ANNUAL REPORT

2018

ARASA
AIDS & Rights Alliance for Southern Africa

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About us

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in 2002 as a partnership of like-minded, progressive civil society organisations to galvanise a movement of civil society actors to advance a human rights-based response to HIV in southern Africa. Our partnership is based on mutual accountability and solidarity for advancing social justice. By 31 December 2018, the partnership had grown from five to 100 diverse organisations working across 17[1] countries in southern and east Africa and ARASA's work has expanded to cover tuberculosis (TB) and broader aspects of sexual and reproductive health and rights (SRHR).

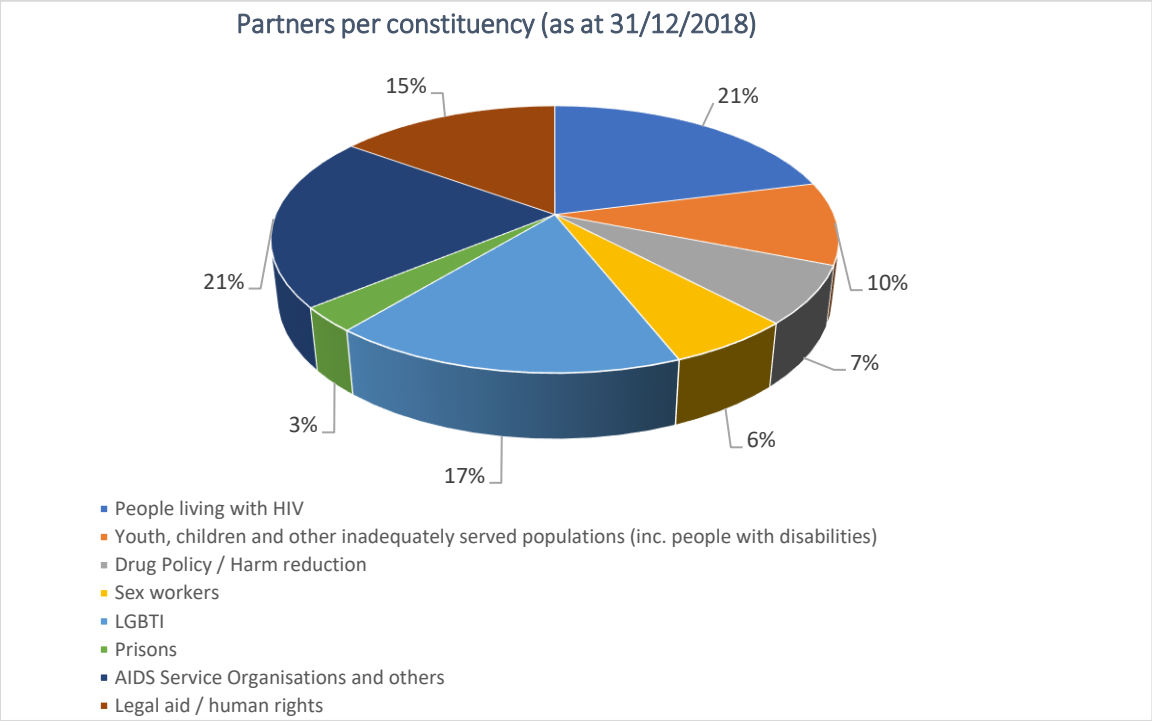


Figure 1 ARASA partners per constituency

In 2018, ARASA remained the only regional organisation that is structured in the form of a partnership of country-based civil society organisations working together to promote human rights in the context of HIV, TB and sexual and reproductive health (SRH) in the region.

The partnership is supported by a team of 13 staff members working from the head office in Windhoek, Namibia as well as from Cape Town, South Africa and Kampala, Uganda (see more on this under Human Resources below).

[1] Angola, Botswana, Democratic Republic of Congo, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

Organisational sustainability

Strategy: Where are we going?

2018 was a year of strategic transitioning and transformation for ARASA, resulting in the adoption of a new 2019 – 2021 Strategic Plan entitled: "The new frontier: Disruption, innovation and mobilisation for bodily autonomy and integrity" and Theory of Change by the Board of Trustees in December. The Strategic Plan was developed through an intensive four-day process of reflection and dialogue supported by the Community Development Resource Association (CDRA) in September 2018. The process centred on providing a space for ARASA staff to reflect on how ARASA can transform into an organisation that is better able to respond and adapt to the changing funding and development climate and to increase the sustainability and hence the longevity of the organisation.

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, ARASA's work will be anchored in the core principle of respect for and protection of the rights to bodily autonomy and integrity. We will use our core competencies and comparative advantage of expertise in 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 commitments to human rights that have been agreed on at the regional level are domesticated and integrated at the national level to shape policy and programming.

While the partnership will continue to form the basis for our existence and the stimulus for our work, the new Strategic Plan recognises that the current partnership model does not allow ARASA to be appropriately suited for the new, volatile and fast-changing context, and outlines a partnership model that 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 to collectively set and further our advocacy objectives over the next three years at the national and local levels. This transition will be undertaken in 2019 in a respectful and transparent manner.

Goal

ARASA's new goal is 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 all in southern and east Africa.

Outcomes

The organisation will work to contribute to this goal through 2 outcomes:

1. ARASA partners and other CSOs at the national level have increased coordination, understanding, capacity, agency and strategic alliances and use this to mobilise communities and advocate to national decision-makers for positive changes to laws, policies and financial allocations.
2. Key influencers at national and regional levels have increased understanding of the need for human rights to be protected and respected to achieve health, dignity and wellbeing for all in southern and east Africa and use this to work towards positive changes to laws, policies and financial allocations.

Core principles

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. We believe that the right to 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.

Strategic focus

ARASA areas of focus for 2019-21

1. Promoting the rights to bodily autonomy and integrity;
2. Transforming culture and discourse;
3. Removal of structural barriers;
4. Protection of civil society space; and
5. Sustaining and increasing health financing.

Strengthening the partnership

In 2018, we finalised a partner audit of our formal NGO partners based on a recommendation of a 2017 external evaluation of ARASA's 2013 – 2017 Strategic Plan. The partner audit served to help us assess the composition of the partnership, including gaps in representation; the extent to which partner organisations share ARASA's values, principles and policy positions; as well as how partners benefit from and contribute to the partnership. The audit survey was completed electronically by 100 partners, which constituted the partnership as at 31 December 2018.

The audit confirmed that there is a strong sense of shared values between the partners. In addition to the values congruent with ARASA's organisational values[2], several respondents mentioned diversity,

[2] 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

innovation, confidentiality, sustainability, loyalty, unity/ solidarity, sustainability, Botho (humanness), equality, collaboration and partnership as key values of their organisation.

The majority of the 100 respondents (58) joined the ARASA partnership during between 2012 and 2017. Access to capacity strengthening opportunities (51); networking (26); solidarity for advocacy (15); exposure to regional and international platforms (9); and access to funding (9) were mentioned as motivations for joining the partnership. Sixteen respondents mentioned that they were attracted by the congruency between the purpose and values of their organisation and those of ARASA. Respondents mentioned:

> *"The vision and mission of ARASA influenced us more than anything else."*
>
> *"We joined ARASA because we are fighting for the same cause and it was an opportunity for networking with other like-minded organization and share experiences."*
>
> *"Because we share same targets about human rights, so, we believe that together more and better."*

The unity, collaboration and solidarity behind ARASA's advocacy efforts was another factor which attracted respondents to the partnership.

Partners reported that they contribute to the ARASA partnership by conducting joint advocacy with other ARASA partners in the country; promoting ARASA's work and the values of the partnership in national, regional and international engagements; assisting in-country ARASA partners and other CSOs to conduct human rights, HIV, TB and SRHR trainings/workshops; referring to being ARASA partners in funding proposals; and sharing information and guidance on key advocacy issues ARASA should focus on.

Sixty-five partners reported having seen positive changes in ARASA's profile and reputation in the last three years due to the growth of the partnership, which has contributed to ARASA's visibility at national, regional and international levels; fostering close relationships with its partners and being seen as credible, accessible and accountable. Two respondents referred to a positive change being that ARASA is seen as "dependable", "credible", "accessible" and "accountable".

The majority of the 13 respondents who reported not having seen any changes attributed this to the fact that they had joined the partnership recently and had not been around long enough to respond to this question.

Analysis of the organisational positions on a number of policy issues showed that the policy issues which resulted in the highest number of incongruent responses between ARASA's position and that of the partners were criminalisation of HIV transmission, exposure and/or non-disclosure; laws that legalise child marriage; decriminalisation of drug use and possession of drug paraphernalia for personal use; and decriminalisation of all elements of adult sex work.

Half of the 14 organisations with policy positions that were contrary to ARASA's position, joined prior to 2012, whereas the other half joined between 2012 and 2018. Policy issues with the highest number of unsure / no position responses were drug use and possession of drug paraphernalia for personal use; the decriminalisation of abortion; and decriminalisation of all elements of adult sex work. All responses that were unsure or had no position were from organisations that joined the partnership between 2012 and 2018.

The results of the audit informed the new partnership model outlined in the new Strategic Plan.

Governance

The Board of Trustees held two virtual meetings in April and December 2018 to ensure proper administration of the trust, including setting the overall strategy and policy objectives; monitoring whether the organisation is making sufficient progress towards these goals; approving the annual budget and audited financial statements; and protecting the long-term welfare of the organisation and its stakeholders.

Following the resignations of Kaumbu Mwondela, former chair of the board of trustees and Justin Benade, who was the treasurer of the board in 2017, two new board members, Bramwell Kamudyariwa and Professor Nana Poku joined the board in 2018. Prof. Nana Poku is the Deputy Vice-Chancellor of the University of Kwa-Zulu Natal in South Africa as well as Professor of Health Economics. He is also Professor of Global Health and Executive Director of the Health Economics and HIV/AIDS Research Division (HEARD) at the same University. Prof Poku also serves as the Special Advisor to the UNSG's Office on Health - Africa. Bramwell Kamudyariwa, who is an accountant by profession, holds an MBA from Nottingham Trent University and is employed as the Director for Finance and Operations at the International Training and Education Centre for Health (I-TECH) in Namibia. He serves as Treasurer and Chair of our Finance and Audit Committee.

ARASA currently has eight members on its Board of Trustees (including the Director of ARASA who serves as an ex officio member).

1. Christine Stegling (Frontline AIDS) (Chair)
2. Toni Hancox (Legal Assistance Centre)
3. Lois Chingandu (SAfAIDS)
4. Michaela Clayton (Director ARASA) (ex officio)
5. Rev. Anderson Mataka (Malawi Network of Religious Leaders Living with or Affected by HIV and AIDS (MANERELA) (Partner representative)
6. Wamala Twaibu (Uganda Harm Reduction Network (UHRN) (Partner representative)
7. Prof Nana Poku (UKZN)
8. Bramwell Kamudyariwa (I-TECH) (Treasurer)

Human resources

ARASA continues to maintain a good level of diversity in its staff and remains committed to ensuring that it remains representative of the communities that it serves and currently includes queer, intersex and trans team members as well as a former sex worker. All four members of the management team (Director, Deputy Director, Finance Manager and Programmes Lead) are women.

In February, Lesley Odendal resigned as the Communications Lead and was replaced by Paleni Amulungu in May. As at 31 December 2018, the ARASA team comprised the following full-time staff:

1. Michaela Clayton: Director, Windhoek, Namibia
2. Felicita Hikuam: Deputy Director, Cape Town, South Africa
3. Selma Kamati: Finance Manager, Windhoek, Namibia
4. Hertha Nekwaya: Finance and Administrative Officer, Windhoek, Namibia
5. Lynette Mabote: Programmes Lead, Cape Town, South Africa
6. HeJin Kim: Key Populations Programme Officer, Cape Town, South Africa
7. Maggie Amweelo: Monitoring and Evaluation Officer, Windhoek, Namibia
8. Lisias Mashuna: Office Assistant, Windhoek, Namibia

9. Nthabiseng Mokoena: Regional Advocacy Officer, Cape Town, South Africa
10. Paleni Amulungu: Communications Officer, Windhoek, Namibia
11. Bruce Tushabe: Training and Capacity Strengthening Officer, Kampala, Uganda
12. Soraya Matthews: Regional Training and Grants Officer, Cape Town, South Africa
13. Magdalena David: Finance and Administration Assistant, Windhoek, Namibia

ARASA is committed to the ongoing professional development of our team and to this end we have a staff development fund which pays up to 75% of the costs of further studies. In 2018, we supported four team members to engage in further studies that are relevant to their work.

The ARASA office in Cape Town was closed in August as part of austerity measures necessitated by a decrease in available funds in 2018. The five staff based in Cape Town now work from home and periodically meet face-to-face.

Financial sustainability

In 2018, ARASA received financial support to the total value of USD 1 711 488 from Sida, United Nations Development Programme (UNDP) on behalf of the Global Fund to Fight AIDS, TB and Malaria, Levi Strauss Foundation, Aids Fonds, Robert Carr civil society Networks Fund, Frontline AIDS (formerly International HIV/AIDS Alliance), International AIDS Society and Open Societies Foundation.

ARASA's financial statements were audited by Grand Namibia in February 2019 resulting in an unqualified audit report in respect of the 2018 financial year.

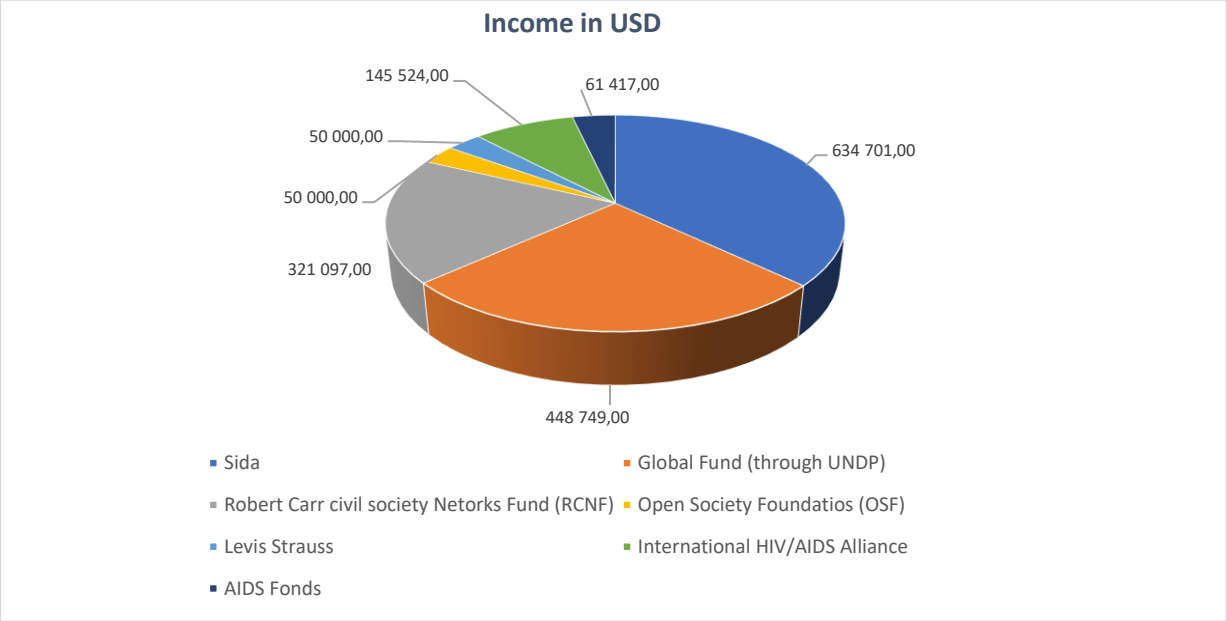


Figure 2 Income in 2018

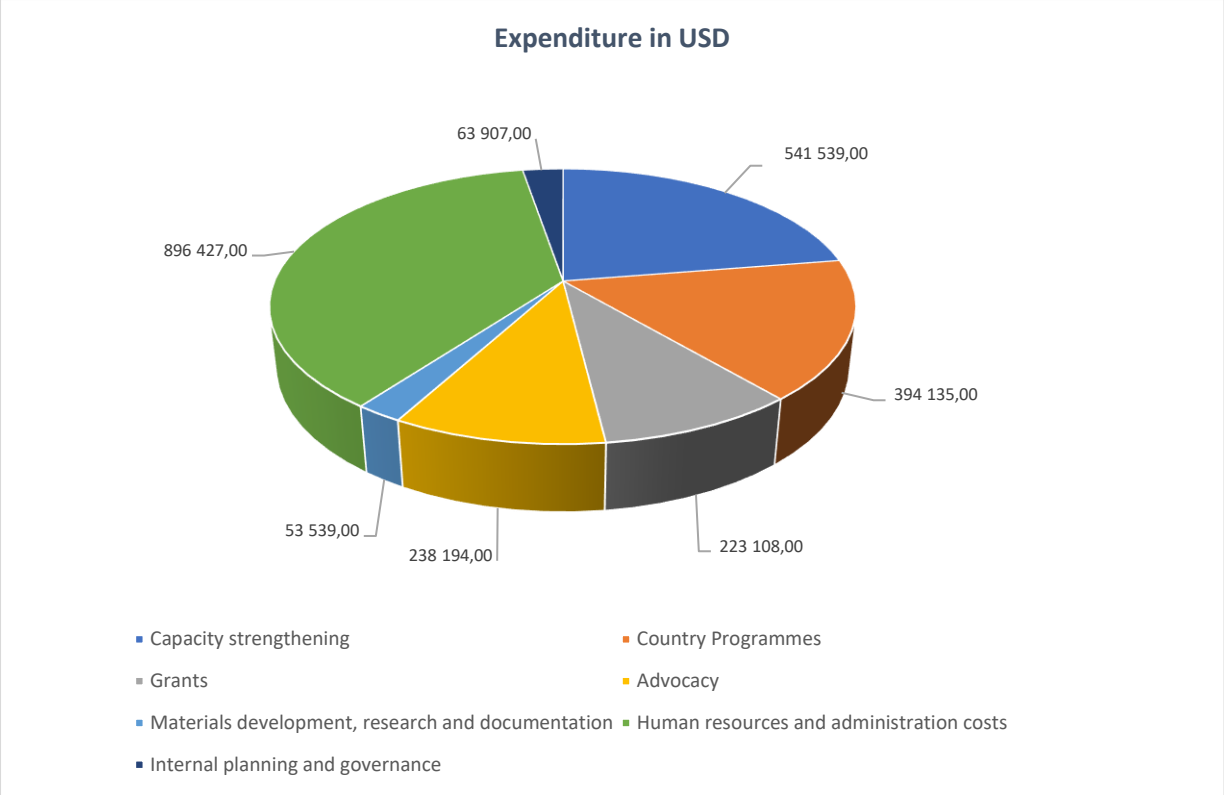


Figure 3 Expenditure

ARASA's multi-year grant from Sida, which contributed more than 50% of the annual budget to support the implementation of the 2012 – 2017 Strategic Plan, concluded on 31 December 2017 and ARASA was granted a cost extension for the period 1 January to 30 June 2018. In June, Sida approved a further one-year cost extension for the period 1 July 2018 to 30 June 2019 for a total amount of 10 million Swedish Krona to provide ARASA with an opportunity to reflect on its strategic direction and on how ARASA can adapt to changes in Sida's funding arrangement from a core support donor to possible future funding of a more programmatic proposal, which directly contributes to Sida's 'Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa (2015 – 2019)'. ARASA submitted a proposal at the end of January 2019 and currently awaits the outcome of the proposal.

Programmatic impact

Our year in numbers

VARIABLE	TOTAL
# of partners	100
# of countries covered	18
# of people trained directly by ARASA	193
# of community members trained by those trained by ARASA	4009
# of grants disbursed in 2018	29
Total amount disbursed through grants in 2018	USD 185, 375
# of catalytic grants disbursed since 2008	131

Total amount disbursed through grants since 2008	USD 1, 475, 872
# of HIV, TB and Human Rights Capacity Strengthening Country Programmes supported	3
# of advocacy issues addressed / campaigns spearheaded and supported	10
# of resources developed and disseminated	9
# of media articles / statements	16
# of CHAs supported to monitor health and rights at the community level	37
# of key influencers reached	263
# of Facebook followers	8,723
# of hits on ARASA's website	5,169
# of Twitter followers	3,338
# of national, regional and international laws and policy instruments influenced	5
# of advocacy campaigns to support strategic litigation	2

Capacity strengthening

ARASA's capacity strengthening interventions continued to fuel its operational approach of utilising the ARASA partnership to build and strengthen the capacity of civil society to effectively advocate for a human rights approach to HIV, TB and SRH in southern and east Africa.

Training and Leadership Programme (TaLP)

2018 marked the tenth year of its regional Training and Leadership Programme (TaLP), formerly known as the Training of Trainers (ToT) Programme, which forms the corner stone of ARASA's capacity strengthening and advocacy interventions. Through this programme, which comprises an intensive four-week advocacy training series, ARASA has trained a cadre of 318 African civil society leaders and master trainers on health and human rights advocacy since 2008.

On 9 November 2018, ARASA hosted a graduation ceremony at the Premier Hotel in Johannesburg, South Africa to recognise the achievements of the 33 participants who received certificates of competence for having completed the 2018 TaLP. During the ceremony, seven awards for outstanding performance, including Trainer's Trainer of the year and for exceptional performance in the assignments, were presented.

Key achievements of the 2018 ARASA TaLP included a marked increase in knowledge of human rights; the science and politics of HIV, SRHR and TB; advocacy strategies; organisational development including project management; financial management; monitoring, evaluation and learning; as well as resource mobilisation amongst all participants. An assessment of knowledge and skills gained during the programme and how participants have used the new skills and knowledge, conducted in February 2019 found that there is change in behaviour and attitude among the community members as a result of applied knowledge and skills from the trainers. The community members were reached through awareness raising sessions and dialogue meetings for audiences including sex workers, PLHIV, PWUD, LGBTI, youth, service providers, children and policy makers, with a reach of over 1000 people in Zimbabwe, Botswana, DRC, South Africa, Mozambique and Kenya.

"Since February 2018, I have had a chance to reach out to men, women, children, adolescents and youths. They both include people living with and affected by HIV and AIDS, Key populations; sex workers and men who have sex with men. I have been working with the health care providers including the Ministry of Health which has really helped in services delivery in the health facilities. For example, intervening for HIV Testing Service providers in the health facilities where there is none".

"I have reached out to communities, policy makers and opinion leader's through sensitization, creating awareness, trainings, dialogues on the issues of key population, LGBTI and Right to Health services in relation to HIV, TB, and SHR. I have reached out to 150 Policy makers and 200 opinion leaders. Under policy makers, I have had an opportunity to meet county health committee on the matter of policies and legislation on adolescent and youth sexual reproductive health. Met with the education directors on the issue of the policy that violates the right to privacy on the students in schools, so far, I have intervened in 17 schools and students are allowed to keep their drugs on themselves unlike they were require to be kept with the school matron".

"I'm working with a group of opinion leaders ranging from the activist, journalists, chiefs, religious leaders, village elders, members of county assembly, I have done sensitisation to them on the issues of key population and LGBTI rights and to the journalist I trained them on how to avoid words that discriminate a certain groups of people during their news reporting and also, to include advocacy in equality and non-discrimination to people living with HIV/AIDS in their work".

"I am also working with children and adolescents living with HIV/AIDS of which I have identified a gap on how their rights are being violated right away from home, school and in the facilities. I am currently working on a project on how to tackle the problem".

Participants also reported increased confidence on their part to train others on the topics covered and having increased capacity to apply the tools such as community mapping, and skills including facilitation skills and proposal writing in their countries.

The 2018 TaLP also contributed to strengthening human rights, HIV, TB and SRHR skills and knowledge amongst key influencers such as law enforcement officers who participated in the programme. According to Winifred Bucarrie, a law enforcement official working in Seychelles who received an award for being the second runner up trainer's trainer during the graduation ceremony:

"It has been an incredible journey full of all sorts of discoveries about my calling as an advocate, my passions as a human being and about my fellow brothers and sisters, comrades in unity for common purposes all over Africa.

When I applied for the TaLP I had just attended a workshop organized by my local organization (HASO) [an ARASA partner in Seychelles] and ARASA, following work done in Seychelles to consolidate the legal stage for the development and sustainability of access and rights for key populations in Seychelles. I wanted to learn more about ARASA, so I went on the internet and searched. It was at that very same time that I saw the call for application for the TaLP and without hesitation I grabbed the opportunity.

When I joined the TaLP, I was a caterpillar…today nearing my graduation from it, I realise and am proud that I have turned into a butterfly… The knowledge I have gained coupled with the confidence acquired have pushed me to mingle within circles of people and organisations which have expanded my horizon even beyond my expectations to places and positions where I, myself never even thought I could reach.

One of my greatest achievements since joining the TaLP, has been the slow but sure change of the Commissioner of the Seychelles Police Force's view of my participation within the TaLP itself. When I first started in February 2018, he was adamant that despite the human rights basis of the course, the whole content has nothing to do with police duties and hence I had to take time out of my annual leave to attend… I have consequently been able to convince him that everything within the HIV and human rights contexts have everything to do with the police as the main actor in law enforcement. Today I am proud to attest that not only was I released to attend Module 3 and Module 4 but since June 2018, I have been appointed to various national committees especially related to key and vulnerable populations namely: Police Representative on the Seychelles Street Pastors' Board; Police Representative on the National Gender Working Group, which is also involved in drafting the Gender Based Violence (GBV) Act; and recently my greatest achievement – being appointed as the Legal Officer for the Citizens Engagement Platform Seychelles/ European Union Joint Project for a Crisis Centre for vulnerable women and victims of GBV.

Recently I also assisted HASO in facilitating a workshop on HIV awareness and decriminalization of sex work for Senior Police Officers. We hope to do the same for all law enforcement organizations in Seychelles, and for that I hope to be able to get the support of ARASA to fine-tune and implement my advocacy plan submitted as part of the HIV criminalization online course assignment."

The trainees also reported having used their new skills and knowledge to strengthen their collaboration with other civil society groups and key influencers to scale up advocacy on various topics covered during the TaLP. For example, a young person living with HIV from Zimbabwe has conducted consultative meetings with the National AIDS Council, the Global Fund and PEPFAR to explore challenges related to access to treatment and scaling up efforts to increase community demand creation for differentiated service delivery and monitoring of viral load among young people living with HIV in Zimbabwe. As a result, the trainer has been linked to the Zimbabwe National Network of People living with HIV and received a grant from ARASA and ITPC to implement a project on differentiated service delivery models.

Tino Daniels from Mozambique shared the following:

"Since attending the TaLP, I have learned to apply the training that I have received to my human rights work in my home country of Mozambique.

Currently there are several cases of human rights violations against people living with HIV and TB. During my research for the task that I sent to ARASA regarding the knowledge that I improved on the second module, I could see that the health units themselves violate the human rights of certain key populations living with HIV or TB.

One of my actions was to [deliver] a lecture at the nurses' training centre to highlight the importance of understanding and appreciating the human rights of key populations. [Access to] universal health care in Mozambique will only be achieved with the appreciation of human rights, civil society organizations, human rights activists and others.

The people most in need of support, i.e. HIV services, are still the least likely to receive them in the rural parts of Mozambique. Often, it is women and young girls who face the mass discrimination that prevents them from gaining access to health care information and services.

Additionally, children and adolescents lack unconditional access to information on HIV, sexual and life skills education, and paediatric formulations of HIV drugs. As a result of this gap I worked on training adolescents on producing informative radio programmes for community radio broadcasts. Based on the feedback that we have received thus far, these programmes have a wide reach and have been able to provide accessible information on human rights.

I was also given the opportunity to share the lessons that I had learned [during my participation in the TaLP] with my colleagues. This was beneficial to us all as we cover issues ranging from sexual abuse of minors, early pregnancies to premature marriages in all districts of the country. At various speaking engagements across the country I was also able to explain [the importance of knowing their human rights] to some key populations, in particular [as it relates] to their health.

Another participant of the TaLP programme, Vera Rhobi from Kenya, implemented an online fundraising campaign for her birthday and secured bursaries, funds and stationery from her friends, family, colleagues, classmates, her supervisors at the Community Development Fund (CDF), staff of other NGO'S and Members of Parliament for children living with and affected by HIV in Kuria east and Kuria west Sub Counties, Migori County, Kenya. As a result, seven secondary school students could continue their secondary school studies in 2018.

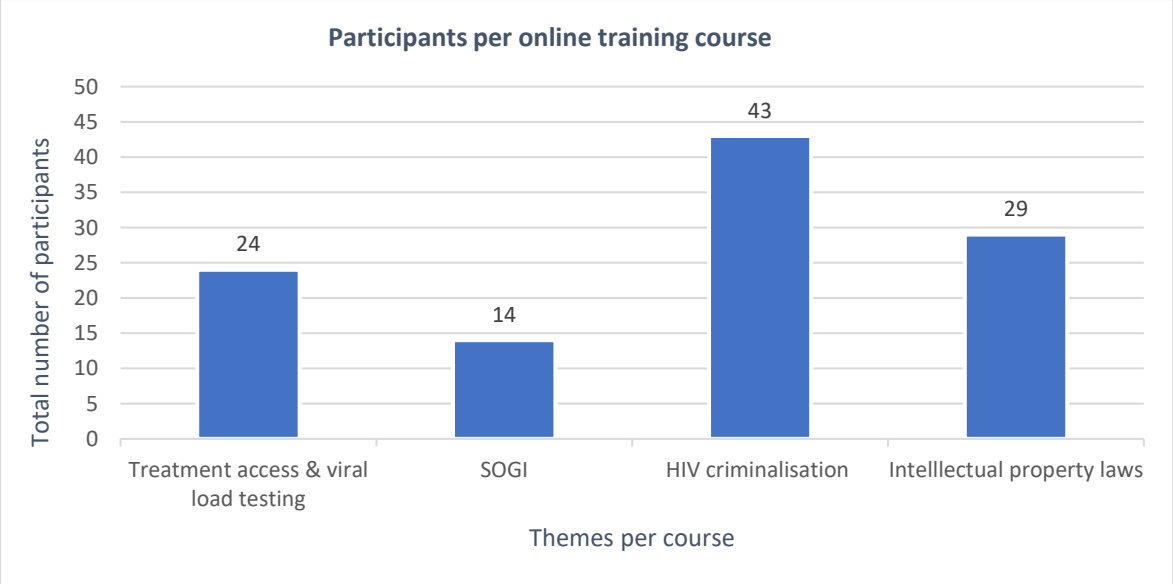
Technical assistance

ARASA was added to the roster of prequalified technical assistance providers for the Global Fund's Community, Rights and Gender Technical Assistance (CRG TA) Programme through a competitive application process in 2017. The CRG TA Programme facilitates peer support between national civil society organisations (CSOs) and their peers with expertise in health and human rights issues to strengthen civil society and community engagement in Global Fund related processes throughout the grant life-cycle.

In 2018, ARASA responded to a request to provide technical assistance to Facilitators of Community Transformation (FACT) to strengthen the meaningful engagement of communities affected by TB in Global Fund processes in Malawi. In June, ARASA supported FACT to host a workshop to strengthen the understanding of civil society on the Global Fund grant process and the Malawi TB Programme. The first of its kind, the gathering brought together CSO participants with representatives from the National TB Control Programme and the County Coordinating Mechanism. The gathering resulted in the development of a roadmap for future advocacy and the formation of the first 49-member Malawi CSO TB Network, which has been instrumental in advocating for a human rights-based response to TB in Malawi and the creation Malawi's first ever Parliamentary TB caucus with the mandate to engage national stakeholders to increase financial allocations towards the country's TB response.

Online short-courses

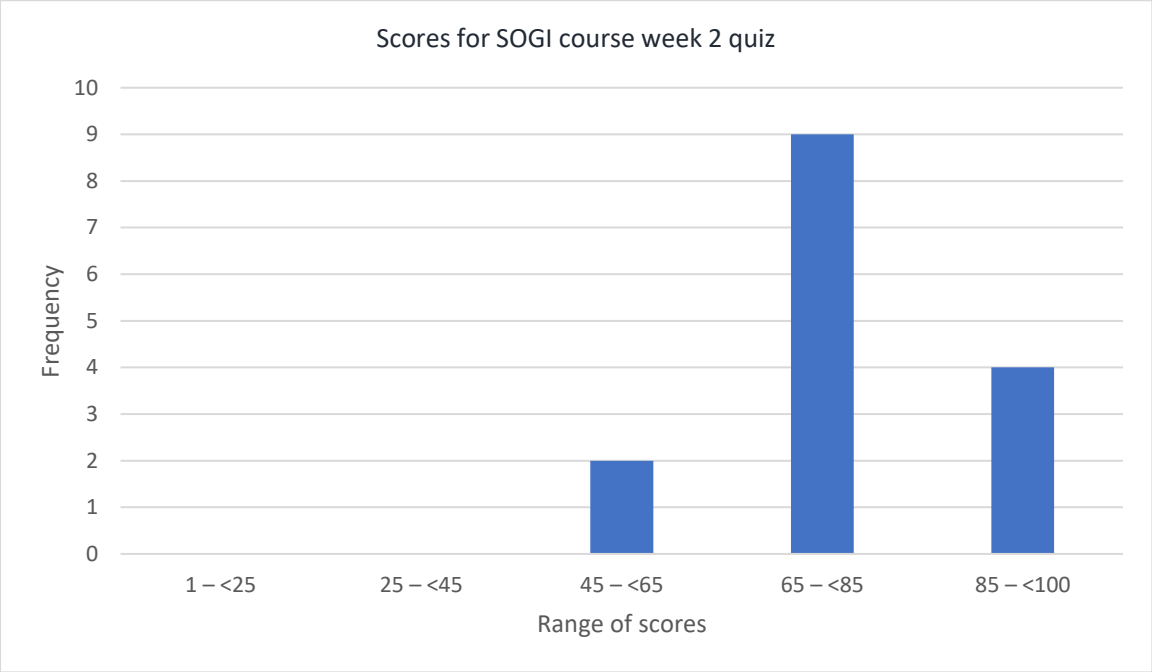
Through its online training programme, ARASA expanded the reach of its capacity strengthening interventions and trained 110 participants, including academics and health care providers including medical doctors, pharmacists, social workers and nurses from 13 countries in southern and east Africa.



The rate of retention of participants for the duration of the courses has increased significantly due to efforts by the ARASA team to enhance effective communication with the participants through the integration of Skype, email and WhatsApp to improve the response rate for queries and challenges encountered by participants, as well as to communicate and share any new developments related to the course. In addition, innovative learning tools such as videos and simplified 'toolkits' were integrated into the content of the course, which also could have contributed to retention of the participants as the material was easier to understand.

In addition to having to contribute to the discussion forums, participants could demonstrate the extent to which their knowledge and skills were improving through various assessment tools such as weekly quizzes, assignments, pre- and post-course quizzes and an overall course evaluation.

As illustrated below, an assessment of knowledge of participants of the SOGI course conducted in the second week of the course found evidence of an increase in knowledge and skills as a result of participating in the course. Only two of the 15 respondents achieved between 50% and 55%. Nine participants scored between 70% and 85 % and 4 scored between 85% and 90%. quiz reflected on the thematic topics covered for the week.



For the first time, participants of the courses in 2018 were required to submit an advocacy plan as a requirement for completing the course. The advocacy plans submitted also demonstrated an increase in knowledge and skills among students as well as a commitment and willingness of participants to advocate on these issues.

Country Programmes

2018 marked the tenth year of ARASA providing financial and technical support for the implementation of intensive HIV, TB and human rights capacity strengthening and advocacy programmes aimed at drastically increasing the capacity of civil society at the community and national level to promote a rights-based response to HIV and TB in countries in southern and east Africa. In addition to Mauritius, Kenya and Uganda, where programmes were supported in 2018, ARASA has supported Country Programmes in nine other countries[3] identified by partners during the Annual Partnership Forum over the past decade.

On a two-year cycle basis, ARASA has supported the Country Programmes, based on a coalition model of ARASA partners in a priority country working together as a steering committee to support the implementation of capacity strengthening and advocacy activities focusing on priority issues identified during a stakeholder's consultation at the onset of the programme. The programme is hosted by a host

[3] Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Zambia and Zimbabwe.

organisation identified through a competitive process and coordinated by a Country Programme Coordinator employed by the host organisation. The Country Programme Coordinator, together with the ARASA team provides technical support to between ten and 30 Community Health Advocates (CHAs). Traditionally, year one focuses on capacity strengthening through CHAs and year two focuses on advocacy actions based on the attachment of CHAs to healthcare facilities at the community level to monitor access to health care services and human rights violations.

The funding constraints faced by ARASA in 2018 also affected the financial commitments to the host organisations in Mauritius and Kenya, which were reduced significantly, resulting in a corresponding reduction in activities implemented.

Country	# of Community Health Advocates supported	# of people trained	Advocacy focus areas	Influencers reached
MAURITIUS	5		HIV, TB and human rights in prisons; Right to health for sex workers and LGBTI; and Human rights-based responses to harm reduction and drug policy reform.	
KENYA	30	People trained including persons living with or affected by HIV; TB survivors; representatives of key population groups, community-based organisations and NGOs	Reform of laws and policies and the enforcement of protective laws; Advocacy in regards to restructuring county health systems; and Advocacy for access to information, health care services and commodities.	791 duty bearers and influencers including tradition and religious leaders; government officials of Ministry of Health; Ministry of Education; law enforcement officers from Kenya Police officers; and media practitioners
UGANDA	Not applicable		policy and legal framework structural issues and access to services capacity strengthening for key stakeholders	Representatives of the Uganda AIDS Commission; UNAIDS, officials from the Ministry of Health; law enforcement officials from the Uganda Police; media; and Parliamentarians

The *Mauritius* Country Programme, commenced in 2016 and concluded activities in 2018 as part of a not-cost extension granted to the host organisation, Prevention Information Lutte contre le Sida (PILS), by ARASA to allow the programme to finalise implementation. Since its inception, the Country Programme faced challenges specific to the island context and size of the population and geographic size of the country, which contributed to a lower absorption capacity compared to other countries where the Country Programme was previously implemented. In addition, the Country Programme struggled with the retention of CHAs, who reduced from the 25 CHAs initially trained to only five remaining active at the conclusion of the programme. Despite this, the Programme was able to achieve significant results during its two years of implementation, including:

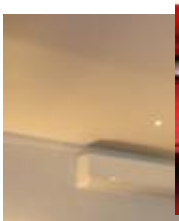
Increased awareness of HIV, TB, Hepatitis C Virus (HCV) and human rights: The programme trained a cadre of human rights advocates in the form of CHAs with diverse backgrounds, five of whom who have remained committed to increasing awareness of health and rights in their communities. In 2018, the CHAs were supported to conduct awareness raising sessions for various groups including a women's centre; vulnerable youth; police officers and patient groups on HIV, HCV, LGBTI rights, drug policies and sex workers' rights.

Increased monitoring of human rights violations and advocacy: In August, the Country Programme supported a meeting between the patient groups and the Ministry of Health where patients were able to raise their concerns about the provision of services at healthcare facilities, including the lack of access to toilets at various facilities accessed by people living with HIV; the presence of police officers inside consultation rooms; and stock outs of ARVs in some centres. The effort was well received by the Ministry of Health and the representatives of the patient groups were invited to continue to communicate any other challenges related to HIV care. Subsequently, the patient group successfully advocated for information on transport for patients to be well advertised on the walls at the centre; for a paediatrician to be present on Saturdays to treat children living with HIV; and for the pharmacy to provide more information when dispensing ARV medications to patients. The CHAs also successfully mobilised the general public to actively participate in advocacy efforts of the Country Programme including commemoration events hosted by the Country Programme, such as World AIDS Day 2018, which resulted in various Members of Parliament wearing red ribbon pins provided to them through the Clerk of the Assembly in Parliament time on Tuesday 4 December. Programme Advisory Committee (PAC) member KINOUETE has also been supported by the Country Programme to increase their efforts to address human rights in prisons. In 2018, they hosted a workshop in collaboration with Prison Authorities and attended by the Commissioner of Prisons and the Minister of Health. The workshop presented a unique opportunity for the prison officers at various levels of the hierarchy, including prison guards, prison nurses and prison welfare officers, to share the challenges they face with inmates and prison organisations, which KINOUETE will use in their advocacy with higher prison authorities.

Increased access to services: The Country Programme supported efforts that resulted in the re-introduction of the MST programme as well as the commemoration of World Hepatitis Day for the first time in Mauritius in 2017. In 2018, a total of 125 people who use drugs were provided with MST for the first time. A CHA also supported two people who use drugs to access a confirmation test for Hep C after the people were denied the test when they initially went alone.

Movement building: The Country Programme supported coordination and networking activities of key populations groups in an effort to strengthen the movements and their advocacy capacity. For

example, in 2018, the Country Programme supported a workshop hosted by Parapli Rouz, an ARASA partner, member of the PAC and a sex workers organisation, for 51 participants. The workshop objectives were to strengthen team spirit and collaboration amongst the members of the organisation as well as increasing awareness of their responsibilities as members of the organisation.



Strengthened cross-sectoral collaboration between the members of the PAC by facilitating opportunities for the PAC member organisations to formally and informally meet and discuss each other's work in relation to the programme and receive valuable feedback from their peers.

Increased access to justice: The programme also facilitated the provision of legal assistance to people whose rights were violated. In 2018, the Country Programme supported the lodging of a case at the Equal Opportunity Commission involving a man living with HIV who was denied a bank loan after taking a test for medical insurance required by the bank.

Increased media coverage of health and rights issues: Several activities implemented by the Country Programme, including those done as part of the HIV Colloquium and to mark World AIDS Day 2018 were covered by the media. Read or view the articles at:
https://defimedia.info/vihsida-la-stigmatisation-et-la-discrimination-tuent-toujours
https://defimedia.info/17e-colloque-vihsida-ocean-indien-nicolas-ritter-deplore-les-absences-du-pm-et-danwar-husnoo
https://www.youtube.com/watch?v=AgVuQ8rEdUQ
http://www.mbcradio.tv/article/mouvance-novembre-19-2018
https://topfmradio.com/media-center/news/journee-mondiale-contre-le-vihsida-quels-sont-les-traitements-disponibles
https://www.lemauricien.com/article/world-aids-day-2018-demi-journee-de-depistage-a-port-louis/
https://www.lexpress.mu/article/343839/vih-nathalie-veut-continuer-vivre
https://www.lexpress.mu/article/343778/sida-une-nouvelle-methode-prevention-disponible-maurice

Sustainability of programme activities: PILS has secured funding from the Commonwealth to support 15 CHAs to continue their monitoring and legal and human rights awareness activities in their communities after the ARASA support to the programme ends in March 2019.

The *Kenya* Country Programme, hosted by the Kenya Legal & Ethical Issues Network (KELIN), entered its second and final year of implementation in 2018. During the first year of implementation, 30 CHAs were recruited from the existing community structures and networks of the partners. Each CHA was assigned a sub county in the five counties hardest hit by HIV (Kisumu, Homa Bay, Migori, Nairobi and Mombasa) and they were trained extensively to equip them with the skills and knowledge needed to increase human rights literacy and awareness of human rights in their communities in order to scale up monitoring of and advocacy on the focus issues. Key achievements of the Kenya Country Programme in 2018 were:

Increased health and rights literacy and awareness of methods for redress amongst community members in the five Counties. This is evidenced by the vast number of rights violations reported to CHAs and cases documented and presented to KELIN for action. During this period, 305 referrals for cases related to rights violations ranging from property disputes; HIV testing without consent; sexual and gender-based violence; HIV-related discrimination including disclosure of HIV status by health care facility staff and termination of employment based on HIV status were made and support was offered to clients to collect the necessary evidence and other legal requirements to file the cases at the HIV Tribunal. Litigation support was offered in nine cases. Several other cases are pending due to legal and administrative challenges in the justice system. Several cases of sexual violence, including child defilement, were referred to the Gender Violence Recovery Centres.

Reduced HIV and TB-related stigma and enhanced health seeking behaviour by community members. CHAs reported that community members who had previously reported incidents of stigma and discrimination reported that they are no longer facing harsh treatment or any discrimination. As a result of community outreach through existing community platforms such as chief's barazas (meetings), community dialogue forums, social gatherings, seminars/workshops, training and health facility talks, often attended at the invitation of leaders of community-based organisations, CSOs and other community leaders, linkages between communities and the health systems have been strengthened resulting in improved access to HIV, TB and SRHR services.

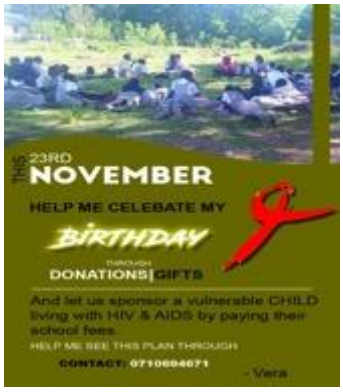
Increased influence and reach of awareness raising and advocacy activities through networking and linking with other community-based organisations and other stakeholders, including the Ministry of Education and support groups for PLHIV, including widows. Evidence of increased influence includes local authorities, including chiefs, becoming more open to working with KELIN and the CHAs and inviting the CHAs to their barazas.

Increased sustainability of the achievements is ensured through consistent efforts to link the CHAs to other partners in the community and involving them in other KELIN project activities.

Damaris Onyango, a CHA working in Kasarani Sub County, Nairobi.

"During one of my regular counselling sessions at the Nairobi juvenile centre, one of my clients who was just one week in the centre shared with me a very sad experience. He narrated how he was unwell and had been mistreated from the time he was brought in and had not received any form of medication despite the fact that he was asthmatic and was in dire need of an inhaler. To make matters worse, he had been taken to work in a quarry that exposed him to a lot of dust that worsened his condition. I took the matter up with the officer in charge of welfare [who] was very hostile at first and would hear none of it insisting that it was common for the inmates to make stories up for sympathy. I disclos[ed] to him that apart from being a counsellor, I am also working for an organisation called KELIN that advocates for human rights. To my surprise that caught his attention and he called for the boy and immediately the boy was taken to the doctor for medical examination. The following week when I went for the weekly counselling session, I was

glad to see that the boy's health had improved, he had an inhaler, an extra warm pullover and he had been removed from the quarry work and transferred to the library where his work was just to arrange the books and make sure that the library was in order. The officer in charge of welfare has since been a very good friend and occasionally calls me to go and talk to the boys on matters relating to character building and behaviour change. I also take such opportunities to raise TB awareness because there is a lot of congestion in prison and so I empower them to keep their rooms well ventilated and seek help whenever they notice any symptoms of TB. I also encourage them to use handkerchiefs while coughing in order to protect others from infections. Up to today, I still wonder what would have been the fate of that boy had I not advocated for his right."



Vera Rhobi- CHA Kuria East & West Sub Counties, Migori

"The number of children living with HIV increases each year in Kuria East and Kuria West. I did my own research and I found out that children living with HIV are discriminated by the family, the community, in schools, churches, among their peers and even sometimes [by] their own parents. I decided to come up with children clubs for the children less than 18 years and living with HIV. So far, we are working in 8 locations, 8 schools both in primary and secondary. We have both girls and boys. We meet twice in a month and I encourage them [on living positively]. We talk [and] share our experiences and challenges [with each other]. The children come from different schools and each one of them advocate for rights for people living with HIV in their schools, they now act like role models. Also, we work together in the community to bring hope to those parents and children who have lost hope due to their HIV status, we do home visits, mostly for the children, we help the parent to disclose HIV status to their children and we follow up with those who have defaulted. So far, I have managed to trace 4 ARVs default cases and have also assisted 5 parents in disclosing to their children their HIV status."

The Kenya Country Programme documented evidence that the model of supporting CHAs is an effective way to increase rights and health literacy while addressing rights violations in the healthcare and community settings.

"*When the CHAs are adequately trained, supported and motivated, they are the best champions of health rights in their respective communities. This kind of intervention has proved necessary, useful and easy to implement and can be replicated in other areas of similar and comparable settings to yield positive results*," explained Naomi Nyaboke, Kenya Country Programme Coordinator.

More case studies on the impact of the CHAs in Kenya can be found at:
http://www.kelinkenya.org/2017/09/community-health-advocates-commit-fast-tracking-health-related-rights/
http://www.kelinkenya.org/2017/11/community-health-advocates-set-roll-health-accountability-initiatives/
http://www.kelinkenya.org/health-stakeholders-commit-to-monitor-and-demand-for-accountability-in-implementing-the-right-to-health/

During the 2017 Annual Partner's Forum, *Uganda* was selected as the next country to host the HIV, TB and Human Rights Capacity Strengthening and Advocacy Programme. Following a competitive bidding process, a one-year agreement was signed with the Centre for Health Human Rights and Development (CEHURD) to host this programme.

A stakeholder's consultation meeting was hosted as part of the inception phase to introduce the programme to key stakeholders and to solicit their support and input on key advocacy priorities for the programme. The 50 participants included civil society including representatives of networks of people living with HIV and key populations organisations, media, government officials from Uganda AIDS Commission and Ministry of Health, UNAIDS, law enforcement officials from the Uganda Police, and Members of Parliament. The participants identified the following priorities for the programme:

- Policy and legal barriers with a focus on the Sexual Offences Bill; Petition on the criminalisation of HIV transmission; the Narcotics Act; and policies which promote coercive sterilisation.

- Addressing other structural issues with a focus on drug stock outs; implementation of the UNAIDS Anti-Stigma policy; funding for Health; and access to (lipoarabinomannan) LAM tests for TB.

- Capacity strengthening on a human rights-based response to HIV and TB with a focus on legal and treatment literacy for key stakeholders such as judges, religious leaders, health care workers, community leaders and other traditional structures.

A Country Programme Coordinator was recruited in May to coordinate the implementation of activities with guidance from the Programme Steering Committee (PAC), consisting of representatives from ARASA partners in Uganda, as well as key stakeholders including Members of Parliament and representatives of the Uganda AIDS Commission (UAC) and the Ministry of Health.

Key achievements of the programme in 2018 include:

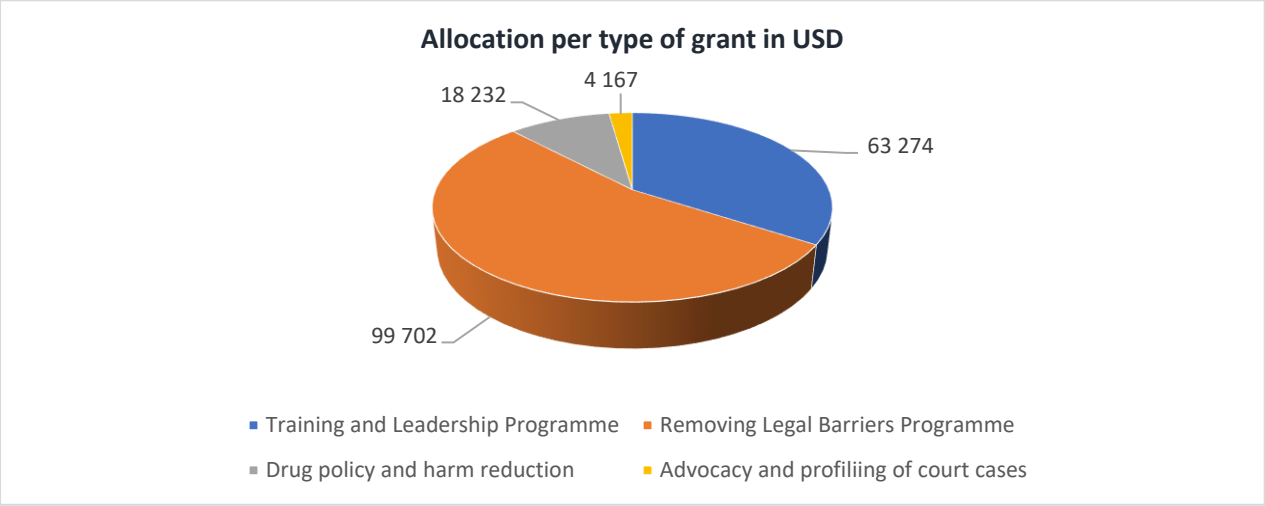
Research for evidence-based advocacy: Laws and policies, which impact on people's ability to access to HIV, TB and SRH services were mapped and the report launched in February 2019. See https://mobile.monitor.co.ug/News/Report-shows-laws-discriminate-HIV-positive-people/2466686-4994008-format-xhtml-amx7kmz/index.html

Capacity strengthening: Although the Country Programme did not include an intensive training of Community Health Advocates due to funding challenges related to ARASA's decreased budget, the Country Programme Coordinator attended the third module of ARASA's regional Training and Leadership Programme and used the knowledge and skills gained to train 75 young people living with HIV and representatives of key populations.

Advocacy: 35 health policy makers and members of parliament were engaged during a workshop for the development of advocacy messages related to the SRHR Policy Guidelines and Service Standards for Uganda. On 4 October, a meeting was held with the Assistant Commissioner for the National TB and Leprosy Program (NTLP) to introduce the Country Programme and to highlight key challenges preventing access to TB services such as stigma, discrimination and the inadequate care provided to TB patients by health workers. The Commissioner pledged their support for the Programme and committed to work together with CEHURD and others to address the challenges raised.

Grants

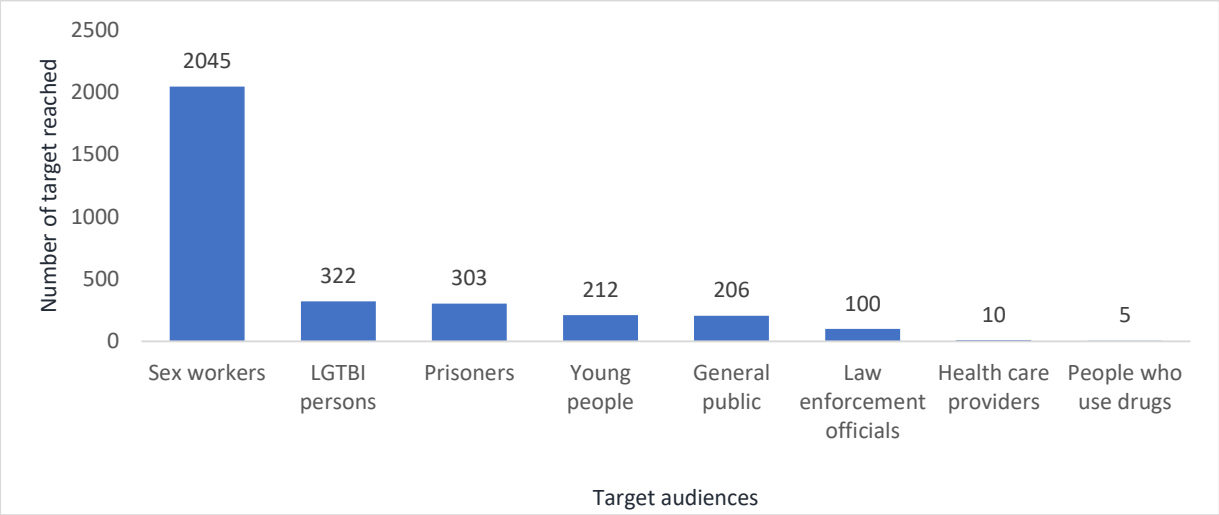
During the period under review, ARASA disbursed 22 catalytic grants to the total value of USD 185, 375 to support the implementation of or HIV, TB and human rights capacity strengthening and advocacy projects in Botswana, DRC, Kenya, Lesotho, Malawi, Mauritius, Mozambique, South Africa, Uganda, and Zimbabwe.



Focus of grants	Programme	Countries
To enhance capacities of LGBTI and male sex workers on health and human rights	Removing Legal Barriers	Botswana
Reducing stigma against female sex workers in DRC	TaLP	DRC
Removing legal barriers faced by LBQ women	Removing Legal Barriers	Kenya
Improved access to health care and services as a right for young people	TaLP	Lesotho
TB screening and prevention control measures for prisoners	TaLP	Malawi
Provide legal support for sex workers	Removing Legal Barriers	Kenya
An HIV and TB prevention awareness and advocacy project for LBT and refugee sex workers in Kampala	TaLP	Uganda
Improve access to HIV and TB services for sex workers	TaLP	Zambia

To enhance collaboration and partnership between key populations groups	Removing Legal Barriers	Kenya
Increased rights and legal literacy amongst female sex workers	Removing Legal Barriers	Kenya
Raise awareness on challenges faced by sex workers	Removing Legal Barriers	Malawi
Promoting sex workers rights	Removing Legal Barriers	Malawi
Advocating for a reduction in stigma and discrimination of key populations	TaLP	South Africa
Improved policy and legal frameworks and increased demand for KPs services and rights.	Removing Legal Barriers	Kenya
Combating HIV and TB stigma and discrimination in correctional facilities in Zambia	TaLP	Zambia

While the focus areas of the projects were diverse, the projects all included a range of training and advocacy activities such as training workshops, outreach, media engagement (radio interview and advertisements, newspaper articles and press releases), community dialogues and distribution of materials such as brochures, banners, wristbands, posters and t-shirts.



Case study: Learn, Engage, Transform and Disrupt: An HIV/TB advocacy programme for women, LBT and refugee sex workers in Kampala

The Organisation for Gender Empowerment and Rights Advocacy (OGERA) is a female sex worker-led organisation supporting female, refugee and lesbian, bisexual and transgender (LBT) sex workers in Uganda. With ARASA's support, OGERA implemented a project aimed at increasing awareness of and access to HIV, TB and sexual and reproductive health services for female, LBT and refugee sex workers in Kampala, Wakiso and Mukono. The project commenced with a training of trainers' workshop for 10 LBT and refugee sex workers, which was facilitated by two ARASA TaLP alumni. "*As a trained ARASA TOT 2016 Alumni I have gained confidence and built my self- esteem which helped me greatly to facilitate workshops for OGERA. I have also been able to conduct other workshops for key populations on HIV literacy, care, treatment and prevention of mother to child transmission,*" explained Arthur Mubiru, TaLP alumni from Uganda. Following the training, the trainees conducted peer outreach sessions and reached 1, 957 sex workers with HIV, TB and sexual and reproductive health information and services over a nine months period. OGERA also visited 21 hotspots in Kampala to assess the availability and accessibility of services and commodities for their members and reached 216 sex workers who reported that they were happy with the services they received from OGERA. HIV

counselling and testing services were also provided to 80 sex workers in Kisenyi, Kampala, Wakiso, and Mukono during community sensitisation dialogues. OGERA reported that the key outcomes of the project were a marked increase in their membership as a result of the outreach done by the trained peers. They also reported increased knowledge and health-seeking behaviour among their members, which is evidenced by the increase in the number of members seeking medical assistance through medical referral slips supplied by the organisation.

An OGERA member who attended one of the dialogues reported: *"During this dialogue, our peer educator from OGERA made it clear that TB is an airborne disease and this scared me a lot since all this time I believed that only HIV positive people can acquire TB. She also said that TB can be cured, something that surprised me since I knew that TB is a killer disease. After the dialogue, I approached our peer educator and I explained to her that all along I had a cough but I used to do self-medication but never healed since. The peer educator gave me a referral to Kiswa Health Centre for proper TB screening and indeed I was diagnosed with TB. I thought that this was the end of the world and that I would eventually die since I still believed that TB is incurable. I used to only consider testing for HIV due to my nature of work and luckily my results would always come out negative and therefore other chronic diseases couldn't matter. I decided to adhere to my drugs after effective counselling and monitoring from OGERA and am glad to say that I am a TB survivor. I have retested four times and confirmed that I am negative and this experience has encouraged me to go on sharing this knowledge with other sex workers at my hotspot. I appreciate OGERA for creating this awareness because it's through gaining this knowledge that I am living a life free from TB."*

ARASA launched its second small grants publication during the 22nd International AIDS Conference held in Amsterdam, the Netherlands in August, The publication profiles 15 case studies of projects implemented in 10 countries in 2017 with technical and financial support from ARASA. The case studies presented in the publication provide examples of the impact that the grants can have at the community level, despite their relatively small size. Four of the grantees presented their case studies at the launch. The publication was distributed on various platforms including our website and sent to all ARASA partners and networks. "*Well done ARASA, thank you for your support, indeed it made a difference to our communities,"* said Promise from Positive Women in Action when she received the publication.

Advocacy

ARASA's 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 continued to fuel our advocacy in 2018. In line with advocacy priorities identified by partners during Annual Partnership Forums in previous years, in 2018, ARASA spearheaded regional advocacy and supported nation advocacy on differentiated models of service delivery; intellectual property laws; TB; criminalisation of HIV transmission; removing legal barriers; drug policy and harm reduction; and routine viral load testing. Through various interventions spearheaded or supported by the ARASA team, we contributed to the development, review or repeal of the following laws and/or policy instruments:

- SADC Strategy for Sexual and Reproductive Health and Rights in the SADC Region: ARASA was part of a civil society delegation that participated in several SADC meetings, which resulted in the adoption of the SADC SRHR Strategy in November, 2018. The Strategy acknowledges the gaps existing in provision of SRHR-related services in the SADC region. It offers Member States a framework and related scorecard; allowing countries to strengthen accountability mechanisms and track progress towards the development of enabling legal and policy environments, which ensure that access to sexual and reproductive services are prioritised;
- SADC Parliamentary Forum (PF) Key populations minimum standards: ARASA participated in several meetings to develop and adopt the SADC PF Minimum Standards for Protection of Key Populations SRHR by Parliamentarians as a resource person, including supporting a session on the ARASA/SADC PF SRHR Manual for Parliamentarians. Acknowledging that Key Populations have been left behind in SADC's HIV and SRHR responses, and that the protection of KPs is critical for the achievement of the Sustainable Development Goals (SDGs), in particular SDG 3 relating to healthy living and SDG 5 - pertaining to gender equality; the Minimum Standards aim to complement interventions proposed by the SADC Regional Strategy for HIV Prevention, Treatment and Care and SRHR among Key Populations, by gauging the effectiveness of national policies and legislation in the protection of KPs.;
- Passage of new Penal Code in Angola[4] which now decriminalises adult same sex consensual sex in private: ARASA's interventions dating back to 2014 contributed to this by (i) opening up platforms for civil society and key influencers to debate this issue; (ii) capacity strengthening efforts for Members of Parliament, in partnership with SADC Parliamentary Forum (SADC PF); (iii) capacity strengthening for CSOs in Angola, to undertake community research for evidence-informed advocacy and strategic policy engagement.

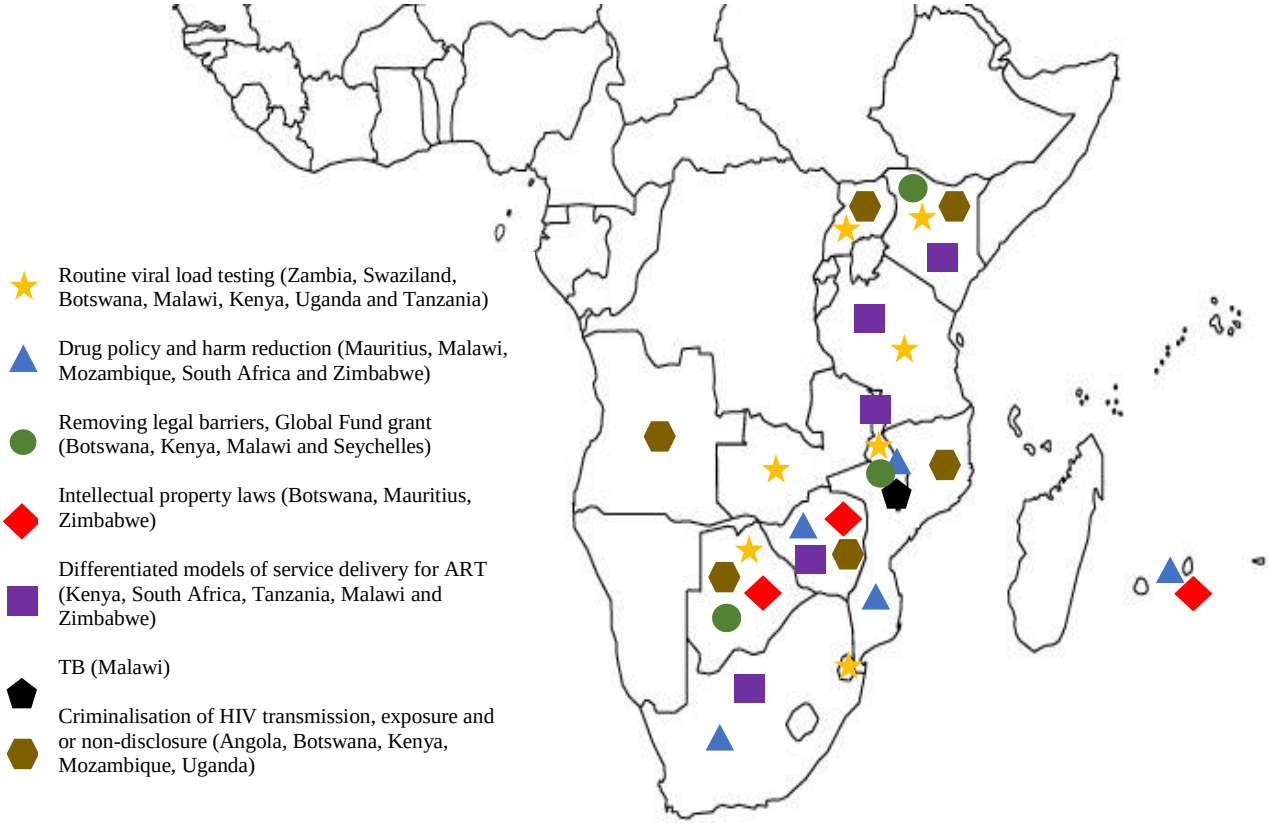
During the period under review, ARASA also provided input into strategic global standards on HIV, TB, human rights and the law, including:

- Global HIV Expert Consensus Statement on the science of HIV in the context of criminal law: As the lead organisation under the RCNF-funded HIV Justice Worldwide Consortium, ARASA contributed to the development, endorsement and launch of the Consensus Statement, which was launched at the International AIDS Conference in July 2018. (See http://www.hivjusticeworldwide.org/en/expert-statement)
- 42nd UNAIDS PCB Segment; Ending Tuberculosis (TB) and AIDS – A Joint Response in the Era of the Sustainable Development Goals: ARASA joined the Working Group which reviewed the role of the global community in responding to the disproportionate burden of TB among people living with HIV and developed a position paper, which was delivered at the 42nd PCB in Geneva in June 2018. The Position paper highlighted case studies from the work undertaken by ARASA partners on HIV/TB integration efforts.(See http://www.unaids.org/sites/default/files/media_asset/20180625_UNAIDS_PCB42_BN_Thematic_TBHIV_EN.pdf)
- Global Fund and STOP TB Partnership Strategic Initiative to Find Missing People with TB: ARASA contributed towards the development of a set of Tools, including a Key Populations Guide, to assist national TB programmes to find and treat the missing people with TB.
- The Health Equity Programs of Action: An Implementation Framework*:* ARASA sat on the Advisory Committee to develop a framework for Health Equity Programs of Action, which seeks to support civil society and key influencers in the development of equitable and equal Universal Health Coverage (UHC) strategies.

[4] Despite decriminalising adult consensual same sex sex the new Penal Code contains some disturbing provisions on HIV criminalisation, which will be the subject of advocacy in 2019.

(See http://oneill.law.georgetown.edu/projects/tuberculosis-law-and-human-rights-project/health-equity-programs-of-action)

The map below illustrates the countries in which advocacy activities on the various issues were supported:



Harm reduction and drug policy

During the period under review, ARASA continued to provide technical and financial support to strengthen advocacy on drug policy and harm reduction issues in southern and east Africa with support from the Open Society Foundations. Our role of coordinating the Southern African Drug Policy and Harm Reduction Advocacy Network in 2018 included providing five grants to support the establishment or strengthening of national coalitions for advocacy on drug policy and harm reduction in Malawi, Mauritius, Mozambique, South Africa and Zimbabwe.

In South Africa, the grant supported the establishment and registration of the South African Network of People (SANPUD). In Zimbabwe, the Zimbabwe Civil Liberties and Drug Network trained 84 people who use drugs in Harare and Matabeleland on drug policy reform, harm reduction, human rights, HIV prevention, advocacy and lobbying to prepare for the formation of the network. This resulted in the launch of the Zimbabwe People who Use Drugs (ZimPUD) in 2018. In Mozambique Rede Nacional Sobre HIV/SIDA used the grant to catalyse the establishment of a national network of people who use drugs through outreach to hotspots for drug use in Maputo. Although the network has not been formalised, 15 people who use drugs have established a loose network and aim to work towards establishing a proper structure with a group leader, secretary and treasurer. UNIDOS also raised awareness on harm reduction issues and the rights of PWUD through five community awareness meetings, which reached

2000 people and hosted a stakeholder awareness meeting with 10 PWUD and representatives of the Ministry of Health, National Council Against Drugs, Community Leaders and the head of Police in Mafalala. In Mauritius, Collectif Urgence Toxida (CUT) produced a film to highlight the achievements of the organisation as a good practice in advocacy for harm reduction in southern African and to raise awareness of the importance of harm reduction services for public health. The film will be made available online. In Malawi, Women's Coalition Against Cancer (WOCACA), hosted public awareness campaigns in Blantyre and Lilongwe reaching 650 community members through drama performance. The campaigns highlighted challenges faced by people who use drugs and the harms of the current drug laws in an effort to spark debate on the need for policy reform and harm reductions programmes. An advocacy meeting was also hosted with 20 key influencers including chiefs, religious leaders, parents, police, members of the judiciary, youth groups, political leaders and representatives of the media.

At the regional level, ARASA supported a regional mapping of drug policy, access to services for PWUD and human rights violations against PWUD with a focus on 5 countries, namely Malawi, Mauritius, Mozambique, South Africa and Zimbabwe. The mapping consisted of a literature review and focus group discussions in all 5 countries and captures the lived realities of PWUD and some insights into the structural barriers preventing PWUD from accessing services. The report will be an important resource for evidence based advocacy on drug policy and harm reduction in these countries and will be finalised and launched in 2019. Initial data from the mapping exercise was already used to form the basis of a statement issued by ARASA on police violence suffered by PWUD at the 62nd Ordinary Session of the African Commission on Human and People's Rights held at Nouakchott, Islamic Republic of Mauritania from 25 April to 9 May 2018. The statement garnered the interest of government representatives from Malawi and South Africa, both of whom engaged with the ARASA team member present after the delivery of the statement and indicated that they took the issue very seriously and would raise it with their capitals.

HIV prevention

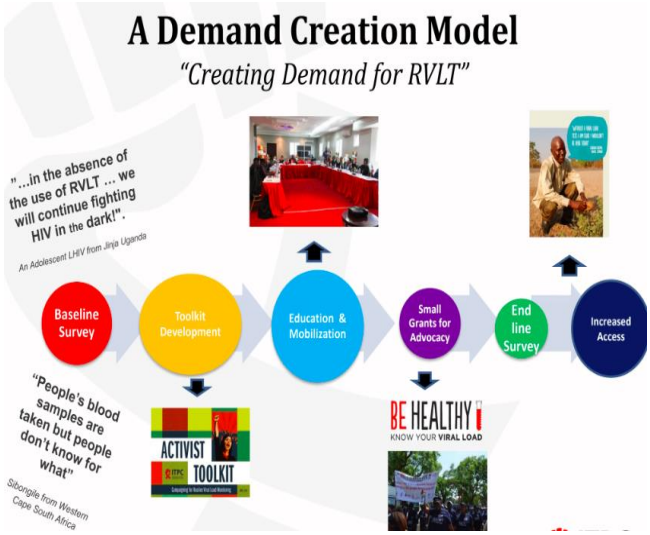
In 2018, ARASA secured funding from the Partnership to Inspire, Transform and Connect the HIV response (PITCH), jointly implemented by Frontline AIDS (formerly the International HIV/AIDS Alliance), AIDS Fonds and the Ministry of Foreign Affairs of the Netherlands, to strengthen civil society advocacy for HIV prevention in southern Africa. In April 2018, ARASA, co-hosted a CSO consultation on structural interventions for HIV prevention in Southern Africa focusing on addressing structural barriers to prevention with UNAIDS regional office for East and Southern Africa. The meeting resulted in the development of a CSO consensus statement which was presented to SADC Member States during the SADC stock-taking meeting that took place on 12 and 13 April.

Furthermore, within the meeting, engagement with diverse CSOs in the SADC region highlighted the need to invest more in accessible and creative campaigns. In order to address this, and in light of the need to further provide visibility and understanding of the 5 pillars to HIV prevention set by UNAIDS, ARASA will develop policy briefs for each pillar with a focus on addressing structural barriers. These briefs will be disseminated using social media first and foremost, aiming to address the concerns raised regarding the predominate format of overly formal and long reports.

In 2018, ARASA secured additional funding from the PITCH programme to continue strengthening the capacity of civil society to scale up advocacy for the elimination of structural barriers to HIV prevention in 2019 and 2020.

Routine Viral Load Testing, access to HIV treatment and and Differentiated Service Delivery Models:

During the period under review, ARASA and the International Treatment Preparedness Coalition (ITPC), with support from the Robert Carr civil society Networks Fund (RCNF), conducted a global survey to generate evidence to support advocacy on assess barriers to access to anti-retroviral treatment and management as well as access to viral load testing (RVLT). ARASA supported partners in Zimbabwe and Zambia to secure ethical approval for data collection at health care facilities and to conduct interviews with people living with HIV, health care workers and government officials. Data was analysed and a draft Global report was finalised in December 2018. ITPC and ARASA are currently securing the services of Regional Consultants to develop regional reports for disseminated in 2019.



With support from the International AIDS Society (IAS), coalitions of civil society organisations in Malawi, Kenya, Tanzania and Zimbabwe received technical and financial support from ARASA and ITPC to strengthen their advocacy for access to routine viral load testing and differentiated service delivery (DSD) models. In Malawi, demand creation and awareness-raising activities reached 62 community leaders and 2000 community members. These sessions were followed by dialogues and engagement with policy makers during which community members used their new knowledge to present their advocacy demands to the policymakers. *"Mobilising communities, giving them information and letting them do advocacy by themselves- this is the biggest thing that can make a lasting difference on the ground. The support groups that we have empowered, they are continuing to push district officials to adopt models that are appropriate for them. Therefore, the Ministry is still hearing the voices,"* explained a respondent from MANERELA +.

A literacy training on DSD and RVLT was also conducted for 35 health care providers. The engagement of healthcare workers and policymakers resulted in the introduction of mobile ART clinics; multi-month scripts and the provision of RVLT results within 20 days compared to within 90 days as was previously the case in two districts. Through participation in a technical working group and developing a policy brief on DSD, community-based DSD models (including Community ART Groups and nurse-led ART outreach approaches) were included in the revised treatment guidelines of the Ministry of Health. The Ministry of Health also recommended RVLT focal points at each health facility to manage viral load testing-related delays. A radio broadcast elevated the conversation on RVLT and DSD to a national level and ignited interest for similar initiatives in other districts.

In Zimbabwe, the Zimbabwe National Network of People Living with HIV (ZNNP+) and Zimbabwe Young Positives (ZY+) participated in review meetings convened by the Ministry of Health and Child Care

(MOHCC) and advocated for the implementation and scale up of DSD models in health facilities in Mashonaland and Kadoma provinces. These meetings resulted in the uptake of DSD models such as community ART refills, family refill, and club refill at various health facilities, providing. Through the ITPC-supported Community Treatment Observatory Pilot project, community health agents contributed to the development of study protocols and conducted community-based tracking of indicators related to DSD and RVLT at five peri-urban and urban health facilities from May to September 2018. 375 individual interview and 49 focus group discussions were conducted with people living with HIV. The preliminary findings were discussed during the technical working group meetings and reviewed during the December meeting of the Community Consultative Group (CCG). The findings of the Community Treatment Observatories Project will be released in 2019. *"Previously our advocacy work was mainly reliant on secondary information. Now because of the project, we are able to go on a monthly basis, regularly, to health facilities, collecting data and identifying issues affecting PLHIV and taking them further to other stakeholders," explained a respondent from* ZNNP+.

In South Africa, the work which was led by PATA and South Africa Young Positives (SAY+) focused on how youths and adolescent population were accessing DSD services. In response to the mapping that they undertook, they developed a Technical Brief and a youth chapter to the DSD, titled: ***"Differentiated Service Delivery for Adolescents and Young People Living with HIV in South Africa"***. In addition, a new chapter was added to the DSD What Works for Me Toolkit, to emphasise how DSD can address the needs of adolescents and young people. Successful advocacy strategies are described to empower adolescents and young people to ask for what works for them.

Illustration: Mercy Ngulube (UK) launching the chapter on youth-led advocacy for DSD, of the ITPC/ARASA toolkit, "What Works for Me"; (R) Participants at the PATA Summit (25-28 November 2018) – Dar Es Salaam, Tanzania

Criminalisation of HIV transmission, exposure and/or non-disclosure

HIV criminalisation remained a priority advocacy issue for ARASA in 2018 and activities were implemented by ARASA as a member of the HIV Justice Worldwide consortium. In particular, this work gained momentum in Zimbabwe where we witnessed the impact of capacity strengthening efforts with Members of Parliament conducted in collaboration with SADC PF in previous years. In May 2018, newspapers reported that Dr. Ruth Labode, a Zimbabwean Member of Parliament, who has participated in several sessions on HIV criminalisation co-hosted by ARASA and SADC PF, called for repeal of the Section 79 of the Zimbabwe Criminal law during the second hearing of the Public Health Bill in Parliament in Zimbabwe. This sentiment was echoed by other Members of Parliament who attended a session led by ARASA and SADC PF during a Symposium on HIV and Law co-hosted by with Zimbabwe Lawyers for Human Rights (ZLHR), ARASA, HIV Justice Worldwide, UN Women, SALC, Ministry of Health and Child Care, National AIDS Council and other partners in December. A key outcome of this meeting was securing the backing of key influencers, including the National AIDS Council, Ministry of Health and Members of Parliament for the campaign for the repeal of section 79 of the Zimbabwe Criminal Law Act.


The Legal Monitor

Stop criminalisation of HIV - Lawyers, NAC and MOH

Intellectual property laws and Access to Medicines

GSIPA2M

GLOBAL SUMMIT ON INTELLECTUAL PROPERTY & ACCESS TO MEDICINES: PATHWAYS TO ACCESS
15-17 January 2018 MARRAKECH - MOROCCO

During this period, ARASA's advocacy on intellectual property laws included presenting and chairing during the ITPC Global Summit on Intellectual Property Rights and Access to Medicines: Pathways to Access in Marrakesh, Morocco in January. The meeting brought together over 100 participants representative of communities, civil society, academics, government officials, experts and international agencies. A key theme during the meeting was the need for African civil to push for meaningful engagement in the reforms of the TRIPS Agreement as it relates to Public Health and the need for reforms of relevant African regional Intellectual Property Agreements such as the African Regional Intellectual Property Organization (APRIPO)'s Harare Protocol and the OAPI regulated Bangui Agreement; key instruments obstructing the use of TRIPS-flexibilities in African Member States, who are members of ARIPO.

Along with the need for intensifying advocacy targeting national patent offices, and the need for reform of the Harare Protocol (at regional level in ARIPO Member state countries), with support from Aids Fonds; ARASA and Southern Africa Regional Programme on Access to Medicines and Diagnostics (SAPAM), continued to collaborate with other CSO partners, to advocate for civil society inclusion in ARIPO processes. These efforts resulted in the submission of three letters to the ARIPO Secretariat -

drafted together with KELIN, CEHURD, UNDP, Third World Network, Pan-African Treatment Preparedness Movement and SAPAM.

In an effort to strengthen the African civil society Access to Medicines movement, ARASA, KELIN, SAPAM, CEHURD and Oxfam convened a CSO forum from 5 to 7 November 2018 in Entebbe, Uganda. The meeting was attended by 35 participants from seven countries in southern, east and west Africa, with the key theme of harnessing intellectual property rights and access to medicines in Africa. The meeting resulted in a work plan of collaborative activities, including regional level interventions targeting the ARIPO Secretariat and solidifying work with networks of civil society working across communicable and non-communicable diseases; and a common regional advocacy strategy. Some of the key strategies and collaborative work areas identified during the meeting include: (i) Leveraging on regional regulations/laws, for instance the TRIPS flexibilities, in order to push forward access to medicines. (ii) Pushing for the incorporation of substantive examination in laws/regulations to curb ever-greening. (iii) Advocating for stricter patentability criteria in terms of what medicines deserve patents. (iv) Advocating for increased government investment in IP as it is not a priority in majority of the countries in the region. (v) Capacity building of both CSOs and media to get a better understanding of issues related to Intellectual Property Rights and access to medicines. (vi) Working closely with Ministries of Health & Trade; to ensure that Anti-Counterfeit laws are never regulated.

In 2017, a regional meeting for Members of Parliament on access to medicines and harnessing the TRIPS flexibilities, which was hosted by ARASA and SADC Parliamentary Forum, concluded with a recommendation that the partners develop accessible resource materials for Members of Parliament to draw on during parliamentary debates or sessions relating to intellectual property laws and access to treatment. Subsequently a resource pack, which includes a regional "Snapshot" Progress Report and specific-country focused snapshots on the state of TRIPS Flexibilities and Access to Medicines was developed. The Regional Snapshot Report was presented during the 2018 SADC Ministers of Health Meeting, held in Windhoek, Namibia in November. The Resource pack is currently being translated into French and Portuguese and will be disseminated to the SADC Parliamentary Forum (SADC PF) Trade Industry, Finance & Investment (TIFI) Parliamentary Committee members in 2019.

TB and human rights

In February, ARASA 's advocacy on TB and human rights included co-hosting a training for lawyers with the Southern Africa Litigation Centre (SALC), KELIN, HIV Justice Worldwide, Stop TB Partnership and UNAIDS, with support from UNDP through the Africa Regional Grant on HIV: Removing Legal Barriers. The workshop was attended by more than 80 lawyers, media professionals and activists from 27 African countries and aimed to counter criminalisation of HIV and tuberculosis (TB) and the threat it poses to public health and human rights through strategic litigation, legal defence and advocacy efforts. Participants at the training were addressed by survivors of HIV and TB criminalisation, which helped lawyers to better understand why overly broad criminalisation is harmful to human rights and to effective responses to HIV and TB. The training was also an opportunity for lawyers to plan, implement

and contribute to advocacy on issues of HIV and TB criminalisation and to develop and implement regional and national-level strategies. The outcomes of the engagement of the media is covered below.

ARASA continues to contribute to the strengthening of interventions towards addressing TB in miners – an agenda the organisation has been working towards since 2009. This works contributes towards promoting and ensuring rights-based implementation of the (i) SADC Declaration on TB in the Mining Sector (2012); (ii) Framework for Harmonized Management of TB (2014); (iii) SADC Code of Conduct on TB in the Mining Sector (2015); and (iv) the Global Plan to End TB, which aims to find the missing TB cases in ex-miner workers, their families and communities. At a strategic level, ARASA influences the implementation of the Global Fund's regional TB in the Mining (TIMS) grant through participation on the Regional Coordinating Mechanism (RCM). The Global Fund approved the second phase of the landmark grant on TB in the Mining Sector (TIMS) in Southern Africa, covering the years 2018 – 2020. ARASA continued its leadership role in the Executive Committee (ExCo) of the RCM and in March, our Programmes Lead represented ARASA and civil society in the signing of the second phase of the grant. The ceremony was attended by Permanent Secretaries/ Directors General and other representatives from Ministries of Health, Ministries of Mines and Labour; representatives of development agencies; representatives of 10 Country Coordinating Mechanisms; and implementing partners. Phase 2 will use studies and systems developed in the first phase and institutionalize some of these systems; deepen the quality of the services and ultimately integrate them into country systems.

ARASA also collaborated with the O'Neill Institute, the Center for Tolerance and Peace, KELIN, the Treatment Action Campaign, TALAKU and the Southern Africa Litigation Centre to publish a resource titled: "*TB in Prisons: a People's Introduction to the Law"* which aims to make law an accessible tool for activists to use to pursue justice in regard to TB and to catalyse change in prisons. ARASA took the opportunity of the 4th Training of Trainers (TaLP) module, to walk the participants through basic legal principles, as well as the basic infrastructure of law at national level. ARASA will integrate the Tool in future face-to-face and online training programmes.

Throughout the year, ARASA participated in strategic gatherings aimed at strengthening TB advocacy in the region, including a follow-up convening to the 2016 Nairobi Strategy on TB and Human Rights convened by KELIN and U-Chicago in Mombasa, Kenya in August. This stock taking meeting was convened to assess progress of the Nairobi Strategy and to develop a three-year work plan, which will contribute towards the implementation of human rights-based approaches to TB through diverse advocacy strategies.

In June, ARASA's Programmes Lead addressed the UNAIDS Programme Coordinating Board (PCB) on what is needed to move from human rights commitments to action and ensure that people affected by

HIV and TB can effectively claim their rights and that duty-bearers are held accountable, during a thematic session titled: "Ending Tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals," hosted adjacent to the 42nd PCB meeting in Geneva, Switzerland. Prior to the session, she provided input to develop the session as part of a Working Group, which also recommended Decision Points to be included in the Report of the thematic session for approval in the December PCB meeting. Five case studies showcasing functional models for HIV/TB integration and the use of the ARASA 6I's Superhero HIV/TB Toolkit by ARASA partners were submitted for the Thematic Segment.

Ahead of the first ever United Nations General Assembly United High-Level Meeting on Tuberculosis, held on 26 September 2018, ARASA supported the mobilisation of African civil society, including the African Coalition on Tuberculosis, to influence the Outcomes Document. This included spearheading the development of the Africa Civil Society Position on Tuberculosis, which aligned to the African Union Common Africa Position. ARASA also participated in consultations with other regional and global civil society organizations to draft an open letter on TB and human rights, which was submitted to the two co-chairs of the High Level Meeting. ARASA also facilitated access to women affected by TB to attend the High Level Meeting to offer testimonies on the "lived realities" through financial support from the Stop TB Partnership. Albertina Nyatsi from Positive Women Swaziland was supported to participate in a Gender and TB Forum, a side-event convened at the TB High Level Meeting (TB HLM) in New York, in September.

In 2018, ARASA continued to serve as a member of the Lung Ethical Advisory Group (EAG) and attended the International Lung Conference in The Hague, the Netherlands in October in this capacity. During the week, ARASA's Programmes Lead participated in various strategic meetings including a pre-conference and post-HLM civil society meeting ahead of the main conference. During the annual EAG experts meeting, she presented a landscape analysis of current civil society efforts towards addressing legal and policy barriers to TB. She was also a panellist at a WHO Symposium on Ending tuberculosis deaths among people living with HIV and presented at the UNDP TB and Human Rights Symposium, which reflected on the recommendations of 2018 Supplement of the Global Commission on HIV and the Law.

The conference presented an ideal advocacy platform and ARASA supported and participated in various advocacy activities including the

development of a call for greater accountability, developed in collaboration with KELIN, O'Neil Institute and University of Chicago and signed by 100 civil society organisations around the world. ARASA's Programmes Lead was also part of drafting team for a statement on the price of Bedaquiline, requesting that Johnson & Johnson cut the price by 50% and participated in mobilisation action in the lead up to the Plenary on 24 October 2018. She was also quoted in the statement, "Activists interrupt TB conference opening ceremony to call on J&J to cut price of TB drug in half, to one dollar per day".

The Programmes Lead also participated in mobilisation action on 25 October in support of a statement calling on the Global Fund, international donors and national governments to pay attention to the procurement cliff that will take place as Global Fund transitions from middle income countries.

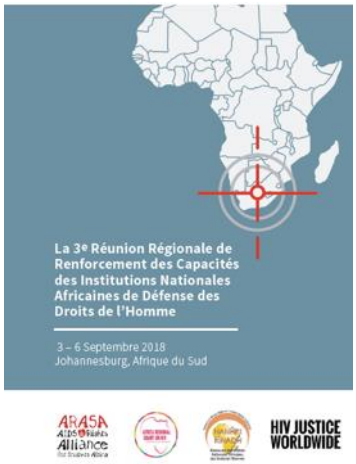
ARASA also co-authored a statement entitled, "Activists Call on Countries and Donors To Immediately Scale Up Use of Life-Saving TB LAM Test" with the Treatment Action Group (TAG) to advocate for a scale up in the availability of LAM tests to effectively detect Tuberculosis (TB) in people living with HIV with very low CD4 counts.

By way of follow-up to the grant provided to FACT to establish the National TB Network (see report under grants), ARASA provided financial and technical supported to FACT to implement advocacy activities to complement strategic litigation undertaken by the Centre for Human Rights, Education, Advice and Assistance (CHREAA), together with the Southern Africa Litigation Centre (SALC), in regard to the outbreak of multi-drug resistant (MDR-TB) in a prison in Malawi. With ARASA's support, FACT hosted a national advocacy meeting on 3 December, convening members of the National TB Network, which was established with ARASA's support. Members of the Parliamentary TB Caucus, the National TB Control Programme, the Director of Clinical Services in Prison, the Centre for Human Rights, Education and Assistance (CHREAA) and other strategic partners also attended the meeting, which aimed increase awareness of the increase in MDR-TB cases in Malawi's prisons and reaching consensus on actions which can be taken by various stakeholders to address this challenge. The interim hearing of the case took place in January, with Chikondi Chijozi from CHREA as lead counsel. ARASA will continue to support this work in 2019.

Advocacy and awareness raising with Key Influencers

As part of the Global Fund funded Removing Legal Barriers Programme, ARASA, African National Human Rights Institutions (NANHRI)) and HIV Justice Worldwide co-hosted the 3rd Regional Capacity Strengthening Convening for National Human Rights Institutions (NHRIs), in September.

The 3rd convening brought together 29 senior NHRI representatives, 14 media practitioners and 14 experts on HIV, TB and SRHR from across Africa and focused on multiple topics including criminalisation of HIV transmission; SRHR; bodily autonomy and integrity; regional human rights mechanisms and their impact on health systems; and strengthening the role of National Human Rights Institutions (NHRIs) in addressing SRHR and TB challenges.



A reflection on progress made since the previous convening, revealed that many participants are indeed honouring their commitments made including engaging in discussions and processes related to law reform in regard to the issues discussed during the training; formalising relationships with key population groups, hosting public educational campaigns with CSOs on key population issues; and sensitising peers in their institutions.

Following the 3rd NHRI convening, ARASA commissioned an external evaluation and assessment on the impact of the NHRI trainings. The evaluation demonstrated that the convenings were instrumental in facilitating peer learning between the NHRIs, as well as collaboration with key population groups. NHRI representatives were also able to utilise the skills and knowledge gained within their respective institutions; for example, the Independent National Commission for Human Rights of Liberia (INCHRL) hosted a dialogue on LGBTI issues for the first time in 2018, while South Sudan National Human rights Commission started investigating TB cases that were brought before the institution in 2017 and Cameroon National Human Rights Commission started assessing the arbitrary arrest of sex workers with the view of compiling a report on the findings, among other national results.

"I am able to carry out my duties better when it comes to key population issues, persons with disabilities and the youth, indirectly this improves the Commission's impact" stated NHRI representative from Cameroon.

"*After the training, my institution and other partners have developed strategies to engage the socio-cultural parliamentary commission so that we can discuss both the Criminalisation of TB and HIV,*" explained an NHRI representative from the DRC.

"*The Convenings have greatly enhanced the KNCHR's knowledge and capacity on advancement of the rights of Key Populations. KNCHR has further benefitted immensely from lessons, initiatives and experiences from other NHRI's and CSOs which continue to inform our interventions on the rights of Key Populations. The convenings have also provided a platform for KNCHR to share its experience and engagement on SOGIE & Key Populations with other NHRI's and stakeholders"* – Commissioner George Morara, Kenya National Commission on Human Rights (KNCHR)

"The Regional Capacity Strengthening Convening provided platforms for representatives of NHRIs, CSOs and other partner organizations to share ideas, seek clarifications and collaborate on ways to bring an end to stigmatization, discrimination, and violence against key populations on the African Continent. It also deepened NHRI representatives' knowledge and understanding on HIV, TB, and SRHR and helped to build the capacities of NHRI staffs to support key populations"-

Fetol Siakor, Chief Investigator, Independent National Commission on Human Rights of Liberia (INCHRL)

In response to a request by the NHRIs for user-friendly tools, outlining their role in the HIV and TB responses, ARASA developed an animation video (See https://www.youtube.com/watch?v=Q93cgYtsr_Y&t=36s , which has been circulated to the NHRIs and has been received positively.

In November, as part of the Removing Barriers Programme, ARASA, in collaboration with UNDP Botswana supported a multi-stakeholder meeting convened by the Global Fund for the development of the human rights programming plan. Although there were challenges related to the similarities in the process proposed by UNDP / ARASA (through the Legal Environment Assessment (LEA) process) and the Global Fund process, ARASA presented the LEA recommendations in an effort order to ensure that the comprehensive Global Fund plan include the LEA recommendations. Subsequently, the Technical Working Group established for the LEA was tasked with finalising the HIV and Human Rights Plan, which includes both LEA recommendations and baseline data from the assessment plan. The Final Plan will be made available by March 2019.

Shrinking civil society space

ARASA continues to participate in dialogue with other national and regional civil society organisations and human rights defenders; to found strategies to address the shrinking civic space. ARASA partners continue to operate in increasingly hostile environments. The proliferation of NGO Acts, continue to regulate funding sources, while other partners face victimisation and threats of closure, when promoting the rights of key populations. Tanzania, Kenya and Uganda, among others, were environments, in which civil society continue to face on-going threats.

From 14 to 16 November 2018, 100 human rights defenders (HRDs) working on women, children, health, environmental, sex work, LGBTIQ, criminal justice, socio- economic, labour, disability, migrant, media, and anti-corruption across Southern Africa gathered in Johannesburg to reflect on the closing of civic spaces in the region and to forge solidarity among human rights groups that face restraints on their ability to operate and to organise. The summit was hosted by SALC, International Commission of Jurists, ARASA, Media Legal Defence Initiative and the Southern Africa Human Rights Defenders Network. The participants recognised that, over the past two years, human rights defenders in the region, including journalists have been executed, harassed, tortured, detained and faced restrictions on their freedoms of movement, expression, association and assembly. Defenders have been the victims of false accusations and unfair trials and convictions. The participants also noted that laws and practices such as CSO regulation; restrictions on the right to association and access to financing; and the use of terrorism laws against human rights defenders inhibit the rights of human rights defenders

A key outcome of the summit was a statement calling on States to implement a series of demands to facilitate the protection of the rights to freedom of assembly, freedom of expression and freedom of association by reforming laws to ensure freedom of expression, association and assembly; ensuring access to justice; and creating an enabling environment for human rights defenders.

Representation, advising and influencing policy platforms

ARASA retained its observer status at the African Commission on Human and People's Rights (ACHPR). In January 2018, ARASA's Director, Michaela Clayton attended the official launch of the report on "HIV, The Law, Human Rights in the African Human Rights System: Key Challenges and Opportunities for Rights-Based Responses" in Addis Ababa.

This ground-breaking report, that acknowledges key human rights in relation to HIV in the region, was formally adopted in 2017 by the African Commission. This study was undertaken by the HIV committee of the African Commission over thee-year period, together with UNAIDS, AMSHeR, and ARASA (see *www.achpr.org/files/news/2017/12/d317/africancommission_hiv_report_full_eng.pdf*)

In April, ARASA's Regional Key Population Officer participated in the NGO forum and the public session of the 62nd Ordinary Session of the ACHPR, held in Nouakchott, Mauritania. Using ARASA's observer status, they delivered a statement on the experience of police violence by people who use drugs based on the preliminary results of the mapping exercise conducted for the Southern African Drug Policy Reform Network (see report under drug policy and harm reduction), during the public session. This report elicited state responses, specifically from the Malawi delegation; further face to face engagement made it clear that they considered this to be a serious issue. The Malawi delegation noted that they knew CHREAA, a key partner involved in the mapping exercises, and acknowledges their expertise as a CSO working on such issues. (See http://www.arasa.info/news/statement-human-rights-violations-faced-people-who-use-drugs-southern-africa-62nd-ordinary-session-african-commission-human-and)

In August, a draft resolution on intersex persons in Africa, developed by the Centre for Human Rights at the University of Pretoria in collaboration with ARASA and Iranti-org was presented to the Commissioners during the Commission's extraordinary session. The draft resolution aims to support the ACHPR in explicitly taking a position on the protection of the rights of intersex persons, while also encouraging Member States to develop laws, policies and guidelines that seek to protect and promote the rights of intersex persons in their communities, in healthcare, in accessing information and in legal recognition. The Commissioners stated that they do not have enough information on intersex issues in order to support the adoption of the resolution. They encouraged development of research reports and information in order to provide them with more information. The drafters of the resolution have decided to meet with Commissioners on a one-on-one basis in order to sensitise them to intersex issues, and also to compile research and information not only for the Commission but for the benefit of intersex advocacy in the region.

In advance of the 63rd Ordinary Session of the ACHPR, two technical assistance requests came from ARASA partners from Iranti-org and CHREAA.

Iranti-org sought assistance in providing a briefing and introduction for new CSOs and activists attending the session on the workings of the ACHPR. As ARASA was unable to attend this particular session, we liaised with AMSHER and CAL to provide this technical assistance on our behalf for Iranti-org.

ARASA also provided technical assistance to CHREAA with regard to a statement they sought to deliver at the session under their own observer status. Clear, step-by-step guidance was provided on the process of submitting and presenting a statement, along with a review and editing of the draft statement. Additionally, as a result of the loss of by the Coalition of African Lesbians (CAL) of its observer status at the ACHPR, CAL requested the use of ARASA's Observer status to deliver a statement on behalf of LGBTI activists in Botswana that CAL supported in submitting a shadow report, as Botswana was being reviewed. The statement highlighted the recent successes in Botswana regarding the rights of LGBTI persons, but also emphasised that these were achieved primarily through courts rather than as a result of government action.
(See https://www.cal.org.za/2018/10/29/aids-and-rights-alliance-for-southern-africa-arasa-statement-at-the-63rd-ordinary-session-of-the-african-commission-on-human-and-peoples-rights)

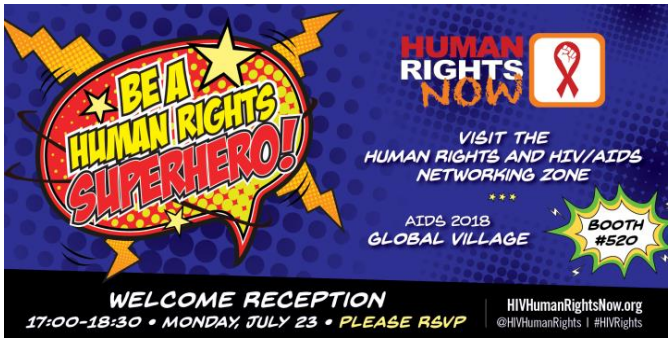
ARASA at the 22nd International AIDS Conference

On 22 July, ahead of the 22nd International AIDS Conference in Amsterdam, ARASA's Director, Michaela Clayton, addressed delegates attending the 2018 Global dialogue on HIV and Law on "New and Emerging Issues in HIV-Related Science and the Lessons for HIV and the Law" during the launch of the 2018 Supplement to the 2012 report of the Global Commission on HIV and the Law. ARASA's Deputy Director, Felicita Hikuam, participated in the Expert Meeting of Global Commission on HIV and law in April to provide input into the content of the supplementary chapter.

On 23 July, ARASA, together with the other members of the HIV Justice Worldwide consortium, and with support from the RCNF, hosted the 4th "Beyond Blame 2018: Challenging HIV Criminalisation" meeting. The one-day meeting was attended by more than 150 activists, advocates, judges, lawyers, scientists, healthcare professionals and researchers from 30 countries in Africa, Asia and the Pacific, Eastern Europe and Central Asia, Latin and North America and Western Europe. Participation was extended to a global audience through livestreaming of the meeting on the HIV JUSTICE WORLDWIDE YouTube Channel, with interaction facilitated through the use of Twitter (using the hashtag #BeyondBlame2018) to ask

questions of panellists and other speakers. ARASA staff shared perspectives on various topics including legal strategies to advocate for an end to HIV criminalisation; mobilising community organisations to advocate against

HIV criminalisation; and the feminisation of HIV criminalisation. An evaluation of the event's found that all participants rated the meeting as good (6%), very good (37%), and excellent (57%). All participants reported that the meeting provided useful information and evidence they could use to advocate against HIV criminalisation.



As was the case for the past two International AIDS Conferences, ARASA and the Canadian HIV/AIDS Legal Network co-hosted the Human Rights Networking Zone (HRNZ) in the Global Village with financial and technical support from OSF. Under the theme "Be a human rights superhero!" the HRNZ offered opportunities for attendees to learn more about the critical importance of human rights in the HIV response, to network with like-minded peers and share knowledge and strategies across different contexts. Building on the successes and lessons learned from hosting previous HRNZs, the programme offered 10 "hot topic" sessions on topical themes such as ageism and the HIV response; accountability in a time of disruption through human rights literacy; HIV funding; and religion and HIV. In addition, the zone offered a morning movie and a human rights photo stand using the branded photo frame and backdrop with a variety of key human rights advocacy messages to choose from. Based on daily observations, more than 2,000 conference attendees visited the HRNZ in total. More than 150 people attended the packed opening reception and 170 people attended the ten "hot topic" sessions. Key outcomes of this activity included increased visibility and understanding of the human rights dimensions of the HIV epidemic, and of why human rights must remain at the centre of the response to HIV; greater links between organisations defending human rights; and dissemination of new information to human rights advocates. An online survey, distributed via social media feeds, as well as via the mailing lists of both the Legal Network and ARASA found that 88% of respondents agreed or strongly agreed that "activities and information presented in the Networking Zone increased my understanding of human rights issues related to HIV". 87% agreed or strongly agreed that they "acquired new information about a human rights issue (or issues) related to HIV from the Networking Zone"; and 80% agreed or strongly agreed that they had "made new connections to people working on human rights issues related to HIV at the Networking Zone."

In addition to co-hosting the HRNZ, ARASA staff presented at or co-facilitated the following sessions during pre-conferences and at the official conference:

- Co-facilitated the She Decides workshop titled: Changing the Rules: How can young people challenge laws and policies that deny women and girls their reproductive rights? Presented at a session titled: Challenging criminalization globally: Un-policing identity, morality, sexuality and bodilyautonomy
- Presented during a session titled: It is OUR Money! Effective community advocacy to insure domestic resources for sustainable HIV services
- Presented during a session titled: Antifragile: Strengthening the HIV response through addressing stigma, prejudice and discrimination

Three posters on the topics: "Utilising African Human Rights Institutions in promoting and protecting the right of key populations"; "Impact of the ARASA Online short courses on Criminalisation of HIV transmission, exposure and non-disclosure;" and "Utilizing African national human rights institutions in promoting and protecting the rights of key populations" were also presented. ARASA's Deputy Director, Felicita Hikuam was part of the official rapporteur team for Track D: Social and political research, law, policy and human rights. Director, Michaela Clayton, was a Track D member.

Improving media coverage on HIV, TB and human rights and the consequences of discriminatory policies and practices

From 20 to 24 February 2018, ARASA co-hosted a training for 7 media professionals from Botswana, Kenya, Malawi, Nigeria, Seychelles, Uganda and Zambia alongside a training for lawyers on human rights based strategic litigation, legal defence and advocacy for HIV and tuberculosis (TB) justice. Other co-hosts included the Southern Africa Litigation Centre (SALC), HIV Justice Worldwide, Stop TB Partnership, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN).

The training of media professionals aimed to strengthen the understanding of media professionals of the harms caused by the overbroad criminalisation of HIV and TB transmission, exposure and/or non-disclosure and to increase their ability to write accurate non-stigmatising, balanced, accurate and sensitive articles about people living with HIV who have survived HIV and TB criminalisation. The training also facilitated networking between media professionals, lawyers and HIV and TB criminalisation experts to advance efforts to address HIV and TB criminalisation. Participants at the training were addressed by survivors of HIV and TB criminalisation, which helped them gain a better understanding of why overly broad criminalisation is harmful to human rights and to effective responses to HIV and TB.

Although much of the training was conducted jointly for lawyers and the media professionals, separate sessions were held for the groups on the last day. The sessions with the media focused on protecting confidentiality and linking them to civil society organisations that can support their efforts to highlight the harms of HIV and TB criminalisation.

"Having heard of the different cases of human rights abuses against people living with HIV and/or TB, I think it is our duty as the media to defend their rights and to work with other NGOs and the government to better their lives," commented one journalist following the training. Another journalist commented that the training had influenced how they report on HIV and TB criminalisation by encouraging them to dig deeper and report beyond the surface issues, to use non-stigmatising language and to be mindful of survivors' rights.

African lawyers and journalists sensitised on HIV and TB criminalisation

Group photograph of the delegates

Following the training, a journalist from Seychelles wrote an article on the training, which was included in the Seychelles NATION newspaper on 2 March 2018 (see clipping on left side).

Subsequently, Benedict Tembo, a journalist from the Daily Mail in Zimbabwe and their online editor, who was trained on HIV, TB and human rights by ARASA and was also a participant of the above mentioned training of media professionals wrote a column titled "TB: Preventable, curable disease", which can be viewed at https://www.daily-mail.co.zm/tb-preventable-curable-disease/

In March 2018, the HIV Justice Worldwide, of which ARASA is a member, launched a new toolkit to support advocates in using media to fight for HIV justice. The toolkit can be viewed at: https://drive.google.com/file/d/1nBPqa90C5DQjKSpwE-cp9nU5qEDxyXRJ/view

In September, ARASA hosted 4 media practitioners during its 3rd Regional Capacity Strengthening Convening for National Human Rights Institutions (NHRIs), which brought together 29 representatives of NHRIs from across Africa. Topics covered during the meeting included criminalisation of HIV non-disclosure, perceived exposure and transmission, sexual and reproductive health and rights, regional human rights mechanisms and their impact on health systems, and strengthening the role of NHRIs.

Some of the discussions from this meeting can be accessed here:
https://www.facebook.com/AIDSandRightsAllianceforSouthernAfrica/posts/10156592539557305/
with over 20 tweets posted https://twitter.com/_ARASAcomms/status/1037257811078594561

Also during this period, ARASA issued the following statements and was covered in various media platforms:
MEDIA STATEMENT: Human rights activists celebrate Malawi's adoption of amended HIV law that removes rights-infringing provisions
http://www.arasa.info/news/media-statement-human-rights-activists-celebrate-malawis-adoption-amended-hiv-law-removes-rights-infringing-provisions/
MEDIA RELEASE: Civil society statement on the criminalisation of HIV at the 61st Ordinary Session of the African Commission on Human and People's Rights
http://www.arasa.info/news/media-release-civil-society-statement-criminalisation-hiv-61st-ordinary-session-african-commission-human-and-peoples-rights/
World AIDS Day statement: My health! My right! Protect the right to health to end AIDS and achieve all SDGs!
http://www.arasa.info/news/media-release-my-health-my-right-protect-right-health-end-aids-and-achieve-all-sdgs/
New Toolkit Supports Advocates in Using Media to Fight for HIV Justice
http://www.arasa.info/news/new-toolkit-supports-advocates-using-media-fight-hiv-justice/

World TB Day statement and media coverage: Leadership and rights for a TB-free Africa https://www.namibian.com.na/65810/read/Leadership-and-rights--for-a-TB-free-Africa
Why people failing to take their TB treatment should not be jailed http://www.arasa.info/news/why-people-failing-take-their-tb-treatment-should-not-be-jailed/
ARASA's Director is quoted in: Prosecution for endangerment not supported by science at: https://www.medicalbrief.co.za/archives/prosecution-endangerment-not-supported-science/ and in Man sentenced for not disclosing his HIV status https://www.dailysun.co.za/News/International/man-sentenced-for-not-disclosing-his-hiv-status-20180726
Law enforcement officers learn more on rights of sex workers http://www.nation.sc/article.html?id=259772
MEDIA STATEMENT: Activists Call on Countries and Donors to Immediately Scale Up Use of Life-Saving TB LAM Test http://www.treatmentactiongroup.org/content/activists-call-countries-and-donors-immediately-scale-up-use-lifesaving-tb-lam-test Issued jointly with Treatment Action Group (TAG), Global TB Community Advisory Board (TB CAB), Center for Artistic Activism (C4AA), Global Coalition of TB Activists (GCTA), Médecins Sans Frontières (MSF), SECTION27, Treatment Action Campaign (TAC) and Stop TB Partnership
MEDIA STATEMENT: Court stops hospitals from returning patients with multi-drug resistant TB to prison. Issued jointly with the Centre for Human Rights Education, Advice and Assistance (CHREAA), the Southern Africa Litigation Centre (SALC) and Facilitators of Community Transformation (FACT) www.arasa.info
MEDIA STATEMENT: African civil society organisations applaud the adoption of the Roadmap for access to Medicines and Vaccines by African Ministers of Health www.arasa.info

ARASA also continued to increase its social media reach. On Facebook, our followers have increased from 8 371 to 8 483 followers. On Twitter our followers increased from 3 238 followers to 3 348 followers. On Instagram, our followers have increased from 102 to 138 followers.

Representation on international and regional policy for a and advisory bodies

In addition to participating in various strategic spaces, several ARASA team members represent the advocacy interests of the partnership on the following policy and advisory bodies:

Policy platforms	Level	Capacity
UNAIDS Human Rights Reference Group	Global	Co-chair
UNAIDS Scientific and Technical Advisory Committee	Global	Member
Global Fund Working Group on human rights and M&E	Global	Member
Global Fund Community, Rights and Gender Advisory Group	Global	Member
TB REACH Programme Steering Group	Global	Member
Ethics Advisory Group (EAG) of the International Union Against Tuberculosis and Lung Disease	Global	Member
African Commission on Human and People's Rights	Continental	Observer
Regional Coordinating Mechanism for the Global Fund Grant: TB in the Mining Sector in Southern Africa	Regional, southern Africa	Member of the Executive Committee