MAPPPING REPORT OF CIVIL SOCIETY AND ACCESS TO MEDICINES IN SOUTHERN AFRICA

November – December 2015

Daniel Molokele, Yunus Mohammed & Washington Matika 2016
Supported by funding from
# CONTENTS

Abbreviations/Acronyms ................................................. 4

Executive Summary ................................................... 5

The Project .............................................................. 6

About this report ......................................................... 6

Methodology ............................................................. 7

Report findings .......................................................... 8

The Key CSOs in Botswana ............................................. 8
The Key CSOs in Malawi ............................................... 10
The Key CSOs in Zambia ............................................... 12
The Key CSOs in Zimbabwe ......................................... 14

Other National Level Organisations ............................... 16
Southern Africa Level Organisations ............................. 18
Pan African and Global Level Organisations .................. 18
Other Non-CSOs Stakeholders ....................................... 19

Implementation Partners .............................................. 20

AIDS Accountability International (AAI) ............................ 20
The Southern Africa Regional Programme on Access to Medicines and Diagnostics (SARPAM) .................. 21

Contact Details ......................................................... 22
ABBREVIATIONS / ACRONYMS

AAI .................. AIDS Accountability International
AIDS .................. Acquired Immune Deficiency Syndrome
AUC .................... African Union Commission
BONELA ............... Botswana Network on Ethics, Law and HIV/AIDS
CAFs ................... Consumer Action Forum on Access to Medicines
CWGH ................. Community Working Group on Health
CSOs ................... Civil society organisations (CSOs)
DFID ................... Department for International Development
GLOHOMO ............ Global Hope Mobilisation
HIV .................... Human Immunodeficiency Virus
MS ..................... Member States
MoH ................... Ministry of Health
NACs .................. National AIDS Councils
NAFs .................. National Accountability Forums
OSISA ................ Open Society Initiative for Southern Africa (OSISA)
PACTs ................ Partnerships for Action
RCAF .................. Regional Consumer Action Forum on Access to Medicines
SADC .................. Southern African Development Community
SARPAM ............... Southern African Regional Programme on Access to Medicines and Diagnostics
TALC .................. Treatment Advocacy and Literacy Campaign
TRIPS ................ Trade Related Intellectual Property Rights
The situation with regards to access to medicines in the Southern Africa region remains of very critical concern. Most citizens in the region, especially at a local community level, still face some serious difficulties in terms of accessing medicines. Indeed, most of them have to travel to the referral hospitals to access the essential medicines.

The World Health Organisation (WHO) defines access to medicines as the equitable availability and affordability of essential medicines during the process of medicine acquisition. Universal medicine access is a major goal of the WHO and of most countries with respect to medicine policy.

The global situation of access to essential medicines is still considered critical. However the situation in the Southern Africa is generally worse than the rest of the global average. In fact it can be further argued that Access to medicines in Southern Africa has always been a huge challenge and in recent years has been worsened by the increasing pressures emanating from the ravaging effect of pandemics such as HIV and AIDS, Malaria and Tuberculosis and recent emerging challenges of medicines for non-communicable diseases.

Be that as it may, the situation has over the years been mitigated by the rise of a dynamic civil society community across the region. A cursory glance across all the countries in the region can easily reveal that there is a thriving CSOs community that is actively involved in the promotion of access to medicines issues. Actually a lot of these CSOs were set up in the late 1980s and early 1990s largely as a response to the growing threat of the HIV and AIDS epidemic.

However in recent years there has been also a real concern that the number of the CSOs focusing on access to medicines issues was dwindling at an alarming rate. This is largely due to the adverse effects of the 2008 global economic recession that led to huge cuts in the funding of the socially related sectors such as health and education.

Most of the CSOs in the region were left exposed since they lost most of their traditional funding partners who were largely drawn from the global north.

This unfortunate development was evidently worsened by the ever worsening decline in terms of financial investment on public health expenditure that has also led to millions of people in the region struggling to easily access medicines in the region.

It is thus in that particularly dire context that AIDS Accountability International (AAI) and its project partner, the Southern African Regional Programme on Access to Medicines and Diagnostics (SARPAM) embarked on a mapping exercise of all CSOs still actively involved in the promotion of access to medicines issues across the Southern Africa region.

The mapping exercise was thus conducted in November 2015 as part of the preliminary process in terms of rolling out a project supported by the Open Society Initiative for Southern Africa (OSISA). The overall aim of the project is to increase confidence and capacity by citizens through the civil society in selected SADC countries to demand effective and efficient access to medicines services from governments, private sector and funding partners.

By and large, the mapping exercise discovered that there are indeed hundreds of various CSOs that are actively involved on access to medicine issues across the region. These organisations operate mostly at national level and are normally in partnerships with several regional, pan African and global networks.

At the same time, the mapping exercise revealed that community focused organisations are not strong enough to implement independent programmes. As such, they normally operate as affiliates of the national networks. One such good example of such a network is the one under the Community Working Group on Health in Zimbabwe. (CWGH)

As such this is an obvious gap that needs to be addressed since the CBOs could be more relevant in addressing issues around access to medicines since they are involved at a local clinical site level, are even more crucial since they are more directly involved in advocacy of local issues.

Put in other terms, this means that most networks that are based in Southern Africa mostly focus primarily on conducting research and advocacy at policy level; as such it is still necessary to invest in a more detailed mapping exercise of CBOs since they are actively involved at a service delivery level.
THE PROJECT

The Open Society Initiative for Southern Africa (OSISA) recently approved funding for AAI to co-ordinate a new project to promote transparency and accountability initiatives within Southern Africa with a particular focus on access to medicines.

The overall aim of the project is to increase confidence and capacity by citizens through the civil society in selected SADC countries to demand effective and efficient access to medicines services from governments, private sector and funding partners.

ABOUT THIS REPORT

As part of the preliminary process in terms of rolling out the new project, during November 2015 a special mapping exercise was conducted to collate information needed for a database of all key organisations actively involved on access to medicines issues across Southern Africa.

In particular, the outcome of the mapping process will seek to provide a map of civil society and other relevant stakeholders who could be engaged in advocacy work focused on the promotion of transparency and accountability issues with regards to access to medicines across Southern Africa.

In general terms, the mapping exercised was spread across all the ten countries that are covered by OSISA. Namely, Angola, Botswana, DRC, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. There was also an analysis of the entire pan African and global organisations that are also active in the region.

“There was also an analysis of the entire pan African and global organisations that are also active in the region.”

Further to that, a special and more detailed mapping exercise was conducted in four of the targeted ten countries. Namely, Botswana, Malawi, Zambia and Zimbabwe. This is so because the four countries are set to be the ones most likely to be targeted in terms of the initial advocacy interventions to be conducted under this initiative to promote increased transparency and accountability on access to medicines issues across Southern Africa.
METHODOLOGY

To carry out this mapping exercise, a detailed desk review was done of organizations that are currently working on access to medicines related issues both at national and regional level across Southern Africa. A special recognition was also given to some pan African and global organisations that are also actively involved in the region mostly through partnerships with local organisations.

Apart from the desk top research process, another key aspect of the mapping exercise was the conduct of key informant interviews targeting some representatives of some of the most active organisations on the Southern African region with regards to access to medicines issues.

The participating informants were selected based on their previous or current involvement with access to medicines advocacy. Of those ultimately selected and available, most were oriented to HIV and AIDS service-provision or advocacy.

The selection aimed to capture a cross section of organizations working at different levels; that is, direct implementation at the community level, networks supporting smaller organisations, national level organizations and even organizations linked to larger regional networks.

These organizations were selected from a list of over 200 organizations that work on health issues in general, narrowing down to those relevant to advocacy on access to medicines.

The organisations that were approached for interviews include the following among others: Pan African Treatment Action Campaign, BONELA, International Treatment Preparedness Coalition (ITPC), AIDS and Rights Alliance of Southern Africa (ARASA), International HIV and AIDS Alliance, African Men for Sexual Health and Rights (AMSHeR), SAfAIDS, MSF (Doctors without Borders), REPSSI, EANNASO, Coalition of African Lesbians, Pan African Business Coalition on HIV and AIDS (SABCOHA), GenderDynamix, Southern African AIDS Trust, INERELA+, Afriyan, WACI Health.
REPORT FINDINGS

The Key CSOs in Botswana

The following is a list of some of the key Botswana civil society organizations that are currently involved with issues related to access to medicines across the country:

1. Botswana Network on Ethics, Law and HIV/AIDS (BONELA) - BONELA is a network of individuals and organizations that promotes a just and inclusive environment to prevent HIV infection and provide a greater quality of life for people affected by HIV and AIDS through scaling up a coordinated community response and promoting accountability. Since 2013, BONELA has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.

2. Botswana Family Welfare Association (BOFWA) - BOFWA is a nationally recognized leader in Sexual and Reproductive Health (SRH) that ensures reproductive health including Family Planning (FP) as a human right to all individuals and families. It is led by volunteers as policy makers and management as programme implementers. Working for 22 years towards this mission, BOFWA pioneered Youth Friendly Services, Parent Peer Education and contributed immensely national SRH, HIV and AIDS, youth development and family welfare. Currently BOFWA provides more than 150,000 services a year. Out of these 100,000 are family planning.

3. Botswana Network of People Living with HIV (BONEPHWA+) - Founded in 2000, the Botswana Network of People Living with HIV and AIDS (BONEPWA+) is a national umbrella (non-governmental organization) network formed by and for people living with HIV/AIDS (PLWHAs) in Botswana. BONEPWA+ has over 11 years’ experience of working with PLWHAs to ensure their voices are heard in Botswana through lobbying and advocating for their needs, rights and privileges. It has been working with PLWHAs to improve their lives by empowering them with skills, strategies and knowledge to cater for their social, economic and health needs.

4. Sonke Gender Justice - Sonke’s vision is a world in which men, women and children can enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies. Sonke Gender Justice works across Africa to strengthen government, civil society and citizen capacity to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV and AIDS.

5. Lesbians, Gays and Bisexuals of Botswana (LEGBiBO) - LeGaBiBo (Lesbians, Gays and Bisexuals of Botswana) is the first LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) organization in Botswana. It was founded by Ditshwanelo, the Center for Human Rights in 1998 as a project. However due to lack of resources the project could not be implemented and was therefore inactive until it resurfaced under BONELA Botswana Network on Ethics, Laws and HIV/AIDS.)
6. Botswana Network of AIDS Service Organisations (BONASO) – BONASO is the umbrella body for AIDS service organizations in Botswana. BONASO coordinates the civil society response to HIV/AIDS. It also facilitates an enabling environment for HIV/AIDS Non-Governmental Organizations. BONASO also mobilizes resources for its members and seeks to strengthen the capacity of NGOs and CBOs. It also serves as a mouthpiece for all its members and also facilitates sharing of information, experiences and best practices.

7. Men for Health and Gender Justice exists to mobilize men and boys, men who have sex with men and gay men to advocate for their involvement in lobbying for Sexual Reproductive Health Rights as well as access to health care services by all humans towards achieving gender equality and health equity through a human rights approach.

8. The Pilot Mthambo Centre for Men’s Health aims to create a conducive environment for young men who have sex with men (MSM) in Botswana to access health care services (including access to psychosocial counseling, HIV and STI testing and prevention). The organisation also works to raise awareness and strengthen the capacity of all stakeholders involved in service delivery to increase the number of service providers who are human rights conscious.

1. Rainbow Identity Association
2. Men for Health
3. Youth Health Organisation (YOHO)
4. Pillar of Hope
5. Brand You Africa
6. Nkaiketa
7. Botswana Young Women’s Network
8. Women against Rape (WAR) – Botswana
9. Kagisano Society Women’s Shelter (KSWS)
10. CEVISH
11. Cancer Association of Botswana
12. Bomme Isago
13. Silence Kills Support Group
14. True Men
15. Monageng Testing and Counselling Centre
16. Botswana Institute of Rehabilitation and Integration of Offender (BIRRO)
17. Botswana Christian AIDS Intervention Program (BOCAIP)
18. Francistown Network of Support Groups
19. TseloNtse Voluntary and Counselling Centre
20. Botswana National Association of Social Workers (BONASWA)
21. Window of Hope
22. House of Men
23. House of Hope
24. Vision Support Group
25. Ga O Nosi Support Group
The Key CSOs in Malawi

The following is a list of some of the key Malawi civil society organizations that are currently involved with issues related to access to medicines across the country:

1. Global Hope Mobilization (GLOHOMO) is a Malawian non-profit making and youth led organization, working towards contributing to the Millennium Developmental Goals and the Malawi Growth Development. Since 2012, GLOHOMO has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.

2. People living with HIV (PLHIV) founded the Malawi Network of People Living with HIV/AIDS (MANET+) on 16 April 1997 as a coordinating and facilitating body with the main goal of promoting effective networking amongst associations and support groups of people living with HIV and AIDS and their collaborators. People living with HIV/AIDS identified the serious need to harmonise their activities and planned that MANET+ should form a web of solidarity of associations or support groups of HIV positive persons and those affected.

3. The Malawi Network of AIDS Service Organisations (MANASO) is a local non-governmental organization dedicated to contribute to the reduction of HIV prevalence and alleviation of suffering caused by the HIV epidemic in Malawi through coordination, capacity building, mobilization and allocation of resources to AIDS Service Organizations (ASOs) in Malawi. It was formed in 1996 to coordinate and network the activities of AIDS Service Organisations in Malawi.

4. The Malawi Economic Justice Network (MEJN) - MEJN is a broad civil society coalition that campaigns for just, economic policies by engaging in economic literacy programs, budget monitoring, and lobbying on trade issues and agreements in Malawi.

5. Malawi Health Equity Network (MHEN) – MHEN is a policy advocacy institution. It is the leading health non-governmental organisation in Malawi which acts as watch dog on health governance in the country. Hence MHEN’s vision is to ensure that all people in Malawi have access to equitable, quality, affordable and responsive essential health care services. MHEN advocates and lobbies for the health policies and systems that promote the delivery of equitable and quality health care services by influencing policy and practice through conducting researches, monitoring and evaluation and disseminating information at regional and national level.

6. The Christian Health Association of Malawi (CHAM) - CHAM is an ecumenical association of Church-owned health facilities in Malawi. Established in 1966, CHAM is the second largest provider of health services in Malawi, with member health
facilities in almost all districts. CHAM facilities are predominantly located in rural areas thereby promoting equity in access to health care. CHAM membership also includes colleges that trains majority of mid-level health professionals in Malawi.

7. Youth Net and Counselling (YONECO) was established in September 1997 to respond to the needs and challenges affecting youth and children in Malawi. YONECO registered with the National Youth Council of Malawi (1996) Act in 1998, Trustees Incorporation (1962) Act in 1999 and NGO Board (2000) Act in 2003. In October 2000, YONECO started to work on issues of women as demand driven activity following the need to respond to the child rehabilitation. YONECO has since grown to one of the very strong local NGOs that respond to matters of youth, women and children.

8. The Centre for the Development of People (CEDEP) – CEDEP is a registered human rights organisation dedicated to addressing the needs, improving the lives, and providing support for some of Malawi’s most neglected minority groups through civic education, training, capacity building, networking and research. The organisation believes that improving the welfare of minority groups, including prisoners, sex workers, and those in same-sex relationships, is crucial to the health and well-being of all peoples.

1. Christ for all Nations (Malawi)
2. Kalondolondo Project
3. South African Druggists Malawi (SADM)
4. Federation for People with Disability
5. TUYELEPO
6. Diabetes Association of Malawi
7. Light House
8. CHINANSI Foundation
9. Disabled Women in Africa
10. Central Medical Stores Trust (CMST)
11. Evangelical Association of Malawi (EAM)
12. Coalition for Women Living with HIV/AIDS
13. Youth Impact Malawi
14. Malawi Inter-faith AIDS Association (MIAA)
15. Malawi Interfaith AIDS Organization
16. National Patient Alliance Organization
17. Coalition for Gender, HIV and AIDS Advocacy in Malawi (COGHAAM)
18. Hope for the Elderly and Malawi Network of Older Persons Organization
19. Health and Rights Education Programme (HREP)
20. Girls Empowerment Network (Malawi)
21. Centre for Alternatives for Victimized Women and Children (CAVWOC)
22. Active Youth Initiative for Social Enhancement (AYISE)
23. Passion for Women and Children in Malawi
24. Malawi Network of Religious Leaders Living with or Personally Affected by HIV (MANERELA+)
25. Centre for Human Rights and Rehabilitation
26. Malawi Local Government Association (MALGA)
27. Society for Women Against AIDS in Malawi (SWAM)
The Key CSOs in Zambia

The following is a list of some of the key Zambian civil society organizations that are currently involved with issues related to access to medicines across the country:

1. **TALC - The Treatment Advocacy and Literacy Campaign (TALC)** - The Treatment Advocacy and Literacy Campaign (TALC) was formed in 2005 to lobby for equitable, affordable, and sustainable access to treatment, care, and support for people living with HIV and AIDS in Zambia. TALC is a movement that works with civil society groups, faith, and community-based organizations in seven of Zambia’s nine provinces. Currently TALC is based in Lusaka but has over 100 affiliates throughout the country. Since 2012, TALC has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.

2. **Family Health Trust (FHT) - The Family Health Trust (FHT)** is a non-governmental organisation established in 1987 to contribute to the response to the impact of HIV/AIDS in Zambia specifically Monze district.

3. **Network of Zambian People Living with HIV/AIDS (NZP+) – NZP+** is a national organization for the people living with HIV and AIDS (PLHA), established in 1996. It aims to improve the quality of PLHAs by pursuing three issues namely: Support, Communication and Representation of the PLHAs. NZP+ is a non-profit and non-governmental organization registered under section 7(I) of the Zambian Societies Act.

4. **Center for Infectious Disease Research in Zambia (CIDRZ) – CIDRZ** is an independent, local, non-governmental health organisation established in Zambia in 2001. Our experts utilise innovative and collaborative approaches to develop research, health services and training initiatives with measurable results in the following focus areas: HIV/AIDS Prevention, Care, and Treatment, Tuberculosis Prevention and Control, Women’s Health, Newborn and Child Health, Community Outreach and Health System Strengthening/Primary Care.

5. **ZANERELA+** is an interfaith organisation which endeavours to empower and support religious leaders living with or personally affected by HIV and AIDS to live a meaningful and productive life through capacity building, advocacy, networking and up calling congregational HIV and AIDS programmes. ZANERELA+ advocates for enabling environments that protect and promote the rights of PLWHA and affected communities through the promotion of SAVE strategy. The main activities of ZANERELA+ are; Capacity building, Advocacy and Networking, Prevention, care and support.

6. **Centre for Reproductive Health and Education** aims at promoting, defending and advocating for Zambian adolescents and youth, by empowering them with evidence-based information to make free and informed choices on their sexual and reproductive health. The organisation ensures that the you are able to exercise their sexual and
reproductive health rights and services, and participate in policy and decision making, particularly on HIV/AIDS, gender, human rights, and national development.

7. Medicines Transparency Alliance (MeTA) – MeTA brings together all stakeholders in the medicines market to improve access, availability and affordability of medicines for the one-third of the world’s population to whom access is currently denied. MeTA is founded on the idea that information improves decision-making, and therefore efficiency, all along the medicine supply chain. Openness - disclosure of information - is at the heart of its work. It sounds like a simple prescription, but efficiency can mean lower prices and greater consistency in the quality of medicines: in other words, medicines that are more cost-effective and clinically effective.

8. Prisons Care and Counselling Association (PRISCCA) – PRISCCA is a prisons based non-governmental and non-profit organisation existing under section 7 (1) of the Societies Act. The organisation was founded and formed by an ex-convict in 1997 and was duly registered on 29 April 2005, under the Registrar of Societies pursuant to and in accordance with the provisions of the Societies Act CAP 199 of the laws of Zambia.

1. Copper belt Health Education Program (CHEP)
2. Youth Alive Zambia (YAZ)
4. Women for Change (WFC)
5. Afya Mzuri (Good Health Initiative)
6. Society for Women and AIDS in Zambia (SWAAZ)
7. Adolescent Reproductive Health Advocates (ARHA)
8. Community Initiative for Tuberculosis, HIV/AIDS and Malaria plus related diseases (CITAM+)
9. Media Network on Child Rights and Development (MNCRD)
10. Zambia Tuberculosis and Leprosy Trust (ZATULET)
11. Zambia Health Education and Communications Trust (ZHECT)
12. Zambia Centre for Communications Programme (ZCCP)
The Key CSOs in Zimbabwe

The following is a list of some of the key Zimbabwean civil society organizations that are currently involved with issues related to access to medicines across the country:

1. Community Working Group on Health (CWGH) - The Community Working Group on Health (CWGH) is a network of civic/community based organizations who aim to collectively enhance community participation in health in Zimbabwe. The CWGH was formed in early 1998 to take up health issues of common concern. Over the years the CWGH has positioned itself as a voice in the health sector and built community power, organizing involvement of communities in health actions within their communities and around Primary Health Care, whether within the community on environmental health, or mobilizing resources to support health centres. Since 2012, CWGH has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.

2. Students and Youth Working on Reproductive Health Action Team (SAYWHAT) - SAYWHAT seeks to enhance the capacity of students and youth in Zimbabwe and the region to lead healthy lives. SAYWHAT’s vision is about sexual and reproductive health rights for all students and youth.

3. Zimbabwe National Network of People living with HIV (ZNNP+) - ZNNP+ seeks to improve the quality of life for PLHIV through resource mobilization and capacity building of the infected and affected. Their goal is to assist in ensuring that the infected and affected have access to holistic care and support, prevention and treatment services in a transparent and accountable manner and to ensure that the infected and affected participate in decisions that affect them at all levels.

4. Zimbabwe Lawyers for Human Rights (ZLHR) is a not for profit human rights organization whose core objective is to foster a culture of human rights in Zimbabwe as well as encourage the growth and strengthening of human rights at all levels of Zimbabwean society through observance of the rule of law.

5. Zimbabwe Association of Church-related Hospitals (ZACH) – ZACH is a non-profit making membership based association formally registered in 1974. It draws its membership from all the churches and other faith based institutions that are actively involved in the health sector.

6. Zimbabwe Diabetic Association (ZDA) - The Zimbabwe Diabetic Association is a Non Profit Humanitarian Organization representing the interest of the growing number of people with diabetes and those at risk and their health care givers.

7. Family AIDS Caring Trust (FACT) – FACT seeks to promote healthy communities that have adequate food, access to health and zero new HIV infections. It also seeks to improve quality of life of vulnerable and marginalised people through sustainable development initiatives, prevention and provision of holistic quality care services integrated to health delivery system in Zimbabwe.

8. Zimbabwe Association of Doctors for Human Rights (ZADHR) was formed in November 2002 by a group of doctors and other health professionals against a backdrop of political violence in Zimbabwe. The combined conscience of this group of men and women compelled this group – realising that as frontline witnesses to the impact of social ills - health professional had a responsibility to speak out and to engage where necessary as on behalf of the vulnerable.
9. Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender (ZACRO) targets all inmates in Zimbabwe in their various sub groups (remand and convicted inmates – both male and female) as well as ex-offenders in Zimbabwe.

10. GALZ is a membership-based association, whose mission is to promote, represent and protect the rights and interests of lesbians, gays, bisexuals, transgender and intersex people through advocacy and lobbying, empowerment and education, research and provision of safe spaces in order to influence positive attitudes of the broader society. They envision a just society that promotes and protects human rights of LGBT people as equal citizens in Zimbabwe.

11. Zimbabwe AIDS Network (ZAN) - Zimbabwe AIDS Network (ZAN) is a membership organisation that is highly valued for its wide membership, experience in distributing grants, decentralised nature, non-partisan approach and has a constitution that allows members to be disciplined in case of mismanagement.

1. Woman Action Group (WAG)
2. National Council of Disabled Persons of Zimbabwe
3. Women AIDS Support Network (WASN)
5. Zimbabwe Association for Church-related Hospitals (ZACH)
6. Zimbabwe Congress of Trade Union (ZCTU)
7. Zimbabwe Confederation of Midwives
8. Green Web Arts Management
9. The AIDS and ART Foundation (TAAF)
10. CARELITE Hwange
11. Christian Legal Society Zimbabwe (CLS-Z)
12. Mutare Residents and Rate Payers Association (MRRA)
13. Maternal Health Care Trust
14. Training and Research Support Centre (TARSC)
15. Midlands AIDS Caring Organisation (MACO)
16. Midlands AIDS Service Organisation (MASO)
17. Matabeleland AIDS Council
18. Zimbabwe Doctors for Human Rights
19. The AIDS Services Institute
20. Chinhoyi Residents and Rate Payers Association
21. Consumer Council of Zimbabwe
22. Bulawayo United Residents Association
23. Zimbabwe Lawyers for Human Rights (ZLHR)
24. Citizens Health Watch (CHW)
25. SistaAct Zimbabwe
26. The Girl Child Network Trust Zimbabwe
27. Zimbabwe Young People’s Network
28. My Age Zimbabwe
29. Youth Advocates Zimbabwe
30. Roots Africa
31. Adolescent Reproductive Health Advocates (ARHA)
32. Young People Network on SRH, HIV and AIDS
33. National Young People’s Network on HIV and AIDS, Zimbabwe
34. Batanai HIV and AIDS Service Organisation (BHASO)
35. Beat AIDS Project Zimbabwe
36. Betsereanyi
37. Diocese of Mutare Community Care Programme (DoMCCP)
Other National Level Organisations

As alluded to above, the mapping exercise specifically targeted four of the ten countries in Southern Africa covered by OSISA. Namely, Botswana, Malawi, Zambia and Zimbabwe. However, efforts were also invested in a more generalised mapping exercise for the rest of the countries in the region.

Below is a summary of some of the identified organisations on a country by country basis:

**Angola**

1. Associacao de Reintegracao dos Jovens, Criancas na Vida Social (SCARJoV) – Since 2012, SCARJoV has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.
2. CEJA-YES
3. Episcopal Commission for Justice and Peace

**Democratic Republic of Congo (DRC)**

1. Centre for Medical Evangelism (CME) - Since 2013, CME has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.
2. Rigiac Sida
3. Protection Enfants Sida (PES)

**Namibia**

1. Namibian Network of AIDS Service Organisations (NANASO) - Since 2013, NANASO has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.
2. Rights Not Rescue Trust (RNRT)
3. AIDS Law Unit of Legal Assistance Centre (LAC)
4. Tonata PLWHA Network (Namibia)
5. Breaking the Wall of Silence
Lesotho

1. Development Peace and Education (DPE) - Since 2013, CWGH has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.
2. LENASO – Lesotho Network of AIDS Service Organisations (LENASO)
3. The Lesotho Network of People Living with HIV/AIDS (LENEPWHHA+)
4. Matrix Support Group
5. SHE-HIVE Association
6. Adventist Development and Relief Agency (ADDRA)
7. Phelisanang Bophelong

Mozambique

1. Mozambique Treatment Access Movement (MATRAM)
2. Mozambique Network of National AIDS Services Organisations (MONASO)
3. NWETI
4. MONERELA+
5. PFUNANI
6. Associacao Coalizao da Juventude Mocambicana
7. Mozambican Youth Coalition
8. Associacao KINDLIMUKA
9. MULEIDE Women, Law and Development Association
10. AMODEFA Mozambican Association for Family Development

Swaziland

1. Swaziland for Positive Living (SWAPOL) - Since 2013, SWAPOL has been the national co-ordination partner for the Consumer Action Forums on access to medicines set up with the support of SARPAM.
2. Imphilo Isachubeka
3. Family Life Association of Swaziland (FLAS)
4. Coordinating Assembly of Non-Governmental Organisation (CANGO)
5. Swaziland National Net-work of People Living with HIV and AIDS (SWANNEPA)
6. Rock of Hope
Southern Africa Level Organisations

The following is a list of some of the key Southern African civil society organizations that are currently involved with issues related to access to medicines across the region:

1. Southern Africa Litigation Centre (SALC)
2. SADC Lawyers Association (SADCLA)
3. SADC Parliamentary Forum (SDAC PF)
4. Soul City
5. Disability, HIV and AIDS Trust (DHAT)
6. Health Economics and HIV and AIDS Research Division (HEARD)
7. Panos Southern Africa
8. AIDS and Rights Alliance for Southern Africa (ARASA)
9. SAFAIDS
10. Southern Africa AIDS Trust (SAT)
11. Network of African People living with HIV, Southern Africa (NAPSAR+)
12. AMICAALL
13. The Regional Psychosocial Support Initiative (REPSSI)
14. Disability HIV and AIDS Trust (DHAT)
15. Sonke Gender Justice
16. Gender Dynamix
17. Southern African Generic Medicines Association (SAGMA)
18. Innovative Pharmaceutical Association (IPASA)
19. Southern Africa Editors Forum (SAEF)

Pan African and Global Level Organisations

The following is a list of some of the key pan African and global civil society organizations that are currently involved with issues related to access to medicines across the Southern Africa region:

1. AIDS Accountability International (AAI)
2. Pan African Positive Women’s Coalition (PAPWC)
3. Pan African Treatment Access Movement (PATAM)
4. African Youth and Adolescents Network (AfriYAN)
5. International Community of Women Living with HIV (ICW)
6. International HIV AIDS Alliance
7. Grassroots Soccer
8. Eastern African National Networks of AIDS Service Organisations (EANNASO)
9. AIDS Healthcare Foundation (AHF)
10. Save the Children Fund
11. Southern and Eastern Africa Trade Information and Negotiation Institute (SEATINI)
12. VSO-RHAISA
13. Clinton Health Access Initiative (CHAI)
Other Non-CSOs Stakeholders

The following is a list of some of the key non-civil society organizations stakeholders that are currently involved with issues related to access to medicines across the Southern Africa region:

1. National AIDS Councils (NACs) across all countries
2. Consumer Action Forums on Access to Medicines, across all countries
3. National AIDS services organisations and networks, across all countries
4. National and regional faith based associations and networks, across all countries
5. National medicines regulatory authorities and procurement agencies, across all countries
6. National and regional associations for pharmaceutical companies/private sector, across all countries
7. National Consumer Protection Associations, across all countries
8. Parliamentary Committees for Health (HIV and AIDS)
9. National Anti-Corruption Commissions/Bureaus
10. SADC Secretariat (Pharmaceutical Directorate)
11. International development partner such as foundations and all other types of philanthropies.
12. United Nations agencies such as UNAIDS, UNIDO, UNDP, WHO, among others
13. Population Services International (PSI)
15. Médecins Sans Frontières/Doctors Without Borders (MSF)
16. Health Action International (HAI)
17. Ecumenical Pharmaceutical Network (EPN)
18. WACI Health
19. Africa Men for Sexual Health and Rights (AMSHeR)
20. INERELA+
21. Pan African Business Coalition on HIV and Health (PABC)
22. Coalition for African Lesbians (CAL)
23. AIDSPAN
24. Global TB Coalition
25. Transparency International
26. Federation of African Pharmaceutical Manufacturers Associations (FAPMA)
27. Plan International
28. Young Women Christian Association (YWCA)
29. Oxfam
IMPLEMENTATION PARTNERS

AIDS Accountability International (AAI)

Foundation AIDS Accountability International (AAI) is a non-profit making organisation that is registered in Sweden. AAI has administrative offices in Stockholm but is now mainly based at Cape Town and Johannesburg for both administrative and programme purposes.

AAI’s vision is a world where strong and accountable leadership permeates all levels of society to ensure effective responses to health challenges. AAI does this by increasing transparency, promoting dialogue and supporting action for an improved response.

AAI was established in 2005 with the mission to follow up on commitments to the AIDS epidemic that were made by governments. AAI’s work has since expanded to sexual and reproductive health and rights, malaria, tuberculosis, and non-communicable diseases. AAI works on holding all leaders accountable, such as business, civil society, funding partners and bi and multi-lateral development organizations.

“AAI works on holding all leaders accountable, such as business, civil society, funding partners and bi and multi-lateral development organizations.”

AAI is an independent research and advocacy think tank holding leaders accountable for the commitments they have made to respond to health needs. AAI uses research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health.

AAI conducts only needs-driven, evidence-based research and advocacy that measures performance against the commitments that have been made by governments.

AAI also conducts its own advocacy, capacity building and monitoring and evaluation interventions to encourage those who are delivering on their commitments, identify and put pressure on those who are under-performing and stimulate constructive debate about what can be learned from different approaches and how best practices should be shared.

AAI focuses on inclusion of the most marginalized in much of our work, with a focus on women, girls and lesbian, gay, bisexual, and transgender people. We have a global reach with an African focus.
The Southern Africa Regional Programme on Access to Medicines and Diagnostics (SARPAM)

Initiated as a support programme for the SADC Pharmaceutical Business Plan, through the Department for International Development (DFID-UK) between 2009 and 2014, and now continues to operate as a regional programme through engagement with various partners and facilitators in the public and private sectors.

SARPAM was designed in consultation with the SADC Secretariat and other stakeholders, to respond to identified gaps in the pharmaceutical markets of Southern Africa, including practices which result in uncompetitive, inconsistent medicine pricing and the poor supply chain management of medicines. The programme engages both public and private sector stakeholders to ensure improved access to medicines across the region.

Outcomes achieved by SARPAM

**Procurement Cooperation**
Developing transparency in medicines pricing to promote better awareness and cultivate procurement cooperation among countries in the region

**Regulatory Strengthening**
Developing stronger regulatory systems in countries and encouraging collaboration in medicines registration to reduce the time it takes for medicines to get to patients

**TTAtM**
Assisting countries to take advantage of TRIPS flexibilities to reduce medicines pricing and provide a regional framework to support local production of generic medicines.

**Civil Society**
Supporting civil society to hold organisations accountable for access to medicines and diagnostics through developing a systematic mechanism to gather data to understand and analyse blockages in the supply chain and to inform policy and programming decisions

**InfoHub**
Enabling technology features that support Procurement Cooperation (the SADC Medicines Database) and Civil Society engagement (TENDAI – mobile telephone and database solutions for collecting community-based evidence of stock outs at health facilities)

**Social Impact Investment**
Facilitating quality investments in all aspects of the private sector pharmaceutical value chain system, including local production, in Southern Africa by creating structures and support for market-related loans to companies that focus on improving access to medicines and diagnostics, at the same time maximising social impact
CONTACT DETAILS

AAI

Daniel Molokele
Executive Director
EMAIL: daniel@aidsaccountability.org
MOBILE: +27(0) 79-693-2579

Phillipa Tucker
Co-founder and Director for Research and Communications
EMAIL: phillipa@aidsaccountability.org
MOBILE: +27(0) 82-225-1598

SARPAM

Washington Matika
Civil Society Partnerships Manager
EMAIL: washington@sarpam.net

Yunus Mohammed
Programme Manager
EMAIL: yunus@sarpam.net