



People's Vaccine Alliance Africa

Civil Society Meeting

September 27, 2023

Hosted by the [African Alliance](#)

Name of the Rapporteur:	Takudzwa Kampira
The organisation responsible for the meeting:	The African Alliance
Meeting name:	PVA Africa Monthly CSOs meeting

This document contains a report of the proceedings, deliberations, and resolutions made during the 2023 PVA-Africa remote CSOs meeting hosted by the African Alliance on the 27th of September.

Meeting Objective

As Coordinators of the People's Vaccine Alliance in Africa, the African Alliance sought to create a space where civil society representatives from around the continent could receive a briefing on the work of the PVA Africa thus far while also developing improved mechanisms for amplifying African voices within the PVA and better coordinating African vaccine access and equity efforts.

Participants

Participant	Organisation
David Awusi	Youth Rise International
Kristine Yakhama	Good Health Community Program
Martie Mtange	African Alliance
Takudzwa Kampira	African Alliance
Daraus Bahikire	Purpose Healthcare
Thulisile Maziya	Sinatsisa Lubombo
Youba Darif	Roots Lab for Gender and Development
Elliot Orizaarwa	Women and Girl Child Development
Tom Muyunga-Mukasa	AdNetA
Emmanuel Hamimana	spsdev
Andrew Mihawa	St John of God
Rodrick Vuxika Mhlongo	
May Ger	SHAPE
Peter Owiti	Wote Youth Development Projects

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Meeting Agenda & Key Points

Agenda Item 1: Opening Remarks and Introductions?

The monthly CSO meeting held on 27th September was centred around Health Equity and Social Determinants of Health. The meeting featured a presentation by Youba Darif from Roots Lab for Gender and Development, who shed light on the challenges faced by marginalised communities, such as the LGBTQ+ community, sex workers, and people living with disabilities.

Throughout the meeting, participants engaged in an informative and thought-provoking dialogue, emphasising the challenges marginalised communities face in accessing quality healthcare and the urgent need for collaborative efforts to address these disparities. By examining issues such as gender inequality, stigma, discrimination, and the impact of natural disasters on

vulnerable populations, the meeting sought to promote a deeper understanding of the social determinants of health and the essential role of advocacy and policy-making in achieving health equity.

This report provides a detailed meeting summary, focusing on the key points discussed and the proposed strategies to address health disparities.

The PVA Africa coordinator, together with the African Alliance team, also gave presentations on the People's Vaccine Alliance, providing details on the following:

- What the Alliance stands for,
- The sub-granting process,
- PVA Africa strategy development
- Membership Landscape

What is The African Alliance

The African Alliance is a 100% African-led and staffed global health non-profit that works across diverse portfolios, including work to ensure that communities - in all their diversity - are meaningfully engaged in all aspects of COVID-19 vaccine research development and

eventually equitable access. The African Alliance was formally founded as a queer-led non-profit organisation in 2013 to provide a space where some of the continent's best minds in the development and transformation space could come together to collaborate, strategise,

and collectively advance rights-based work with a shared understanding of our past, our present and our hopes for the future. Over the years, the Alliance has grown from being a

The Peoples Vaccine Alliance

The People's Vaccine Alliance is a coalition of over 90 organisations and networks supported by Nobel Laureates, health experts, economists, Heads of State, faith leaders, and

consultancy agency to a full-service non-profit with partnerships and networks globally and an equally diverse work portfolio.

activists, working together for a People's Vaccine, available free of charge to everyone, everywhere.

PVA Africa

The People's Vaccine Alliance (PVA) - Africa's role is to ensure that the voices, priorities, and work of African activists and communities, in all of our diversity, are meaningfully reflected in the global position of the PVA. PVA Africa also ensures that interventions, strategies, and approaches to address the lack of access to COVID-19 vaccines are handled on our (African) terms. We do this by ensuring that the work of indigenous organisations in all five regions of the continent is spotlighted and supported and shapes our collective advocacy. Housed in the African Alliance, PVA Africa, under the guidance of the Steering Committee, comprises leaders of five regional networks and never loses sight of our collective desire for the decolonisation of public health and rights-based access to products and science that saves

lives, keeps us healthy and accelerates our right to dignity as Africans.

Martie also emphasised the following points:

- The intended target audience of the People's Vaccine Alliance Africa,
- Forthcoming opportunities.

In conclusion, Martie provided a concise overview of the coordination of work within the People's Vaccine Alliance Africa. He also communicated the organisation's enthusiasm for more African members, particularly from underrepresented North African countries. Participants were urged to register through the provided link.

[link](#) here

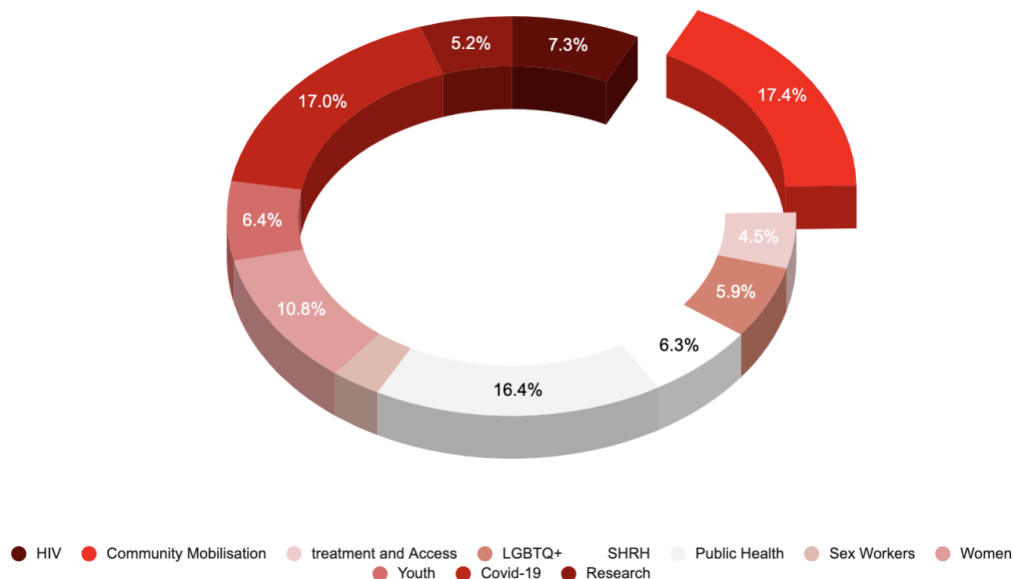
Agenda Item 2: Membership Landscape

Takudzwa Kampira, the Membership Coordinator of PVA Africa, presented an overview of the organisation's membership landscape. PVA Africa is committed to ensuring that African voices are adequately represented in global affairs. To achieve this, PVA Africa collaborates closely with a network of Civil Society Organisations (CSOs) across the continent, referred to as PVA Africa Members. Presently, PVA Africa boasts 97 validated and active members

spanning Africa's five regions.



Sectoral Representation within PVA Africa



Members of PVA Africa represent a diverse range of sectors, including community mobilisation, public health, women's advocacy, and research. This diversity is a deliberate strategy to ensure the Alliance represents all demographic groups within African communities, particularly those often marginalised. Community mobilisation is the sector with the most considerable representation, accounting for approximately 17.4% of all members.

The sector with the least representation within PVA Africa is sex work, which constitutes about 3% of all members. PVA Africa extends an open [invitation](#) to organisations working with sex workers to [join](#) the Alliance. The organisation aims to network with more organisations representing the health rights of sex workers, ensuring their adequate representation in all health-related interventions.

Agenda Item 3: Health Equity and Social Determinants of Health

Overview of the Meeting

Youba Darif, founder of Roots Lab for Gender and Development, provided valuable insights into the challenges marginalised communities face in Morocco.

Youba began the discussion by acknowledging the importance of solidarity within the CSO community, particularly in natural disasters such as the recent earthquake in Morocco. The earthquake highlighted the vulnerability of marginalised groups, including the LGBTIQ community, sex workers, and people living with HIV/AIDS. These communities faced increased stigma and discrimination during

this crisis, further exacerbating their already challenging circumstances.

Youba emphasised the need to address social determinants of health inequalities and advocate for gender equality, sexual health, and bodily rights. It was acknowledged during the discussions that the healthcare system plays a crucial role as an entry point for marginalised communities to engage with the government and advocate for their needs. Unfortunately, Youba highlighted that the current system in Morocco still lacks inclusivity and often perpetuates discrimination against these communities.

Youba emphasised that to achieve change and improve health equity, policymakers and advocates should collaborate in implementing gender-sensitive policies and programs. Despite the existing challenges and obstacles, the Ministry of Health and the Ministry of Human Rights were identified as important stakeholders for engagement.

Furthermore, the meeting shed light on the additional struggles faced by other countries in the region, such as Malawi and Rwanda, where discrimination against the LGBTQ+ community persists. The need for creating awareness, sensitisation, and policy reforms to address these challenges was strongly emphasised.

Youba concluded by highlighting the urgent need for psychological and emotional support for those affected by the Morocco earthquake, focusing on communities that

have lost family members and face rejection from their own families. The CSOs pledged to continue creating an inclusive environment, educating the public about cultural diversity, and advocating for the rights and well-being of marginalised communities.

Overall, the meeting served as a platform to generate awareness, share experiences, and highlight the importance of collective action in addressing health disparities and promoting social justice. It reinforced the commitment of CSOs to advocate for marginalized communities, work towards health equity, and strive for tangible improvements in the lives of those affected by discrimination and social determinants of health inequalities.

Meeting Highlights:

Youba's presentation emphasised the challenges marginalised communities face, such as the LGBTQ+ community, sex workers, and people living with HIV. Their presentation shed light on the impact of stigma and discrimination on these communities' health outcomes. Here are the key points and highlights from the CSO meeting:

1. Marginalised Communities: Youba emphasized the importance of recognizing and understanding marginalised communities' unique needs and realities. These communities, including the LGBTQ+ community, sex workers, and people living with HIV, face multiple layers of discrimination and social exclusion, directly impacting their health outcomes.

2. Social Determinants of Health Inequalities: Youba highlighted the interconnectedness between social determinants and health disparities. Poverty, education, employment, housing, and access to healthcare greatly influence the overall health and well-being of marginalised communities. Addressing these social determinants is vital to achieving health equity.

3. Impact of Stigma and Discrimination: Stigma and discrimination were identified as critical barriers to healthcare access and utilisation for marginalised communities. Negative societal attitudes and prejudice contribute to the reluctance of individuals within these communities to seek out essential healthcare services, resulting in poorer health outcomes and higher rates of preventable diseases.

4. Need for Gender-Sensitive Policies and Programs: Youba emphasised the importance of collaboration between policymakers and advocates to implement gender-sensitive policies and programs. These initiatives must address the specific needs of marginalised communities, ensuring inclusive healthcare services that respect and uphold the human rights of all individuals, regardless of their gender identity or sexual orientation.

5. Mental Health and Psychosocial Support: The presentation highlighted the urgent need for accessible mental health and psychosocial support for marginalised communities, especially for individuals who have experienced trauma, discrimination, and social isolation. Access to these essential services is critical to addressing the mental health challenges faced by these communities

Agenda Item 4 Discussion: Recommendations for Policy-Makers, CSOs and Other Stakeholders on How to Improve Health Equity and Address Social Determinants of Health

Recommendations to policymakers, CSOs and other relevant stakeholders:

After Youba's insightful presentation, the participants discussed how to address health inequalities in Africa. The following recommendations were put forth for policymakers, CSOs, and other stakeholders:

1. Improve Access to Healthcare Services:

a. Policymakers should work towards ensuring equitable access to quality healthcare services for all individuals, particularly marginalised groups such as the LGBTQ+ community, people living with disabilities, and sex workers.

b. Increase investments in healthcare infrastructure, especially in rural areas, to ensure that healthcare services are accessible to all individuals, irrespective of their geographical location.

c. Promote telemedicine and other digital health solutions to bridge the gap in healthcare access, especially in remote and underserved areas.

2. Address Stigma and Discrimination:

a. CSOs should engage in community education and sensitisation campaigns to challenge and debunk myths and

misconceptions surrounding gender identity and sexual orientation.

b. Stakeholders should advocate for the decriminalisation of consensual same-sex relationships and the elimination of discriminatory laws and policies that target marginalised communities.

c. Policymakers and CSOs should promote marginalised populations' rights by developing and implementing comprehensive anti-discrimination laws and policies.

3. Promote Gender Sensitivity in Policies and Programs:

a. Policymakers should integrate gender sensitivity into healthcare policies, ensuring that the unique needs and experiences of different genders, including non-binary individuals, are considered.

b. CSOs and stakeholders should advocate for the inclusion of gender diversity and sensitivity training in the curriculum of healthcare professionals to enhance their understanding and responsiveness to the diverse needs of all individuals.

c. Prioritize the collection of gender-disaggregated data in healthcare systems to

facilitate evidence-based decision-making and policy development.

4. Collaborate and Share Best Practices:

a. Foster collaboration and information sharing between policymakers, CSOs, and stakeholders to leverage collective knowledge and expertise in addressing health equity and social determinants of health.

b. Establish platforms and networks to facilitate the exchange of best practices and lessons learned at national and regional levels.

5. Allocate Adequate Resources:

a. Increase investment in healthcare, focusing on marginalised communities, to ensure sufficient resources are allocated to

address health disparities and promote health equity.

b. Mobilize domestic and international funding to support initiatives prioritising health equity and social determinants of health.

Implementing these recommendations will contribute to a more inclusive and equitable healthcare system, where all individuals have equal opportunities to access quality healthcare services, free from stigma and discrimination. Policymakers, CSOs, and other stakeholders must collaborate and commit to these actions to create sustained positive change in health outcomes and well-being for all.

Conclusion

In conclusion, the monthly CSO meeting on Health Equity and Social Determinants of Health, presented by Youba Darif of Roots Lab for Gender and Development, shed light on the crucial work to address health inequalities and promote health equity. The meeting highlighted some key findings that require our attention and ongoing collaboration.

Firstly, it was evident that marginalised communities, such as the LGBTQ+

community, sex workers, and people with disabilities, face significant barriers to accessing health services and experiencing stigma and discrimination. The meeting emphasised the importance of building inclusive spaces and providing culturally sensitive healthcare that recognises individuals' diverse identities and experiences.

Moreover, it became clear that legal environments in many African countries

challenge advancing LGBTQ+ rights and health equity. There is a need for ongoing advocacy efforts to challenge discriminatory laws and policies while ensuring the protection and empowerment of marginalised communities. By doing so, we can create an enabling environment where everyone can access healthcare without fear of discrimination or judgment.

Additionally, the impact of the recent earthquake in Morocco highlighted the vulnerability of marginalised communities in times of crisis. People from the LGBTQ+ community and sex workers faced the double burden of losing their homes and experiencing increased stigma and discrimination. It is crucial to provide psychological and emotional support to those affected and address their basic needs, which are fundamental for their well-being and resilience.

Overall, this meeting underscores the significance of ongoing collaboration and advocacy in addressing health inequalities and promoting health equity. It is imperative to continue strengthening partnerships with

policymakers and advocates to implement gender-sensitive policies and programs prioritising marginalised communities' needs. By working together, we can challenge societal norms, sensitise communities, and create an inclusive healthcare system that respects the diversity of individuals.

Moving forward, it is essential to build on the momentum of this meeting and sustain the commitment to ensure that health equity becomes a reality for all. By staying engaged, amplifying the voices of marginalised communities, and striving for policy reforms, we can make meaningful progress in reducing health disparities and creating a more just and equitable healthcare landscape.

In conclusion, the CSO meeting has served as a valuable platform for sharing experiences, learning from each other, and strategising for collective action. Through continued collaboration and advocacy, we can address the root causes of health inequalities and work towards a future where everyone has equal access to quality healthcare and a life of dignity and well-being.