**Setting the Scene: Ending Aids by 2030- Human Rights in the HIV response, challenges and opportunities**

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Good afternoon distinguished people, all protocols observed.

We have had incredible advances in the treatment and care of HIV over the last 15 years. We have had highly active antiretroviral treatment, now antiretroviral treatment, pre-exposure and post exposure prophylaxis, test and treat and new modellings of treatment and referral cascades. All this in reverence of the public health approach, but don’t we think the gains with this approach have slowed down? And is it not time to have a *deep* conversation about actually ending AIDS by 2030? The truth remains, we cannot treat AIDS away! As far as we still have structural, institutional and legal policy barriers impeding access to HIV and health services and fail to commit to a holistic human right centred approach, we will continue moving the goal post of our timelines in ending AIDS.

I am here representing AMSHeR. AMSHeR stands for African Men for Sexual Health and Rights. We are a pan African MSM/ LGBT led coalition of members covering Francophone, Lusophone, Anglophone and Swahili linguistic parts of Africa, with a presence in 15 countries across Africa. In our work in Africa we have noticed disparate coverage in treatment and care across west, central, east and Southern Africa. Disparate in terms of funding of key population groups, commitments from governments including meaningful engagement of key population groups in concept note processes. We have found ways as a regional network to navigate these issues and this informs our way to work. So for our interventions in global platforms, AMSHeR over the years has used our deliberate advocacy which we have a home grown methodology (Utetezi- Swahili), to bring African Key Population Community voices to international platforms like UNAIDS PCB, the Developing Country Civil Society delegate to the Global Fund board, a seat on the spotlight initiative by UN women etc. In our specific engagement nationally, sub regionally and regionally we work in three ways:

1. Nationally- Support to National Human Rights Institutions, Ministries of Health, National Aids Council, Law enforcement and strengthening our partners to advocate in a meaningful way with policy makers etc. In our learnings, AMSHeR as a regional network has been able to support key national processes in ways that national key population civil society could not. We have to take into cognisance the context in Africa, the stifling legal policy environment and the tough spaces that key population organisations have to navigate. We have just concluded a key population training manual for preservice and in-service Royal Swaziland Police officers and sharing the lessons learned has gotten the law enforcement in Malawi interested in the same process and we are in talks to support this process. We also support processes with key population groups navigating law reform processes.

Case Study- **The Angolan success** – of decriminalising same-sex consensual relations and prohibition of discrimination on the basis of sexual orientation earlier this year is still fresh in the memory. AMSHeR first had contact with Angolan civil society in 2014 on the margins of the 55th ordinary session of the African Commission, where a meeting was brokered between AMSHeR and Population Service International. In 2016, we went back and provided technical assistance through the Community Rights and Gender-Strategic Initiative Programme of the Global Fund, in terms of which we are a certified Technical Assistance provider to local civil society organisation. And in 2017 there was a launch of the Linking Policy to Programming project with UNDP/ HEARD AND AMSHeR. Please do read the flyer at the back, which sets out more information on that process.

2.Engagement with Regional and Sub Regional intergovernmental bodies-

**Resolution 275.** This resolution, adopted by the African Commission on Human and Peoples’ Rights in 2014, is the first positive acknowledgement of existence of LGBT persons in Africa, and contains a directive to African states, against violence directed at LGBT persons based on real or perceived sexual orientation or gender identity. One of the factors that made the adoption of this resolution possible, was the compilation and publication of a report documenting violence against LGBT persons, undertaken by AMSHeR and the Coalition of African Lesbians (CAL), in collaboration with an academic institution- the Centre for Human Rights at the University of Pretoria. A deliberate advocacy strategy, of which the report was a crucial part, underscored to the Commissioners the reality of the existence and plight of LGBT persons on the continent, and thereby facilitated the adoption of Resolution 275.

**HIV, Human Rights and Law Report-Together** with other actors, such as ARASA and UNAIDS, AMSHeR collaborated with the African Commission’s HIV Committee in developing the “HIV, human rights and law” report. The Commission adopted this report in 2017. This publication, which contains significant key population language, was the first document of the African Commission to take an unequivocal position in support of LGBT persons and to acknowledge the need for their right to health.

**The Southern African Development Community (SADC) key population strategy, adopted in 2018.** The SADC strategy is peculiar, because of its bold embrace of a holistic human rights-based approach to working with key populations. It for example has as its key result areas: empowerment of key population groups; addressing stigma and discrimination; and reduction in legal, policy and cultural barriers which impede key population access to HIV and SRH services. In this process, championed by UNDP, Key Population expert groups and regional networks were consulted extensively. In fact, at the time Global Fund had a regional programme (Key Population Representation Evidence Advocacy for Policy Change) which had a strong system strengthening and joint advocacy component. This programme succeeded in bringing key population networks to speak with one voice and their insights helped shape the progressive document.

Conclusion: I will like to reiterate my earlier point that ending AIDS is not a matter of treatment. There is need to understand that we are dealing with human beings and not vectors of disease or another number on a data set and until we see human beings in their holistic whole as right holders who must be protected and given access without restrictions, we will continue to suffer set- backs in our quest to end AIDS.

Many thanks, I wish I could share more, but this is what the allocated time allows for. Merci beaucoup!