context in southern and east Africa and will sharpen, revise and innovate in relation to selected aspects of our implementation.

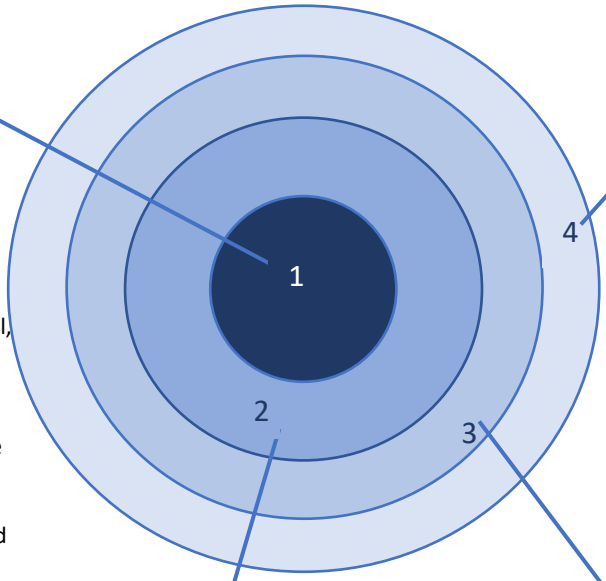
A partnership fit for purpose: the needs of our partnership model are changing

The original ARASA partnership model nurtured diversity. We have learned that it is this diversity of the partnership, requiring us to find the "common ground" that enriches and joins us together, offering unique perspectives and capacities, which has allowed us to build *a solid and united movement for health and human rights*. We have learned that we play an important role in consensus-building on health and human rights – building consensus within the partnership and externally amongst national and regional policy makers, legislators, judges, lawyers and service providers on the need for human rights to be central in public health responses. We have learned that horizontal learning between partners and between national and regional policy makers, legislators, judges, lawyers and service providers and their peers is an effective vehicle for building consensus, peer learning and collaborative action.

However, we recognise that the size of the partnership requires a substantial investment of resources in a resource-constrained world. Further, the findings of a partner audit conducted in 2018 validate our recognition that, although the ARASA partnership consisted of 115 partners at the beginning of 2018, not all partners benefit from ARASA's capacity strengthening or contribute to ARASA's advocacy objectives. Further, as stated in the 2017 external evaluation report, communication flows between certain individual partners and the ARASA team are inconsistent, which negatively impacts on the visibility of the ARASA "brand" and the impact of ARASA's investment, even in the case of some partners who receive sizeable financial and technical support.

While the degree of engagement and values congruency are fluid as partners change and transform over time, the diagram below illustrates the generic grouping of partners according to the varying levels of engagement and congruency in values / policy positions between partners and ARASA.

[10] Barefoot Collective. (2009). The Barefoot Guide to Working with Organisations and Social Change. http://www.barefootguide.org/uploads/1/1/1/6/111664/barefoot_guide_16.pdf



1. Active partners

- Most active in furthering ARASA's capacity strengthening and advocacy objectives at regional, national and local levels;
- Have almost the same, or more resources and technical capacity as ARASA;
- Well-known and respected at national, regional and international levels;
- Have significant ability to influence civil society and/or decision-makers
- Actively engaged in strengthening the capacity of other ARASA partners and other CSOs;
- Joined partnership for "solidarity" and a "unified advocacy voice";
- Values and/or policy positions are fully aligned to ARASA's values and policy positions; and
- Actively involved in influencing ARASA's joined priorities.

2. Supportive, interested and involved partners

- Actively engaged in furthering ARASA's capacity strengthening and advocacy objectives when financial and human resources allow;
- Publicly associates with ARASA's brand and is a proud champion of the organisation's work;
- Most often the recipients of technical support from stronger ARASA partners;
- Communicative and responsive to ARASA's requests and keeps the team informed of their work; and
- Share ARASA's values / policy positions and active in influencing ARASA's joined priorities.

3. Supportive and interested but inactive partners

- New or nascent organisations with a committed and passionate founder / group of volunteers;
- Committed to furthering ARASA's capacity strengthening and/or advocacy objectives at the national and/or local levels
- Have almost no human or financial resources and can only do work when ARASA or others provide small pots of funding;
- Limited ability to further ARASA's capacity strengthening and advocacy objectives at the national / local levels;
- Communicative and eager; and
- Values / policy positions may not be fully aligned to ARASA's values and policy positions due to lack of knowledge / ignorance

4. Dormant, Inactive and/or unresponsive partners

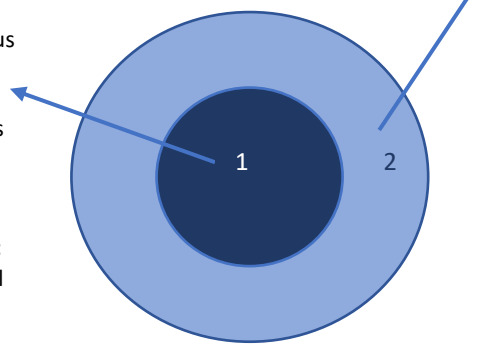
- Focus on advocacy issues that are different from ARASA's priorities;
- Joined partnership most likely to access funding and other opportunities;
- Non-communicative; and
- Values / policy positions may not be fully aligned to ARASA's values and policy position

While the partnership will continue to form the basis for our existence and the stimulus for our work, we will take steps to ensure that the partnership model is lean, strategic and 'fit for purpose' for the next five years.

To achieve this, we will adapt our partnership model to be dual-tiered, with a core of up to 50 like-minded, progressive, well-established and committed partners, who will be actively engaged and supported - financially and technically - to further our joint advocacy objectives at the national and local levels. This transition will be undertaken in a respectful and transparent manner. We will leverage on the existing expertise, knowledge, network and commitment of these partners to collectively set and implement our advocacy objectives over the next 3 years.

1. ARASA partners

- Actively engaged in setting the collective advocacy priorities;
- Participates in regional consensus building efforts;
- Engaged in efforts to strengthen the capacities of ARASA partners and affiliates;
- Receive direct technical and financial support from ARASA to further our collective objectives;
- Engaged in regional and national efforts to influence decision-makers;
- Represent ARASA at regional and international platforms; and
- Engaged in ARASA's resource mobilisation efforts.



2. ARASA affiliates

- Receive regular updates on capacity strengthening and advocacy activities, resources and opportunities;
- Participate in ARASA's capacity strengthening programmes;
- Invited to sign on to advocacy statements / petitions etc and to join advocacy campaigns; and
- Might be invited to join regional consensus building efforts.

These partners will meet specific criteria, which include shared values and progressive policy positions, proven capacity and motivation to use our technical and financial investments to further ARASA's advocacy objectives at the regional, national and local levels. The partner application process will be amended and all existing partners will be invited to re-apply to become core partners or affiliates. The application process will be aligned to ARASA's broader focus to attract organisations outside the HIV sector such as those working on Universal Health Coverage and monitoring of the SDGs.

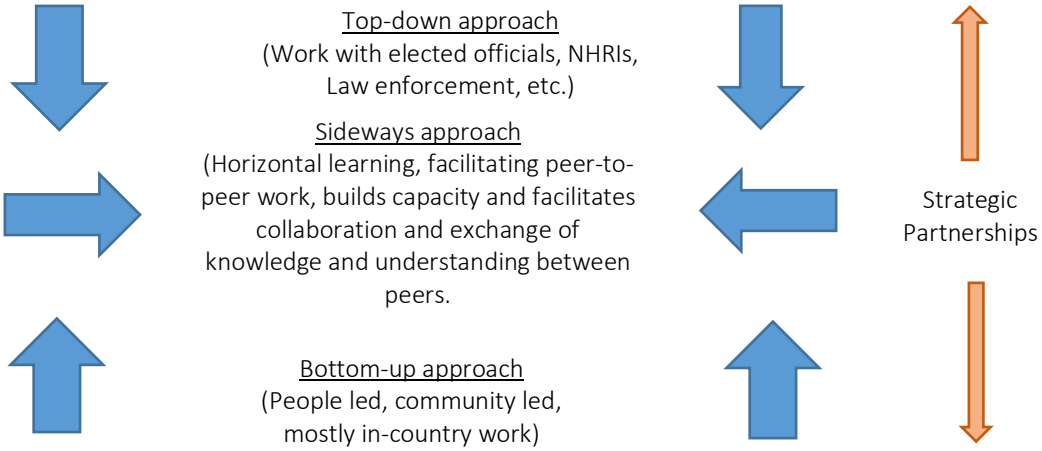
We will also conduct annual in-depth partner audits/reflections – to improve our understanding of, and response to, partners' needs and policy positions. This will be complemented by further new steps (such as stronger facilitation of collaboration between partners within the same country), as well as the maintenance of successful existing activities (such as regular Partnership Forums to identify joint advocacy priorities).

ARASA will also emphasise efforts to build stronger consensus on – and commitment to – key values and policy positions among its partners, including in relation to sensitive or contentious issues. For example, this will be through: developing Consensus Statements (outlining shared positions); and facilitating Advocacy Clusters (ensuring stronger expertise on specific themes, while providing a resource for the wider partnership).

Multi-dimensional, multi-level and multi-directional operational approach

ARASA's 2019 – 21 Strategic Plan will be implemented through work at various levels:

- **Multi-level,** grounded in the needs of communities, while working at national, regional and global levels to achieve change.
- **Multi-sectoral,** not only building a civil society partnership, but mobilizing key influencers from other sectors, such as political, economic and financing institutions.
- **Multi-dimensional,** such as, within the context of the SDGs, advocating on the interconnection of different issues, such as rights, health and gender.



Bottom-up strategies: We strongly believe that marginalised and oppressed people have the power and ability to free themselves, to direct change and to claim their rights. In order to be sustainable and impactful, change needs to be initiated and led by the affected communities themselves, directed by those who are most affected and marginalised. Under this strategy, ARASA will support partner organisations and the communities that they represent or work for to conceptualise and own their advocacy messages and strategies, to voice their opinions and claim their rights and to demand to be fully included in policy and programme spaces, as guided by principles of inclusion and meaningful engagement. This bottom-up strategy will manifest in ARASA providing financial and technical support to partners to implement work at country/community level and with ARASA supporting the strengthening of the capacity of activists at the local and national levels in southern and east Africa.

Top-down strategies: We also believe that national and regional legislators, policy makers and members of the judiciary can be receptive to calls for change from below and to implement changes from above. In terms of this strategy ARASA will work with African Union Commissioners, Members of Parliament in Southern Africa Development Community (SADC) and members of the judiciary as well as with National Human Rights Institutions to build their understanding of the need for respect for and protection of human rights and the impact of failure to do so on health. We will do this with a view to making them more receptive to calls for change from below and to facilitating progressive institutional change and strengthening, law review and reform and the enactment of policies and laws that reflect the demands of affected communities.

Horizontal / sideways strategies: We believe that horizontal learning is a powerful tool for change that allows individuals, civil society organisations, regional and national government legislators and policy makers, national human rights institutions and members of the judiciary to connect across the region in order to learn from each other and to collectively find solutions. Through this strategy, ARASA will create spaces for dialogue, sharing of lessons and consensus building between diverse civil society movements across the region as well as between regional and national government legislators and policy makers, National Human Rights Institutions and members of the judiciary across the region. We will also facilitate spaces for dialogue between civil society organisations and regional and national influencers and decision makers to ensure that all parties are able to share experiences and develop collaborative approaches to protecting and promoting bodily autonomy and integrity that can be implemented at both regional and national levels.

Strategic partnerships: In addition to strengthening the collaboration with and amongst ARASA partners, the organization will explore and consolidate innovative and strategic partnerships with regional and international groups to further its advocacy and capacity strengthening goals. We will

deliberately seek out social justice, sexual rights, reproductive rights, youth and women's rights organisations to strengthen our collective influence on the rights to bodily autonomy and integrity. These include strategic partnerships with civil society groups of adolescents and young people; affected communities of people living with HIV and key populations and other progressive regional and international civil society groups and movements such as SheDecides and the 2Gether4SRHR Programme implemented by United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV and AIDS (UNAIDS), United Nations International Children's Emergency Fund (UNICEF), World Health Organisation (WHO) and United Nations Educational, Scientific and Cultural Organization (UNESCO). We will also explore strategic partnerships with political bodies, such as the SADC Parliamentary Forum; the SADC Secretariat; the African Union, the legal sector; thematic consortia, such as the International Drug Policy Consortium (IDPC); and disease-specific coalitions, such as the Stop TB Partnership.

Improving our practice

Based on our collective lessons learned during 16 years of implementing activities, we will adjust out implementation processes and practises informed by the following:

From beneficiaries to agents of change: Recognising that ARASA has invested heavily in strengthening human rights advocacy knowledge and skills in civil society leaders and organisations, we will focus on ensuring that individuals and organisations who have benefited from ARASA's capacity strengthening efforts progress from being informed activists who contribute towards advocacy, towards agents who drive national policy change. The skills garnered from ARASA's capacity strengthening programmes, has strengthened the ability of organisations to mobilise their own resources and sustain the national advocacy work.

From regional consensus to national and local impact: ARASA has invested significantly in facilitating regional consensus on the link between human rights, HIV and TB amongst civil society and key influencers including Members of Parliament, National Human Rights Institutions and government officials. In the next phase we aim to build on this momentum, to ensure that regional consensus and policy is domesticated and integrated into policy and practise at the national level. We aim to integrate clear accountability mechanisms in our programming to ensure that the commitment to human rights that is agreed on at the regional level is followed-through and integrated into / used to shape policy and programming at the national level.

Innovation driven by advances in technology: The way in which communities organise themselves to speak out and push for policy and social change has evolved since ARASA's inception, largely due to advances in technology. We will leverage on this to innovate and find new ways of strengthening civil society capacity and reaching influencers. In particular, we will leverage on the potential of ARASA's massive open online courses (MOOCs); in order to provide capacity strengthening to large cohorts, all geared towards strengthening evidence-based advocacy and campaigning.

Cross-movement collaboration: We recognise that sustainable development and the achievement of the SDGs require more strategic and cross-sectoral collaboration. ARASA is committed to being more intentional and strategic in strengthening our collaboration with like-minded organisations working on health and human rights in Southern and East Africa. We also recognise that we have to make a better effort at building on intersectionality with other movements including those focused on broader human rights issues, women's rights, SDGs, Universal Health Coverage. ARASA believes that this is key to synchronizing various conversations and movements in order to facilitate a "common note" between various the various actors.

Research into M&E of human rights advocacy

ARASA's wealth of experience and expertise in this field also uniquely positions the organisation to support ongoing work in the human rights field to analyse and assess the impact of advocacy.

In the new strategy period, ARASA will partner with an academic institution to conduct research to help develop collective thinking about how best to monitor and evaluate human rights advocacy, building on the organisation's experience with existing approaches. Possible approaches include combinations of mathematical modelling, quantitative research methods, and action research strategies that develop new approaches and contribute to the collective learning of the human rights field.

Annex A: WHAT HAVE WE LEARNED FROM 16 YEARS OF HEALTH RIGHTS ACTIVISM IN SOUTHERN AND EAST AFRICA?

Since its inception, ARASA has invested heavily in laying a solid foundation for its work in the region through the initiation and strengthening of partnerships and investment in the ability of civil society to use evidence on the status of human rights in the context of HIV and TB to advocate for change in this regard. ARASA has consistently integrated learning from past successes and failures in programme and organisational planning and implementation, which has allowed us to think critically about how we structure ourselves and our efforts in order to effectively achieve our goal.

ARASA has forged strong partnerships, developed robust programmes, and scaled up its internal systems for programme and financial management. Substantial organisational and administrative work has been done to define our niche contribution to the response, develop clear financial management and audit procedures, procurement and disbursement procedures and reporting, monitoring, evaluation and learning mechanisms.

With regard to key programme outcomes, our investment in capacity strengthening and consensus building, both within the partnership and externally amongst national and regional policy makers, legislators, judges, lawyers and service providers as well as our support for national and regional advocacy and strategic litigation, has contributed to strengthened capacity and sustainability of civil society organisations to advocate for human rights-based responses to HIV and TB. This has also increased awareness on the part of national and regional policy makers, legislators, judges, lawyers and service providers on the need for human rights to be at the centre of responses to HIV and TB. This has resulted in positive changes in regional policy frameworks and national laws, policies and jurisprudence that have the effect of reducing barriers to access to prevention, care and treatment services for all who need them.

We strive to use the momentum gained and our learning over the past 16 years to inform what we do and the way that we work going forward.

Community mobilisation and activism for health and human rights are crucial for protecting rights and going the 'last mile' in southern and east Africa. Key amongst the learnings from the past 16 years is that community and civil society mobilisation and activism for human rights and political accountability has made a significant contribution to positive health and development outcomes in the region. Without the significant push from civil society, the region would not have seen the significant decrease in HIV-related stigma and increase in the protection of rights in the context of employment, health and education. Neither would the region have seen the drastic increase in treatment coverage and the decrease in new HIV infections. We acknowledge that community mobilisation and activism should be grounded in a thorough understanding of the changing political, legal, social, cultural and economic context. Consistent innovation is key for supporting communities to adapt to their emerging needs, realities and challenges.

Social change requires work at all levels. We have learned that social change requires capacity strengthening and advocacy action at various levels. We have learned that our bottom-up approach supported by horizontal peer learning and networking is an appropriate approach to mobilise communities and strengthen their capacity and solidarity relationships to do HIV, TB and human rights advocacy. This should be supported by top-down efforts with key influencers and decision-makers to create (or soften-up) the environment where people can claim their rights. Both these efforts require a platform for side-ways peer learning and networking to share good practices and positive peer pressure.

Human rights mainstreaming. ARASA has contributed significantly to the current state, where a focus on human rights has increasingly been mainstreamed and recognized in health policy and programming in countries in the region compared to 16 years ago. However, as mentioned above, this is often only the case on paper and in rhetoric, and this has not yet resulted in large-scale tangible changes in the lives of marginalised people in the region. There is now a new frontier and phase in the fight for health and human rights – of *policy implementation* to ensure no one is left behind in the quest for Universal Health Coverage.

Monitoring, evaluation and learning of human rights advocacy should be strengthened. ARASA, and other groups working to promote human rights in health policy and programming continue to battle with adequately capturing and demonstrating the short-medium and long-term impact of their work, recognising that indicators for the monitoring of programmes on human rights and key populations often speak to data sources that do not yet exist in countries or that are hard or expensive to collect information for. ARASA contributed to the development of related national indicators that facilitate national reviews of similar programmes through its participation in the Removing Legal Barriers Programme, funded by the Global Fund. During the implementation of this programme, the implementing partners ARASA, Enda Santé, Southern Africa Litigation Centre, Kenya Ethical Issues Network and UNDP commissioned the Global Health and Human Rights team of the Institute for Global Health (University of Southern California) to review the human rights, key population, and HIV Law work and to bring new and innovative insights to monitoring and evaluation for these type of projects. The results of this work will be disseminated once the end-line evaluations have been completed in 2019 and will guide the strengthening of our M, E and L moving forward.

Civil society solidarity and collaboration is key for disrupting the status quo. We are profoundly aware that ARASA's contribution to the state of health and human rights in southern and east Africa over the past 16 years has been due to the size, diversity, passion, commitment and unique model of our partnership. This partnership has supported a strong push from the national and local level through local and national advocacy work, which provided a solid base for regional advocacy. The partners' solid understanding of the lived realities of people in their communities and a thorough understanding of the impact of regional and national policies on the lives of communities, especially marginalised communities, has guided our national and regional advocacy, which are interdependent and reinforcing and cannot be separated.

Cross-sectoral collaboration and partnerships should be strengthened. Over its sixteen years of steady growth, ARASA has established strong partnerships at community levels and with national, regional and international stakeholders, including civil society, development partners and UN actors. At the same time, ARASA has developed productive working relationships with a range of influential actors at regional policy-making mechanisms and in global health governance. These strong multi-level strategic partnerships and relationships, built on trust and expertise demonstrated over many years, will continue to be at the core of the organisation's work in the next three years. These diverse relationships enable ARASA to move change forward at a variety of stages and in a variety of spaces.