



Conference Report

**15th International Conference on AIDS and
Sexually Transmitted Infections in Africa
(ICASA)**

3–7 December 2008

Dakar, Senegal

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15th ICASA Conference Report

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Executive summary

An important step in the fight against HIV/AIDS in Africa is to identify the knowledge, attitudes, and practices of African leaders regarding HIV/AIDS. Gaining clarity on these issues can help create opportunities for learning and exchange across Sub-Saharan Africa. The need to step up this identification process emerged as one of the main conclusions at the 15th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), held in Dakar, Senegal—a conference partly financed by TrustAfrica.

With ‘Africa’s Response: Face the Facts’ as its theme, the conference sought to sustain the progress that has been achieved in preventing new HIV infections and enabling more individuals to receive antiretroviral treatment, both of which are urgent priorities for African countries facing the AIDS epidemic. It also provided an opportunity to evaluate initiatives and interventions that have been developed to address HIV/AIDS and other sexually transmitted infections (STIs) across the African continent over the past 20 years. Other aims included measuring the strengths and shortcomings of different programs; promoting collaboration among scientists, sectoral leaders, and community practitioners; and sustaining and increasing HIV awareness in Africa.

For the first time in the history of the ICASA conference—the continent’s largest gathering of HIV/AIDS activists and researchers—there was noticeable visibility and an extensive presentation of international lesbian, gay, bisexual, and transgendered (LGBT) issues. This groundbreaking achievement appeared to mark a positive shift in the attitudes of the participants. Sexual minorities were able to submit their concerns to international donors, national organizations dealing with HIV/AIDS, and African governments—three groups that have thus far failed to respond to the challenges of HIV/AIDS among these populations. There was space allocated to TrustAfrica to convene some of these voices—including those of traditionalists, youths, and minorities—in a session that brought together divergent but rich views.

Other dominant themes included the need to upgrade existing HIV prevention programs, engage youth, and pay closer attention to minority groups. A cross-cutting issue that was identified as applying to all areas under discussion was the need for long-term financing.

Prof. Souleymane M’Boup, president of the ICASA 2008 organizing committee, described the conference as an extremely successful event and expressed his appreciation to the participants and organizers. M’Boup concluded by urging them to spread the message that Africa must advance its response to AIDS.

Introduction

Approximately 22 million individuals infected with HIV live in Sub-Saharan Africa. According to the UNAIDS 2008 Report, two-thirds (67%) of all people living with HIV and three-quarters (75%) of all deaths caused by AIDS globally were reported in this region during 2007. In Africa, AIDS remains the primary cause of death. Despite these alarming figures, Africa has made positive gains in implementing programs focusing on HIV/AIDS awareness, intervention, prevention, and treatment. Sexual behavioral changes—like increased condom usage among people with multiple partners, fewer multiple partners, and engaging in sexual activity at a later stage in life—have also been reported in some regions where the prevalence of HIV/AIDS is very high.

This report focuses on the unheard voices and minority groups in the HIV/AIDS sector. It also details the aims and objectives of various stakeholders at the conference and seeks to amplify their remarks. In addition, the report highlights numerous efforts that have had an impact on core issues relating to HIV/AIDS.

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) was founded in 1986 by a group of African scientists who saw the need for a forum for discussing ways to manage and reverse the impact of HIV/AIDS and STIs in Africa. Hosted by African countries every two years, ICASA provides an opportunity to communicate, exchange ideas, and launch new approaches as well as an arena for political lobbying and encouraging empirical research.



ICASA banner bearing the slogan “Together we face the facts.”

The objective of the 15th ICASA conference, held 3–7 December 2008 in Dakar, Senegal, was to provide Africans with an opportunity to assess the numerous actions taken in response to AIDS in developing countries as well as the pandemic’s global impact. The main themes were the prevention of new HIV infections, the ways in which antiretroviral treatment can be made available to more people, and the need for more research.

Delegates representing all levels of society (community, regional, and national) met to discuss tried and tested methods as well as emerging issues. The conference created a platform to engage representatives from both the developed and the developing worlds.

As indicated by its theme, ‘Africa’s Response: Face the Facts’, the main focus of the conference was to evaluate the initiatives and interventions developed to address HIV/AIDS across Africa over the past 20 years. As in previous years, the conference drew attention to the problems that exacerbate the epidemic in Africa. The agenda was designed to recognize and share the strengths and shortcomings of different programs; encourage stronger collaboration among researchers, sectoral leaders, and community practitioners; and retain and raise awareness of the progress made in this area.

International experts evaluated the current state of the HIV epidemic, as well as other sexually transmitted infection (STI) epidemics, and assessed the level of political

commitment, scientific progress and challenges, community actions, and leadership. Prevention was at the forefront of the discussions, along with an emphasis on other vulnerable groups in Africa.

Selected sessions at the conference explored the following topics:

- 'Knowing your epidemic and your response'
- Human rights-based approaches
- Discrimination
- Stigma
- Dealing with women's and girl's vulnerabilities
- Addressing issues related to men who have sex with men (MSM)
- Addressing the issue of sex workers and HIV
- Public-private partnerships
- The responsibility of religious and faith-based organizations
- Technical support to countries
- Tuberculosis and HIV
- Financial matters

Speakers urged policy makers and leaders to get more involved in combating HIV, particularly through prevention. Once leadership structures have been set in place, it is also important to set up mechanisms to monitor the implementation of programs that address the connection between gender issues and HIV.

Another session, entitled 'First ladies of Africa against stigma,' emphasized the importance of leadership involvement in addressing this problem. Speakers addressed solidarity issues and ways of motivating individuals and communities to fight the stigma that still thwarts efforts to scale up voluntary counseling and testing (VCT) programs in Africa.

To combat HIV/AIDS, action must be taken at the national level and, even more importantly, at the community level. Community members should be included in the planning and implementation of HIV programs because they are familiar with local health needs, social dynamics, and cultural customs. More grassroots involvement is needed to ensure that programs get off the ground.

The conference also highlighted the major progress that has been made in providing antiretroviral (ARV) treatment; HIV care and treatment for children; and maternal, newborn, and child health services. ARV prices for children have been reduced, and pediatric dosing has been established. However, despite the progress made in this area, the World Health Organization (WHO) reported that much work remains to be done and that most African countries are unlikely to achieve universal access to treatment by the target date of 2010.

Financial concerns that were addressed included the socioeconomic impact of HIV/AIDS, funding for vulnerable groups, the importance of the efficient use of funds, and the financial sustainability of HIV/AIDS programs.

Speakers emphasized the need for greater commitment and financing on the part of African governments. They urged international and national partners to develop a better understanding of the mechanisms of the HIV epidemic and ensure that funding allocated

for fighting it is used properly. The World Bank said that it would continue to assist countries financially and also help them to better allocate financial aid to combat HIV/AIDS. This assistance will help to ensure that the Millennium Development Goals are achieved. Dr. Michel Kazatchkine, executive director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, said it would maintain its financial commitment to countries in Africa and around the world, despite the global financial crisis.

As noted above, the ICASA conference created a platform for minority groups to submit their concerns to international donors, national organizations dealing with HIV/AIDS, and African governments. HIV/AIDS programs in Africa should target not only heterosexuals, but also LGBT groups that are widely excluded due to stigma and discrimination.

The conference also looked at the impact of migration on HIV in Africa. Participants reported that the increase in human trafficking, as well as reduced access to HIV-prevention programs, has heightened vulnerability to the virus. Migration remains a challenge in Africa, where it is becoming more common due to global integration. Examples include urbanization (from the rural areas to the cities) and cross-border migration (migration between countries).



At the “Global Village,” community-based organizations (CBOs) and nongovernmental organizations (NGOs) displayed their work.

A ‘global village’ set up at the conference venue enabled community-based organizations (CBOs) and nongovernmental organizations (NGOs) to showcase their work as well as demonstrate, analyze, and explain different response models to the epidemic in Africa. The objective was to ensure participation and representation of all tiers involved in the response to HIV. This act of inclusivity was arranged in response to a perception that AIDS programs operate through a top-down approach that rarely gives local initiatives the opportunity to engage at other levels.

Also set up was a TrustAfrica session that brought together a number of participants and organizations to whom TrustAfrica had made mobility grants. Below is a discussion of that session.

Overview of the TrustAfrica presentation

TrustAfrica also had a presence at the 15th ICASA conference. It not only sponsored the attendance of more than 20 participants, but also hosted a session on efforts to strengthen African engagement in HIV/AIDS decision-making at the global level.

Dr. Bhekinkosi Moyo of TrustAfrica led the session, focusing on the organization’s HIV/AIDS initiative. He began by explaining that most of TrustAfrica’s programs originate from the dialogue among the diverse African voices that it tries to bring together.

With regard to HIV/AIDS, TrustAfrica has been working to amplify African voices in the global arena by identifying minority groups and silent voices. One player it collaborated

with is Prometra, an international organization that seeks to preserve and restore African traditional medicine and indigenous science. Prometra leaders from Senegal and Uganda made presentations on traditional medicine during the session led by TrustAfrica (see p.10).

Until now, Moyo said, no initiative in Africa has specifically sought to strengthen Africa's role in the global fight against HIV/AIDS in terms of how initiatives are planned, how policies are developed, and how funds are used. He called TrustAfrica's HIV/AIDS initiative—Strengthening African Engagement with the Global HIV/AIDS Establishment—a groundbreaking endeavor with prospects for solid results. It aims to map a clearer road for various African groups and individuals to effectively engage with key players in the HIV/AIDS arena and to fill gaps between local and experienced groups.

Moyo described the origins and goals of the initiative and outlined what has been done so far. It arose from meetings at the Ford Foundation, which sought to address issues of sexuality and HIV/AIDS. There is a need for an African response to the problems affecting the continent, and the Ford Foundation provided funding to implement this initiative.

About TrustAfrica

TrustAfrica is an independent foundation that strives to secure the conditions for democracy and equitable development throughout the continent. Based in Dakar, Senegal, it convenes leading African thinkers and practitioners to identify priorities, make recommendations, and build partnerships to address these critical challenges. It then provides grants and technical assistance to African organizations working to implement these recommendations, which focus on the areas of democracy and civil society, equitable development, and African philanthropy.

Since its inception in 2006, TrustAfrica has built a strong network of diverse African voices—including opinion leaders, civil society advocates, scholars, media professionals, grassroots activists, Africans in the diaspora, and representatives of African governments, regional organizations, and donor agencies. Its programs emphasize cross-Africa exchange and learning, generating ideas for African leadership in solving problems, forging partnerships and collaboration among African institutions, and influencing other donors to support African initiatives.

Moyo emphasized the need to support continental strategies that address neglected areas or poorly addressed issues of cross-sectional significance. Although progress has been made in Africa in terms of community efforts and national and international interventions, there have been no coordinated continental strategies to tie everything together. One of the aims of the HIV/AIDS initiative therefore is to build a continental response to the issues.

TrustAfrica maintains that global and international efforts are critical in the fight against HIV/AIDS in Africa. For this reason, it is vital to amplify African perspectives, initiatives, voices, and knowledge so they can play a significant role in areas where decisions are actually made. It is also critical to bridge the gaps between local experiences and local voices in Africa, as well as between policy making internationally and continentally.

TrustAfrica hopes that the groups identified and supported will be able to bridge these gaps and learn from each other, and then share lessons learned across the continent.

The immediate goals for the initiative are to:

- Include independent African voices and perspectives within global policies and international binding initiatives on HIV/AIDS;
- Develop a strong response to the epidemic, as well as effective intervention and prevention programs;
- Identify marginalized groups, including women and children; and
- Ensure that regional institutions are strengthened to pay special attention to issues related to HIV/AIDS in Africa.



Presenters at the TrustAfrica session: Dr. Erick Gbodossou, Prometra Senegal; Dr. Bhekinkosi Moyo and Ms. Jeanne Elone, TrustAfrica.

To achieve these goals, Moyo said, the initiative would have to accomplish the following objectives:

- Document gaps in the levels of interaction and collaboration among key HIV/AIDS organizations and experts across disciplines and sectors to help synthesize experiences and knowledge for this concerted advocacy at the global level;
- Identify the knowledge, attitudes, and practices of African leaders and key regional institutions with regard to HIV/AIDS;
- Explore opportunities to promote learning and exchange among HIV/AIDS communities across Sub-Saharan Africa;
- Identify the funding and technical assistance needs of experienced actors in the area and improve their communication and advocacy skills;
- Outline opportunities for African leaders to gain access to, and take center stage at, HIV/AIDS global forums and institutions; and
- Recognize ways to stimulate global institutions and forums to create sufficient opportunities for African perspectives, lessons, knowledge, and initiatives to be presented and heard.

One outcome TrustAfrica hopes to achieve is the increased and active participation of locally based representatives of organizations. The initiative aims to include people from all walks of life, including grassroots organizations. TrustAfrica provides mobility support to minority groups to enable them to attend workshops and conferences. By providing assistance and sponsoring groups and individuals, it allows them to make their voices heard at the national and global level, thereby increasing the visibility of marginalized African groups.

Another desired outcome is to build greater collaboration among organizations working on HIV/AIDS. This collaboration will yield a pool of talent, composed of knowledgeable

individuals and diverse African groups, that is capable of influencing global responses to HIV/AIDS in Africa through networking and advocacy. Improved visibility of African best practices in HIV/AIDS control and stronger African leadership will increase Africa's stature and influence in the field, helping to correct the overrepresentation of international and African organizations in policy advocacy at global level.

Background information on the TrustAfrica HIV/AIDS initiative

The centerpiece of TrustAfrica's HIV/AIDS initiative to date is a survey conducted over six weeks in February and March of 2008. During this period, a team of three researchers, along with several HIV/AIDS program and organization development specialists, conducted research in four African countries: Ghana, Kenya, The Gambia, and Zambia.

The research team carried out in-depth interviews to gather information about the knowledge, views, and perspectives of selected key informants from the public sector, civil society organizations, universities, relevant research institutions, the media, and international development partners. The team paid special attention to initiatives that target marginalized groups, including women, youth, and sexual minorities.

The findings of the study

Some interesting findings emerged from the research. Respondents showed an enormous interest in the research topic and saw it as relevant and important to Africa's aspirations in all development sectors. They expressed the belief that African perspectives were weak in the response to HIV/AIDS in Africa and voiced concerns about whether these perspectives could have an impact on the international community. African perspectives with regard to desires, preferences and objectives are diverse, and some are known, while others are not. The researchers also sought to identify leaders and find ways to equip them for effective engagement.

Respondents felt that African leaders and institutions should be invited to relevant international and national conferences, but stated that, without any funding from international communities, such participation would not be possible. The respondents also felt marginalized from the decision-making process.

Findings showed that African leaders sought to influence the HIV/AIDS agenda to reflect African perspectives through national, subregional, and regional meetings, in addition to the global settings. Yet the knowledge and attitudes of African leaders were found to differ in terms of HIV/AIDS, with some leaders openly supporting policies and programs, and other leaders being in denial and unsure, or lacking commitment and political will.

Findings indicated that the presence of Africans in international organizations would help to promote and enable engagement. However, it was unclear how this would help to facilitate the incorporation of African perspectives.

Additional constraints mentioned in the research report include:

- The stigma and discrimination faced by individuals infected with HIV/AIDS;
- The problems of silence and denial;
- Inadequate resources and capacity;
- The politics of funding;
- Inadequate coordination and partnerships;

- Recurring conflicts and natural disasters;
- Weak health systems;
- Traditional attitudes and practices; and
- The lack of political stability.

The study revealed that sharing of information relies mainly on its documentation, monitoring and evaluation, and the knowledge management systems currently in place, as well as the culture of information used in various countries. Respondents indicated that information sharing was weak and not systematic. The key channels for information sharing include websites, radio, television, workshops, conferences, newsletters, and other publications.

Respondents indicated that lessons and good practices were mostly related to different components of HIV/AIDS programs and not fundamentally and directly linked to strengthening African engagement with the international community. Although countries vary greatly with respect to capacity and resources, their needs remain similar. Therefore, technical assistance and funding is required to:

- Sustain the existing positive environment;
- Facilitate the enactment and implementation of policies and legislation related to discrimination, stigma, prevention, treatment, care, and support relating to HIV/AIDS;
- Sustain the interest of civil society in social mobilization;
- Guarantee a focus on changing high-risk sexual behavior;
- Build capacity at different levels and implement policies and programs;
- Develop human capacity to maintain the implementation of HIV/AIDS responses at all levels; and
- Support the implementing agencies to perform their roles and responsibilities.

The researchers found that participants recognized that global policies, initiatives, and interventions had been receptive and sensitive to the primary needs of African beneficiaries. The participants also mentioned that the international community had shown caring, compassion, and concern through international mobilization and fundraising efforts.

Recommendations

The recommendations that emanated from this research included identifying the knowledge, attitudes, and practices of African leaders and their key concerns regarding HIV/AIDS so that opportunities can be put in place to promote learning and exchange among the HIV/AIDS communities across Sub-Saharan Africa. This would make it possible to identify the funding and technical assistance needs of experienced actors and provide them with the means to sharpen their communication and advocacy skills. The researchers also underscored the need to identify opportunities for African leaders to gain access to, and take center stage at, HIV/AIDS global forums and institutions as well as find ways to stimulate global institutions and forums to create adequate space for African perspectives, lessons, knowledge, and initiatives.

Overall, the study concluded that African voices are present but exceedingly weak in the global response to HIV/AIDS in Africa. It attributed this to poor leadership, inadequate empowerment of leaders, insufficient capacity among regional institutions to engage

Africa in their global HIV/AIDS response, weak advocacy expertise among leaders and institutions, poor performance of HIV/AIDS interventions, weak monitoring and evaluation systems, low allocation of domestic funds (especially funding for needed policy-oriented research and 'think tank-type' activities), and unfulfilled international commitments.

The study recommended that leadership be expanded to include members from all levels of society. African leaders should be more active and should continually lobby global partners for assistance. They should also be encouraged to create a forum for capacity building and networking among different African countries to ensure effective training in different approaches to HIV/AIDS programs. The improvement of existing HIV/AIDS programs is essential for advocacy, leadership, and empowerment. Continuous, effective monitoring and evaluation of systems are needed to demonstrate performance in HIV/AIDS intervention and engagement strategies, to prove that supportive data is reliable and of good quality, and to show that leaders are trustworthy.

A systematic way of documenting engagement strategies should be created to inform planning for more effective strategies through practice. More domestic funds should be made available to African countries to manage HIV/AIDS programs and to keep their international commitments. Finally, Africans might develop a database on HIV/AIDS that could be widely shared through networking.

In keeping with the aim of listening to marginalized voices, lessons, knowledge, and initiatives, some pertinent questions were raised about TrustAfrica's HIV/AIDS initiative during the session:

Q: Who are the 'unheard voices'?

A: In the beginning, TrustAfrica also did not know who the unheard voices were in the HIV/AIDS arena. The unheard voices were identified as women and children, traditional healers, and gays and lesbians, and more groups will be added to the list from information gathered at this conference and from the research conducted by the consultants working on TrustAfrica's HIV/AIDS initiative.

Q: Why doesn't TrustAfrica take African proposals?

A: Partly for logistical reasons; TrustAfrica is a young institution and does not have sufficient capacity to handle unsolicited proposals. The main reason, though, is philosophical; the foundation seeks to catalyze ideas through convenings. It first identifies individuals working in affected communities and relevant fields, and asks them to come up with projects that might be funded. The foundation then works to identify organizations that could help with their implementation. Finally, TrustAfrica approaches institutions and communities and requests proposals.

Q: Does TrustAfrica accept proposals from individuals who want to conduct research?

A: The same answer applies here. However, in some instances, TrustAfrica does accept proposals from the private sector, but these are mainly related to business schools, universities, and job-related projects. Sometimes it commissions research on issues like HIV/AIDS. TrustAfrica's priority is to support institutions rather than individuals.

During the session, Moyo also noted that TrustAfrica is exploring opportunities to establish a presence in Addis Ababa, Ethiopia, that will interface with the African Union and other bodies to support civil society groups at grassroots level. This office would also

help individuals to attend African Union meetings. Moyo also noted that TrustAfrica is working with Humanity United to strengthen civil society in Liberia.

The session also highlighted the fact that individuals and small NGOs do not know who the African leaders are. Participants concluded that attention should be given to African leaders in order for them to make themselves known to the people at grassroots level. Another major concern for participants at this session was why the leaders and others were not hearing them. “Are they not willing to hear us?” they asked. “Are our voices too low to be heard?” Participants felt that leaders and others should solicit ideas and be more open to new proposals and requests.

Moyo concluded by saying that TrustAfrica believes it is good to democratize public spheres, as this will provide opportunities for people to be heard.

Traditional Medicine

TrustAfrica’s session at the ICASA conference provided a platform where traditional healers could make their voices heard. TrustAfrica provided mobility support for some of PROMETRA’s members to attend the conference and make exhibitions. They shared their practices, beliefs, and experiences in relation to HIV/AIDS and briefed participants on the emerging issues and challenges they face in West Africa. In most African countries, individuals rely on home-based care and seek help from traditional healers. Sometimes people visit traditional healers to seek a second opinion when diagnosed with an incurable disease.

The session included a presentation by Prometra (www.prometra.org), an international organization dedicated to preserving and restoring African traditional medicine and indigenous science. Prometra is working to cultivate greater understanding and collaboration among traditional healers and scientists, which could lead to more successful HIV/AIDS prevention and control programs in Africa. It engages in scientific and cultural research, education, advocacy, and traditional medical practice. Its work requires bridging the gap between African traditional medicine and Western medicine, with the aim of legalizing traditional medicine. Prometra seeks to share best practices from countries like China, India, and Vietnam, where traditional medicine is a legally recognized component of national health care systems.

In many African countries, citizens lack access to adequate healthcare facilities. This is compounded by a shortage of skilled health care personnel, a lack of equipment, and an increasing ‘brain drain’ problem as skilled personal leave to work in developed countries. In areas where services are available, they are usually expensive and unaffordable for most of the population. According to WHO, as much as 80 percent of the world’s population relies on traditional medicine and indigenous knowledge for meeting their primary health care needs.

Dr. Erick Gbodossou, who spoke on behalf of Prometra Senegal, focused on various negative perceptions about traditional medicine in Africa. Traditional healers feel marginalized in decision-making processes and feel that their voices are not being heard. Gbodossou stressed the importance of taking the voices of local leaders into account in the treatment of HIV/AIDS in order to combat the disease. He expressed hope that the involvement of traditional healers could help save Africa.

Dr. Yahaya Sekagya, president of Prometra in Uganda, also spoke at the session. Both a dental surgeon and an expert in traditional African medicine, Sekagya is working to conserve and teach the traditional methods of healing. He believes it is possible to provide cost-effective primary health care to everyone. He acknowledged that Western medicine is more efficient than traditional medicine in some areas, but stressed that traditional habits should not be rejected due to lack of understanding. In a supplemental interview he said, “It is essential to have knowledge of both parts of medicine—the Western and the traditional side.”

Sekagya emphasized the importance of traditional healing techniques in the fight against HIV/AIDS. Speaking as a traditional healer, he said he perceives AIDS to be a combination of various diseases:

“I do believe that all these diseases have always existed in our communities and we have dealt with them before. In many cases, people from the urban and rural communities come to us [the traditional healers] to be healed, and we give them the herbs and they are healed. These diseases are not new. They have been in existence all the time. People tell us we are not supposed to claim that we are healing people with AIDS. Why is it then that when I provide an AIDS patient with these herbal medicines, the patient claims to be without problems for three years of more?”

Beyond the TrustAfrica session, some of the other sessions at the conference focused on the following issues:

- The vulnerability of women and girls;
- Leadership and Champions for an HIV-Free Generation;
- Involving youth in Africa’s response to AIDS;
- Sexual minorities;
- HIV in prison settings;
- Male circumcision;
- Sex workers;
- Disability; and
- Social change communication.

The vulnerability of women and girls

At the opening ceremony of ICASA conference, the issue of the vulnerability to HIV/AIDS among women and girls in Southern Africa was addressed. Speaking at the opening plenary, Dr. Peter Piot, the executive director of UNAIDS, released a regional report highlighting four sets of actions to address problems of vulnerability in the hardest hit regions. These actions are to be grounded in national strategies and much-needed settings that are context specific.

- (1) Mobilize communities around HIV/AIDS prevention, with strong male involvement, so relevant strategies can be put in place to look at the causes and consequences of, and solutions to, the vulnerability of young women and girls.
- (2) Expand access to high-quality, well-integrated, and essential sexual and reproductive health and prevention services among young women, while mobilizing demand and use for them.

- (3) Develop and ensure that adequate technical and financial resources for implementing national strategies are put in place to address the structural drivers of vulnerability.
- (4) Strengthen the capacities of countries for epidemiological and behavioral observation, which can help monitor coverage to improve decision-making.

The vulnerability of women and girls in Southern Africa also came up in a satellite session. This session examined the social transformation around the immediate practices and attitudes that lead to HIV infection in women and girls and presented evidence that supports the call for social transformation. Speakers highlighted the vulnerability of young women and girls in Southern Africa and focused on age-disparate and intergenerational sex, biological vulnerability, economic empowerment, education, gender-based violence and knowledge, and risk perception and behavior.

Helen Rees, a researcher and lecturer at the University of the Witwatersrand's Reproductive Health and HIV Research Unit, led a presentation on the biological vulnerability of women to HIV infections. She explained how the biological risk for HIV is dependent on the efficiency of transmission at the time of sexual intercourse and the impact that different sexual activities have on transmission.

Rees also discussed the dangers related to vaginal practices (such as drying, cleaning, and tightening the vagina) followed by many Southern African women. She called for better efforts to share information on this issue with women in Africa. Rees also described how alcohol plays an important role in risky sexual behavior and the decision-making process of young adults, putting them at greater risk of contracting HIV and other STIs. Better health services could lessen women's vulnerability. Effective intervention programs with an emphasis on gender equality could also help to reduce HIV and STI infections.

Susan Kasedde of UNAIDS addressed the issues of age-disparate sex in Southern Africa. She reported on several studies documenting the commonality of young women and girls having older sexual partners either for material or financial gain. These relationships are also associated with unsafe sexual practices and increased risk of HIV. Moreover, they disempower women and place them in a position where safer sexual practices are non-negotiable. Younger women and girls perceive older men as being more stable and less promiscuous than younger men. The older men believed the younger women are free from HIV. Although younger women and girls are caught up in these relationships due to coercion or poverty, Kasedde reported that some women exploit these relationships and do not perceive themselves as victims. Younger women felt that they had the power to decide on the number of partners and the type of relationship in which they become involved.



Helen Rees from the Reproductive Health and HIV Research Unit, University of the Witwatersrand.

To address this issue, programs should work to educate and empower young women and girls and raise their perception of the risks of being involved in age-disparate relationships. Television, radio, and advertising have an enormous influence on the lives and personal relationships of young people, as well as on their decision-making abilities. Involving the media in HIV-prevention programs can help spread the message among young women and girls. The exploitation of younger girls also needs to be addressed, and effective law enforcement should be applied. Community involvement is needed to change the norms and values associated with age-disparate relationships and to ensure effective responses to this practice.

In Southern Africa, the education sector lacks systematic mechanisms for sharing information about HIV. Elsewhere in Africa, networking with education departments and AIDS authorities has proven successful in sharing knowledge. Southern African countries could therefore learn from other countries and develop regional networks that support knowledge sharing and combined action by education departments.

“Unless you recognize that women are most vulnerable ... and something is done about the social and cultural equality, you will never defeat this pandemic.” These were the words of Stephen Lewis, as quoted by Dudzai Dorren Mureyi in her opening speech. Mureyi is a 21-year-old pharmacy student from Zimbabwe. She has taken a break from her studies to participate in a pan-African TV reality show, *ImagineAfrika*. The show is an initiative of the Africa Broadcast Media Partnership Against HIV/AIDS (ABMP), which is running a multi-year awareness campaign, the ‘YOU’ Campaign, stressing the need for individual responses to HIV. *ImagineAfrika* pits 12 change makers between the ages of 18 and 25 against the main challenges facing Africa, especially those perceived to be drivers of HIV, such as gender inequity, peer pressure, sexual coercion, stigma, tradition, poverty, low self-esteem and lack of hope for the future.

Mureyi presented a paper on how the Southern African girl or woman navigates around issues related to HIV and other challenges. She reported on her own life experience, including her family’s periodic struggle to make ends meet, the community she lives in, and the fact that she is female. “All these factors make me a ripe target for HIV infection—my age, my sex, and my circumstances.” She also addressed the issue of being a young woman who is never taken too seriously and explained that in African culture, young people are perceived to be naïve, inexperienced, and unwise, and therefore are sidelined when important matters are being discussed. They are denied the platform to air their ideas regardless of how insightful they may be.



Dudzai Dorren Mureyi, Zimbabwe.

The presentation highlighted the difficulties that young people often experience when trying to obtain condoms and contraception from health centers that are supposed to provide them. Many young people feel victimized because they are perceived to be too young to even think about sex. In many countries it is hard to get condoms

anonymously, so young people have unprotected sexual intercourse. Young women are disempowered and cannot negotiate safer practices because men are perceived to know it all and they are always in power.

Sexual initiation camps still exist in Southern African countries where young girls are taught how to behave during sexual practices. Upon leaving these camps, they are expected to experiment with what they have been taught, and this experimentation takes place without protection. These young girls are therefore at risk of contracting HIV and other STDs. In an interview, Mureyi said: "I strongly believe that young people in general, and especially young women, are not given platforms on which to air their ideas and build their dreams. Resources and opportunities are scarce, and most young people in Africa die with their dreams. Young people lack a voice that is listened to, and their views and problems are rarely heard and addressed. This is why self-destructive and reckless behavior is rampant among Africa's young people. I wish there was an organization that just looked to empower Africa's young prodigies and visionaries."

This satellite session provided a platform for discussing ways to turn the epidemic around for women and girls in the region. Speakers also shared the different tools they use to create awareness and bring about behavioral change.

One of these tools is an outstanding South African multimedia health promotion and social change project called the Soul City Institute. Over the past few years, this project has reached more than 16 million South Africans through drama and entertainment. It has two components: Soul City, for adults, and Soul Buddyz, for 8- to 12-year-olds and adults. Soul City also runs a regional program that has partnered with local organizations in eight Southern African countries. Soul City and Soul Buddyz programs have been broadcast in numerous African countries, the Caribbean, Latin America, and Southeast Asia. Its programs explore various aspects of health and development, providing information needed to change attitudes and social norms.

At the conference in Dakar, the Soul City Institute screened a DVD designed to raise awareness of behaviors that put young women and men at risk of contracting HIV. Entitled "Girls at risk – Untold stories in a time of HIV and AIDS", it was a collaborative effort by Soul City and UNAIDS. It told the stories of five women, calling attention to factors that heightened their risk of HIV infection, including multiple and concurrent partners, transsexual sex, and violence against women. It also recounted an orphaned girl's struggle for survival and a schoolgirl's encounters with an abusive teacher.

Rayhana Rassool of Soul City talked about the merits of using multimedia access points to mobilize people. Speaking about social change communication, she said structures must be changed to support individual behavioral change. She also explained that the Soul City Institute strives to create an environment that enables growth and empowerment among communities through good decision-making, which will ultimately improve the quality of life for individuals. She concluded that more discussion, debate, and awareness of sexuality and sexual behavior is needed to bring societal change. During this session, participants discussed an evaluation of the numerous tools presented and exchanged information about the research methods and content.

At the beginning of the conference, the World Bank launched a documentary entitled "Courage and Hope." Donald Bundy, the Bank's leading specialist on school health

HIV/AIDS education, gave a brief summary. The film focuses on four schoolteachers who are HIV-positive, showing the daily challenges they face, such as discrimination and stigmatization.

Leadership and champions for an HIV-free generation

At the 17th International AIDS Conference in Mexico City, Mr. Festus G. Mogae, the former president of Botswana, launched the 'Champions for an HIV-free generation' campaign. Its purpose was to mobilize high-profile leaders to restore and revitalize the response to AIDS in Sub-Saharan Africa. The 'champions' are leaders in Africa who are known to be outspoken and honest and capable of influencing the opinions of people infected and affected by the HIV/AIDS epidemic.

The campaign hopes to get more leaders to take a public stand and fulfill their commitment in the area of HIV/AIDS. The champions have focused on HIV prevention and they are able to address issues freely and independently both publicly and behind the scenes. Prof. Miriam Were, chairperson of the Kenya National AIDS Commission, claimed that it is the responsibility of these champions to speak on behalf of those without a voice. "As leaders, we need to be dedicated and motivated to do the work. Secret voices need to be heard and put on the floor." The question was raised about how leaders and secret voices can be brought together. Prof. Were said that "everybody is a champion" and that individuals do not need to wait for others to do things for them. Individuals need to act. She concluded that the secret voices need to act by standing up and doing something to be seen and heard.

Ms. Lyia Kebede, WHO Goodwill Ambassador and international supermodel, explained that not all solutions need money and that willpower is equally important.

The session also highlighted the fact that the champions will fight for better policies, laws, and practices in response to the epidemic. The champions also aim to strengthen and improve health practices and emphasize developments that have been made.

Leadership program

Another noteworthy session at the conference was a leadership program in which leaders discussed opportunities and challenges involved in scaling up an effective AIDS response in Africa. This program meshed perfectly with the theme of the conference. In addition, integrating the leadership program into the conference framework allowed for synergy with two other conference programs: the scientific program and the community program. This leadership program underscored the need to foster active and sustainable engagement by leaders from all sectors and at all levels, as well as the need to mobilize leadership to reduce the impact of HIV/AIDS in Africa and globally. The leadership program reached out to political leaders, activists, women leaders, business leaders, youth leaders, philanthropists, researchers and scientists, role models, individuals living with HIV, and community members.

Involving youth in Africa's AIDS response

According to the UNAIDS (2007) *AIDS Epidemic Update*, HIV/AIDS adversely affects young people in all parts of Africa and is especially prevalent among young people between the ages of 15 and 24. This age group accounts for approximately 45% of new HIV infections reported in 2007. The Global Guidance Briefs on HIV Interventions for

Young People highlight the goal of reducing HIV among young adults globally by ensuring that they have access to information, education, life skills, and services.

UNAIDS and UNICEF Special Representative HRH Princess Mathilde of Belgium was among the presenters at a session focusing on leadership in the next generation of the AIDS response in Africa. She reconfirmed her involvement and commitment to youth and HIV/AIDS-related matters and argued that, in order to curb the spread of HIV/AIDS infections, young people should be incorporated into HIV/AIDS programs and leaders should allow them to make their voices heard. She added that young individuals should set a positive example in their communities and should be able to freely distribute knowledge related to HIV/AIDS prevention.

The session called for more active participation by young girls and young women in HIV/AIDS intervention and prevention. The involvement of young adults in these programs is important in preventing the spread of new HIV infections in communities.

At a session on 'Youth leadership in Africa and its response to HIV/AIDS,' Princess Mathilde and other presenters discussed various issues facing young people and the effect of HIV/AIDS on their lives. Young people were identified as a vulnerable group, and their active participation in prevention and intervention was encouraged.

Several sessions at the ICASA conference noted the vulnerability of young adults to HIV. Dr. Bunmi Makinwa, director of the African division of United Nations Population Fund (UNPFA), also reported that young individuals are at risk and said that parents, guardians, leaders, and community workers need to focus more closely on this vulnerable group. Presenters concluded that sexual education should be implemented from an early age, and urged parents and guardians to address issues of sexuality and safer sexual practices at home. They also called on governments to support sexual education programs at schools, which will enable these programs to be more comprehensive and detailed. Presenters felt that it would be best to introduce these issues at an early age to prevent infections. They also noted the importance of involving young people in policy making and programming.



Princess Mathilde of Belgium and UNAIDS Executive Director, Dr. Peter Piot, addressing youth groups at the ICASA conference.

Sexual minorities

For the first time, the organizers of the 15th ICASA conference in Dakar allowed African sexual minority groups to present and discuss issues related to lesbian, gay, bisexual, and transgendered (LGBT) persons. Many Africans still perceive homosexuality as

something adopted from the Western world, although activists have shown evidence that homosexuality has existed historically among various African ethnic groups.

Only 15 out of the 53 African countries have decriminalized consensual same-sex conduct, indicating that more than two thirds of the countries on the continent still explicitly criminalize same-sex relations. For instance, in Senegal, same-sex relationships are prohibited and carry a penalty of up to five years' imprisonment. South Africa is the only country on the continent where it is legal for homosexuals to marry, and only seven African countries have managed to include men who have sex with men (MSM) in their national policies.

Joel Gustave Nana, Southern and West African program associate for the International Gay and Lesbian Human Rights Commission (IGLHRC), gave an overview of sexual minorities and HIV in Africa. The IGLHRC is a nonprofit, nongovernmental organization based in New York, with branches in Cape Town and Buenos Aires. It is a leading human rights organization dedicated to improving the rights of individuals who

are targeted for imprisonment, abuse, or death because of their sexuality, gender identity, or HIV/AIDS status. IGLHRC deals with human rights violations by affiliating with and supporting activists globally, monitoring and documenting human rights abuses, engaging offending governments, and educating international human rights officials.

Nana reported that the conference was the first time that LGBT persons were receiving such attention in Africa. He said that homophobia had fueled the spread of AIDS and the violation of human rights, and that HIV/AIDS organizations are reluctant to address this issue mainly because homosexuality is still illegal in most African countries. Nana also described the problems that sexual minorities face, such as silencing of voice, sexual orientation, human rights violations, and social inequalities. He mentioned that same-sex practicing individuals have been prevented from attending African policy meetings because of homophobia. Nana concluded: "We are invisible when serious matters such as HIV are concerned." Research conducted in Africa has shown that MSM are up to nine times more vulnerable to contracting HIV than heterosexuals.

Fikel Vilakazi, who directs the Coalition of African Lesbians, addressed the issues of lesbian and gay individuals in Africa and explained sexuality in the African context. She pointed out that people in Africa are still living in a patriarchal society. "This is even more aggravated by the traditional roles that exist in African societies," she said. "We are living in a heterosexualized society that is constructed on a basis of maleness and femaleness." Vilakazi described how societies exclude gays and lesbians and highlighted the acts of violence perpetrated against them on the basis that "...if you do not conform, you will be a target." Violence also heightens the vulnerability of women, who are at risk of being raped and thereby exposed to HIV and other STIs.



Simon Tseko Nkoli (1957–1998) was an anti-apartheid, gay rights and AIDS activist in South Africa and founder of the Saturday Group, the first black gay group in Africa.

In general, it is believed that sex between two women is low in risk. Yet a study conducted in South Africa among gay, lesbian, bisexual, and transgendered individuals revealed that sex between two women also placed them at risk of contracting HIV. When lesbians were compared to gay, bisexual, and transgendered persons in relation to HIV infection, the prevalence rate was 9%. Vilakazi explained that although the prevalence rate is lower than 10%, lesbians are also at high risk of contracting HIV through bodily fluids. She discredited the myth that lesbians are not at risk of contracting HIV. Thus adequate information should be given to individuals and community members about the risk of sexual behavior, and sexual orientation programming should be implemented in communities. Most governments tend to ignore gay, lesbian, bisexual, and transgender issues, and therefore these individuals are not recognized by government and become invisible.

Cyriaque Ako from Ivory Coast stated that homosexuals and seropositive individuals are not being heard as “they are supposed to be silent”. This is an important issue that needs to be addressed, and intervention is desperately needed in these areas. LGBT persons need to be incorporated into the strategic planning by government.

An alarming number of men do not use condoms when engaging in sexual intercourse. Many men also engage in bisexual behavior, and few of them get tested to know their HIV status. Earl Ryan Burrell, a researcher at the Desmond Tutu HIV Foundation, surveyed MSM in Cape Town and found several who were unaware of the risks associated with certain sexual practices, despite the HIV-prevention programs running in this region.

Research conducted in Nigeria revealed that very little is known about the link between HIV prevalence and MSM in the country. This lack of information and knowledge related to MSM and HIV is an area of concern throughout much of Africa. A survey conducted in Nigeria revealed that condom usage was low, insufficient forms of lubrication were used (for example, saliva, oil-based lubricants, soap, and domestic cooking oil, which damage the condom), and multiple partners were prevalent (UNAIDS). African governments were encouraged to invest more resources in supporting HIV prevention and to recognize MSM as a group that requires tailored intervention programs and more research.

The biggest obstacle facing MSM in Africa is the criminalization of same-sex conduct. Other obstacles include discrimination, stigma, rejection, legal consequences, and therefore fear of coming forward. The advocacy director of the Human Rights Watch’s LGBT Rights program, Boris Dittrich, said that many married men in Africa engage in MSM but do not perceive themselves as being gay.

This session also noted that the Nigerian Constitution outlaws same-sex conduct. The country recently passed a bill that not only prohibits same-sex relations but also forbids individuals from promoting, identifying with, or supporting individuals involved in same-sex relationships. Nigeria does not have any sustainable intervention programs targeting MSM. Burundi has also recently passed a bill that moves the country closer to acknowledging a new sodomy law. Senegal is one of the seven West African countries that includes MSM in its HIV-prevention efforts, but it still criminalizes same-sex conduct. This situation portrays the ambiguity that surrounds MSM and HIV/AIDS prevention.

Presenters all concluded that HIV/AIDS programs in Africa tend to target heterosexuals and exclude LGBT groups due to stigma and discrimination. Therefore, LGBT should be classified as a risk group, and assistance programs should include capacity building, access to services, and promotion of a society without judgment.

A gap in empirical research has been identified concerning lesbian and transgender-related issues and HIV. Governments should therefore provide adequate funding to organizations and individuals in order to conduct research in areas where information is desperately needed.

HIV in prison settings

In the ICASA session organized by the United Nations Office on Drugs and Crime (UNODC), Mr. Gallo Diop, a former prisoner and AIDS advocate from Senegal, stressed that individuals moving in and out of prisons add to the spread of the HIV among individuals outside of prison settings. In prison settings, no HIV-prevention measures exist and no adequate information related to safer practices is given, making prisoners more susceptible to contracting the virus.

It is therefore important to educate prisoners about HIV, raise awareness of safer sexual practices, and implement prevention interventions—such as the availability of condoms and safe tattooing and injecting equipment. Joel Gustave Nana of IGLHRC said that prison sexuality or homosexuality should not be regarded as taboo and that everyone should be entitled to HIV prevention, treatment, and care. Nana also contended that individuals do not want to admit that men are having sex with men and that lesbianism exists in prison settings. The question remains unanswered by the authorities in Africa as to whether condoms should be made freely available to inmates.

Poor conditions such as overcrowding, inadequate facilities, poor sanitary conditions, inadequate health care facilities, insufficient HIV prevention services, poor nutrition, and lack of precautions are factors that enhance the spread of the HIV in prison settings. Prisons were identified as a neglected area, and prisoners were also identified as a marginalized group that needed immediate attention. This suggests that a knowledge gap exists in understanding the magnitude of the HIV epidemic in African prisons, as well as the need to create awareness of HIV among prisoners.

Women and HIV in prison settings

Even though prisons are high-risk settings for the transmission of HIV and AIDS, programs for HIV prevention, treatment, care, and support are not adequately developed and implemented to respond to HIV within the prison system. Although women in prisons are exceedingly vulnerable to gender-based sexual violence, prison settings do not usually address gender-specific needs, and the occurrence of risky behavioral practices such as unsafe tattooing and drug use through injections are highly prevalent in these confined settings.

With all these behavioral practices cited as high-risk factors for HIV/AIDS, gender inequality, stigma and discrimination can make women even more vulnerable to the pandemic. Governments will therefore require a different set of psychological, social, and health-care approaches for women than for men. In African countries where programs do exist, they are often ineffective, and women may not be able to benefit from them. With no clear plan linked to rehabilitating women prisoners, the burden of

the stigma of imprisonment can weigh even more heavily on them than on men, making it difficult for them to return home once they are released.

The time spent imprisoned can increase the risk of HIV in prisons, not only due to sexual violence and high-risk sexual behavior, but also due to drug use and injecting drugs, tattooing, and the lack of health care in these settings. It is important to develop alternatives to address the special needs of women in prisons and to make health care services available as a way of creating opportunities for essential interventions to curb the spread of HIV/AIDS.

Male circumcision

Male circumcision in African cultures is one way in which information about safe-sex practices is inaccurately conveyed. This age-old practice created quite a stir among researchers at the ICASA conference. Approximately 40 research studies conducted in Africa have revealed that male circumcision reduced the risk of HIV transmission for men. But people need to understand it better before it can be scaled up as an intervention for preventing HIV transmission. Speakers at the Panos briefing session all emphasized the urgent need for sensitization on male circumcision. The chairperson of the male circumcision task force in Swaziland, Samuel Magagula, stressed the importance of education about male circumcision and how it has been hindered by the cultural beliefs in communities.

Guy De Brown from the Perinatal HIV Researcher Unit at the University of the Witwatersrand in South Africa reported on high prevalence of HIV among MSM in Soweto Township. He concluded that male circumcision programming should include scaling up male circumcision programs, integrating them with voluntary counseling and treatment (VCT) and addressing the challenges of spreading information on male circumcision as an HIV-prevention program.

It is also vital that accurate information about circumcision be made available to men before and after the procedure. Men need to be informed that, by resuming sexual activity before the wound is fully healed, they place themselves and their partners at risk of contracting HIV. The Minister of Health and Social Welfare in Lesotho, Mpolai Maseila Monteetee, presented on male circumcision programming and suggested that individuals need a clearer understanding before programs are scaled up. The session noted that several African governments do not have clear positions on male circumcision and suggested that African countries do their own research and formulate policies based on their national context. An interesting point raised during the discussion was: "Why is the HIV/AIDS rate so high in regions where male circumcision is widely practiced compared to regions where male circumcision is not common, especially since research has indicated that male circumcision reduces the spread of HIV?" Researchers were urged to explore this avenue and come up with relevant recommendations.

Sex workers

Another issue of importance that emerged at the conference concerned sex workers and HIV. Although sex workers have been identified as a vulnerable group with respect to HIV/AIDS, no desirable results have been achieved. This satellite session emphasized the sensitization of stakeholders and illustrated the strategies for preventing HIV transmission in sex-work settings in Africa and scaling up successful interventions.

The conference also gave sex workers an opportunity to share their personal experiences. They stressed that some young women and girls enter the industry to support their drug habits and suggested that these female drug users involved in sex work form a distinct subgroup. These individuals are also doubly at risk of contracting HIV.

The prevalence rate among sex workers rises consistently as younger individuals enter the field each day. Individuals in the sex industry face a number of problems, including lack of access to health care and support networks, gender violence, stigma, and discrimination as well as the ongoing struggle for basic human rights and decent working conditions. Sex workers are marginalized in society, and presenters who reported on their vulnerability in different country contexts made the following recommendations:

- Improve access to HIV prevention for sex workers in Africa
- Build capacity
- Improve services
- Liaise with national stakeholders and authorities on human rights issues
- Improve living conditions
- Provide better care facilities for the children of sex workers

Activists and experts advised that greater effort must be made to reach these women and girls, because prostitution continues to be a major factor in spreading the virus.

Disability

People with disabilities often have to fight to overcome marginalization and exclusion. In South Africa, there has been a progressive improvement in the inclusion of disability in the national AIDS response, starting with minimal involvement at the beginning of 1992 by the National AIDS Coordinating Committee of South Africa, to full participation in the National Strategic Plan on HIV/AIDS and STI (NSP 2007–2011). This involvement led to the mobilization of resources for disabled people and to the prioritization of disabled people in the AIDS response. Such efforts are largely non-existent elsewhere in Africa due to the lack of government intervention and policy frameworks.

Social change communication

A session held on the final day of the conference looked at social change communication. Stakeholders from UNESCO, UNAIDS, the Social Change Communication Working Group, and the Soul City Institute for Health and Development Communication addressed various topics—such as violence against women and girls, stigmatization, the criminalization of sex workers, gender inequality, and sexual orientation—as factors that make individuals more vulnerable to HIV infection. These challenges exist in communities and they are often overlooked or not well supported in national and regional responses to AIDS. In an effort to overcome these challenges, experts who have designed, implemented, and measured successful communication programs were brought together to address gender inequality, sexual violence, HIV-related stigma and discrimination, as well as other violations of human rights in multiple African contexts. Presenters concluded that political, legal, and social barriers, rather than technical issues, prevent the effectiveness of HIV/AIDS programs.

HIV prevention strategies

At this session, leaders presented various programmatic approaches that focused on ways to communicate knowledge to individuals and ways to approach policies, laws, and

social norms. A platform was created for HIV program developers, community builders, and donors to address effective HIV programming. Barbara de Zaldondo, chief of the UNAIDS programmatic priorities support division, said these programs should focus on social factors that place individuals at direct risk of contracting HIV. She noted that these programs may be time-consuming and should be adjusted to fit the needs of the target community. These adjustments can take place through evaluation, the improvement of certain areas of AIDS strategies, operational plans, and budgets. Participants heard about exemplary programs that could be applied or adapted at home. Knowledge was also shared on how to access existing tools for measuring HIV stigma and discrimination, gender inequality, and the effects of concurrent sexual partnerships, in order to avoid duplicating the effort involved in creating new programs.

HIV/AIDS adversely affects young people in all parts of Africa and is especially prevalent among individuals between the ages of 15 to 24 years. Through proper intervention, governments and NGOs can ensure that young people gain the necessary access to information, education, and services to reduce the risk of infection.

Conclusion

The 15th ICASA conference can be described as a successful event because it created a platform for sexual minority groups to make their voices heard with regard to HIV/AIDS policy and programming. The groups identified as minority and marginalized groups included women and girls (especially those suffering gender-based violence and other forms of abuse), LGBT, commercial sex workers, and prisoners. These minority groups face many challenges, and smaller organizations catering to their needs often lack sufficient resources to implement programs. These organizations also experience shortages in areas such as computers, office equipment, and manpower (in most cases members are volunteers), as well as in managerial and organizational skills.

The conference highlighted the need for active and sustainable engagement of leaders from different sectors and the need to mobilize leadership to reduce the impact of HIV and AIDS in Africa. Participants outlined the importance of successful programming approaches that focus on providing accurate knowledge to individuals and communities, as well as providing information dealing with policies, laws, and social norms.

Major emphasis was put on upgrading existing HIV prevention programs, giving more attention to minority groups, and involving youth in programming and intervention. These topics dominated the presentations. Long-term financing for prevention and intervention programs was identified as another priority. Participants also stressed the need for more research in the area of HIV and urged that special attention be given to women, girls, and sexual minorities.

The presentations and interviews with key informants made it evident that the international community has made real progress in mobilizing a response to the HIV/AIDS pandemic. This situation could not have been achieved without the financial assistance and political commitments of leaders and organizations at the national and international levels. However, these efforts are not sufficient in terms of size and sustainability. Therefore, implementing the necessary number of prevention and treatment programs will require sustainable, consistent, and predictable funding.

These issues are just a few that have been highlighted as important for human development in Africa, as well as for an effective and sustainable response to AIDS.

Exhibitions by various pharmaceutical companies and other organizations at the ICASA conference enabled sharing of knowledge with conference attendees about the use of lubricants, and illustrations were provided on how to use male and female condoms.

In conclusion, it is important to reiterate that individuals and groups that have previously been marginalized should be considered and involved in addressing needs, and that realistic views can be captured on how to address weaknesses and shortfalls in the fight against HIV/AIDS.



A dress made from condoms.

Reflections and Recommendations

The following recommendations are directed to the conference organizers and, where applicable, to TrustAfrica:

- Successful engagement of the international community requires knowledge, preparation, and participation. Greater emphasis should be placed on providing a platform for marginalized groups in Africa so that the response to the HIV/AIDS dilemma should, after being systematically identified and nurtured, be promoted across the range of African institutions engaged in the HIV/AIDS response and to elevate them to engage the international community.
- As the conference progressed, journalists expressed disappointment in the cancellation of several sessions, such as “the Media and HIV and AIDS,” due to the poor organization and management of the conference. These cancellations hindered the media in positioning its role and involvement in the awareness response to HIV/AIDS. Last-minute presentation program changes also had a negative impact on the perception of the media toward key delegates. In the future, organization should be improved and cancellations avoided at all costs.
- No pavilions were organized for marginalized groups like women, children, and the physically challenged, where much more information was needed and best practices could have been shared. This was in contrast to the highlighted roles that young people and women should play in preventing new HIV infections and moving toward the goal of an AIDS-free generation. It is vital that pavilions, along with relevant and pertinent information, are provided for all groups attending the conference.
- Although there is a great need to advocate expertise among leaders and institutions, effective leadership should be broadened so that leaders can be visible at all levels of society. To accomplish this, African leaders should be aggressive and persistent in their pursuit to involve global partners to provide

concrete assistance and financial and technical support. In Africa specifically, there is a great need to set up a continental body to focus solely on tackling the HIV/AIDS pandemic.

- Specific and purposeful steps should be taken urgently to mainstream strategic and operational HIV/AIDS response needs and to operationalize them in the activities of set programs.
- HIV/AIDS programs are vital for advocacy, leadership, and empowerment. It is important for leaders to make these programs accessible to ordinary citizens, so that strategies can be developed, and to ensure that the framework can be executed at all levels of society.
- HIV-awareness programs often vary from country to country, with some nations supportive of policies and programs and others in denial or lacking commitment and political will. Synergy must be established across the continent to address issues relating to the HIV/AIDS dilemma.
- A social movement should be established to address factors that raise the risk of HIV infection in Africa. By addressing human rights violations, harmful social norms, and weak community and leadership capacities, this movement could help lessen the vulnerability of young women and girls to HIV in Southern Africa.
- HIV/AIDS mostly affects young people between the ages 15 and 24, so governments and NGOs should ensure that young adults gain free access to information and education about HIV.
- Limited access to condoms in some countries places individuals at risk. Therefore, condoms should be more accessible—even though some people believe that placing condoms in toilets at workplaces, schools, and institutions of higher learning promotes promiscuity.
- Information about HIV/AIDS needs to be made available to instructors at sexual initiation camps in order to promote safer sexual practices and to reduce the risk of contracting HIV/STD-related diseases. Instructors should be told that whenever sex is discussed, condom usage, protection, and safer sexual practices should be discussed as well.
- Organizations must work together to deliver effective and efficient results in HIV prevention, especially in light of limited resources.
- TrustAfrica and its partners could work with countries to build on HIV prevention results and to encourage the implementation of combination HIV prevention as a priority approach among minority groups. This could be achieved by selecting effective behavioral, biomedical, and structural HIV prevention actions and strategies suited to the pandemic and the needs of those individuals and groups at greatest risk.
- Most HIV/AIDS programs in Africa focus on heterosexuals and exclude LGBT due to stigma and discrimination. Wider recognition of LGBT as a risk group is needed, and capacity building and access to services should be included in programs.
- Researchers indicated that vulnerable groups such as MSM, sex workers, and (injection) drug users are not being reached because their behavior is criminalized. Governments need to decriminalize same-sex conduct.
- TrustAfrica could encourage leaders of national HIV/AIDS programs to continuously address the factors that put young women and girls at risk, and simultaneously increase HIV prevention awareness for other most-at-risk groups, such as sex workers and LGBT populations.

- Transactional sex is risky, but without other viable income-generating options for men and women, many will continue to serve as sex workers. Organizations must improve access to HIV prevention for sex workers in Africa, build capacity, improve services, improve living conditions, and provide better care facilities for their children.
- Experts and activists have concluded that prostitution contributes to the spread of HIV and they warn that more effort needs to be made to reach the women and girls especially at risk.
- Community members should be included in HIV program discussions because they know the needs of their communities and what is happening in them. Most of the problems are localized at the community level and, therefore, efforts must also be centered at this level.
- The need for more grassroots involvement was identified to ensure that technological interventions get off the ground. TrustAfrica could build linkages, investing in individuals to take lead of various programs and ensuring that knowledge guides the community.
- In Southern Africa, the education sector lacks systematic mechanisms for sharing information about HIV. Elsewhere on the continent, networking with education departments and AIDS authorities has delivered successful mechanisms for sharing knowledge. Southern African nations could learn from other countries and develop a regional network to support knowledge sharing and combined action by education departments.
- African leaders and institutions need to attend relevant international and national conferences to be part of the decision-making processes, but require funding from international communities to make this participation possible.
- African leaders and institutions must be skilled and trained in advocacy and lobbying. African leaders should learn from other, more experienced leaders in the area, and leaders should create a forum for capacity building and networking among different countries.
- Leaders in Africa are known to be outspoken and opinionated, and can therefore either speak on behalf of individuals with silent voices or create a platform for these individuals to be heard.
- Women will remain vulnerable due to lack of income, inadequate health facilities, social problems, and the fact that they are more susceptible to HIV. To overcome these problems, Africa needs strong cultural and political leadership, as well as major behavioral and societal changes in sexual and gender norms. In certain parts of Africa, positive results have been seen in the area of HIV and these successful countries could be used as examples. If effective and robust informed leadership exists in Africa, then these changes are possible.
- The media has enormous influence in shaping the lives and personal relationships of young individuals. The media should be compelled to partner with HIV prevention programs to promote safe sexual practices and sexual rights.

In addition to the above recommendations, TrustAfrica could also provide various projects and programs with assistance, to enable them to:

- Enhance access to sexual health care for sexual minorities with a special focus on HIV and other STIs, emphasizing prevention and treatment services;
- Provide better health services that could reduce women's vulnerability to HIV and other STIs, for example through male and female condom programs,

- prevention and control of STIs, outreach to the most vulnerable populations, and integration of HIV prevention within sexual reproductive health services;
- Advocate the fundamental human rights of sexual minorities and provide legal support for those whose rights have been violated;
 - Reduce stigma and discrimination against the LGBT community;
 - Advocate against stigma attached to individuals at national and international levels;
 - Increase the vocational and capacity building skills of sexual minorities in Africa;
 - Empower individuals at management level by introducing them to other organizations doing similar work, facilitating exchange programs between groups, and exposing them to workshops and conferences;
 - Build staff capacities in organizations and train staff members in various roles and responsibilities;
 - Help minority individuals and groups to identify potential donors who could support their work;
 - Assist minority groups to exhibit their crafts at conferences and to sell their music at conferences through the performing arts;
 - Support small publishers of HIV/AIDS magazines and related issues such as minority sexual practices (women and girl, prisoners, sex workers, students, gay men under pressure to marry, multiple and concurrent sexual relationships, psychological issues of sexual behavior regarding male circumcision, gender, sexuality and culture, etc.) so that they can publish the magazines in English, French, and Portuguese to allow their distribution throughout Africa;
 - Assist organizations to produce newsletters and develop their websites; and
 - Assist organizations to produce videos on specific themes to sensitize stakeholders to the issues and help popularize the organizations.

Bibliography

Additional information was obtained from the following sources to enhance this report:

- IGLHRC website: www.iglhrc.org
- Prometra website: www.prometra.org
- Soul City website: www.soulcity.org
- TrustAfrica Survey report
- TrustAfrica website: www.trustafrica.org
- UNAIDS website: www.unaids.org
- Interviews with conference participants

2. List of Conferences for 2009–2010 (The information used here is drawn from conference hosts' sites)

Date	Name / Location	Description
March 31–April 3, 2009	4th South African AIDS Conference Durban, South Africa	The theme this year, 'Scaling up for Success,' recognizes the urgency of taking stock of best practices in treatment and prevention and scaling these up sufficiently to lessen the numbers and impact of the epidemic in Southern Africa. We know what needs to be done. We have a National Strategic Plan that is all at once comprehensive, challenging and ambitious. We need to examine the evidence of how these goals can be achieved critically, assess feasibility and then remove all obstacles and barriers to implement as widely and as efficiently as possible. We need to identify the gaps in the evidence and systematically set out to meet those knowledge gaps. More than ever before we need to come together as a region, declare war on the epidemic and begin to see the rates in Southern Africa decline.
March 30–31, 2009	McGuire Global Recruitment (MGR): HIV/AIDS and Sexually Transmitted Diseases Conference Washington, DC, United States	The company's mission is to help provide a solution for specific global health issues by hosting educational conferences for attendees and decision makers who can make a difference for the cause. Please join in the fight against domestic violence and HIV/AIDS and let your voice be heard. Together we can make a difference in other people's lives. This conference includes education and global professional speakers, health screenings, and exhibits.
April 2–5, 2009	XV Cali's Conference on HIV/AIDS & Infectious Diseases, 2009 Santiago de Cali, Colombia	Events: XIV International Course on Infectious Diseases; XV Comprehensive Meeting on AIDS; 1 st International Symposium on "Exercise/Nutrition & HIV/AIDS"; II Forum on Mandatory Notification Infectious Diseases in Colombia HIV & STIs: Which one is the Main Epidemiological Problem, HIV super pass to other STIs?; Current Challenges: Reflections for New Proposals. This conference aims to increase, update and improve the dissemination of knowledge on HIV/AIDS and infections diseases for the target populations: professionals, professors, researchers and students working in HIV/AIDS & infectious diseases.
April 28–30, 2009	5th European Conference on Clinical and Social Research on AIDS and Drugs Vilnius, Lithuania	This conference serves to strengthen European networking on HIV/AIDS and related issues and the scientific program will offer all participants innovative and stimulating topics with well-balanced lectures and symposia on recent developments in the field of HIV medicine on the methods and results of social and behavioral research on AIDS and related issues. As many opportunities as possible will be given for oral and poster presentations. Every delegate is welcome to create a platform where all issues concerning clinical, social research on AIDS and Drugs and related issues may be addressed.

April 2009	FORO 2009 Lima, Peru	FORO brings together government and civil society leaders, people living with HIV, representatives of the most-at-risk populations and researchers of Latin America and the Caribbean, as well as international agencies. The event is all about strengthening the national and regional response to the HIV epidemics in the region through an exchange of experiences and discussion of the challenges and opportunities in community and public health approaches.
June 10–14, 2009	2009 HIV/AIDS Implementers Meeting' Windhoek, Namibia	The HIV/AIDS Implementers' Meeting gathers together program implementers to share best practices and lessons learned in the global AIDS response. It is the only meeting of its kind focused specifically on program implementation. The objectives of the 2009 HIV/AIDS Implementers' Meeting are to widely disseminate, in real time, best practices and lessons learned during the implementation of multi-sectoral HIV programs with a focus on optimizing the impact of prevention, care and treatment programs; promote coordination among partners and encouraging innovative responses; and directly impact program implementation in the upcoming year with the goal of building a sustainable response. (www.hivimplementers.org)
June 24–27, 2009	SÖDAK 2009 – 1st German-Austrian-Swiss AIDS-Congress St. Gallen, Switzerland	SÖDAK's overall motto is "Prepare for the long run." Due to the extraordinary achievements in basic science and the development of modern treatments, the previously lethal immune deficiency syndrome has changed into a chronic disease with good life expectancy and high quality of life. Nevertheless long-term effects of treatments must be investigated as well as many consequences associated with the chronic condition of the HIV disease, including changes in the psychosocial environment of affected individuals as well as new challenges for prevention. Therefore SÖDAK emphasizes interdisciplinary aspects involving basic and clinical science, psychosocial aspects, prevention and epidemiology just to name a few
June 28–July 1, 2009	18th ISSTD 2009 (International Society for Sexually Transmitted Diseases Research) London, England	Purpose: To provide a forum for the presentation of high quality, original scientific research and clinical practice in sexually transmitted infections and to promote the exchange of clinical, practical and scientific information and ideas.
July 19–22, 2009	5th IAS Conference on HIV Pathogenesis, Treatment and Prevention Cape Town, South Africa	The world's largest open scientific conference on HIV/AIDS, the 5 th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009), will be held in Cape Town, South Africa, in July 2009. The event will be organized by the IAS, in partnership with South African-based NGO, Dira Sengwe, organizer of the series of South African AIDS Conferences. Held every two years, the conference attracts about 5,000 delegates from all over the world. It is a unique opportunity for the world's leading scientists, clinicians, public health experts and community leaders to

		examine the latest developments in HIV-related research, and to explore how scientific advances can—in very practical ways—inform the global response to HIV/AIDS. (www.ias2009.org)
August 9–12, 2009	9th International Congress on AIDS in Asia and the Pacific (ICAAP) – "Empowering People, Strengthening Networks" Bali, Indonesia	For over 15 years, the AIDS Society of Asia and the Pacific has been custodian of the biennial International Congress on AIDS in Asia and the Pacific (ICAAP) and has played a key role in building commitment and networks in the struggle against HIV and AIDS across the region. The 9th ICAAP will again strengthen this approach. It will be the first Congress in which synergy is created from previous ICAAPs as well as adopting new approaches to conferencing. The theme of the 9 th ICAAP, "Empowering People; Strengthening Networks," underscores this intent for change and highlights the importance of inclusiveness and participative engagement in the Asia Pacific region's response to HIV and AIDS. The local organizing committee set the mood for the 9th ICAAP by adopting broad consultative processes among networks across Indonesia. (www.icaap.org)
September 9–12, 2009	The Australasian HIV/AIDS Conference 2009 (21st Annual Conference for the Australasian Society for HIV Medicine) Brisbane, Queensland, Australia	The Australasian HIV/AIDS Conference 2009 was previously called the ASHM Conference. This new name reflects how the conference is now a strong national and regional meeting and the content of the meeting. The ASHM Conference brings together the range of disciplines involved in HIV management including basic science, clinical medicine, community programs, education, epidemiology, nursing and allied health, policy, prevention, primary care, public health and social research. The conference will include sessions on HIV and co-infection with sexual health, hepatitis and other related diseases.
October 28–30, 2009	The 3rd Eastern Europe and Central Asia AIDS Conference (EECAAC) 2009 Moscow, Russia	EECAAC is the leading regional forum on public health and HIV/AIDS. The conference has traditionally been held in Moscow, under the leadership of the Russian Government, and with support from UNAIDS, the Global Fund to Fight AIDS Tuberculosis and Malaria and the International AIDS Society as international co-chairs of the conference organizing committee. The purpose of the 2009 conference is to strengthen regional cooperation, and join efforts to fight HIV/AIDS and achieve the goal of universal access to HIV prevention, treatment and care. The EECAAC 2009 conference recognizes that universal access includes not only the essential biomedical interventions, but also social justice and human rights considerations that are necessary to overcome stigma and discrimination and reach the most-at-risk target groups including young people and people who use drugs. The proposed overall theme for the conference is: "Regional cooperation. Join the Efforts for Universal Access". (www.eecaac.org)

<p>November 9–14, 2009</p>	<p>VI Central America Congress on Sexually Transmitted Infections (CONCASIDA) HIV/AIDS: “Youth and HIV: My right to know and to decide”</p> <p>San Jose, Costa Rica</p>	<p>The Central American Congress on HIV/AIDS and Sexually Transmitted Infections (CONCASIDA) takes place every two years in a Central American country. CONCASIDA is a multi-sector event which aims at sharing experiences, state-of-art scientific information and research. During the congress different stakeholders present the result of their work and search alternatives for more effective ways to respond to the HIV/AIDS epidemic. The theme for CONCASIDA 2009 is “Youth and HIV: My right to know and to decide”. (www.consasida2009.org)</p>
<p>November 11–14, 2009</p>	<p>12th European AIDS Conference (EACS)</p> <p>Cologne, Germany</p>	<p>The Twelfth European AIDS Conference will offer an exciting scientific program, composed of a well-balanced mix of timely plenary lectures and symposia, as well as abstract-driven sessions presenting recent original research in the field of HIV medicine. An important goal of the conference is to promote an interest in clinical HIV research amongst young researchers/clinicians, including those from Central and Eastern Europe, at an early stage in their career. Junior researchers are therefore particularly encouraged to submit results from their scientific work and also use it as a venue for networking.</p>
<p>July 18–23, 2010</p>	<p>XVIII International Aids Conference: HIV/AIDS in 2010</p> <p>Vienna, Austria</p>	<p>Vienna, Austria, has been chosen to host the XVIII International AIDS Conference (AIDS 2010), the largest international meeting on HIV, where every two years 25,000 participants representing all stakeholders in the global response to HIV meet to assess progress and identify future priorities. AIDS 2010 is organized by the International AIDS Society (IAS), in partnership with government, scientific and civil society partners in Austria and international partners from civil society and the United Nations. Based in Geneva, Switzerland, the IAS is the world’s leading independent association of HIV professionals. “The International AIDS Society and its partners are extremely pleased to partner with the City of Vienna, the Government of Austria and local scientific and community leaders, who have a long history of leadership on HIV issues,” said IAS President-elect, Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS and International Conference Chair for AIDS 2010. “Because the 2010 conference will coincide with the deadline that world leaders set for the goal of providing universal access to HIV prevention, treatment, care and support, all eyes of the world will be upon Vienna.”</p>

3. List of Individuals Who Could Be Supported by TrustAfrica

Nr	Name	Organization
1	Cyriaque Ako	MSM and AIDS activist from Ivory Coast
2	Joseph Sewedo Akoro	Sexual Health Unit, The Independent Project for Equal Rights (TIP)
3	Djama Amadou	President of Rops+, a network of organizations working with people living with AIDS from Niger
4	Salimata Bocoum	AWOMI, Senegal
5	Ipadeola Damola	Sexual Health Unit, The Independent Project for Equal Rights (TIP)
6	Fabuluos Duo	Lesbians, Gays, Bisexuals of Botswana (LeGaBiBo)
7	Frehywot Eshetu	Care International in Ethiopia, HIV and AIDS among women of childbearing age, orphans.
8	Erick Gbodossou	Prometra, Senegal
9	Charles Gueboguo	MSM activist, Cameroon
10	Paul Mendy	Business Coalition Against HIV/AIDS of The Gambia
11	Regina Molokomme	Founder of Basadi Emang, an organization that provides information about HIV to communities and works with sex workers in the area
12	Dudzai Murey	HIV/AIDS activist for vulnerable women, Zimbabwe
13	Joel Gustave Nana	Program Associate, Southern and West Africa, International Gay and Lesbian Human Rights Commission (IGLHRC)
14	Lazia Naomie	Association Jeunes Infectes et Orphelins Du VIV/SIDA
15	Mwansa Njelesani	Advocate for young people from World AIDS Campaign
16	Fatima Noordien	Muslims and stigma
17	Irene Patrick	Nigeria Network of Sex Work Projects
18	Suzzie Seemela	Bana Ba Rona Orphanage, Rustenburg, South Africa
19	Dr. Yahaya Sekagya	President of Prometra in Uganda, holds a qualification as dental surgeon and is an expert in traditional African medicine
20	Boubacar Seydi	Afrique Action SIDA (AFAC-SIDA)
21	Noe Sibisaba	Founder of STOP SIDA (Stop AIDS) to help improve AIDS care for his fellow citizens, Burundi
22	Kelvin Sikwebele	Africa Comprehensive HIV/AIDS Partnership in Botswana
23	Miriam Soumaré	Founding member and program coordinator, Association for Women at Risk from AIDS (AWA); reaches out to sex workers in Dakar, Senegal
24	Joseph Tchikaya	Works with young people and HIV prevention in Brazzaville, Congo
25	Fikel Vilakazi	Director, Coalition of Africa Lesbians
26	Eliezer Wangulu	Supports NASHETU & NACAP, two NGOs in Kenya
27	Nana Warina	Coordinator Voices of Roses, Kenya

For details see - DATABASE ICASA

Appendices

1. Participants at the TrustAfrica Session

No	Name	Organization	Email address
1	Joshua Jasho Bomu	Prometra – Kenya/ Scope # 203 – 80801 Kilifi, Kenya	jashobumu@yahoo.com director@scopekenya.org +254 41 522 419 +254 721 84 09 89
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3	Imade Mastresna	Bali Indonesia Jagaraga Street 4 Ds Celuk Sukawati Gianyar	taksu-bali@dps.centriion.net.id
4	Iketut Utama	Bali Indonesia Jagaraga Street 4 Ds Celuk Sukawati Gianyar	–
5	Amedegrato M. Degrou	Prometra – Togo	degnosejm@yahoo.fr
6	Lakassa Essossiminem	Prometra – Togo	lakassae@yahoo.fr
7	Nwokeke Chinyere Celine	Nigeria National Medical Development Agency	chiyerem5@yahoo.com
8	Sallah Longshal Emmanuel	Prometra – Nigeria	emmasino2000@yahoo.com
9	Natalia Kanem	Elma Philanthropies	nkanem@elmaphilanthropies.org
10	Virginia Floyd	Prometra USA, Morehouse School of Medicine	virginiafloyd@prometra-usa.org
11	T.F. Okujagu	Nigeria Natural Medicine Development Agency (NNMDA)	tibuomi@yahoo.com
12	Charls Katy	Prometra – International	erickg@refer.sn
13	Kooljou Agugaelodo	Prometra – International	erickg@refer.sn
14	Kato Bernad	Prometra – Uganda	benkatsug@yahoo.com prometrauganda@softhome.net
15	Sekagya Yahaya	Prometra – Uganda	ysekagya@yahoo.com
16	Bele Ghohou Ferdinand	Prometra – Mali	prometramali@yhao.fr
17	Pichot Marie Claude	Ambassadress Prometra International	marieclaudepichot@orange.fr
18	Dufour Claire	Prometra – France	contact_prometra_fr@orange.fr
19	Jaillet Denis	Prometra – France	–
20	Diop Elhadji Melick	Senegal Essemblee Nutimele	erppolsenegal@yahoo.fr
21	Dr. I. Conlisaly	Prometra – Mplo	djitecon@yahoo.fr
22	Fai Fominyen Ngu Edward	Prometra – Cameroon	faifominyen@yahoo.fr
23	N.Z. Boury Niang	Prometra – Senegal	promesene@yahoo.fr
24	Dr. Ndanga Octavie	RCA (CAR)	octaviendanga@yahoo.fr
25	Tchikaya Joseph	Congo/CNLS	joseph_tchikaya@yahoo.fr

26	Aisha Camara Drammeh	UNFPA, Swaziland	camara@unfpa.org
27	Bounacar Seydi	Senegal	babou.seydi@yahoo.fr
28	Oupa Mothilene	AIDS Consortium SA	oupa@aidsconsortium.org
29	Bah Sekou	CHU, Point G	sekou_mali@yahoo.fr
30	Orisett Torlodei	Prometra – International	erickg@refer.sn
31	Birane Faye	Communications, Prometra International	prometra@prometra.org
32	Mossana Kensese	Prometra – South Africa	kmossan@ul.ac.za kenmossanda@yahoo.com
33	Rose Oben	Pecten Cameroon Company	rose.oben@shell.com
34	Rayhana Rassool	Soul City	rayhana@soulcity.org.za
35	Mildred Barya	TrustAfrica	barya@trustafrica.org
36	Jeanne Elone	TrustAfrica	elone@trustafrica.org
37	Bheki Moyo	TrustAfrica	moyo@trustafrica.org
38	Arlynn Revell	TrustAfrica Consultant	atrevell@yahoo.com

2. AIDS Experts and Leaders Identified at ICASA

Nr	Name	Organization
1	Zachie Achmat	Gay activist, South Africa
2	Sylvia Adebajo	Researcher on MSM and HIV infection in Africa, University of Lagos, Nigeria
3	Olayide Akanni	Journalists Against AIDS (JAAIDS), Nigeria
4	Cyriaque Ako	MSM and AIDS activist, Ivory Coast
5	Dr. Alan Akonde	Medical coordinator, Solthis Mali
6	Djama Amadou	President of Rops+, a network of organizations working with people living with AIDS in Niger
7	Godwin Asuquo	UNFPA, Nigeria
8	Dr. Martin Bloem	UN World Food Program
9	René Bonnel	AIDS and development, World Bank
10	Mr. Guy De Brown	Researcher at Perinatal HIV Research Unit, University of the Witwatersrand, South Africa
11	Dr. Peter Bujari	Executive Director, Human Development Trust, Tanzania
12	Mr. Donald Bundy	Education expert at World Bank
13	Mr. Earl Ryan Burrell	Researcher at Desmond Tutu HIV Foundation in Cape Town
14	Dr. Pedro Cahn	President, International AIDS Society (IAS)
15	Justice Edwin Cameron	South African Supreme Court of Appeals
16	Matthew Chersich	Researcher and lecturer, Reproductive Health and HIV Research Unit, University of the Witwatersrand, South Africa
17	Mr. Joaquim A. Chissano	Former president of the Republic of Mozambique, 2007 recipient of the Mo Ibrahim Prize, Chairperson of the African Forum
18	Dr. Nicolas Chitimbe	National AIDS Commission, Malawi
19	Jean Christophe Debert	United Nations Development Program (UNDP)
20	Prof. Patrice Debre	Vice-President of Solthis
21	Jean-Pierre Oliver de Sardan	Researcher at Laboratory for Study and Research on Social Dynamics and Local Development (LASDEL)
22	Shantanyana Devarajan	World Bank, United States
23	Barbara de Zalduondo	Chief, Division of Programmatic Priorities Support, UNAIDS
24	Dr. Sanata Diallo	Medical coordinator, Solthis Niger
25	Kim Dickson	World Health Organization (WHO)
26	Mr. Gallo Diop	Former prisoner and AIDS advocate from Senegal
27	Mr. Boris Dittrich	Advocacy director for Human Rights Watch's Lesbian, Gay, Bisexual and Transgender Program
28	John Douglas	Centers for Disease Control (CDC), United States
29	Elisha Dunn-Georgiou	Population Action International (PAI)
30	Rene Ekpini	UNICEF, New York
31	Paula Ettelbrick	Executive Director, International Gay and Lesbian Human Rights Commission (IGLHRC)
32	Dr. Oliver Ezechi	Nigerian Institute of Medical Research (NIMR), research team on MSM

33	First Lady of Cameroon – Chantal Biya	Organization of African First Ladies Against AIDS (OAFLA)
34	First Lady Burkina Faso – Chantal Compaore	Organization of African First Ladies Against AIDS (OAFLA)
35	First Lady of France – Carla Bruni Sarkozy	Organization of African First Ladies Against AIDS (OAFLA)
36	First Lady of Ethiopia – Azeb Mesfin	Organization of African First Ladies Against AIDS (OAFLA)
37	First Lady of Mali – Toure Lobbo Traore	Organization of African First Ladies Against AIDS (OAFLA)
38	First Lady of Rwanda Jeannette Kagame	Organization of African First Ladies Against AIDS (OAFLA); president of Imbuto Foundation
39	First Lady of Senegal Viviane Wade	Organization of African First Ladies Against AIDS (OAFLA)
40	Jeanne Gapiya	President of Burundi’s National Association for People Living with HIV
41	Erick Gbodossou	Prometra, Senegal
42	Peter Ghys	Head, Epidemiology and Analysis Division, UNAIDS, Geneva, Switzerland
43	Dr. Alice Gougounon	Spokeswoman, Racine
44	Charles Gueboguo	MSM activist, Cameroon
45	Catherine Hankins	Joint United Nations Program on HIV/AIDS (UNAIDS), Associate Director, Strategic Information and Chief Scientific Advisor, Geneva, Switzerland
46	Hakima Himmich	Université de Casablanca, Morocco
47	John Idoko	University of Jos, Nigeria
48	Mr. Lars Kallings	UN Special Envoy for Eastern Europe and Central Asia
49	Pastor Mark Kambalazaza	Malawi Region and HIV expert
50	Mr. Sam Kapambwe	Communications Officer with the Zambia National AIDS Network (ZKAN)
51	Susan Kasedde	Joint United Nations Programme on HIV/AIDS (UNAIDS), Regional Team, East and Southern Africa, Johannesburg, South Africa
52	Dr. Elly Katabira	Ugandan researcher on male circumcision
53	Milly Katana	Alliance Uganda
54	Prof. Christine Katlama	President of Solthis
55	Dr. Kenneth Kaunda	First President of the Republic of Zambia
56	Prof. Michel Kazatchkine	Executive Director, Global Fund
57	Ms Lyia Kebede	WHO Goodwill Ambassador and international supermodel
58	Sophie Kisting	Director, International Labour Organization (ILO) Program on HIV/AIDS
59	Mr. Jimmy Kolker	HIV/AIDS Chief, United Nations Children’s Education Fund (UNICEF)
60	Karine Lacombe	Hospital Saint Antoine, Paris, France
61	Joep Lange	Academic Medical Hospital Amsterdam, The Netherlands
62	Suzanna Leclerc-Madlala	Human Science Research Council, South Africa
63	Nkandu Lou	University of Lusaka, Zambia
64	Dr. Samuel Vusi Magagula	Chairperson of male circumcision task force in Swaziland

65	Dr. Bunmi Makinwa	Director of African Division, United Nations Population Fund (UNPFA)
66	Purnima Mane	Deputy Executive Director, United Nations Population Fund (UNPFA)
67	Prof. Souleymane M’Boup	President of ICASA 2008
68	Dr. Jose Luis Sebastian Mesones	National Coordinator of the HIV/AIDS Program in Peru
69	Mr. Benjamin W. Mkapa	Former president of United Republic of Tanzania
70	Mr. Festus Mogae	Former president of Republic of Botswana, 2007 recipient of Mo Ibrahim Prize for Achievement in African Leadership, Chairperson of Champions for an HIV-Free Generation
71	Dr. Julio Montaner	Director of the BC Centre for Excellence in HIV/AIDS and International Conference Chair for AIDS 2010
72	Mr. Mpolai Maseila Monteetee	Ministry of Health and Social Welfare, Lesotho
73	Njira Mtonga	South Africa HIV/AIDS Information Dissemination Organization, Zambia
74	Pastor Daniel Mugayo	South Africa – Region and HIV Expert
75	Cheikhi Tidiane Ndour	Université Cheikh Anta Diop de Dakar, Senegal
76	Dr. Ruth Nduati	Professor of medicine in Nairobi (emphasized the extent that HIV affects children in particular)
77	Mwamsa Ngelesani	World AIDS Campaign
78	Mwansa Njelesani	Advocate for young people from World AIDS Campaign
79	Felix Ntungumburanye	Vice Chair, Burundi Country Coordinating Mechanism
80	Chioma Nwachukwu	Friends Africa
81	Jeffrey O’Malley	Director of HIV/AIDS group at United Nations Development Program
82	Irene Patrick	Network of Sex Work Projects, Nigeria
83	Dr. Peter Piot	Head of the Joint United Nations Programme on HIV/AIDS (UNAIDS)
84	Dr. Louis Pizarro	Executive Director of Solthis
85	Princess Lalla Salma of Morocco (spouse of King Mohammed VI)	Committed to the fight against AIDS
86	Princess Mathilde Baudouin of Belgium	UNAIDS and UNICEF Special Representative
87	Dr. Helen Rees	Researcher and lecturer, Reproductive Health and HIV Research Unit, University of the Witwatersrand, South Africa
88	Alasdair Reid	HIV/AIDS Adviser, Joint United Nations Programme on HIV/AIDS (UNAIDS)
89	Mamadou Sawadogo	Director, Network of HIV Positive, Burkina Faso
90	Kristan Schoultz	Director, Coalition on Women and AIDS
91	Dr. Yahaya Sekagya	President of PROMETRA Uganda; holds a qualification as dental surgeon and is an expert in traditional African medicine
92	Evelyn Serima	HIV/AIDS Technical Specialist, sub-regional office for Southern Africa, International Labour Organization (ILO)
93	Noe Sibisaba	Founder of STOP SIDA (Stop AIDS) to help improve AIDS care for fellow citizens in Burundi

94	Michel Sidibe	Deputy Executive Director, Joint United Nations Programme on HIV/AIDS (UNAIDS)
95	Kelvin Sikwebele	Africa Comprehensive HIV/AIDS Partnership in Botswana
96	Stephanie Simonpietri	French organization AIDES
97	Miriam Soumaré	Founding member and program coordinator, Association for Women at Risk from AIDS (AWA); reaches out to sex workers in Dakar, Senegal
98	Abdoulaye Sow	Youth educator, Agence pour le Development de Marketing Social (ADEMAS), Senegal
99	Prof. Papa Salif Sow	Co-president of Scientific Program Committee of 15 th ICASA conference
100	Lucy Stackpool-Moore	International Planned Parenthood Federation, London
101	Mark Stirling	Joint United Nations Programme on HIV/AIDS (UNAIDS), Regional Team, East and Southern Africa, Johannesburg, South Africa
102	El Hadji Amadou Sy	Board Chair, Open Society Initiative for West Africa (OSIWA); Director of Partnerships and External Relationships, UNAIDS
103	Stephanie Tchiombiano	Head of Mission, Solthis Niger
104	Susan Timberlake	Joint United Nations Programme on HIV/AIDS (UNAIDS), Senior Law and Human Rights Advisor, Geneva, Switzerland
105	Brain Tkachuk	United Nation Office on Drugs and Crime, Africa Regional Advisor for HIV and AIDS in Prisons
106	Desmond Tutu	Archbishop Emeritus and Nobel Prize Laureate (South Africa)
107	Ms Fikel Vilakazi	Director, Coalition of Africa Lesbians
108	Prof. Miriam Were	Chairperson, Kenya National AIDS Commission
109	Prof. Alan Whiteside	Director, Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal
110	Eka Williams	Expert on HIV prevention in sex work settings in Africa, Ford Foundation, Johannesburg, South Africa
111	Debrework Zewdie	World Bank, Global HIV/AIDS Program

Source: Names of Individuals compiled from ICASA presentations, newspaper articles and interviews

3. AIDS Organizations: International AIDS Organizations and Resources

Nr	Name	Description
1	Amnesty International (AI)	Worldwide movement of people who campaign for internationally recognized human rights
2	AVERT AIDS Education and Research Trust	International HIV/AIDS charity based in the UK, with the goal of averting or preventing HIV worldwide
3	Elizabeth Glaser Pediatric AIDS Foundation and the African Network for the Care of Children	Information on HIV/AIDS and research with special focus on children
4	Global AIDS Program	A project from the Centers for Disease Control that helps prevent HIV infection, improve care and support and build capacity to address the global HIV/AIDS pandemic
5	Global Health Council	Information on HIV/AIDS and research
6	Healthlink Worldwide	Works to improve the health and well-being of disadvantaged and vulnerable communities in developing countries, by working in partnership to strengthen the local provision, use and impact of health communication and to support advocacy initiatives to increase participation and inclusion
7	Johns Hopkins, Bloomberg School of Public Health, Center for Communication Programs (CCP)	Works in the field of strategic, research-based communication for behavior change and health promotion to help transform the theory and practice of public health worldwide.
8	Panos Institute	Provides information on global issues with a developing country perspective.
9	UNAIDS (Joint United Nations Programme on HIV/AIDS)	Brings together the efforts and resources of ten UN organizations to coordinate the global response to AIDS. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and World Bank. Based in Geneva, the UNAIDS secretariat works on the ground in more than 75 countries worldwide
10	United Nations	Information about the United Nations and HIV/AIDS
11	World Bank	Articles and Information about the World Bank and HIV/AIDS
12	World Health Organization (WHO)	WHO is the directing and coordinating authority for health within the UN system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

African AIDS Organizations

Nr	Name	Description
1	African Commission on Human and People's Rights (ACHPR)	This is a human rights commission that was established by the African Union in terms of the African Charter on Human and People's Rights to ensure protection and promotion of human and people's rights in Africa.
2	HOPE Worldwide	International nonprofit, faith-based organization. Since 1991, HOPE Worldwide Africa has supported community-based HIV/AIDS care, support and prevention efforts. The needs of orphaned and vulnerable children (OVC) are tremendous. To mitigate the situation, HOPE Worldwide has developed a model for mobilizing communities to develop coping mechanisms and safety nets in order to improve the well-being and protection of OVC.
3	Soul Beat Africa	Soul Beat Africa aims to be a space for communicators across Africa to share communication for development knowledge, experiences, materials, strategic thinking and events, and to engage in discussion and debate. This site is meant for practitioners, media makers, academics, researchers, and others who are using or are interested in communication for social change in Africa. The site focuses specifically on Africa, providing an opportunity for the unique experiences and issues of the continent to be shared and debated, while helping to strengthen communication for development and social change.
4	Southern Africa AIDS Information Dissemination Service (SAfAIDS)	A regional nonprofit organization based in Harare, Zimbabwe. Established in 1994 to provide and disseminate HIV/AIDS information, SAfAIDS' mission is to promote ethical and effective developmental responses to the HIV and AIDS epidemic by enhancing knowledge management, communication, capacity building, advocacy, policy analysis and research.

South African AIDS Organizations

Nr	Name	Description
1	AIDS Foundation South Africa	The AIDS Foundation of South Africa is a funding agency seeking to identify and develop initiatives that reduce the impact of AIDS in under-resourced communities.
2	AIDSLINK	AIDSLINK supports individuals with HIV and AIDS and organizations that provide appropriate care for people with AIDS. It also works to create awareness of the prevention of HIV and AIDS.
3	Behind the Mask	Based in South Africa, this LGBTI web-based magazine covers stories and experiences of lesbian, gay, bisexual, transgender and intersex people in Africa.

4	Community Media for Development (CMFD)	CMFD is a nonprofit organization that works with communities, nonprofit radio stations and media organizations to strengthen the use of media and communication for development.
5	Centre for Health Policy (CHP)	CHP conducts independent, multi-disciplinary health policy research and development. It is located within the Department of Community Health at the University of Witwatersrand in Johannesburg, South Africa.
6	Durban Lesbian and Gay Centre	The center, a project of the KZN Coalition for Gay and Lesbian Equality, offers a safe and secure space for the lesbian, gay, bisexual and transgender communities of Durban and KwaZulu-Natal.
7	Forum for the empowerment of Women (FEW)	This black lesbian organization, based in Johannesburg, provides services and engages in advocacy and lobbying with black lesbian women in Johannesburg and surrounding townships.
8	Gay and Lesbian Archives (GALA)	GALA is an independent project of the South African History Archive (SAHA), which forms part of the Historical Papers and has a wide range of historical and archival material relating to gay and lesbian experiences in South Africa.
9	Health Systems Trust	This dynamic independent NGO was established in 1992 to support the transformation of the South African health system. It supports the current and future development of a comprehensive health care system through strategies designed to promote equity and efficiency in health and health care delivery.
10	KwaZulu-Natal HIV and AIDS Action Unit	The mission of the unit is to implement programs and disseminate information that will have a positive effect in changing people's lifestyles and perceptions on HIV and AIDS, thus reducing the incidence of the disease in KwaZulu-Natal.
11	Lesbian and Gay Equality Project (LGEF)	LGEF is a nonprofit NGO that works towards achieving full legal and social equality for lesbian and gay people in South Africa.
12	Medical Research Council of South Africa (MRC)	MRC's mission is to improve the health status and quality of life of the nation through excellence in scientific research.
13	Networking AIDS Community of South Africa (NACOSA)	Based in Western Cape, NACOSA is an NGO that serves the Western Cape and has recently expanded to 3 other provinces. It provides organizational capacity building (mentoring and training in organizational development and technical skills), facilitates networking and promotes dialogue to empower organizations to respond to the impact of HIV/AIDS and TB. NACOSA is expanding to the Northern and Eastern Cape and one project in KZN.
14	National Institute for Virology (NIV)	NIV functions as the national resource center for viral diseases in South Africa. It is a public health institute within the Department of Health.

15	National Progressive Primary Health Care Network (NPPHCN)	NPPHCN is a national nongovernmental health advocacy organization promoting collaboration, participatory research and policy formulation, appropriate training and organizational development. Its membership is comprised of health and development programs, projects, organizations and concerned individuals operating throughout South Africa.
16	Media Institute for Southern Africa (MISA)	An NGO with members in 11 of the Southern Africa Development Community (SADC) countries. Officially launched in September 1992, MISA focuses on the need to promote free, independent and pluralistic media, seeking ways to promote and facilitate the free flow of information and cooperation between media workers, as a principal means of nurturing democracy and human rights in Africa.
17	Planned Parenthood Association of South Africa (PPASA)	PPASA is a dynamic national NGO committed to the principles enshrined in the South African Constitution. It provides leadership in sexual and reproductive health and rights, recognizing this as a keystone to gender equity and sustainable development.
18	People Opposing Women Abuse	A women's organization based in South Africa that protects the rights of women. It also provides legal, emotional and psychological assistance to survivors of hate crimes, gender-based violence and domestic violence.
19	Reproductive Health Research Unit	The unit is a joint project of the Department of Obstetrics and Gynaecology, Baragwanath Hospital and the University of the Witwatersrand, and the Greater Johannesburg Metropolitan Council.
20	Soul City Institute	A multimedia health promotion and social change project. Through drama and entertainment, Soul City reaches more than 16 million South Africans and many other people in the Southern African region.
21	South African AIDS Directory	The overall purpose of this directory is to facilitate networking and referral as key components of the national response to HIV and AIDS.
22	Valley Trust	The Valley Trust's mission is to offer quality education and training and associated resources in fields relating to comprehensive primary health care and sustainable development and strengthen the capacity of individuals and communities to improve their own quality of life.

Asia-Pacific AIDS Organizations

Nr	Name	Description
1	AIDSaction	This international newsletter on AIDS prevention and care is published quarterly in seven regional editions in English, French, Portuguese and Spanish. This Asia-Pacific edition is produced by the Health Action Information Network (HAIN) in Quezon, the Philippines.
2	Indigenous Health Network (Australia)	The Indigenous Health Network is a resource site for indigenous health workers and researchers, and a site for collaborative projects. Links to more than 200 web sites on indigenous health & related topics (many Australian).

European AIDS Organizations

Nr	Name	Description
1	Adzon	Based in Belgium, Adzon provides support and information on safe sex practices to male sex workers with male clientele.
2	Africa AIDS Education Project Booklet (BBC World Service)	BBC World Service Education provides information and support online, by radio and in information booklets.
3	African AIDS Helpline	This helpline provides information and resources for Africans in Great Britain regarding HIV and other sexually transmitted infections. Its operators are fluent in English, Portuguese, French, Luganda, Swahili and Shona.
4	AIDES	A national AIDS organization that offers social and legal support, job assistance, prevention programming, a free informational journal and a needle exchange program.
5	AIDS Fonds	The major Dutch HIV/AIDS charity.
6	AIDS Infoshare	This American organization in Moscow provides support and information on HIV and AIDS.
7	ArtAIDS	A creative website commemorating and celebrating the fight against AIDS
8	HIV.net	A comprehensive review of the European AIDS epidemic, literature screening, congress reports, a mailing list and an information exchange desk, although the mailing list seems to only be available in German.
9	International Lesbian and Gay Association (ILGA)	An international lesbian and gay organization based in Belgium that provides networking opportunities for LGBT people globally. The organization has recently launched an African board for Africa-based programs.
10	Panos London	The Panos Institute is an international nonprofit that provides information on global issues with a developing country perspective. It aims to stimulate debate on global environment and development issues. Its Global AIDS Programme has a specific focus on HIV/AIDS.

11	Radio Against AIDS	Radio Against AIDS is a project to promote awareness and prevention of HIV and AIDS.
12	Sensoa	Based in Belgium, it provides information and services on sexual health, including HIV/AIDS.
13	Staying Alive	An international campaign that promotes HIV prevention and encourages people to fight HIV-related discrimination.
14	Stop AIDS	Provides information on safe sex practices with the goal of HIV prevention.
15	Voices of Youth	Helps young people explore issues related to human rights and social change. Its HIV page includes brain teasers, photo journals and personal stories.

North American AIDS Organizations

Nr	Name	Description
1	AIDS in Africa	This web page from the University of Texas seeks to make the world aware of the global AIDS epidemic.
2	AIDS Quilt	The quilt is a memorial for those who have died of AIDS, and to help others understand the devastating impact of the virus. The quilt, created in 1985, now stretches 16 football fields containing 43,000 panels.
3	Center for AIDS Prevention Studies	Based at the University of California San Francisco, the center focuses on HIV prevention, using the expertise of multiple disciplines and an applied and community-based perspective within a university setting.
4	Community AIDS Treatment Information Exchange (CATIE)	CATIE provides information to help people living with HIV and AIDS and their caregivers make informed health care decisions.
5	The Body	A multimedia AIDS and HIV information resource

4. General Information

Nr	Name	Description
1	EngenderHealth	EngenderHealth works worldwide to improve the lives of individuals by making reproductive health services safe, available, and sustainable.
2	Family Health International (FHI)	FHI is committed to helping women and men have access to safe, effective, acceptable and affordable family planning methods to ensure that they achieve their desired number and spacing of children; preventing the spread of HIV and AIDS and other sexually transmitted diseases (STDs); and improving the health of women and children.
3	Go Ask Alice!	Go Ask Alice! is an interactive question and answer service from Healthwise, the Health Education division of Columbia University Health Services.
4	International Council of AIDS Service Organizations (ICASO)	ICASO is the international network for community-based AIDS organizations.
5	International Planned Parenthood Federation (IPPF)	IPPF links national autonomous Family Planning Associations in over 150 countries worldwide.
6	Joint United Nations Programme on HIV and AIDS (UNAIDS)	As the main advocate for global action on HIV and AIDS, UNAIDS leads, strengthens and supports an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV and AIDS, and alleviating the impact of the epidemic.
7	OneWorld	OneWorld Online is a partnership of over 100 organizations working for human rights and sustainable development, working together to broadcast an alternative world agenda, an agenda for a fairer world. Users can search through the sites of these organizations for relevant information.
8	Roche-HIV.com	Good information on the disease and its treatment from one of the drug companies involved in treatment and research.
9	The HIV and AIDS Ministries Network	The HIV and AIDS Ministries Network is a program of Health and Welfare Ministries, General Board of Global Ministries.
10	Voluntary Service Organization (VSO)	VSO is a British charity that sends aid to developing countries in the form of expert volunteers.

5. People Living With AIDS – Support Networks

1	Asia Pacific PLWHA Resource Centre
2	Directory of Associations of People Living with HIV and AIDS
3	Global Network of People Living with HIV and AIDS (GNP+)
4	Global Network of People Living with HIV and AIDS and Regional Networks
5	International Community of Women Living with HIV/AIDS (ICW)
6	International Treatment Preparedness Coalition (ITPC)
7	National Association of People Living with HIV and AIDS in South Africa (NAPWA)
8	People Living with HIV Stigma Index
9	PWHA-NET – an electronic forum for people living with HIV and AIDS
10	Worldwide Directory of People Living with HIV Organizations

6. HIV and AIDS Information and Search Sites

Nr	Name of Research Unit	Description
1	AIDS Education Global Information System (AEGIS)	–
2	HIV and AIDS Treatment Information Network	An excellent and informative Canadian resource.
3	The Mining Company — HIV and AIDS search	This service provider and search engine bills itself as the one that helps users “find intelligent life on the Web.” It says it has 500 “smart” human experts to help people find what they want.
4	The OneWorld guide on HIV and AIDS	This HIV/AIDS guide looks at the current state of the epidemic, prevention strategies, awareness and information issues, and the state of the fight against HIV and AIDS, especially with respect to corporate interests making money from the disease.

Source: Organizations identified at ICASA conference that are key players in the HIV/AIDS arena; supplementary Web searches for information about AIDS organizations.



Database of Minority Groups

Nr	Name of NGO	Country	Description	Contact Person	Contact details
1	African Campaign on Disability HIV and AIDS		The campaign brings together disabled people's organizations, organizations of people living with HIV & AIDS, NGOs, AIDS service organizations, researchers, activists, and other citizens to work collectively to achieve two main objectives: a coordinated response involving persons with disabilities in African countries to achieve inclusive national HIV & AIDS policies and programs and equal access for persons with disabilities in Africa to information and services on HIV & AIDS.		www.africacampaign.info
2	AfriCASO	Senegal	AfriCASO is a regional network that promotes and facilitates the development of HIV/AIDS community responses in Africa through advocacy, networking, development of sustainable organizational systems and capacity building for networks, NGOs, CBOs and PLWHA groups to improve the quality of life of communities. It envisions an Africa where HIV and AIDS are fully controlled; new infections are stopped; people infected or affected have a wide access to prevention, care and treatment services; and stigmatization and discrimination are eradicated.		9513 Sacre-Coeur 3 BP. 28366 Dakar-Medina Dakar, Senegal Tel: +221 33 859 39 39 Fax: +221 33 867 35 34 africaso@africaso.net www.africaso.net
3	Africagay	Nigeria	Homosexuality, issues of discrimination and stigma, research in Africa on homosexuality, HIV/AIDS.		DES Tour Essor, 14 rue Scandicci 93508 PANTIN Cedex Tel: 01 41 83 46 02 Fax: 01 41 83 46 69 www.aides.org , www.africagay.org
4	AIDS & Rights Alliance for Southern Africa (ARASA)	South Africa	ARASA is a regional partnership of nongovernmental organizations working together to promote a human rights-based response to HIV/AIDS in Southern Africa, through capacity building and advocacy. Its three program areas focus on training and awareness raising, advocacy and lobbying and regional treatment literacy and advocacy.	Jacob Segale	41 Dekorte Street Sable Centre 8 th Floor Braamfontein, 2017 South Africa Tel: +27 11 403 7720 Fax: +27 11 403 7719 Mobile: +27 788 00 4803 jacob@arasa.org.za www.arasa.info

5	Alliance International HIV/AIDS Alliance in Zambia	Zambia	Provides support to organizations, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment. Supports community action on AIDS in developing countries—with a special focus on men who have sex with men and sex workers.	Sue Clay	Plot 3020, Mosi-Oa Tunya Rd Woodlands Shopping Complex Box 33796 10101 Lusaka, Zambia Tel/Fax: +260 211 260 818 +260 211 264792 +260 211 263088 Cell: +260 977 878 826 suec@alliancezambia.org.zm
6	Alliance Nationale contre le sida – Sénégal (ANCS)	Senegal	Provides support to organizations, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.		Sacré Coeur 3, villa 9405 BP 10297 Dakar, Sénégal Tel: +221 33 869 3011 Fax: +221 33 827 9502 ancs@ancs.sn www.ancs.sn
7	Associação de Reintegração dos Jovens/Crianças na Vida Social (SCARJOV)	Angola	Founded in 2003, SCARJOV works to build a grassroots culture of peace, an understanding and respect for human rights and children's rights and opportunities for youth to become lifelong peace builders. Its work on HIV/AIDS uses a human rights-based approach to build awareness and skills around HIV prevention, treatment, program development, public policy and human rights.	Simao Cacumba	Rua 10, Prédio do CICA No 76 Res di Chão Bairro Cassenda Luanda, ANGOLA Tel: +244 222 322637 Fax: +244 222 322637 smorfac@yahoo.com.br
8	Association Jeunes Infectes et Orphelins du VIH/SIDA	Chad	Counseling and prevention programs for young children and orphans with HIV.	Lazia Naomie	Tel: +235 629 20 17 +235 958 43 20 +235 627 02 46 lazianaomie@yahoo.fr
9	AWOMI	Senegal	HIV programs for women living with HIV in Senegal and Namibia—unpaid work in the provision of health care	Salimata Bocoum	Tel: +27 7745 21 19 sboucoum@awomi.org www.awomi
10	'Bana Ba rona' – Our Children.	South Africa	Works with orphans left homeless by HIV; promotes HIV prevention and works with young adults in the area.	Sussie Seemela	Orphanage OVC in Rustenburg NorthWest, South Africa Mobile: +27 82 540 8484
11	'Basadi Emang' – Women Arise	South Africa	HIV/AIDS orphans, media and women. Aims to help commercial sex workers in the surrounding mining areas.	Regina Molokomme	

12	Behind The Mask (BTM)	South Africa	Gay, Lesbian, Bisexual, Transgender, Intersex. Issues: stigma and HIV/AIDS.		<u>Physical Address</u> Office A06-11 1st Floor: Administration Building 1 Kotze Street Women's Gaol, Constitution Hill Braamfontein, South Africa <u>Postal Address</u> PO Box 93843 Yeoville 2143 Tel: +27 (0)11 403 5566 Fax: +27 (0)11 403 5567 info@mask.org.za www.mask.org.za
13	Botswana Network on Ethics, Law and HIV/AIDS (BONELA)	Botswana	Works to create an enabling and just environment for those infected and affected by HIV and AIDS.	Christine Stegling	PO Box 402958 Plot 50662, Medical Mews Fairground Gaborone, BOTSWANA Tel: +267 393 2516 Fax: +267 393 2517 bonela@bonela.org www.bonela.org
14	Business Coalition Against HIV/AIDS (BUCAHA)	Gambia	Serves as a focal point for engaging with stakeholders and endorses private-sector commitment to creating healthy work environments by addressing stigma and discrimination.	Paul Mendy	55 Kairaba Avenue, K.S.M.D P.O. Box 348 Serrekunda, The Gambia Tel: +220 437 8929, +220 437 7190 Mobile: +220 995 2802, +220 795 2802 Fax: +220 437 8936 bucacha.gambia@yahoo.com
15	Care International in Ethiopia	Ethiopia	CARE works to reduce the number of children infected with HIV at birth by raising awareness about HIV and AIDS and how it can be prevented among women of childbearing age. CARE combines awareness-raising activities, such as community-led education campaigns and school anti-AIDS clubs, with voluntary counseling and testing services—at a fraction of the cost of private testing. It also works in partnership with local community groups known as <i>Idirs</i> to provide support and care, including financial support, for those most affected by HIV and AIDS such as the elderly, bed-ridden patients and orphans.	Frehywot Eshetu	P.O.Box 4710 Addis Ababa, Ethiopia Tel: +251 116 183 294 Ext. 137 frehywote@care.org.et www.care.org.et

16	Coalition for Positive Sexuality (CPS)	USA	CPS is a grassroots, nonprofit, activist organization for people living with HIV.		PO Box 77212 Washington, DC 20013-7212 (773) 604-1654 www.positive.org
17	Coalition of African Lesbians	South Africa	Provides services to women who have sex with other women and/or lesbian, bisexual and transgender women in Africa.	Fikile Viakazi	P. O. Box 400, Boksburg, 1460 South Africa Tel: +27 11 918 2182 director@cal.org.za www.cal.org.za
18	Coalition of Women Living with HIV and AIDS in Malawi (COWLHA)	Malawi	COWLHA formed in 2006 to create a united voice for women and girls living with HIV/AIDS and address the challenges they face. One World Action supports efforts to strengthen COWLHA's project and financial management skills and supports its advocacy activities aimed at reducing stigma and discrimination among women living with HIV/AIDS.	Joyce Joan Nsaliwa-Kamwana	P/Bag A152 Lilongwe, Malawi joycejkamwana@yahoo.com
19	Disability HIV & AIDS Trust (DHAT)	Botswana	DHAT is a nonprofit regional organization working in disability and HIV/AIDS in SADC countries with its headquarters in Gaborone, Botswana. It works to build and strengthen the capacity of disabled peoples organizations to respond to the needs of their members and HIV/AIDS.		Private Bag 0029 Suite 197, Postnet Mogoditshane, Botswana Tel: +267 397 1774 Fax: +267 397 1773
20	Durban Lesbian and Gay Community Health Centre	South Africa	The center, a project of the KZN Coalition for Gay and Lesbian Equality, offers a safe and secure space for the lesbian, gay, bisexual and transgender communities of Durban and KwaZulu-Natal. It provides personal, HIV/AIDS, sexual health and legal education, counseling and advice.	Nonhlanhla Mkhize	320 West Road Durban, South Africa Tel: 031 301-2145 Fax: 031 301-2147 info@gaycentre.org.za mc@gaycentre.org.za www.gaycentre.org.za
21	Forum for Empowerment of Women (FEW)	South Africa	FEW works to ensure a world where lesbian, bisexual and transgender women know, access and enjoy their right to autonomy, dignity and equality in all aspects of their lives, both in the private and the public domain. It aims to articulate, advance, protect and promote the rights of black lesbian, bisexual and transgender women.		1 Kotze Street Braamfontein P.O.Box 10204 Johannesburg, South Africa Tel: +27 11 339 1867 Fax: +27 11 339 1861 www.few.org.za
22	Freedom and Roam Uganda (FARUG)	Ghana	Freedom and Roam Uganda is an LGBT organization that is spearheading the campaign for the rights and recognition of LGBT people in Uganda.		www.faruganda.org

23	Gay and Lesbian Archives (GALA)	South Africa	Founded in 1997, GALA supports the advancement, development and rights of LGBTI people by working to compile and preserve an accurate record and representation of their struggles. It mobilizes memory by documenting and popularizing the lives and histories of LGBTI South Africans. In so doing it contributes to the development of pride, challenges homophobia and entrenches the rights of LGBTI people.		P.O. Box 31719 Braamfontein, 2017 South Africa Tel: +27 11 717 4239 Fax: +27 11 717 1783 info@gala.co.za
24	Gay South Africa	South Africa	Gay, lesbian and bisexual issues, discrimination, human rights, HIV/AIDS counseling services.		info@gaysouthafrica.org.za www.gaysa.co.za/browser99.asp
25	Gays and Lesbians of Zimbabwe (GALZ)	Zimbabwe	GALZ was one of the first organizations in Zimbabwe to start HIV/AIDS awareness campaigns. Today it remains unique in that it is the only organization in the country specifically working with people who engage in same-sex sexual activity.		www.galz.co.zw
26	Gender DynamiX	South Africa	Gender DynamiX is the first African-based organization for the transgender community. It aims to create awareness and visualize transgenderism. Gender DynamiX is committed to providing resources, information and support to trans folk, their partners, family, employers and the public.	Liesl Theron	Saartjie Baartman Centre Klipfontein Road, Athlone <u>Postal Address:</u> PO Box 347 Athlone, 7760, South Africa Tel: +27 21 6335287 info@genderdynamix.org.za www.genderdynamix.org.za
27	Global Coalition on Women and AIDS	Switzerland	GCWA is a worldwide alliance of civil society groups, networks or women living with HIV, women's organizations, AIDS service organizations, and the UN system, committed to strengthening AIDS programming for women and girls. It aims to mobilize leadership and political will to influence laws, policies, programs and funding that give girls and women the power to prevent HIV infection or to live fulfilling, productive lives with HIV.		Global Coalition on Women and AIDS 20, avenue Appia CH-1211 Geneva 27 Switzerland Tel: +41.22.791.2699 Fax: +41.22.791.4187 womenandaids@unaids.org
28	HEARD	South Africa	HEARD conducts research on the socioeconomic aspects of public health, especially the HIV/AIDS pandemic. It seeks to inspire health and development strategies that improve the welfare of people in and beyond Africa. HEARD conducts interdisciplinary research to produce scientific knowledge and effective interventions. It aims to influence global thinking and action on health and development.		<u>Physical Address</u> University of KwaZulu-Natal Westville Campus, J Block, Level 4 University Road, Westville Durban, South Africa <u>Postal Address</u> University of KwaZulu-Natal Westville Campus, Private Bag X54001 Durban 4000 South Africa

					Tel: +27 31 260-2592 Fax: +27 31 260-2587 heard@ukzn.ac.za www.heard.org.za
29	Horizon Community Association (HOCA)	Rwanda	HOCA is an LGBT rights organization based in Rwanda, where it is the first of its kind to openly work on LGBT issues.		www.globalgayz.com/rwanda-HOCA
30	Ibanise HIV/AIDS Initiative	Nigeria	Risk reduction among female sex workers, road transport workers, marine transport workers and HIV prevention and sensitisation programs.		Top Floor Library Building King William Dappa People Road Bonny Island, Nigeria Tel: +234 806 661 8770 +234 806 544 4355 ibanise@yahoo.com www.ibanise.org
31	Independent Project for Equal Rights – Nigeria	Nigeria	Pursuing a non-discriminatory Society Through Advocacy, Empowerment & Education	Joseph Sewedo Akoro	Tel: +234-805 481 4432 +234-1-748 5293 sewedo.akoro@gmail.com
32	International Centre for Reproductive Health and Sexual Rights (INCRESE)	Nigeria	INCRESE is the leading Nigerian NGO working for a favorable environment and expanding access to sexual health and rights information and services.		www.increase-increase.org
33	Kenya AIDS NGOs Consortium (KANCO)	Kenya	KANCO is a premier national membership network of NGOs, CBOs, faith-based organizations, private sector, research and learning institutions with an interesting in HIV/AIDS and TB activities in Kenya.	Allan Ragi	Chaka Road off Argwings Kodhek Rd P.O.Box 69866- 00400 Nairobi Tel: +254 20 271 7664/5008 Mobile: +254 722 20 3344 or +254 733 33 3237 Fax: + 254 20 271 4837 kanco@kanco.org www.kanco.org
34	Lentswe la Rona	Botswana, Ghana, Ethiopia, Lesotho, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Zambia, Tanzania, Uganda and Zimbabwe	Lentswe La Rona is a regional youth network that envisions a society where African youth are able to access and exercise their rights and participate at all policy and decision-making levels regarding issues that affect their rights, in particular their sexual and reproductive rights. It seeks to achieve this vision by promoting and defending the rights of young people in Africa by empowering and supporting them.		lentswelarona@yahoo.com

35	Lesbians, Gays, Bisexuals of Botswana (LeGaBiBo)	Botswana	LEGABIBO is Botswana's primary gay rights organization. It has no official recognition from the government, and because it is not a registered organization, it cannot legally raise funds. A spokesman from the organization said, "the government has stated that it will refuse to register our organization because to do so would be tantamount to registering an organization of criminals."	Fabuluos Duo	Physical Address Plot 50662, Medical Mews Fairground Gaborone, Botswana Postal Address P O Box 402958 Gaborone, Botswana Tel: +267 393 2516 Fax: +267 393 2517 bonela@botsnet.bw www.bonela.botsnet.co.bw
36	Mama's Club	Uganda	This community-based organization works to empower HIV positive mothers by providing psychosocial peer-to-peer support, prevention literacy, income generating skills, and mentor training for young mothers.	Lydia Mungherera	P.O.Box 27796 Kampala, Uganda clubmamas@yahoo.com
37	MEMA Kwa Vijana (Good things for young people)	Tanzania	MEMA Kwa Vijana is an adolescent sexual and reproductive health program working in schools, health facilities and communities in Mwanza Region. Its goal is to improve the sexual and reproductive health of adolescents. It has over ten years of research and implementation experience. Its package of adolescent sexual and reproductive health interventions includes: teacher-led, peer-assisted in-school sexual and reproductive health education; youth-friendly sexual and reproductive health services; community-based condom promotion and distribution; and community activities.		Mwana, Tanzania www.mamakwavijana.org
38	Minority Women in Action (MWA)	Kenya	Formed in 2006, it works to bring together lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals from East Africa to discuss issues affecting them and to assess the level and progress of LGBTI organizations within the region.	Akinyi Ocholla,	P.O. Box 21226-00505, Nairobi, Kenya minoritywomen@mail2kenya.com www.minoritywomen.org
39	Nashetu Capacity Providers (NACAP)	Kenya	Operates among the minority Maasai community, fighting HIV/AIDS.	Eliezer Wangulu	Kajiado District Kenya
40	Network for Sex work Project (NSWP)	South Africa	This informal alliance of sex workers and organizations that provide services to sex workers is a legally constituted international organization that promotes sex workers' health and human rights.		P.O. Box 13914 Mowbray 7705, South Africa Tel: +27 21 448 2883 Fax: +27 21 448 4947 secretariat@nswp.org www.nswp.org

41	Open Society Initiative for West Africa (OSIWA)	Liberia, Nigeria, Senegal	OSIWA promotes the ideals of an open society. It collaborates with advocacy groups, like-minded foundations, governments, and donors to create initiatives that enhance civil society. Its program priorities include human rights, good governance, media and communication, and economic reform.	Nana Tanko (Senegal)	<u>Monrovia Office</u> Former Star Radio Building Old C I D Road, Mamba Point Monrovia - Liberia Tel: +231 681 31 08 osiwa-monrovia@osiwa.org <u>Abuja Office</u> No. 32, Plot 1266 Amazon Street, off Alvan Ikoku Way Ministers Hill, Maitama Abuja – Nigeria Tel: +234 9 413 7289 Fax: +234 9 413 6649 osiwa-abuja@osiwa.org <u>Senegal Office</u> Immeuble EPI Boulevard du Sud X Rue des Ecrivains Point E, Dakar, Senegal Tel: (221) 869-1024,1033-1036 Fax: (221)-824-0942 osiwa-dakar@osiwa.org http://www.osiwa.org
42	OUT LGBT Well-Being (OUT)	South Africa	This is a lesbian and gay organization that is based in Pretoria, South Africa. The organization provides mental and sexual health services for lesbian and gay people in Gauteng.		<u>Physical Address</u> 745 Park Street Arcadia; Tshwane 0083 South Africa <u>Postal Address</u> PO Box 26197 Arcadia; Tshwane 0007 South Africa Tel: +27 12 344 5108 Fax: +27 12 344 6501 www.out.org.za
43	People Living with HIV Stigma Index	Zambia	This tool will measure and detect changing trends in relation to stigma and discrimination experienced by people living with HIV. In this initiative, the process is just as important as the product. It aims to address stigma relating to HIV while also advocating on the key barriers and issues perpetuating stigma—a key obstacle to HIV treatment, prevention, care and support.	Kenly Sikwese	C/C NZP, Ground Floor Kwacha House Annex, Cairo Road Lusaka, Zambia Tel/Fax: +260 211 237 619 Cell: +260 966 261 218 ksikwese@yahoo.com www.stigmaindex.org

44	Plan Ethiopia	Ethiopia	Plan works in Addis Ababa, north Lalibela, Jimma and in the southern part of the country Shebedino areas. Its work is founded on an integrated child-centered community development approach.		
45	Positive Muslims	South Africa	Positive Muslims is a faith-based organization founded in 2000 to create and deepen awareness among Muslims about the occurrence of HIV / AIDS in all Muslim and non-Muslim communities. It works to: educate its community about HIV/AIDS and the ways in which it is contracted; raise awareness of ways to avoid it and the fact that no one is 'above' acquiring it; find and implement ways of supporting people living with HIV/AIDS to continue a positive life journey; provide counseling, helping accessing affordable treatment and offering spiritual support; lobbying relevant structures in government and in civil society, particularly Muslim leaders, to increase compassion, mercy and non-judgmentalism for people of all walks of life. While it works primarily among Muslims, it is committed to working with all the other progressive groups working on HIV/AIDS.	Fatima Noordien	15 Mars Road Wynberg, 7800 Cape Town Tel: +27 21 761 2249 +27 21 761 2281 Fax: +27 21 761 2284 info@positivemuslims.org.za www.positivemuslims.org
46	Prometra		Promotion of traditional medicine.	Jacques Apollinaire Batanon, Pres. Joseph Dabogo Sia, MD, Pres. Edward Fai Fominyen Ngu, Pres. Prof. Dr. Mvumbi Lelo	Benin 01 BP 3955, Cotonou, Benin Tel: (229) 21 33 74 41 / 90 90 01 25 prometra@intnet.bj Burkina Faso s/c Centre Médical Saint Camille 09 BP 444, Ouagadougou 09 Burkina Faso Tel: (226) 50 36 12 32 / 76 61 77 45 prometrabf@yahoo.fr Cameroon PO Box 1608, Yaoundé, Cameroon Tel: (237) 770 10 91 / 222 59 56 faifominyen@yahoo.fr prometracam@yahoo.fr Democratic Republic of Congo Cite Solongo nord, 3728 Lemba – Kinshasa, Democratic Rep. of Congo Tel: (243) 99 99 70 392 prometrardc@yahoo.fr

				<p>Claire Dufour-Jaillet, Pres.</p> <p>Amavi Amah Ayao</p> <p>Togbega Dabra VI</p> <p>Sonia Biabiany</p> <p>Mohamed Kerfalla Camara</p> <p>Empresario Jorge Pinto, Pres.</p> <p>Joanem Joseph</p> <p>Yangni Angaté, Pres.</p>	<p><u>France</u> 125 Avenue Du General Leclerc 75014 Paris, France Tel: 00331 40 44 49 50 antonio.syl@volla.fr evelyne.voltat@gfa.fr</p> <p><u>Gabon</u> BP 22268, Siège Feu Tricolore Nzeng Ayong, Libreville, Gabon Tel: (241) 06 26 88 78 / 71 20 83 amavi@voila.fr</p> <p><u>Ghana</u> P.O. Box WJ 153, Weija, Accra, Ghana Tel: (233) 21 32 23 30 / 20 81 50 769 tldrabra@yahoo.co.uk prometragh2@yahoo.co.uk</p> <p><u>Guadeloupe</u> 28, Cite Faloge 97100 Basse Terre, Guadeloupe F.W.I Tel. & Fax. 0590 590 81 66 65 metragwad@wanadoo.fr</p> <p><u>Guinea-Conakry</u> BP 872 Conakry, Guinea Tel: (224) 60 54 64 65 / 64 52 45 07 lazacamara@yahoo.fr</p> <p><u>Guinea-Bissau</u> Bairo Dehamedalai BP: 1101 - Bissau, Guinea-Bissau Tel: (245) 720 12 66 / 20 68 44</p> <p><u>Haiti</u> 649, Rue Estenio Vincent - Croix des Bouquets - Republic of Haiti Tel: (509) 512-4725</p> <p><u>Ivory Coast</u> 08 BP: 925 Abidjan 08, Ivory Coast Tel: (225) 20 32 20 11 / 22 44 38 91 yangate@ariso.ci</p>
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				Locoh Lonlon Sekagya Yahaya Michele Ozumba	<u>Togo</u> BP 8321 Lomé, Togo Tel: (228) 222 43 48 amavi@voila.fr <u>Uganda</u> PO Box 16465, Kampala, Uganda Tel (256) 41 56 67 65 proetrauganda@softhome.net <u>United States</u> 100 Auburn Ave. Suite 200 Atlanta, Georgia 30303 Tel: (404) 475 6077 info@Prometra-usa.org
47	Sexual Minorities Uganda (SMUG)	Uganda	SMUG is a nonprofit, nongovernmental organization that works towards achieving full legal and social equality for lesbian, gay, bisexual, transgender people in Uganda. It is the umbrella organization of all LGBTI organizations in Uganda.		Clock Tower Kampala, Uganda P.O. Box 70208 Tel: 256 312 294 859
48	Sister Namibia	Namibia	This feminist women's rights organization based in Windhoek, engages in media, education, research, advocacy and cultural activity to promote women's human rights and full equality in a world free from violence, discrimination and oppression.		sister@iafrica.com.na
49	Southern Africa HIV and AIDS Information Dissemination Serives (SAfAIDS)	South Africa Zambia Zimbabwe	Promotes changes in knowledge, practice, behavior of individuals and communities using an evidence-based approach, understanding that it is through sustained behavior change that people will reduce their vulnerabilities to HIV and AIDS. Influences key agencies to mainstream HIV and AIDS and gender related issues into their development work. This principle acknowledges that the majority of people infected are women and that the relationships between men and women are integral to the development of an effective response to the epidemic. Promotes the meaningful involvement of people living with HIV and AIDS, who are an important stakeholder and partner in responding to the epidemic and therefore should be given opportunities to contribute not just as beneficiaries but as equal partners that can participate meaningfully in the design and implementation of HIV and AIDS responses.		<u>SAfAIDS Regional Office</u> 479 Sappers Contour, Lynnwood Pretoria, 0081 South Africa Tel 012-361-0889 Fax: 012 361-1705 <u>Country Office - Zimbabwe</u> 17 Beveridge, Avondale Harare, Zimbabwe Tel: (+263 4) 336193/4, 307898, 335015, 335005 Fax: (+263 4) 336195 info@saf aids.org.zw <u>Country Office - Zambia</u> Plot No. 4, Rhodes Park Lusaka, Zambia Tel: +260 125 7609 Fax: +260 125 7652 saf aids@iconnect.co.zm

50	Sex Worker Education and Advocacy Taskforce (SWEAT)	South Africa	SWEAT is a nonprofit organization situated in Cape Town, South Africa. It works with sex workers around health and human rights. It also lobbies and advocates for the decriminalization of adult sex work in South Africa.		Community House, 41 Salt River Rd, Salt River, Cape Town, 7915 Tel: + 27 21 448 7875 Fax: +27 21 448 7857 info@sweat.org.za www.sweat.org.za
51	Society for Women and AIDS in Africa (SWAA)	Senegal	SWAA advocates on behalf of women, children and families about HIV/AIDS. It mobilizes communities by strengthening capacity to prevent, control and mitigate the epidemic's impact. It seeks a world free of HIV/AIDS, where African women and children are empowered to claim equal rights, access to health care, education, and economic and socio-cultural opportunities.		Sicap Sacre Coeur II, Villa No. 8608F B.P 16-425, Dakar-Fann, Senegal Tel: (221) 824 59 20 Fax: (221) 865 26 07 contact@swaainternational.org www.swaainternational.org
52	Tanzania Lesbian Association (TALESA)	Tanzania			talesa_2000@yahoo.com
53	Triangle Project	South Africa	The Triangle Project works to eradicate discrimination against and within the LGBT community, and to provide defined services to the LGBT community until they are no longer required.		Unit 29, Waverley Business Park, Dane St, Mowbray PO Box 13935 Mowbray, 7705 Cape Town Tel: (021) 448 3812 Fax: (021) 448 4089 info@triangle.org.za
54	UNFPA Nigeria	Nigeria	Mobilizes community support for active participation of young people in HIV prevention through advocacy to policy makers, and sensitization of religious leaders and community leaders on the roles of young people on HIV/AIDS; strengthening capacity of youths in HIV prevention, care and support; strengthening the capacity of parents to effectively communicate with young people about HIV/AIDS and sexuality issues; integrating youth programs on HIV/AIDS into the RH and HIV/AIDS programs.		www.nigeria.unfpa.org
55	Voice of Roses – Kenya	Kenya	Works with marginalized women and girls, orphans (deaf and hearing).	Nana Warinda	Tel: +254 721 584 288 nwarinda@yahoo.com