

# ***SIMAMA!***

**#CHALLENGECRIM**

## **HIGH-LEVEL MEETING ON CHALLENGING CRIMINALISATION IN AFRICA**

Meeting Report - November 5th, 2019 - Johannesburg, South Africa



**FORD  
FOUNDATION**

## WELCOMING REMARKS



### **TSHEPO RICKI KGOSITAU-KANZA (EXECUTIVE DIRECTOR, ACCOUNTABILITY INTERNATIONAL)**

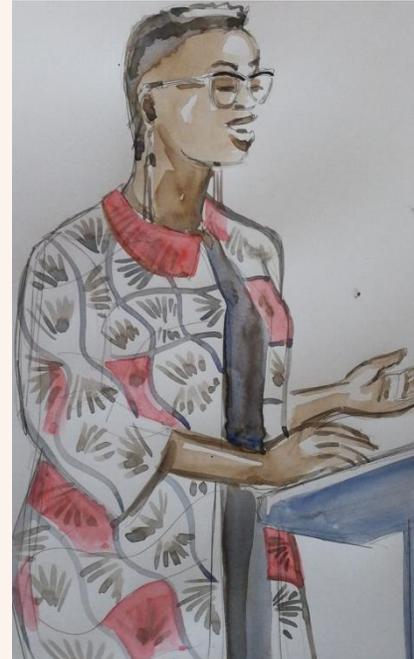
Kgositau unpacked the history and motivation for Accountability International starting the Challenging Criminalisation Globally (CCG) Project, referring to the examples of human rights activists criminalising, stigmatising and discriminating against each other. The women's movement calling for criminalisation of HIV transmission, trans people discriminating against gay men due to same-sex sex being criminalised in some countries, and many other examples.

Accountability International has worked to bring various "unusual suspects" into the CCG movement to attain the SDGs, the 90-90-90 and the 2063 Agenda, as well as Universal Health Coverage. Kgositau applauded the incredible work that has been done by many others and highlighted that Accountability International has brought an accountability lens to the work, and that Accountability International's focus on the most left behind was vital. *"There is a need to hold leaders across the globe accountable and no more so than in Africa where some leaders are not being accountable to key populations and marginalised communities"*, she remarked. Kgositau expanded that there is a need to put this message "on steroids", and that legal and structural barriers, inclusion in UHC and criminalisation are all urgently addressed.

Kgositau, referring to research by Reich et al, noted that it is important to note that UHC will not be achieved unless the legal, political and social determinants of health are addressed. Kgositau continued to say *"In order to address these ongoing barriers, it is vital for all stakeholders to start to take a people-centred human-rights based approach to UHC, with no exception. And to achieve this we need to address the socio-economic, political, structural and social determinants and inhibitors of health outcomes."*

Kgositau then spoke about the sexual revolution, sexual desire, sexual pleasure and sexual rights which all need to be protected and respected. *"Those people who do not fit within oppressive social norms battle not only for equal rights but to reach wellbeing, and this is where they are not yet able to realise their full sexual rights."* Kgositau also spoke about the criminalisation of abortion and that *"Around 25 million unsafe abortions were estimated to have taken place worldwide each year, almost all in developing countries"* and that *each year between 4.7% - 13.2% of maternal deaths can be attributed to unsafe abortion."*<sup>ii</sup>

Kgositau went on to state that UHC is only attainable when harm reduction interventions are invested on for persons living with HIV and for those using and injecting drugs, adding that criminalisation does not reduce the use nor trade of drugs and substances, instead it pushes it more and more into black market where users cannot access safe needles to minimise transmission of HIV and other STIs.



Kgositau then expanded on the CCG project objectives:

- **Mobilise a critical mass of stakeholders to advance a global discourse on the impact of penal provisions on the achievement of the end of the AIDS epidemic and the achievement of the SDGs.**
- **Support communities and activists in Africa, Asia, Latin America and the Caribbean taking actions to challenge criminal provisions on identity, morality, sexuality and bodily autonomy.**
- **Provide platforms for evidence-based engagement and dialogue between government representatives, policymakers and civil society organisations using regional inter-governmental mechanisms.**

Kgositau then explained the current Accountability International CCG Campaign #Simama. It is *"a global campaign to challenge criminalisation that is active in 3 regions: Africa, Asia, as well as Latin America and the Caribbean which are happening on the margins of regional human rights bodies meetings or high-level meetings such as this one."*

## KEY NOTE SPEECH



### **EXCELLENCY KGALEMA MOTLANTHE (MEMBER OF THE GLOBAL COMMISSION ON DRUG POLICY AND FORMER PRESIDENT, REPUBLIC OF SOUTH AFRICA)**

Motlanthe spoke in his capacity as a member of the Global Commission on Drug Policy. Motlanthe spoke about the SDGs (Goals 3, 5 and 17) and the global commitment to end the HIV epidemic by 2030. He spoke about the need to build policy based on inclusive ecosystems, and acknowledged the diversity in the room, by sector, by geographic origin and expertise. He expanded on how criminalisation affected so many areas including social and economic development, on safety and security, negative impact on communities, public health and violence. Criminalisation of drugs has caused many human rights abuses and he stated that there is no evidence that prohibition reduces demand or supply of drugs, but that it only increases violence. "The criminalisation of drugs puts people who use them at risk of legal sanctions and at risk of stigma and discrimination."

*He added: "As champions for an AIDS free Africa, we have committed to take on complex issues and expand access to health and leave no one behind. We have advocated for increased commitment for the social, political and economic blockages that hinder the end of AIDS in Africa. We lay great emphasis on young people, women and girls and key populations, and these groups are key. We amplify and encourage these voices to be heard, for conversations to be had."*

*“The right to health is included in the 1961 drug conventions but it is precisely this right which is most violated, and for those who depend on them and their loved ones. We have learnt over the years that bad laws fuel the epidemic, and it has been proven over and over again. Where discrimination and stigma exist, people are afraid to seek prevention, treatment, care and support. Disclosure of HIV status is hindered because of fear of violence and exclusion. This is true not only for HIV but for all these groups. ”*

Motlanthe went on to talk about harm reduction programmes and spoke about how they save lives, protect the families and community, but that these harm reduction services remain only available in a few African countries (SA, Morocco, Tanzania, and a few others). Motlanthe spoke about the legal successes in Angola and Botswana regarding decriminalisation and commended the Global Fund for increasing their funding into key populations work.



Motlanthe also expanded on how drug criminalisation affects legitimate access to drugs for healthcare, and hindered effective anesthetics, pain killers and sedatives being available to those who most need them: people who are suffering from the most terrible diseases. This leads to the cruel and inhuman treatment of these people. Motlanthe spoke about how parental rights, employment, and economic growth are all adversely affected by drug criminalisation. *“In fact, it strengthens the criminal group of those who commit real crime on those who have the least economic hope.”*

Motlanthe went on to say that we must not continue to present ourselves as victims but present ourselves as confident that our campaigns will be successful. Following the 2016 adoption of drug policy agenda, all countries now have an opportunity to respond responsibly to drug decriminalisation. They should foster debate and take tangible action towards ending the discrimination against many vulnerable groups affected by criminalisation. Human rights are not a privilege conferred by government, they are conferred by virtue of being a human (Mother Teresa), and *“All people are born free and equal”*, and the SA Constitution states *“the state may not discriminate against anyone on race, gender, disability, conscience, belief, culture and various other basis”*. Motlanthe then implored the room, in their deliberations, of the day to be inspired by the human rights frameworks that exist to bolster this work. He then spoke about how the time for singular, siloed rights-based work was over and that there was an opportunity for synergised work across issues to ensure that governments do not take away the basic rights of vulnerable people.



## REFLECTIONS

### NIZA JAY (ACTOR, DIRECTOR AND FILMMAKER)

Jay explained that 24 hours ago he had no idea he would be in the room. He spoke about the importance of one day, 24 hours, one minute, one second in the life of a human being. *"24 hours for someone to live with the threat of being criminalised for who they are and anything they do, is too long. One day spent in prison, one day spent in hiding is one day too long. One day to be conforming to protect yourself from the people who are meant to be protecting you. One day too long."*

Jay expanded to say that in 24 hours he went from being *"just another young black boy from Mthatha to being in a room with Kgalema Motlanthe"*. Jay spoke about having to run from the police in a sting being too much for one soul to carry. Jay then expanded on the idea that if he had chosen to pull out from speaking out on

a public platform such as this, because he felt worried about being stigmatised, because he wears heels, because he felt scared, that he would have lost out on an opportunity. An opportunity to be in a room with these people. *"These are the consequences of criminalisation. In 24 hours, I can make my dreams come true, I can change generational narratives, from various communities."*

Jay noted that *"the consequence of criminalisation is that it polices and threatens people's time, time that they could use changing their lives and making a positive difference in the world."* Jay continued to explain that a media actress who spoke out about how she was treated was now being discriminated against. *"Those who speak out risk this. But now I am here and Kgalema knows my name. So many people told me I could not be much but watch this gay person!"*



## CHALLENGING CRIMINALISATION IN AFRICA: EXPERIENCES FROM THE FIELD

This session aimed to hear from CSOs working on criminalisation in eight areas: 1. Sex work, 2. Abortion, 3. Adolescent sexuality, 4. Adultery/consensual sex outside of marriage, 5. Same-sex sexual activity, 6. Gender identity, 7. HIV non-disclosure, exposure, and transmission and 8. Personal possession and use of drugs.



**LUCINDA VAN DEN HEEVER** (ACCOUNTABILITY INTERNATIONAL) - Facilitator

**DANILO DA SILVA** (ASSOCIAÇÃO LAMBDA (SEDE) – EXPERIENCES FROM MOZAMBIQUE.

**KHOLI BUTHELEZI** (SISONKE) – EXPERIENCES FROM SOUTH AFRICA.

**RIKKI NATHANSON** (OUTRIGHT ACTION INTERNATIONAL AND CASA RUBY) – EXPERIENCES FROM ZIMBABWE AND BEYOND.

**VAN DEN HEEVER** began with an introduction of the impact of criminalisation of accessing health and human rights. Van den Heever then introduced each of the speakers.

**NATHANSON** spoke about the changes in the USA regarding trans rights, especially those gains made under Obama and the Republican party's push back against the advancement of basic human rights. Nathanson explained that she became an activist because she was criminalised for using a women's bathroom. Nathanson identifies as a gender dissident activist. Nathanson then outlined the laws in Zimbabwe that criminalise trans bodies. *"Who says it is alright for people to go to jail for our mere existence?"*

**BUTHELEZI** explained that the sellers of sex are being abused, beaten up, arrested and that their human rights are being infringed on. Buthelezi expanded on how SDGS 3, 5, 10, 16, and 17 that speaks to sex workers rights. Getting decriminalisation of sex work has been hard in South Africa. Some of them have been arrested, punished and threatened. *"I am a criminal in this room. But we are all 18 years old and above and have made a choice to do this work, and all we ask is that sex work is recognised as work and that your rights as workers are respected."* Buthelezi explained that by calling for the decriminalisation of sex work the movement believed that sex workers would be safer, no longer harassed and beaten up by police or clients, and have better access to health services.

DA SILVA echoed the message from Motlanthe that change begins in conversations. Da Silva expanded on the work Lambda does in Mozambique providing services for LGBT people and educating the Mozambican public about stigma and discrimination against LGBT people, their work building networks and their role in broader civil society such as anti-corruption work and human rights and democracy. Da Silva spoke about the need to strengthen democracy and democratic institutions in Mozambique. There is a need for leadership generally to advocate for social issues, whether HIV, abortion, not just LGBT issues. Lambda continues to operate with no legal status because of the state of the laws in Mozambique. Regarding the penal code it was a process of decolonising Mozambique from its colonial history. There were many articles that criminalised behaviours (sex work, same-sex, rape). Da Silva explained that the penal code allowed rapists to be pardoned by marrying the rape survivor. By working together with other movements, especially if they wished to have more substantial changes, they were successful.



## CLOSING REMARKS

VAN DEN HEEVER then asked panelists to expand on what their call to action would be to the room:

**NATHANSON:** It is vital that we need to be a unified force fighting this big system. We need to fight against other organised conservative forces such as TERFS (trans-exclusionary radical feminist). There is a need to get high level influencers and leaders to advocate with their peers to get on the same page.

**BUTHELEZI:** It is long overdue for sex workers rights to be recognised like all other workers. Sex workers are not considered humans just because they charge for sex when everybody is having sex but just for free. The movement has been calling for decriminalisation for a decade and much research has been done which shows that it offers these sex workers better protection. It also allows us to fight under-age sex work, and criminal elements near the sex work industry, and to speak out on human rights violations. Sex workers need all stakeholders on board. Human Rights institutions, corporates, lawyers for example.

**DA SILVA:** *"First we need to recognise the humanity in each other... We need to recognise each others suffering."* Da Silva then explained that no movement can stand alone and that they need to reach out to other movements (land, religion, health, education, economic). Thirdly, *"If you are not at the table, you are on the menu"*. There is a need to strongly engage with political parties and religious groups as they are the decision makers. We need to talk their language and get sexual rights onto the agenda of all parties. Fourth, the development agenda needs to be reminded to not leave anybody behind.

## CHALLENGING CRIMINALISATION IN AFRICA: THE SCALE OF CRIMINALISATION AND POLICY RESPONSES

This session aims to highlight the extent of criminalisation in Africa on each of the following areas: 1. Sex work, 2. Abortion, 3. Adolescent sexuality, 4. Adultery/consensual sex outside of marriage, 5. Same-sex sexual activity, 6. Gender identity, 7. HIV non-disclosure, exposure, and transmission and 8. Personal possession and use of drugs. Additionally, this session aims to provide key recommendations to address the criminalisation based on identity, sexuality, morality and bodily autonomy across the continent.



**BOB MWIINGA MUNYATI** (ACCOUNTABILITY INTERNATIONAL)

**NATHALIE ROSE** (INTERNATIONAL DRUG POLICY CONSORTIUM (IDPC) NETWORK) - PERSONAL POSSESSION, AND USE OF DRUGS.

**MICHAELA CLAYTON** (AIDS AND RIGHTS ALLIANCE FOR SOUTHERN AFRICA (ARASA))- HIV NON-DISCLOSURE, EXPOSURE, AND TRANSMISSION.

**GODFREY KANGAUDE** (THE UNIVERSITY OF PRETORIA) - ADOLESCENT SEXUALITY.

**ROSE WANJIKU** (AFRICAN SEX WORKERS ALLIANCE (ASWA)) - SEX WORK.

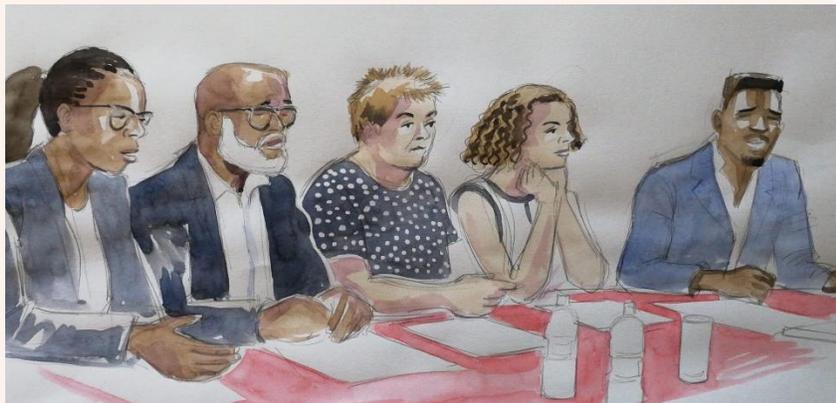
**MUNYATI** expanded on the eight areas of criminalisation and how they infringed on bodily autonomy, and human rights.

**ROSE** expanded on how many still perceive Africa to be a region where drug use is very low or non-existent. Rose went on to explain that there is not only use of local drugs, but increasingly drugs well known in the western world such as cocaine. Rose also explained how Africa plays a role in the transport and trafficking of drugs geographically. Rose went on to explain how the prohibition of drugs has led to the demonization of drug use and people who use drugs resulting in the very high discrimination and stigmatisation of people who use drugs, which in turn affects their access to health and human rights. Governments have been reluctant to put money into harm reduction, prevention and testing, care and support for drug users. People who use drugs and specifically people who inject drugs are vulnerable to HIV and Hepatitis. Police who are supposed to protect the public instead arrest drug users because they are vulnerable, thereby amplifying the vulnerability of drug users.

**CLAYTON** explained that the unjust application of criminal laws against people living with HIV has been problematic for years. In 2004, ARASA held a discussion forum on the topic and women were

expressing frustration around being infected by men where they were vulnerable because men were sexually assaulting them, refusing to use condoms and women are unable to negotiate safer sex. Clayton explained that women are usually the first to discover they are HIV positive because they engage with the healthcare system during pregnancy and this results in several negative outcomes: kicked out of the home, assaulted, sued even. So, putting laws in place that were intended to protect women in fact placed them at greater risk. The laws have expanded in Sub-Saharan Africa, over the past two decades and they remain too broad and so are randomly applied. Clayton provided two examples of HIV transmission cases in Malawi and Zimbabwe where women were brought before the court for HIV transmission (*one incidentally breastfeeding a baby and the other a nurse pricking her finger while treating a baby*). Clayton then questioned why the SADC model law has not been implemented in even one SADC country.

**KANGAUDE** described how, in 2006, when he was a magistrate in Malawi, he handled a case where young boy of about 13 was accused of defiling a girl of around the same age, but the court found no offence. Later, he was motivated by the judgement in the *Teddy Bear Clinic* case (Constitutional



Court of South Africa) research on the question of the impact of age of consent laws on adolescent sexuality. In this case, Justice Sisi Kampepe said that laws must consider the vulnerability of children, and society must support their development and not expose them to harsh laws. The different ages of consent for boys and girls creates challenges in different countries. This was observed for instance in Kenya, where an adolescent asked the High Court why he was being criminalised for having sexual conduct with his girlfriend when an adult is not criminalised. The Court responded by saying we are criminalising you to protect you from harmful sexual conduct which is ironic. The problem with criminalising adolescent sexual conduct is that it creates a barrier for adolescents to access information, sexual health services and commodities such as condoms because adults believe that adolescents should not be having sex.

**WANJIKU** explained how carrying a condom is considered proof of being a sex worker and so there are cases of women swallowing condoms when police appear to remove evidence. She explained various stories where women are arrested women who appear to be sex workers, arrested sex workers for loitering, and sex workers being turned away from pre-natal care because health care workers said "*bring the owner of the stomach or we cannot help you*". Sex workers are refusing to be registered because where it has been rolled out because it offers no benefits but only serves the purposes of government tracking individuals. There is a conflation of sex trafficking and sex work, which is problematic. Wanjiku expanded on the need to hold governments to account for the commitments that have already been made.

## CONCLUDING REMARKS

WANJIKU: *"There are no quick solutions, it requires time."*

KANGAUDE: *"We must simply decriminalise, whilst we are pretending to protect, we should not criminalise under 18s who have sex."* States can have laws to protect persons below a certain age from harmful sex but these age of consent laws should expressly state that the criminalisation does not include consenting adolescents below the age of consent.

CLAYTON: *"What are the human rights that are central to all of these criminalisation, and its bodily autonomy and bodily integrity, and we need to build a movement around that. We never used to have to give statistics that human rights were being abused, human rights abuse is just that, and should be recognised as such always."*

ROSE: *"It is important to educate people and ensure that the movements work together and understand the various issues especially around drug use. Decriminalisation is not too dangerous; we can do it. While we are doing this policy reform, we must include people who use drugs, and as we develop services, we must include people who use drugs, we are people who can think, act and do those things. There is a model drug law (West African commission on Drugs) and it can be adapted to the rest of the continent."*

MUNYATI closed saying that we need not understate the role of religion in criminalisation and perpetuation of stigma and discrimination, and that more work is necessary to engage with these players.



## **CHALLENGING CRIMINALISATION IN AFRICA: ACCOUNTABLE LEADERSHIP**

This session aims to provide perspectives on the crucial need for and approaches to accountability in challenging criminalisation in Africa.

**PROF. SHEILA TLOU** (CO-CHAIR OF THE GLOBAL HIV PREVENTION COALITION AND THE NURSING NOW GLOBAL CAMPAIGN)

**DR. MARY CHINERY-HESE** (COMMISSIONER OF THE WEST AFRICAN COMMISSION ON DRUGS)

**HON. JUDGE ZIONE NTABA** (HIGH COURT JUDGE, MALAWI)

**TASHWILL ESTERHUIZEN** (SOUTHERN AFRICAN LITIGATION CENTER)

TLOU'S opening spoke about the ability for leaders to stand out and make demands for dignity and inclusion, and that doing so is not unnecessarily difficult but can be done and that we need to hold leaders accountable. Tlou expanded on her own experience as the Minister of Health in Botswana and how condom access in prisons became a vital issue that was solvable.

CHINERY-HESSE referred to the fact that the discussion had not yet spoken about the role of parliamentarians and the named them as vital stakeholders in this work of creating change. *"Issues related to criminalisation or not have to be consolidated through legislation; it is through the work of parliament that this is carried out. It is necessary therefore to sensitize them on issues relevant to decriminalisation."* As the West African commission on drugs, we have had a lot of debate and thinking about what would need to be changed, drawing attention to the fact of addiction being perceived as a medical condition which should be handled as such rather than as a crime.

*"Treatment should focus on harm reduction, decriminalise and development of an environment that is conducive to respect of human rights. Recreational use of small amounts of say marijuana should see the addict sent to a rehabilitation clinic rather than to prison. We need to think as a result about budget allocation by governments which would have provision for roll out of programmes and funds which support implementation of these progressive policies. There is a need to engage with law makers in this regard as well."*

Chinery-Hesse spoke about the role of colonial powers whose evangelization strategy demonised drug taking, and left Africa with legacies that describe drug users as sinners in the Christian sense, who deserve punishment. *"This mindset has created unwittingly difficulties in changing the mindset as to how the issue of drugs should be treated. We as the West African commission learnt from the global commission on drugs that it was more effective to involve leaders that are respected in society and could open doors, and also weaken the stigma attached to drug use, in order to change minds and promote focus on decriminalisation. This has worked and we recommend it to all proponents."*

Chinery-Hesse stated that it is vital to fight the prudish colonial mentality which has tended to color how use of drugs is perceived by society. *"Many of us grew up with Victorian views. I am 81 years old and people of my age cannot be expected to change our long-held views now. For example, we could not be expected to say "sex" instead of say "cheese" when posing for a photo as just happened! But this younger generation is more open-minded, work with facts, and therefore can be more easily convinced. It is necessary to create information packages that focus on the youth."*

NTABA started with a quote from Eleanor Roosevelt *"Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighborhood he lives in; the school or college he attends; the factory, farm, or office where he works."* Everything that occurs in our countries occurs either in the legislature, the executive or the judiciary. All these people commit to protect the constitution of the country. As a judge she is tasked with upholding the Malawian Constitution, and that is her mandate and what I am accountable for. *"So how do we dispense justice in a system that over criminalises the human being, that does not see the human being?"*

Ntaba spoke about the need for judges to acknowledge that the fundamental human rights and dignity of the people who come before us must be seen. Further we must see how these people are affected and how it affects their children, their loved ones. Ntaba spoke about the very nature of the laws that come into play are political. She noted for instance that the Penal Code which was promulgated in 1964 but the most significant review in 2010 should have removed things and put in fundamental issues like marital rape which surprisingly was included in the Marriage, Divorce and Family Relations Act only in terms of judicial separation. The challenge is that for laws that criminalize to change, from the point of

view of the judiciary, can only come into question if a case comes before us. That is the only way we can uphold the law and dispense justice as well as ensure human rights.

ESTERHUIZEN spoke about the way that every African country in one way or another uses the laws that exist to oppress people under the umbrella of moral policing. *“The African Charter speaks to our values, as we came together as a group of nations and it speaks to the dignity and rights of all people that we should uphold and respect. Public morality is important, laws are morals meant to guide us as society, but we need to look at things in their totality and when a laws is so egregious that it infringes on someone’s human rights, we cannot tolerate them any more. We need to believe in fairness, caring and justice.”* Esterhuizen explained how commentators say it was easy to decriminalise in Botswana, but these are the people who have not put their own bodies on the line, who have not been there during the process. The judgement is the result of a long journey, Ricki Kgositau and others have had their cases, made themselves visible, owned their space and that is how change will happen in our society.



## CLOSING REMARKS

TLOU spoke about the need to engage high level leaders in private conversations and that in order to do so champions are needed.

CHINERY-HESSE: *“We need more evidence to make our arguments, and we need to speak more about the effects on the workforce, security, economic development so that high level leaders are convinced. There needs to be a paradigm shift in terms of the indicators that are used to show that these are issues that need their attention. We need to reach into the grassroots and make chiefs and traditional medicine doctors at local level, all involved.”*

NTABA: Judges are not supposed to be political, but to be a judge is to be political, and we need to hold our leaders to account each and every member when they say they will do public service. We as Africans fail to hold people accountable because they are called honourable - *“They are only honorable if they honor and serve the people”*. The spaces we allow leaders to have must be given only if they are accountable to the Constitution and human rights. It must be stressed that there must be internal accountability as public servants and external accountability to the people we serve.

ESTERHUIZEN: Expanding on what Danilo Da Silva said about cross movement work, we need to get into new spaces, spaces where decisions are being made. If it wasn’t for an independent judiciary, we would not have gotten the decision in Botswana and so fighting for these institutions is vital. We need to infiltrate these spaces and ensure they are accountable.

## PARTICIPANTS



	CCG HLM PARTICIPANT	INSTITUTIONAL AFFILIATION
1	Judge Ntaba	High Court Judge Malawi
2	H.E. Kgalema Motlanthe	Member of the Global Commission on Drug Policy & Former President, Republic of South Africa
3	Dr. Mary Chinery-Hesse	Commissioner of the West African Commission on Drugs
4	Rose Wanjiku	African Sex Workers Association (ASWA)
5	Michaela Clayton	AIDS and Rights Alliance for Southern Africa (ARASA)
6	Louise Carmody	Amnesty International (West Africa and Southern Africa)
7	Juliet Mphande	African Men for Sexual Health and Rights (AMSHeR)
8	Tshego Phala	Institute for Strategic Litigation in Africa (ISLA)
9	Danilo da Silva	Associação Lambda (Sede)
10	Godfrey Kangaude	The University of Pretoria
11	Rikki Nathanson	Outright Action International and Casa Ruby
12	Kholi Buthelezi	SISONKE
13	Tashwill Esterhuizen	Southern African Litigation Center (SALC)
14	Prof. Sheila Tlou	Board Member of Accountability International & Co-chair of the Global HIV Prevention Coalition & Nursing Now Global Campaign
15	Nathalie Rose	International Drug Policy Consortium (IDPC)
16	Robyn Williams	King James
17	Dr Tlaleng Mofokeng	Commissioner for Gender Equality
18	Lesego Tihwale	Sex Worker Education and Advocacy Taskforce (SWEAT)
19	Ian Southey-Swartz	Open Society Initiative for Southern Africa (OSISA)
20	Hon. Fako Moshoeshoe	Member of National Assembly of Lesotho, Social Cluster Chair & Chair of Network of African Parliamentarian Committees of Health
21	Vongai Chikwanda	Amnesty International

22	Nandi Msezane	PLUS. The LGBTI Business Network
23	Victor Mdluli	PASSOP
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*Court sketches by Alistair Findlay (afindlay at global.co.za)*

<sup>i</sup> UNAIDS, Global AIDS update 2019 — Communities at the Coordinator. July 2019.  
<https://www.unaids.org/en/resources/documents/2019/2019-global-AIDS-update>

<sup>ii</sup> UNAIDS, Global AIDS update 2019 — Communities at the Coordinator. July 2019.  
<https://www.unaids.org/en/resources/documents/2019/2019-global-AIDS-update>