2012/2013
ANNUAL REPORT

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WORLD AIDS CAMPAIGN

UNIVERSAL ACCESS AND HUMAN RIGHTS

Looking at 2012/2013, World AIDS Campaign International (WACI), previously known as World AIDS Campaign, is proud of the results it has achieved. WACI continued to facilitate interventions from the previous period and started new projects. In this report, it is my pleasure to share with colleagues and partners some highlights from our work during this period.

Over the last two (2) years, the organization has undergone a range of institutional and leadership transitions. From a global organization founded and headquartered in Europe (Amsterdam), working around the globe in various geographical regions, such as Europe, Africa, Asia, Middle East and North Africa, to an organization that is presently headquartered in South Africa working in the African region.

The organization's deliberate shift to focus on Africa has been guided by the need to be more conscientious, more innovative and even more accountable and streamlined in our approaches as we continue to ensure that the organization maintains her pivotal role in addressing HIV&AIDS, while continually embracing and incorporating the broader health development agenda into her work.

The Africa Civil Society Platform on Health has been a cornerstone in our work. The platform, which is steered by a team of dedicated and dynamic African activists, is a model best practice in achieving universal access to health, based on the premise that universal access requires a coordinated response that involves multiple and diverse stakeholders. To the steering committee of the platform and all the members who have participated in various campaigns, I sincerely salute and celebrate you.

As we celebrate our successes, we are cognizant that the next 12 months will be both exciting and challenging. We are particularly anxious and look forward with anticipation to: the Implementation of the African Union Road map on Shared Responsibilities and Global Solidarity by African Union member states; The Replenishment of the Global Fund to Fight AIDS, TB and Malaria; Implementation of the New Funding Model of the Global Fund; discussions around post-2015 agenda; clinical trials that will yield positive results on HIV prevention options; the growing relationship between Africa and China and what it means

not only for development, but also for human rights and civil society participation.

When organizations go through institutional as well as leadership transitions, uncertainty can push partners to take flight. I would like to sincerely thank and celebrate partners who, despite uncertainties, chose to support our work. I, in particular, appreciate the unwavering technical and financial support by the International Civil Society Support; Open Society Foundations; International AIDS Vaccine Initiative; RESULTS Educational Fund; AVAC; Global Fund Secretariat; UKAID; SIDA; Global Health Advocates; and GAVI.

We anticipate, with your continued support, new beginnings, new energy, new horizons and new partnerships will become a reality.

Rosemary Mburu
Executive Director

AFRICASO	African Council of AIDS Services Organization
AIDS	Acquired Immune Deficiency Syndrome
ARASA	AIDS and Rights Alliance of South Africa
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
AU	African Union
BRICS	Brazil, Russia, India, China, South Africa
CS	Civil Society
CSO	Civil Society Organization
DFID	Department for International Development
EANNASO	East African National Networks of AIDS Services Organization
GBV	Gender Based Violence
GF	Global Fund
GFAN	Global Fund Advocates Network
GIPA	Greater Involvement of People Living with HIV
GNP+	Global Network of People living with HIV/AIDS
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
ICW	International Coalition of Women Living with HIV
IPPF	International Planned Parenthood Federation
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
LTA	Leadership with Accountability
MDG	Millennium Development Goal
NAPWA	National Association of People Living with HIV
NFM	New Funding Mechanisms
PLHIV	People Living with HIV
R&D	Research and Development
SIDA	Swedish International Development Agency
SIIC	Strategic Investment and Impact Committee
SRHR	Sexual Reproductive Health Rights
TasP	Treatment as Prevention
TB	Tuberculosis
TCC	Thuthulela Care Center
TICAD	Tokyo International Conference on African Development
UKAID	United Kingdom Agency for International Development
UNAIDS	UN Joint Programme on HIV&AIDS
WACI	World AIDS Campaign International
WHO	World Health Organization

Introduction

The World AIDS Campaign International (WACI) is a regional organization in Africa that works through advocacy and campaigning to mobilize communities, civil society, and policy makers towards improved HIV and Health Outcomes. WACI is dedicated to ensuring a world where people do not die of AIDS and opportunistic infections like tuberculosis (TB) among other health outcomes. WACI aims to achieve this goal by advocating that governments and policy makers meet the HIV and health targets they set, the commitments they made, and mobilize the necessary resources.

Key Achievements

During the period under review, WACI achieved the following results:

1. Advocacy for Sustainable and Predictable HIV and Health Resources where WACI held and participated in various forums to ask donors to honor their financial commitment and call on African government to increase funding for health in line with the 15% Abuja Declaration, as well as the $44 WHO recommended per capita expenditure.

2. To ensure maximum impact in resource mobilization, WACI led on a process, which pioneered discussions between Africa Civil Society and Global Health Partnerships on 'More money for health and more health for the money' and also called on the civil society to work in a coordinated manner through health platforms and not disease specific platforms for greater impact. An inaugural meeting was held in February 2012.

3. WACI also undertook interventions to address sexual and reproductive health rights as a key precursor to tackling the challenge of HIV and AIDS. To achieve this, WACI held and participated in advocacy forums that promoted the sexual and reproductive health rights of people living with HIV, implemented a program in Eastern Cape, South Africa, to tackle the violation of rights of under-age girls who were abducted and married off in exchange for bride price. This intervention led to prosecution of the perpetrators and acted as a deterrent to would be perpetrators. WACI also undertook interventions to advance the sexual and reproductive health rights of sexual minorities, such as, lesbians gays, bisexuals, transgender and intersex (LGBTIs). This saw organizations in Eastern Cape, South Africa,

dealing with LGBTIs trained on human rights and the media and public sensitized on the SRHR of LGBTIs. This saw organizations in Eastern Cape, South Africa, dealing with LGBTIs trained on human rights and the media and public sensitized on the SRHR of LGBTIs.

4. WACI also engaged in interventions aimed at promoting HIV prevention research, where it held and participated in interventions to mobilize civil society and communities in Africa towards a stronger voice in New Preventive Technologies such as vaccines, microbicides, and treatment as prevention.

5. WACI further undertook interventions aimed at promoting accountability to achieve universal access to HIV prevention, treatment and support. Here WACI was involved in HIV leadership through accountability program that aimed to strengthen, develop and replenish HIV leadership and to hold governments and policy makers accountable for their commitments and decisions. WACI in collaboration with the Global Network of People Living with HIV spearheaded a five-year programme in partnership with national networks of PLHIV and civil society in eleven countries around the world to support national processes to achieve Universal Access. The program also supported national networks of people living with HIV with tools and resources to collect evidence on why it is important to achieve universal access to prevention, treatment and support and use the evidence to hold leaders accountable.

6. WACI, continued to host and coordinate the African Civil Society Platform on Universal Access to HIV Prevention, Treatment, Care and Support, to support strengthened coordination and participation in regional processes in order to amplify the African voice in global HIV and AIDS agenda and hold governments and policy makers accountable for decisions and commitments made on Universal Access.

Next Steps

1. WACI will continue to engage in health resource mobilization advocacy, paying attention to the implementation of the 15% Abuja declaration as well as the African Union Road Map on Shared Responsibility and Global Solidarity. WACI will play a catalytic role in raising the profile of Innovative health financing in Africa aimed at raising the level of predictability and sustainability of health investments in Africa.
2. WACI will continue to engage in interventions aimed at supporting community and civil society engagement in Global Fund processes at country and regional level by raising community and country level demand for mobilization of health resources through strong and sound investments, while enforcing accountability of both domestic and international resources.
3. WACI will work towards the dissemination of New Funding Model among civil society and communities with a view to clarify on what to expect during country application processes. It will be particularly important for Civil Society and key populations to engage effectively in country dialogues.
4. WACI will undertake monitoring and tracking the level at which countries are implementing the new funding mechanisms, in which it will assess the extent to which countries engage in country level dialogues; include human rights aspects in the country applications and key population groups representation in Country Coordinating Mechanisms.
5. WACI will continue to advance SRHR work, particularly paying attention to the needs of women and girls including work on HIV prevention options.
6. WACI will endeavor to contribute to Maternal, Newborn and Child Health as a contribution to the Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality (CARMA).
7. WACI will continue to engage in regional mobilization on HIV prevention research using key mobilizing moments such as ICASA, International AIDS Conference as social mobilization and advocacy platforms.

1. Context

Confronted with the consequences of HIV/AIDS, Tuberculosis, Malaria and other related infectious diseases on population and development in Africa, the African Union (AU) Heads of State and Government adopted the 2000 and 2001 Abuja Declarations and Action Frameworks which required Member States to take measures to halt and reverse the rate at which the disease had progressed and jeopardized the progress made in the socioeconomic development in Africa.

The Abuja Call for Accelerated Action Towards Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa" of 2006 reinforced action by AU Member States against the three diseases by implementing the Abuja action plan based on a vision of "*Universal Access to HIV/AIDS, Tuberculosis and Malaria Services in Africa by 2010"*. In 2010, a five-year review of the "Abuja Call" acknowledged the progress made by several member states in addressing HIV AIDS, Tuberculosis and Malaria, recognizing that gaps remain particularly in terms of population access to treatment, care and support, resource mobilization, and in strengthening health systems.

Significant challenges continue to confront Member States in the bid to achieve the objectives of the "Abuja Call" and the Millennium Development Goals (MDGs) by 2015. Indeed poverty and related socio-economic issues hinder access to services and contribute to huge unmet needs.

In the African continent, only 54% of those eligible for ARV treatment have access, and only 10.9% of children under 5 years who suffered from malaria during 24 hours were treated according to national guidelines. The emergence of multidrug-resistant tuberculosis is a major concern given the significant costs involved in its treatment.

In addition, despite efforts across the continent, health systems continue to require further strengthening and the institutionalization of accountability mechanisms. Progress with regards to maternal, newborn and child health remain below set targets and significantly undermine development in the continent. Consequently, renewed commitment at the highest level is critical to reinforcing action to facilitate the delivery of desired results.

In June 2011, during the High Level meeting of the United Nations General Assembly Special Session on HIV and AIDS, world leaders committed to ambitious targets towards ensuring zero AIDS-related deaths, zero discrimination

and zero new infections. These targets, coupled with the Millennium Development Goals (MDGs), call for unprecedented investment in health if any substantial progress in achieving the said targets is to be realised by 2015. However, the global financial crisis has forced a reduction in funding for health. Cancellation of Global Fund Round 11 is a case in point. This reduction came at a time when the world is, now more than ever, so close to the end of AIDS. It also came at a time when a decade of investment in malaria and TB through the Global Fund had resulted in so many saved lives and improved quality of life across the three diseases.

While global targets are essential for holding ourselves accountable and measuring our progress, the current emphasis on achieving numerical targets risks shifting the primary focus away from those most in need - often those living in poverty, those marginalized and most vulnerable - to groups that are most easily reached. Stemming the HIV epidemic and reaching all the MDG targets by 2015 requires continued focus at every level on promoting, protecting and fulfilling the human rights of the most excluded.

To succeed, donors and recipients must meet their full commitments under existing funding agreements – this includes commitments to their own bilateral and national programmes; also to international institutions including World Health Organisation (WHO), UNAIDS and the Global Fund. Financial commitments need to be extended beyond 2015. Delivery of an effective response to HIV, to AIDS and opportunistic infections like TB requires broad public support, and effective government with a high level of responsiveness to civil society campaigning, advocacy and lobbying. Further, it requires the transparent and efficient use of available resources and comprehensive law, policy and service delivery, which addresses and overcomes stigma. Civil society has the role of ensuring that the world does not backtrack on gains so far made in fighting HIV and AIDS; more so ensuring that Africa, which carries the highest burden of disease, consistently prioritises health in its development agenda.

2.1 An Overview

The World AIDS Campaign International (WACI) is a non-profit organization dedicated to ensuring a world where people do not die of AIDS and opportunistic infections like tuberculosis (TB) among other health outcomes. WACI aims to achieve this goal by advocating that governments and policy makers meet the HIV and health targets they set, the commitments they made, and mobilize the necessary resources. WACI employs a rights-based approach and collaborates with diverse communities, organizations and most affected populations, including, but not limited to people living with HIV, sex workers, men who have sex with men, people who use drugs, women, young people, religious groups, labour, media, parliamentarians, academics and business leaders.

The WACI works at country, and regional levels, delivering a wide range of programmes, to catalyze and build civil society-led HIV and health-related campaigns. At country level, this work encompasses nine (9) African countries in direct partnership with country level civil society organizations. At the regional level, WACI employs a two-pronged approach:

1. Regional Civil Society Platform on Health, which WACI hosts and coordinates. The platform is spearheaded by a steering committee, which brings together a group of dynamic Pan-African leaders/activists representing a wide range of constituents. This approach promotes Africa's civil society common position on health-related matters as a way of strengthening one civil society voice across Africa.
2. Regional Mobilization on Resources for Health. This approach goes beyond the Africa Civil Society Platform to include diverse set of activities in resource mobilization for health, both domestic and external, such as the Global Fund to Fight AIDS, Tuberculosis and malaria.

The WACI's vision is a world where all people benefit from equitable and sustainable access to HIV and health services and where the dignity, quality of life and rights of those most affected are upheld.

The WACI works to connect and enhance campaigning, advocacy and lobbying on HIV among other health related issues, promoting leadership, accountability and collaboration among social movements to press for universal access, human rights, gender equity and social justice. This, it does by working with civil society and other leaders to advocate for laws, policies and practices that uphold the

rights of people living with and affected by HIV and challenging governments and societies to deliver the necessary resources to minimise the impact of disease, and to use those resources effectively.

2.2 Values and Guiding Principles

The work of the World AIDS Campaign is guided by the following values:

1. Human rights: ensure the protection, promotion and fulfilment of universal human rights, such as, sexual and reproductive health and rights (SRHR);

2. Gender equity: actively promotes the transformation of gender power relations in society so that all people are equal and realise their human rights;

3. The promotion of greater meaningful involvement and leadership of people living with HIV;

4. Collaboration: works through partnerships;

5 Diversity: works in a culturally sensitive way, embracing diversity and demonstrating an understanding of inequalities, working in solidarity with the communities most affected by HIV, especially the most marginalized and vulnerable populations and those living in districts, countries and regions which are hardest hit by the epidemic.

2.3 Goals and Objectives

WACI works to achieve the following goals and objectives.

GOALS	OBJECTIVES
1. That HIV and health related human rights including sexual and reproductive health and rights (SRHR), gender equality, and social justice are advanced	1.1 Civil Society has increased knowledge, skills, resources, and improved strategies, to pressure leaders and others with the power to make a difference on Human Rights, HIV and SRHR-related social injustice.
	1.2 Increase campaign, advocacy and lobby for coordination and linkages at and between the national, regional, and global levels to challenge HIV-related social injustices through campaigns which are community-driven and evidence-informed.
	1.3 Support the development of high quality leadership in global, regional and national campaigning that challenges HIV & SRHR-related human rights, discrimination and social injustice.
2. That leaders deliver on and renew their commitments to provide sufficient resources to enable equal and sustainable access to HIV prevention, treatment, care and support	2.1 To increase the effectiveness and accountability of national governments, regional bodies, societies and donors to deliver a sustainable response to HIV, advocating that commitments are met.
	2.2 Increased prominence of HIV, SRHR and accountability in the G8/G20, in the MDGs, in human rights debates and actions, in global and regional health campaigns and in other critical global processes and events.
3. That the organization models internally what it aspires to externally	3.1 WACI programming is driven and informed by people living with and most affected by HIV.
	3.2 Gender inequalities and power relations are addressed through an organizational gender policy.
	3.3 Robust and reflective organizational systems and approaches are used to strengthen the impact of WACI's work and ensure sustainability.

3.1 Overview

International, regional and national leaders have made numerous Global, continental and national commitments on HIV and health. Among them, the 2000 Abuja Declaration and Framework for Action on Roll Back Malaria (RBM), 2001 Abuja Declaration on HIV and AIDS (HIV/AIDS), Tuberculosis and other related infectious diseases (ORID); Political Declarations on HIV&AIDS of 2006 and 2011. These commitments have stimulated resources and the scale up of programs to fight these diseases in Africa. However, it is also clear that much more is needed to achieve health-related Millennium Development Goals.

During the period under review, World AIDS Campaign International undertook a number of interventions to accelerate progress towards attainment of HIV and health related development goals.

3.2 Achievements in 2012/2013

3.2.1 Advocacy for Sustainable and Predictable HIV and Health Resources

Predictable and sustainable health financing is at the center of achieving universal HIV prevention, treatment, care and support by everyone, including the poor and marginalized populations. WACI has over the past years joined hands with other civil society organizations from around the world and most importantly from Africa to campaign for African governments to set clear and realistic targets for Health and HIV and commit to them.

The Abuja Declaration adopted in April 2001 by African leaders declared the response to HIV/AIDS, tuberculosis and other related infections as the highest priority issues in their respective national development plans, committing 15% of their national budgetary allocations to health; 10 years down the line, only a handful of countries have achieved this target, with the regional average remaining at 7%. Against the backdrop of a Global financial crisis, many donor agencies are reviewing their financial commitments to funding Health and HIV in the African continent. An annual funding analysis released by UNAIDS and the Kaiser Family Foundation found that international funding for AIDS programs in

developing countries dropped by 10% in 2010. Many African countries are facing the real threat of not meeting their budget requirements for implementing the much needed scale up of ART programs, among other HIV, TB and Malaria interventions, relying heavily on the Global Fund and PEPFAR to sustain these programs.

In December 2011, civil society actors, while participating in the International Conference on AIDS and STIs in Africa (ICASA), declared that two key things must happen at global level in order to achieve sustainable and predictable health financing: one, donors must honor existing pledges and increase investment to provide the Global Fund with financing; and two, national governments need to step up and increase their funding of their own HIV responses.

What role did WACI play?

1. Domestic resource mobilization

Domestic health financing is at the heart of sustainable and predicable health financing for universal access. In 2011, the AU noted that the stagnation of aid from traditional source markets has stimulated an increased interest in the possibility of finding new and innovative sources of finance, noting that new forms of financing can provide African countries with the innovative means to in¬crease resources for development by also ensuring a more inclusive and sustainable pattern of growth. The AU underscored the need for expansion of domestic public funding for health needs and urged governments to allocate 12–15% of their public budgets to health.

During the reporting period, WACI's response on domestic resource mobilization included:

a) Regional mobilization of domestic resources:

In March 2012, WACI convened the Africa Regional meeting on Health Financing in Cape Town, South Africa to further rally stakeholders towards more sustainable and predictable health financing. The meeting was convened as a platform for African AIDS, TB and Malaria activists to ask questions, address concerns and identify solutions towards predictable sustainable health financing in Africa.

The meeting was jointly planned by regional partners: African Council of AIDS Service Organizations (AFRICASO); AIDS and Rights Alliance for Southern Africa (ARASA); East African National Networks of AIDS Service Organizations (EANNASO); and International HIV&AIDS Alliance. The meeting aimed to promote a common understanding of the funding landscape and current context of HIV, TB and Malaria in the African region; promote a common understanding of the impact at country level of donors reneging on their Global Fund commitments; identify opportunities for both replenishing the Global Fund and domestic resource mobilization for health; develop a cohesive "Emergency Plan - 2013" and a long- term strategy and action plan for advocacy and campaigning at country, regional and global level to ensure the Global Fund replenishment; and develop a cohesive and collaborative long-term strategy and action plan – 2015 for ensuring effective and sustainable investment for health from domestic resources in Africa – Africa's ownership of the HIV, TB and Malaria responses.

The Africa regional meeting brought together over 40 civil society organizations with 15 African countries being represented by at least one delegate. Delegates shared the common concern of inadequate spending on health by African governments as well as the broken promises to the Global Fund by donors. They also observed that civil society has not been adequately vocal in challenging governments towards increased spending on health and pushing donors to keep their promises. Some of the cited reasons regarding the weak civil society voice included poor coordination, which is motivated by a sense of competition; fragmentation of civil society voice into disease specific advocacy; and inadequate capacity by civil society in interpreting national budgets.

Delegates at the meeting called for the need for civil society to work together on health platform instead of disease specific platforms. It was also clear that the voice of African leaders is much needed in promoting resource mobilization for the Global Fund. Participants came up with numerous recommendations for supporting resource mobilization both for the Global Fund and for national governments in Africa. Broadly speaking, participants called on: donors to honor their pledges to the Global Fund; new donors to pledge and honor; African governments to speak up in support of Global Fund resource mobilization; African governments to honor their 15% commitment and to explore innovative financing mechanisms; civil society to work together in a coordinated manner through health platforms and not disease specific platforms.

b) Mobilization at the International AIDS Conference, Washington DC:

WACI, during the 19th International Aids Conference held in July 2012, organized and moderated a session for African activists on domestic health financing as a way to leverage on Global Fund resources. WACI, together with AfriCASO, also organized a Francophone session on health financing looking at how Africa can effectively contribute to Global Fund replenishment process.

Africa Activists session on health financing

2. Global Fund Resource Mobilization

2012/2013 was a critical time for Global Fund resource mobilization. In the wake of the global financial crisis, many donor countries have shifted their funding away from lifesaving AIDS treatment programmes along with TB and malaria programmes. To provide sustained and predictable support for programmes, the Global Fund (GF) works with a funding mechanism based on periodic replenishments that allow her donors to contribute funding to the basket for AIDS, TB and malaria programming grants. The past one year has seen the GF face financial challenges resulting in the GF board adopting changes in the funding

model to countries as a result of donors' inability to provide adequate funds to the institution as earlier committed.

2013 being a replenishment year for the 2014-2016 cycle, it is important to highlight the role of civil society in resource mobilization for the Global Fund. Northern and Southern CSOs play a vital role in advocating to multiple stakeholders at country and global levels to ensure that the GF is able to not only sustain current programs but also to support new essential prevention, treatment, care and support programs. It is undeniable that most of the advocacy efforts towards the GF replenishment have been pioneered and spearheaded by the Global North.

How did WACI respond?

a) Regional mobilization on replenishment:

In March 2012, WACI, under the auspices of the African Regional Civil Society Platform convened a regional meeting on health financing in Cape Town, which brought together over 40 civil society organisations with 15 African countries represented. Delegates shared the common concern of inadequate spending in health by African governments as well as the broken promises to the Global Fund by donors.

Noteworthy, in December 2011, during the International Conference on AIDS and STIs in Africa, this same message carried the day as civil society and key leaders in the AIDS response called for the same.

Similarly, in June 2011, at the G20 summit in Los Cabos, Mexico, African representatives shared the same concern, particularly stressing that the war on AIDS has not been won, and urged G20 countries to honour their commitments and fully fund the Global Fund to Fight AIDS, Tuberculosis and Malaria.

At the Cape Town consultation, Africa civil society representatives agreed upon a common one year GF resource mobilisation strategy. Key proposed activities of the strategy included:

- Creation of African Champions for Global Fund replenishment;
- Remind donor countries of unmet pledges and reach out to potential new contributors;
- Supporting the 'Here I Am' Campaign';

- Tap into social media to mobilize for political will towards increased contributions;
- Leverage on key mobilizing events such as the International AIDS Conference.

b) Here I Am Campaign:

WACI is a regional anchor organization for the "Here I Am" Campaign in Africa. The "Here I Am" Campaign is a global call on world leaders to save millions of lives by supporting a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria. The campaign brings the voices of people that are directly affected by AIDS, tuberculosis (TB) and malaria into dialogue about decisions that affect their lives and lives of millions of others in their countries. Through video testimonies from all over the world, campaign ambassadors, online actions and on-the-ground mobilizations, the "Here I Am" campaign aims at building collective power to end three of the world's most deadly diseases.

The "Here I Am" campaign is managed by the Global Fund Advocates Network (GFAN), of which WACI is a member. GFAN is a platform for linking, learning, and action that is working to build a social movement in support of the Global Fund. It brings together organizations, networks of advocates and affected communities from the global South and North, as well as the Friends of the Fund organizations.

To read more about the campaign: *http://www.hereiamcampaign.org/about-the-campaign/*

c) Lobbying the US Congress in Washington;

During the 19th International AIDS Conference, WACI joined RESULTS grass-roots lobbyists in meetings with their representatives. From a Global Fund replenishment perspective, the main ask to the congressmen was that they endorse $1.65 billion for the Global Fund as requested by the United States senate.

Next Steps:

The Global Fund replenishment process provides an opportune time for African countries to step up their local resources for health, particularly AIDS, TB and malaria as well as resources for health and community systems strengthening. The Global Fund secretariat is currently working with national governments of six African countries: Kenya, Tanzania, Zambia, Senegal, Nigeria, and South Africa to highlight the relationship between increased domestic investments in health and a successful replenishment. Since Global Fund financing does not usually meet the country's full expression of demand, a successful and effective replenishment would need to leverage on significant direct investments at country level by national governments. This is more so in the context of the 'New Funding Model' of the Global Fund.

WACI will respond through regional mobilization in raising community and

and country level demand for mobilization of health resources through strong and sound investments, while enforcing accountability of both domestic and international resources.

3. New Funding Model of the Global Fund

Since its inception in 2002, The Global Fund to Fight AIDS, TB, and Malaria has allocated billions of dollars to combat the spread of HIV, tuberculosis, and malaria. It set itself apart with a bottom-up, "demand-driven" approach where applicant countries develop their grant proposals at a local level, and submit them to the Fund for approval. The Global Fund's efforts to include marginalized communities in decision-making processes have made it one of the most progressive health funding mechanisms in the world.

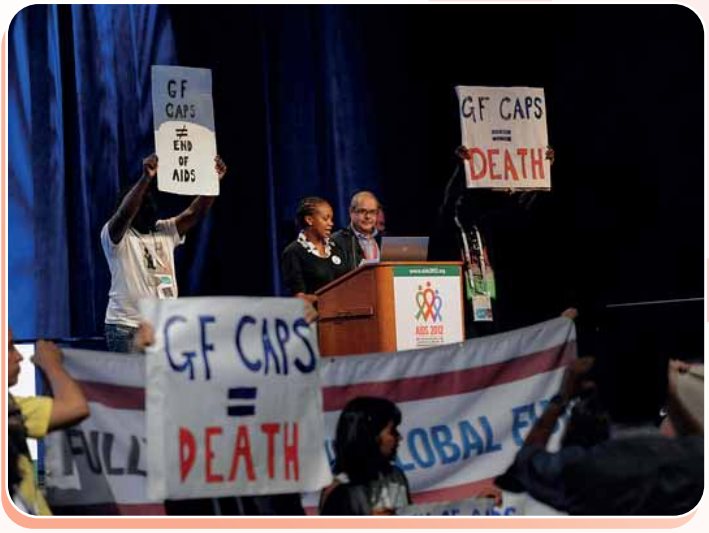
However, after allegations that recipient countries misused donor funds and the global recession led to decreased contributions from donor countries, the Fund was forced to suspend new investments in 2011. With the Fund's survival uncertain, a year-long transition process took place to conceptualize a new and improved funding model to restore donor confidence.

The process of developing the New Funding model was surrounded by a range of concerns from civil society. None of the proposed designs had variables that would effectively address changing discriminatory policies, laws, regulations and procedures towards communities of people living with HIV and key affected populations like men who have sex with men, people who inject drugs, and male and female sex workers.

How did WACI respond?

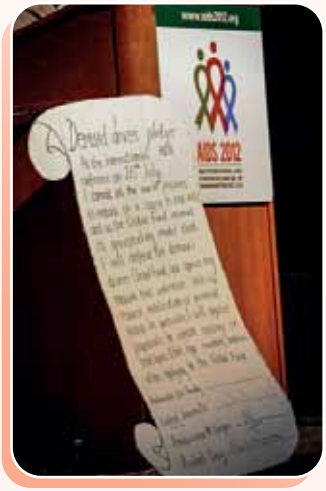
a) WACI, in July 2012, joined activists from around the world attending the 19th International AIDS Conference protesting moves by wealthy governments and the Secretariat of the Global Fund to Fight AIDS Tuberculosis and Malaria that if implemented, would curtail life-saving scale up of AIDS, tuberculosis and malaria programs.

At a panel discussion titled "The Global Fund: the Next 5 Years" that included participation by US AIDS Ambassador Dr. Eric Goosby, French AIDS Ambassador Mireille Guigaz and Global Fund General Manager Gabriel Jaramillo, Rosemary Mburu, Acting Director of the World AIDS Campaign International, delivered a statement that stated that "Ending AIDS takes



Rosemary Mburu of WACI reading the statement

takes more than talk. It takes full funding, full ambition, and full scale up". During this intervention, activists rejected attempts to undermine the core principles of the Global Fund with the introduction of arbitrary "caps" on how much funding a country can apply for, as part of the Global Fund's new model of funding country programmes. Activists also asked the panellists to sign a 'demand driven Pledge' committing them to defend the demand driven global fund.



The signed pledge

b) On the 31st August 2012, WACI together with 28 African civil society organizations put out a press statement raising concerns with both the process and content of the New Funding Model for the Global Fund. WACI, further, organized a teleconference for activists with the Global Fund Secretariat and the Deputy Chairperson of the Strategic Investment and Impact Committee (SIIC) to provide an opportunity for them to update us and address some of our most worrying questions. On the call, WACI committed to producing a short report

that would in greater detail outline Africa Civil Society ideas around the NMF, which would be shared with the SIIC and the Global Fund secretariat in time for a special Board meeting. 56 organizations and individuals from across Africa responded to a rapid consultation through questionnaires to produce the report; all this in just 12 days.

What was collectively achieved?

In November of 2012, the Global Fund officially adopted a new funding model, premised on the goal to "invest more strategically. This new approach changes the way countries apply for funding, obtain approval of their proposals, and manage their grants. It presents an opportunity for the Fund to scale up its commitment to promote and protect human rights.

One of the biggest changes under the new model is predictable and flexible funding. In the past, applicant countries could create a proposal for any amount of funding—they could virtually shoot for the stars—but if their proposal was technically unsound, the entire application could be declined. Under the new model, the Fund will indicate to each country the total amount of money they can expect at the outset of the proposal process, with an opportunity to get more support through an additional "incentive" funding pool. Countries may apply for funding at any time, freed from the previous structure of having to apply at only very specific points during the year.

The new model demands broader participation by stakeholders, including government agencies, donors, civil society, and affected communities. Toward this end, the Fund has developed a process called a "country dialogue," out of which stakeholders draft a summary of their proposed work plan, allowing the Fund to work more closely with countries to develop their detailed proposals much earlier in the process. And new budget requirements ask countries to explicitly state how they will spend grants, and which programs and interventions will be prioritized. This transparency offers civil society critical information with which to hold the Fund and its recipients to account.

Next Steps:

Dissemination of New Funding Model among civil society and communities will be important in preparing civil society and communities to know what to expect during country application processes. It will be, particularly, important for Civil Society and key populations to engage effectively in country dialogues.

Monitoring and tracking the level to which countries are implementing the NFM: Country dialogues; human rights aspects in the country applications; key population groups' representation in Country Coordinating Mechanisms.

3.2.2 In pursuit of Africa's Civil Society Common Position on HIV and Health: The case of Africa Regional Civil Society Platform on Health

Introduction

In June 2009, at a meeting in Nairobi, 60 civil society organizations in Africa, including, AIDS service organizations, TB focused organizations, networks of People Living with HIV, networks of key populations, particularly sex workers and men having sex with men, Faith Based organizations and human rights groups launched a Regional Platform on Universal Access to HIV Prevention, Treatment Care and Support. The platform brings together an equitable and inclusive range of African civil society partners to support strengthened coordination and participation in regional processes in order to amplify the African voice in the Global HIV and Health agenda and hold governments and policy makers accountable for decisions and commitments made on Universal Access.

In March 2012, the steering committee of the platform agreed that the platform would evolve from a HIV platform to a Health Platform necessitated by the broader scope of current platform campaigns. This would ensure that the platform continued to bring together all of civil society role players to campaign and that one of the platforms key objectives would remain domestic resource mobilization for health.

The platform, hosted by World AIDS Campaign International, is steered by a coordinating committee and has a coordinator..

The Current Regional Platform Coordinating Committee Members

The platform is spearheaded by a group of dynamic Pan-African leaders/activists representing a wide range of constituents, with the following institutional identities.

1. Africa Council of AIDS Service Organizations (AfriCASO)
2. African Men for Sexual Health and Rights (AMSHeR)
3. East African Network of National AIDS Service Organizations (EANNASO)
4. Evolve Cameroon
5. Central Africa Treatment Access Group (CATAG)
6. Global Youth Coalition on HIV&AIDS (GYCA)
7. Journalists Against Aids (JAAIDS), Nigeria
8. Network of African People Living with HIV, Southern Africa Region. (NAP+SAR)
9. Southern Africa HIV&AIDS information Dissemination Services (SAfAIDS)
10. Southern African Regional Programme on Access to Medicines and Diagnostics (SARPAM)
11. World AIDS Campaign International (WACI)

Objectives of the Regional Platform

1. Significantly increase and sustain advocacy efforts to hold governments accountable to all their commitments Health (special interest in HIV, TB & Malaria) commitments set at Regional Level.
2. Promote the enforcement and protection of a human rights based approach to health service delivery toward all key affected populations.
3. Increase civil society engagement in ensuring universal access and MDG targets are achieved and consultation on the sustainable development agenda Post 2015 is considerate of Health.

Achievements of the Regional Platform

The platform has organized high impact advocacy activities during the following key mobilizing moments:

1. Regional platform launched in Nairobi in June, 2009;
2. An implementation framework 2010-2013, developed, 2010.
3. Africa Conference on Sexual Health and Rights in Addis Ababa, 2010

4. World Economic Forum, Africa Summit in Dar es Salaam, 2010
5. African Union Heads of States Summit in Kampala, 2010
6. International AIDS conference, Vienna 2010
7. High Level Meeting of the United Nations General Assembly on HIV&AIDS in New York, 2011
8. Launch of health financing campaign at ICASA in Addis Ababa, 2011
9. Regional meeting on sustainable predictable Health Financing in Cape Town, 2012
10. African Union heads of state summit in Addis Ababa, 2012
11. BRICS Summit in Durban, 2013
12. TICAD V ministerial meeting in Addis Ababa, 2013
13. East African Annual Conference on Health in Kigali, 2013
14. African Union Summit in Addis Ababa, 2013
15. TICAD V in Tokyo, 2013
16. Abuja+12 Review in Abuja, 2013

This platform has significantly influenced various outcomes of the work planned by the steering committee as key stakeholders committed to working together on Universal Access to health services in Africa. The diverse expertise worked towards a unified action and voice for civil society.

3.2.3 Sexual and Reproductive Health and Rights

WACI's efforts around Sexual Reproductive Health and Rights (SRHR) work have been inspired by the following 3 factors:

1. Sexual health of people living with HIV is often challenged by social, economic and cultural realities. A sexual rights approach puts women and men with HIV in charge of their sexual health. This requires accurate, accessible information to make informed choices. The World AIDS Campaign International believes that addressing sexual and reproductive health and rights is fundamental to a HIV response that is effective and sustainable.

2. Gender based violence (GBV) is a key vulnerability factor to HIV and AIDS and it exerts a destructive and disproportionate impact on women and girls, especially in high HIV – prevalence countries in Africa. Yet despite consensus on the intersection between HIV and GBV, efforts to address this area have not attracted the attention or resources necessary to drive the program

innovation that could demonstrate progress.

3. The insufficient focus on sexual minorities is a challenge not only for the AIDS response but also for other health related indicators.

How did WACI respond?

1. Promoting Sexual Health and Rights for People Living with HIV and AIDS

One notable contribution was at the 5th Africa Conference on Sexual Rights and Health that was held in September 2012 in Windhoek Namibia. Through the African Women Leaders Network for Reproductive Health and Family Planning (AWLN), WACI was invited to speak at the opening plenary of the conference on access to family planning services for Women Living with HIV.

This presented a good platform for WACI to reach out to significant number of policy makers with messages that sought to promote sexual health and rights for WLHIV:

- Hifikepunye Pohamba. H.E the President of Namibia;
- Penehupifo Pohamba the First Lady of Namibia;
- Dr. Christine Kaseba Sata the First Lady of Zambia;
- Hon. Thandi Shongwe Senator and Member of Parliament of Swaziland;
- Dr. Fatma Mrisho, Chair of the High level Taskforce on women and girls and Executive Chairperson of the Tanzanian AIDS Commission

2. Addressing Gender Based Violence

WACI's successful programming to address violence against women has been through an intervention initiated in rural villages in the province of Eastern Cape, South Africa in 2010. Before the intervention, underage girls, between ages of 10-16, were kidnapped by older men and forced to marry in exchange for a bride price. The practice, locally known as 'Ukuthwala' (which means abduction and forced marriage in Xhosa), if done in old traditional way is accepted as Nguni people's traditional practice and has continued for decades. WACI led campaign to raise awareness and educate these isolated communities of the illegality of under-aged sex and abduction paid off.

WACI, in partnership with other organizations spent months talking and persuading men, custodians of culture (traditional leaders) in the villages to

change their perception and attitude towards women's rights and gender equality. WACI also spent significant amount of time talking to law enforcers to implement laws that are against harmful cultural practices.

As a result, the National Prosecuting Authority in South Africa has been making a concerted effort to show that such practices are illegal. Eleven men in the past year have been charged with abduction and under-age sex. Although none of the cases have been convicted, no new cases were reported since December 2011. This intervention also led to the establishment of the Thuthuzela Care Center (TCC) at St Elizabeth Hospital, Lusikisiki, South Africa to provide services to survivors of GBV and rape.

This successful campaign/intervention was recognized, documented and aired by CNNinternational: *http://thecnnfreedomproject.blogs.cnn.com/2012/05/27/girl-brides-abducted-as-fabled-hiv-cure/*

3. Advancing Sexual and Health Rights of Sexual Minorities

WACI's programming in this area is aimed at promoting the health and sexual rights of lesbian, gay, bisexual, transgender, and intersex (LGBTIs) by creating a conducive environment for the LGBTI community to practice their rights, including access to health care and right to safe sex.

How was the program implemented?

a) Partnership building

Through the HIV Leadership through Accountability Program, WACI and the Eastern Cape civil society platform, partnered with the National Association of People Living with HIV (NAPWA) on an evidenced based advocacy targeting the LGBTI community. A partnership with Eastern Cape LGBTI organization was therefore forged.

b) Evidence gathering

NAPWA led on the evidence gathering component by conducting research on SRHR package focusing on LGBTI community. The findings showed that LGBTIs are not adequately informed on their rights and some feel that the health system does not accommodate their SRHR needs.

Recommendations of the study included the need to train LGBTIs on human and LGBTI rights, promote awareness of LGBTI rights in communities and among LGBTIs to improve demand for SRHR services as well for implementation of laws that aim at protecting and upholding their rights.

c) Advocacy

WACI led on the advocacy component in response to the findings of the study on SRHR needs for LGBTI community. Advocacy activities included:

i) **Workshop:**
The purpose of the workshop was to sensitize communities about LGBTI rights and empower LGBTIs about their rights, laws that protect their rights, how to access SRHR and to advocate for an increased access. The workshop entailed open debates and discussions where LGBTIs shared their experiences regarding hate crimes, attempted rape and rape. The Sexual Offences Act (SOA) and how to best use this law to protect SRHR rights; the rights that cover LGBTI within the constitution; and how to access Post Exposure Prophylaxis (PEP) were also discussed.

ii) **Media engagement:**
The ECUB CS platform organized media to get the message across to diverse audience. A radio interview with Vukani community Radio was

organized with the main guest speaker being the chairperson of the Eastern Cape LGBTI organization.

iii) **Community mobilization and action:**
A community mobilization and call to action was to be held at Port St. Johns at a taxi rank but did not take off as planned due to homophobic reactions from the community. To ensure safety, members of Eastern Cape LGBTI community agreed to reorganize the mobilization to focus on branch members instead of focusing on the general public. Members present were from Umtata and Lusikisiki branches representing OR Tambo district.

Results:

a) Improved awareness among LGBTI community on sexual reproductive and health rights and services.

b) A memorandum submitted to the provincial legislature seeking protection of the LGBTI's rights in the constitution and opposing the traditional court bill, which seeks to repel the rights of the LGBTI from the constitution.

c) Improved partnership between the LGBTI community and other stake holders including the National Prosecuting Authority.

d) The Eastern Cape LGBTI organization is now engaging with the head of the Eastern Cape AIDS Council for LGBTI representation in the council and contributing to the development of the provincial LGBTI sector plan.

Next Steps:

WACI will continue to advance SRHR work as above but will also include:

a) Monitoring implementation and advocacy on the Abuja declaration of the special summit of African Union on HIV&AIDS, Tuberculosis and malaria;

b) Monitoring implementation and advocacy on the African Union agenda as articulated in the African Road Map on shared responsibility and global solidarity on AIDS, TB and malaria response in Africa as tools for advocacy and monitoring implementation, Both documents have commitments by

African Member states that if implemented can advance SRHR in the region.

3.2.4 HIV Prevention Research

There have been exciting developments in HIV prevention research and treatment in the last 3 years, with clinical trials of AIDS vaccine, microbicides and pre-exposure prophylaxes showing promising levels of efficacy. However, there were also challenges in 2011, with some trials unable to confirm if indeed some microbicides could protect women from infection while some studies found that pre-exposure oral ARV prophylaxis that worked very well in men who have sex with men appeared ineffective for heterosexual women. These results ignited national and regional dialogue about the potential benefits and risks of new prevention modalities and how they might best be deployed in country-specific settings. However, most discussions on such developments largely remain in the global north. In the global south, this conversation is largely a reserve for researchers and scientists.

As the world continues to experience breakthroughs in HIV prevention research, it is vital that civil society as well as communities in Africa engage in key discussions and decisions regarding research processes and products. This will contribute to ensuring that when we finally have preventive products, communities will accept and utilize them appropriately as a key entry point for 'Zero New Infections'.

How did WACI respond?

1. Regional mobilization on HIV prevention research:

WACI, in partnership with IAVI, AVAC and the New HIV Vaccine and Microbicide Advocacy Society, hosted a civil society consultation in November 2012 as part of regional mobilization towards a stronger voice on New Preventive Technologies among civil society and communities in Africa. The consultation aimed to provide update on research and development of new tools such as, vaccines and microbicides; provide update on advocacy around demonstration and implementation of new prevention interventions; identify key roles and responsibilities of African CSOs in ensuring effective development and delivery of New Prevention Technologies in Africa; and identify advocacy areas in ensuring effective development and delivery of new preventive technologies in Africa.

The consultation underscored the centrality of civil society engagement in the trials and research and explored ways in which civil society could better under- Significant recommendations emerged from this consultation, including, increased domestic investment in health research and development; strengthen R&D infrastructure in Africa; need to incentivize health researchers in Africa; improved community engagement in research development and implementation.

2. Advocacy Fellowship on Treatment as Prevention

The Advocacy Fellowship is a project of AVAC and is designed to support emerging and mid -career advocates to design and implement advocacy projects focused on biomedical HIV prevention research and implementation activities in their countries and communities. Advocacy Fellows carry out their projects while based at "Host Organizations" that are active partners in the Fellowship process. The overall goal of the Advocacy Fellowship is to expand and strengthen the capacity of civil society advocates and organizations to monitor, support and help shape biomedical HIV prevention research and rapid rollout of new effective interventions in low and middle-income countries. The Advocacy Fellowship is guided by the belief that effective, sustainable advocacy grows out of work that reflects organizational and individual interests and priorities and is led by passionate advocates who are motivated to bring about change. The Fellowship is implemented through a close collaboration between the Advocacy Fellow, the Host organization and AVAC.

WACI hosted a 2012 fellow whose area of focus for the fellowship was Treatment as Prevention (TasP). Final outcomes of the fellowship are outlined as follows:

- An advocacy action plan on TasP lead by a civil society platform in the Eastern Cape;
- Conception of a steering group on TasP in the Western Cape;
- Civil Society awareness raised of TasP in the context of Universal Access to Treatment and Prevention;
- Parliamentary Co-Chair of an HIV Committee is well informed of TasP;
- Africa Regional Civil Society Platform "upskilled" on New Prevention Technologies and TasP for stronger advocacy.

Next Steps:

Continued regional mobilization on HIV prevention research using ICASA as a key mobilizing moment: Monitoring implementation and advocacy on the Abuja declaration of the special summit of African Union on HIV&AIDS, Tuberculosis and malaria. The declaration has commitments that specifically, if implemented, would address health R& D.

3.2.5 Ensuring Greater Accountability to Achieve Universal Access to HIV Prevention, Treatment, Care and Support

Achieving universal access to HIV treatment, care and prevention requires a coordinated response that involves multiple and diverse stakeholders. Civil society, including people living with HIV (PLHIV) networks, can play a critical role in the realization of national and international targets. Through its work with communities, civil society can provide a unique perspective on the barriers to accessing services and offer evidence-based advocacy and recommendations about what must be done to remove these barriers.

How did WACI respond?

1. HIV Leadership through Accountability (LTA)

The HIV Leadership through Accountability Program was a collaboration between the Global Network of People Living with HIV/AIDS (GNP+), WACI, national networks of PLHIV and National Civil Society platforms. The program is funded by the United Kingdom's Department for International Development (DfID) and combines specific HIV mapping tools, national AIDS campaigns and targeted advocacy for Universal Access.

The HIV Leadership through Accountability programme, based on the GIPA principle, aimed to strengthen, develop and replenish HIV leadership and to hold governments and policy makers accountable for their commitments and decisions made to achieve Universal Access to HIV prevention, treatment, care and support (Universal Access).

Achieving Universal Access requires a coordinated response that involves multiple and diverse stakeholders. Civil society, with networks of people living with HIV (PLHIV) at the center, plays a critical leadership role in the realization of

offer evidence-based recommendations about what must be done to remove these barriers.

The GNP+ and WACI spearheaded a five-year program, in partnership with national networks of PLHIV and civil society in eleven countries around the world, to support national processes to achieve Universal Access by:

- Supporting national networks of PLHIV to conduct research to develop an evidence-base and enhance their participation in national and regional processes and mechanisms;
- Bringing together equitable and inclusive civil society campaign platforms to support strengthened coordination and participation of civil society in the development of evidence-based campaigning, advocacy and lobbying in order to deliver policy change for improved HIV responses.

How was the programme delivered?

Initially, the programme would have two parallel but aligned streams of work which would converge more strongly as evidence emerged. In the first phase of in-country engagement, GNP+ supported national PLHIV networks, who led the implementation of five tools, to gather evidence. At the same time, using a developmental model of engagement that is participatory in nature, WACI supported the development and strengthening of inclusive campaign platforms, to increase coordination and participation of civil society in HIV related advocacy, ensuring PLHIV participation from the initial stage. The second phase saw the results and recommendations of the research inform the campaign platform's advocacy efforts as well as regional advocacy agendas. Sustainability beyond the three-year engagement period was a crosscutting issue that would be addressed throughout all phases.

2. National Networks of People Living with HIV supported by GNP+:

The national networks of PLHIV implemented evidence-gathering tools by and for PLHIV, elaborated by GNP+ and its partners, aimed at strengthening the evidence in five key areas:

a) The People Living with HIV Stigma Index (GNP+, ICW, IPPF, UNAIDS) – collects and examines HIV- related stigma experienced by PLHIV,

exploring its direct and indirect impacts on individuals. The Index measures geographical, demographic as well as temporal trends;

b) The GIPA Report Card (GNP+, ICW, UNAIDS) - identifies existing levels of the application of the GIPA principle in-country and provides insights on how the participation of PLHIV can be made more meaningful;

c) Global Criminalization Scan (GNP+ and Regional Networks of PLHIV) - documents existing legislation on the criminalization of transmission of and exposure to HIV and cases when the laws have been used to criminalize persons with HIV. Furthermore, the Global Criminalization Scan supports the development of appropriate advocacy and actions to respond to current legislature;

d) Human Rights Count! (GNP+ and Regional Networks of PLHIV) – records HIV-related human rights violations experienced by women, men and excluded individuals living with HIV;

e) Advancing the Sexual and Reproductive Health and Rights of PLHIV: a Guidance Package (EngenderHealth, GNP+, ICW, IPPF, UNAIDS, Young Positive) –gathers data on the sexual and reproductive health (SRH) needs and experiences of specific key populations, chosen by the national networks, in order to inform SRH policies and programs. The research focus and methodology was based on the guidance package and devel oped by each country network. The process of implementing the evidence-gathering tools was seen as just as important as the results that were generated and was guided by the 'learning by doing' principle of the program. The process was designed to be both empowering for all PLHIV that would be involved and had a strong organisational devel opment element for the national networks of PLHIV.

3. National Campaign Platforms supported by WACI

WACI catalyzed and facilitated sustainable national campaign platforms. This aimed to achieve the following:

a) Enable national networks of PLHIV to build a solid evidence-base about why it is important to achieve Universal Access and how this can happen in practice through the meaningful participation of PLHIV.

b) Ensure that governments and policy makers meet the HIV commitments, decisions and targets that they agreed. This is achieved through the availability of PLHIV-centered evidence -based contributions that inform the HIV campaigns.

c) Ensure that networks of PLHIV and key populations are placed at the core of the HIV work by broad social networks within a common effort toward achieving Universal Access.

d) Ensure that the evidence gathered as part of the HIV leadership through accountability program becomes part of the monitoring and evaluation of national strategic plans and feeds into national and regional priorities.

e) To highlight the unique role that CS, and networks of PLHIV, have in working with governments to plan, implement, monitor and evaluate programs that contribute to realizing national and global targets for expanding access to HIV prevention, treatment, care and support.

f) The program's effects are anticipated to be long-lasting, delivering signifi cant capacity building beyond the direct research and advocacy impact.

How was the program delivered?

The delivery of the program is led by national PLHIV networks, CS platforms and where possible in-country WACI coordinators. GNP+ offers direct technical support to national networks of PLHIV and WACI offers direct technical support to CS platforms and WACI in-country coordinators

This was done by engaging in the following activities:

a) **Mapping and stakeholder consultations:** consulting with civil society organizations (CSOs), existing civil society (CS) partnerships or campaigns to assess their needs, interest in, capacity, commitment and level of engagement in national efforts around Universal Access;

b) **Accountability mechanisms:** outlining the levels of CS engagement, and the current state of accountability mechanisms in country;

c) **Ongoing development of campaign plans:** Ongoing commitment from the national steering committees to develop objectives, targets and partnerships for comprehensive campaigning and mobilization at all levels;

d) **National CSO meetings:** with diverse, inclusive and equitable CSOs representing the full range of constituencies (with a focus on key populations), to consultation outcomes and support the inception of a CS campaign platform. Follow up actions included:

- The integration of PLHIV perspectives with leadership in national campaigning,
- Sharing the baseline research methodology enabling stakeholders to monitor national AIDS plans and programs to inform campaign messages on leadership and accountability for Universal Access,
- A communications and mobilization plan with the necessary supporting tools and resources.

e) **Linking with regional and international efforts:** to engage and link CS organizations in neighboring countries for joint campaigning work and promote a coordinated approach to campaigning and mobilization.

f) **Ensuring PLHIV-centered civil society advocacy strategies:** support the inclusion of priorities set by and for PLHIV in national broad civil society advocacy platforms. Evidence from the five tools implemented by the national network of PLHIV and other existing data informs the civil society advocacy strategies.

g) **Monitoring and evaluation:** to develop, in partnership, national monitoring and evaluation (M&E) processes to monitor campaigning impact and good governance for CSOs. The "issue" priorities at country level are identified by and for CS, with PLHIV at the center. In addition, campaigning priorities, evidence, best practices and experiences from national level are shared with CS and PLHIV networks through national, regional and global bodies and fora.

Next steps

Although the official end term of the programme was September 2013, LTA has evolved from a project to a philosophy and way of doing things. It is embedded within the GIPA principle and will therefore continue to be a guiding principle for WACI and all the Civil Society and PLHIV networks that delivered this programme.

An end of project evaluation, which will include a value for money analysis, is currently underway.

For more information and annual reports: *http://www.gnpplus.net/programmes/empowerment/hiv-leadership-through-accountability*

4. Regional Partnerships and Coordination Platform

WACI, in collaboration with other civil society organizations, established the African Civil Society Platform on Universal Access to HIV Prevention, Treatment, Care and Support. The Platform was launched in June 2009 by 60 civil society organizations in Africa, including, AIDS Service Organizations, networks of People Living with HIV, networks of key populations particularly sex workers and men having sex with men, faith based organizations and human rights groups. The Platform is hosted by WACI and brings together a range of African civil society partners to support strengthened coordination and participation in regional processes in order to amplify the African voice in global HIV and AIDS agenda and hold governments and policy makers accountable for decisions and commitments made on Universal Access.

The Platform is guided by three key objectives, including significantly increase and sustain advocacy efforts to hold governments accountable to their commitments to the Abuja 15% for health declaration; enhance delivery systems through a sustained human right based approach and promote the enforcement and protection against violations for health and HIV related human rights; and increase civil society engagement in ensuring Universal Access and MDG targets are achieved.

Since its launch in 2009, the Platform has successfully organized high impact advocacy activities as discussed in section 3.2.2.

During the period under review, the WACI made substantial progress in promoting HIV and health responses in Africa. To achieve this goal, the World AIDS Campaign successfully advocated for predictable and sustainable health financing, domestic health financing, increased financing of the Global Fund, promotion of sexual and health rights of those living with HIV and AIDS. It further implemented interventions aimed at reducing vulnerability to HIV and AIDS by advocating for the tackling of gender based violence and promotion of the rights of sexual minorities. In recognition of the significant role of civil society towards universal access, WACI strengthened partnerships and coordination among CSOs with a view to achieve greater impact.

WACI observes that the world is at a critical moment when any loss in momentum in Africa's health response can quickly lead to a resurgence of life threatening diseases such as AIDS, TB and malaria as well as conditions such as child and maternal mortality. Further, we note that an end to AIDS will require unprecedented political will to invest in health, particularly AIDS, TB and malaria; broader health systems strengthening and integrating the AIDS response in global health and development efforts. A more integrated approach will strengthen the reach and impact of the AIDS response, leverage HIV-related gains to generate broader health and development advances, and enhance the long-term sustainability of the AIDS response.

WACI further recognizes that in today's economic and political climate, it is imperative that response to HIV extends beyond the health sector to cover other determinants of health. Noteworthy, HIV transmission increases in and is reinforced by conditions of inequality, vulnerability, and social marginalization. HIV remains one of the central threats to global health, international development and stability, and therefore has implications across many of the MDGs.

Addressing sexual and reproductive health and rights (SRHR) is fundamental to an HIV response that is effective and sustainable. A failure to link action to different goals means reduced progress across all targets – for example, HIV prevention goals will not be met without action on education; and goals for education cannot be met without action on nutrition; child health goals will not be met without action on sanitation and HIV prevention; poverty eradication without gender equality, and so on.

We are concerned that insufficient focus on the HIV-related needs and rights of key populations, in particular sex workers, men who have sex with men,

transgender, and people who inject drugs remain a challenge for the AIDS response. Effective HIV-related prevention, treatment, care and support addressing the specific needs and circumstances of these populations must be considered and financed in all key national planning documents.

With less than 1,000 days to the deadline for both the MDGs and Abuja targets, key opportunities remain to sustain the momentum achieved thus far. WACI remains committed to working with other like-minded organizations and development partners to sustain the momentum even beyond 2015.

To contribute to sustained efforts towards tackling the problem of HIV and AIDS, WACI will undertake the following in the coming periods:

1. Continue to engage in health resource mobilization advocacy paying attention to the implementation of the 15% Abuja declaration as well as the African Union Road Map on Shared Responsibility and Global Solidarity. WACI will play a catalytic role in raising the profile of Innovative health financing in Africa aimed at raising the level of predictability and sustainability of health investments in Africa.

2. Continue to engage in interventions aimed at supporting community and civil society engagement in Global Fund processes at country and regional level by raising community and country level demand for mobilization of health resources through strong and sound investments, while enforcing accountability of both domestic and international resources.

3. Work towards the dissemination of New Funding Model among civil society and communities with a view to clarify on what to expect during country application processes. It will be, particularly, important for Civil Society and key populations to engage effectively in country dialogues.

4. Undertake monitoring and tracking the level at which countries are implementing the new funding mechanisms, in which it will assess the extent to which countries engage in country level dialogues; include human rights aspects in the country applications and key population groups representation in Country Coordinating Mechanisms.

5. Continue to advance SRHR work, particularly paying attention to the needs of Women and Girls including work on HIV prevention options.

6. Contribute to Maternal, Newborn and Child Health as a contribution to the Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality (CARMA).

7. Continue to engage in regional mobilization on HIV prevention research using key mobilizing moments such as ICASA, International AIDS Conference as social mobilization and advocacy platforms.

Annex: Key Partners

1. African Council of AIDS Service Organizations (AfriCASO)
2. African Sex Workers Alliance
3. AVAC- Global Advocacy on HIV
4. Central Africa Treatment Action Group (CATAG)
5. East African National Networks of AIDS Service Organizations (EANNASO)
6. Eastern Cape LGBTI Organization, South Africa
7. Eastern Cape Ubunthu Bethu Civil Society Platform, South Africa
8. Global Health Advocates
9. Global Network of People Living with HIV (GNP+)
10. Global Youth Coalition against HIV&AIDS (GYCA)
11. International Civil Society Support (ICSS)
12. International AIDS Vaccine Initiative (IAVI)
13. International HIV/AIDS Alliance
14. Journalists Against AIDS (JAAIDS), Nigeria
15. Kenya AIDS NGOs Consortium (KANCO)
16. Malawi Network of AIDS Service Organizations (MANASO)
17. New HIV Vaccines and Micobicides Advocacy Society
18. Open Society Foundation (OSF)
19. RESULTS Educational Fund
20. Swedish International Development Agency (SIDA)
21. Tanzania AIDS Forum
22. The Global Fund Secretariat
23. UNAIDS

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