



**REPORT &
ACCOUNTS**

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

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25 YEARS

LETTER FROM OUR CHAIR



DEAR FRIENDS

Last year was a year of celebrations and culminations for Frontline AIDS.

We marked 25 years of equipping and supporting frontline responses to the HIV crisis in regions and countries throughout the world as the International HIV/AIDS Alliance. At the end of a strategic review process, we took on a new name and identity as Frontline AIDS, finalised a new Global Plan of Action, and collaboratively re-imagined our relationships with critical counterparts – beginning with our founding partners (Alliance “linking organisations”) and extending to contractual partners, funders, and multilateral institutions like UNAIDS.

As both our strategic report and financial statements will attest, we wrapped up last year with excellent results and healthy reserves – testament to good stewardship, robust programming, and sound management. We are especially proud of the efforts we made in 2019 to distribute leadership more intentionally across the partnership and to demand more focused attention on the continuing crisis in HIV prevention.

It has been quite a first year for me as Chair, and a privilege to lead a committed Board of Trustees during this time of thoughtful preparation for a vital period ahead as the leading global civil society partnership responding to AIDS. It was a year in which we were ready and excited to bring our new brand, energy, rekindled activism and powerful partnerships to sustain efforts to end AIDS for everyone, everywhere.

That was then.

Now, as I write this, every aspect of our world is challenged by the unfolding COVID-19 pandemic. In less than 90 days, it has shaken the foundations of every global structure. In the weeks and months ahead, it will touch the lives of almost every family on earth.

We do not know what is coming next. But at Frontline AIDS, we do know pandemics, we know communities, we know resilience, and we know how to change behaviour for the long haul. We also know that those on the margins – girls and young women, people who use drugs, sex workers, the LGBT community, those who are already living with HIV – will be at increased risk for COVID-19 infections in the same ways that they are at greater risk of AIDS. We know too that those same people on the margins have great lessons to teach us for the challenges ahead.

We, and they, are survivors. We are redeploying ourselves. We're discovering how to do more, and more complex things, virtually. We're finding ways to be connected despite being on lockdown. We find partnerships and communities – at the very core of everything we do – more vital than ever in these times of forced physical distancing.

Our focus remains AIDS but we will lend anything in the arsenal of our experience to a compassionate, just and community-led response to COVID-19.

Join us. End it.

Warren (Buck) Buckingham
Chair, Board of Trustees

STRATEGIC REPORT

**WHO WE ARE AND WHAT WE DO,
OUR ACHIEVEMENTS IN 2019
AND OUR OBJECTIVES FOR 2020**



WHO WE ARE

Frontline AIDS ('the Charity') is registered with the Charity Commission for England and Wales. The Charity functions as the coordinating body for a multidirectional partnership that operates at global, national and local levels ('the Partnership').

WHY WE EXIST

Our vision is a future free from AIDS for everyone, everywhere.

Our mission is to break down the social, political and legal barriers that marginalised people face and stand in the way of the end of AIDS.

OUR FOCUS

Who we work with

We work with marginalised people who are denied HIV prevention, treatment and care simply because of who they are and where they live. This includes people living with HIV, sex workers, people who use drugs, transgender people, gay men and other men who have sex with men, as well as adolescent girls and women.

Where we work

We work in countries most affected by HIV and in countries with emerging epidemics. We use analytical tools to assess the incidence, drivers and impacts of HIV (as well as coinfections such as tuberculosis and hepatitis C) among marginalised people, the human rights context and the degree of openness for civil society voice. This enables us to invest in tailored solutions to help end AIDS in Africa, Asia, Eastern Europe, Latin America and the Caribbean.

What we do

We innovate to address the social, cultural, legal and economic drivers that leave marginalised people vulnerable to HIV. Alongside our high-quality programmes for HIV and sexual and reproductive health and rights, we strengthen health and social protection systems, challenge legal and policy decisions that marginalise people, tackle gender inequality, stigma and discrimination, and strengthen civil society organisations to deliver for their communities.

OUR NEW IDENTITY

Building on our rich history of 25 years, we undertook a major organisational rebrand in 2019 which culminated in the launch of our new identity as Frontline AIDS in February 2019.

The brand was received enthusiastically by partners and staff and has injected new energy into the organisation. The activist spirit clearly resonates with the passion that our staff and partners have for our work.

An internal brand audit in December concluded that there were very high levels of consistency across our visual identity, good levels of understanding of how to apply it, and an overall feeling that the new brand was a huge step forward for the organisation. Staff felt that the brand has given them a stronger voice within the sector, and that it is helping us to talk more succinctly about the problems around AIDS and the solutions brought to the table by Frontline AIDS.

The very high levels of support that the brand has received internally are encouraging for its growth. We will use the momentum from this successful first year to keep developing and strengthening our new and improved identity. With the finalisation of our Global Plan of Action 2020-2025 and the articulation of our new partnership model, which both took place in 2019, we can leverage this renewed sense of purpose to help drive the changes we want to see in the global HIV response.



OUR PARTNERSHIP MODEL

We recognise that no single organisation can end AIDS alone. We must work collectively, bringing our 25 years of skills and experience in HIV, health and human rights to address the challenges that drive the epidemic. In March 2019, the Executive Directors of our linking (member) organisations signed up to greater collaboration and engagement through the Siem Reap declaration of commitment¹ and became founding partners of the new Frontline AIDS partnership.

We are a multidirectional partnership that operates at global, national and local levels. Our partnership is inclusive, flexible, diverse, and accountable to each other and marginalised communities. We adapt as the epidemic changes. We are committed to considering our differing contexts in regions and countries throughout the world. In doing so, we can:

- Catalyse and support the world's largest civil society partnership of people and organisations working on HIV and AIDS to deliver proven, locally relevant innovations at scale, reaching those who are too often excluded
- Draw upon 25 years of experience and expertise working with marginalised people to solve the toughest challenges that are often avoided and ignored
- Constantly rethink what we do and challenge ourselves to do things differently and better

¹ <https://frontlineaids.org/resources/siem-reap-declaration-of-commitment/>



Our partners make multiple contributions to the successful delivery of the Global Plan as:

STRATEGIC PARTNERS

are leaders at national, regional and global level and contribute programming, advocacy or technical expertise to one or more actions, often through a formal relationship with other Strategic Partners.

ASSOCIATE PARTNERS

are contributors to one or more actions through a formal relationship with a Strategic Partner (e.g. programme implementation or advocacy/technical expertise).

COLLABORATORS

are organisations and individuals who commit to be part of a global effort to ignite urgent action on AIDS.

Through a model of distributed leadership, we recognise that the actions of all individual and organisational leaders are integral to the Frontline AIDS partnership. Our monitoring and evaluation mechanisms help us learn and adapt and ensure mutual accountability across the partnership.



STATE OF THE EPIDEMIC

We are at a crossroads for HIV. Despite remarkable success, particularly over the past decade, the rate of progress has slowed. New HIV infections and AIDS-related deaths remain stubbornly high and the response has lost its sense of urgency. Exacerbating the situation, the COVID-19 pandemic is an unprecedented global health emergency that represents a significant threat for people living with HIV and AIDS, and for the global HIV response.



AIDS is not over – especially for marginalised people

Globally, nearly 37.9 million people are living with HIV today and almost 15 million of them still cannot get life-saving treatment.² If undetected or untreated, HIV remains the most deadly sexually transmitted infection, and poor access to basic sexual and reproductive health and rights (SRHR) increases the risk of people contracting HIV.³

- In 2018, 1.7 million people were newly infected with HIV and 770,000 died of AIDS-related illnesses, with tuberculosis (TB) the leading cause of death among people living with HIV.⁴
- More than half (54%) of these new infections were among gay men and other men who have sex with men (MSM), sex workers and their clients, transgender people, people who inject drugs and their sexual partners.⁵ The risk of contracting HIV is heightened by criminalisation, marginalisation and poverty.
- HIV is the leading cause of death among women of reproductive age. Globally, more than 6,000 girls and women aged 15 to 24 contract HIV every week – 60% more than boys and men of the same age.⁶ HIV disproportionately affects young women and adolescent girls because of the inequality that they experience culturally, socially and economically.

² UNAIDS (2019), 'UNAIDS Data 2019'. See: <https://www.unaids.org/en/resources/documents/2019/2019-UNAIDS-data>

³ Starrs, AM et al (2018), 'Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission', The Lancet. See: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30293-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext)

⁴ UNAIDS (2019), 'UNAIDS Data 2019'. See: <https://www.unaids.org/en/resources/documents/2019/2019-UNAIDS-data>

⁵ UNAIDS (2019), 'UNAIDS Data 2019'. See: <https://www.unaids.org/en/resources/documents/2019/2019-UNAIDS-data>

⁶ UNAIDS (2019), 'UNAIDS Data 2019'. See: <https://www.unaids.org/en/resources/documents/2019/2019-UNAIDS-data>





Prevention has gone from problem to crisis

Progress on HIV prevention is being undermined by countries' failure to put people who are most at risk at the centre of their prevention strategies. The needs of sex workers, men who have sex with men, transgender people, people who use drugs and young people are frequently ignored, resulting in worryingly low levels of access to HIV prevention services.

HIV prevention efforts for marginalised people have failed global targets. In 2018, on average only 47% of sex workers, 33% of gay men and other MSM, and 32% of people who inject drugs had access to HIV prevention services.⁷ Only 34% of adolescent girls and young women in key locations were covered by the appropriate services.⁸

Political will for the HIV response is declining

Many policy-makers and political leaders no longer perceive AIDS as a crisis, either nationally or globally. The long-term trend for HIV funding shows a decline in donor funding.⁹ In 2018, the gap between resources needed and resources available widened for the first time. Additionally, international donors are transitioning away from supporting middle-income countries, which is worrying as that's where the vast majority of people living with HIV live.¹⁰ It is unclear if and how governments of these countries will fill the emerging funding gaps.

The global health landscape is changing

Universal health coverage (UHC), the Sustainable Development Goals (SDGs) and new commitments to accelerate progress on comprehensive sexual and reproductive health and rights are driving the global health

and development agenda. We recognise the importance of the interconnected SDGs in driving change outside of the health sector and the positive effect on the HIV response and welcome the UHC ambition of access to quality and affordable health services for all. However, we fear that HIV services - along with TB and hepatitis C - are not receiving the attention they need and, as pressure increases on health budgets, marginalised people will once again be left behind.

Civil society space is being squeezed

Civil society organisations and human rights activists are required to operate in highly constrained or repressive environments - civic space is now under serious attack in 111 of the world's countries¹¹ - and they are hindered by weak accountability and limited capacity to deliver programming for marginalised people. In addition, we are seeing a rise in right-wing populism and conservative movements, often in opposition to the values of Frontline AIDS, making it even more challenging to deliver rights-based solutions.

Global pandemic, local challenges

Like HIV and AIDS, COVID-19 will have a disproportionate impact on those who are already marginalised. As the pandemic spreads to poorer countries and those with higher HIV rates, those most affected by HIV will also feel the effects more acutely. Already HIV prevention and harm reduction services are shutting down overnight and threats to HIV medicines and key commodities such as condoms are threatened. As an HIV organisation, we know only too well the stigma and human rights violations that can rapidly erupt in the face of a health crisis. Beyond the immediate crisis, there is a real likelihood that efforts to sustain the HIV response and the gains made will be lost.

⁷ Global HIV Prevention Coalition 2019, Implementation of the HIV Prevention 2020 Road Map Third Progress Report, https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/02/20200205_JC2980_GPC-Report-2019_En.pdf

⁸ AVAC Report 2019: Now What? <https://www.avac.org/resource/avac-report-2019-now-what>

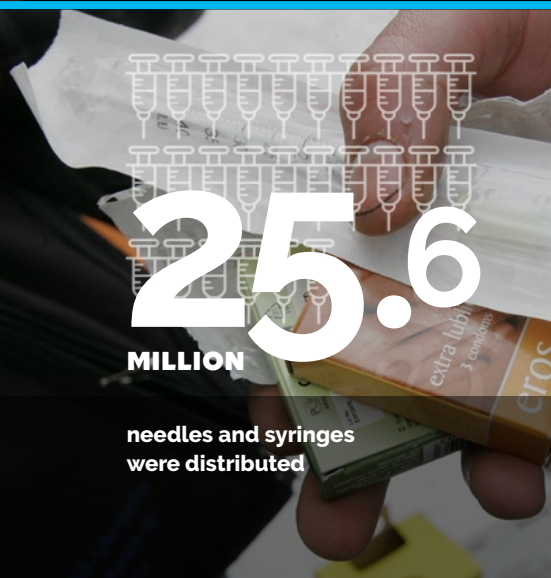
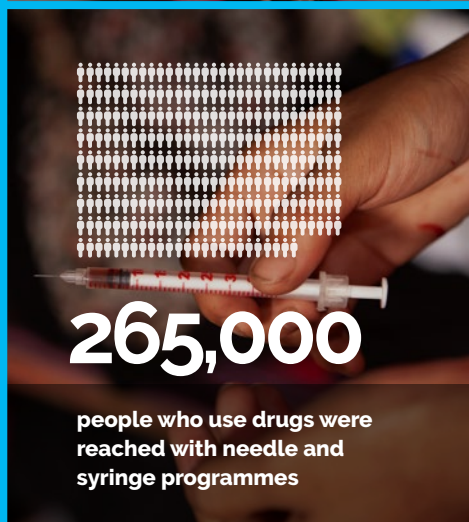
⁹ Kaiser Family Foundation and UNAIDS (2019), 'Donor Government Funding for HIV in Low- and Middle-Income-Countries in 2018. See: <https://www.kff.org/global-health-policy/report/donor-government-funding-for-hiv-in-low-and-middle-income-countries-in-2018/>

¹⁰ <http://aidsinfo.unaids.org/>

¹¹ CIVICUS (2018), 'People Power Under Attack'. See: <https://monitor.civicus.org/PeoplePowerUnderAttack2018/>

ACHIEVEMENTS AND PERFORMANCE

GLOBAL PARTNERSHIP FOOTPRINT 2019



In 2019 we developed a new strategy, our Global Plan of Action 2020-2025¹², to articulate and focus our contribution towards global efforts to reduce new HIV infections and AIDS-related deaths. This meant our 2016-2020 strategy finishing a year early in order to begin implementation of the new Global Plan.

We also developed a new results framework, which sets out progress markers and targets for each of the 10 actions in the Global Plan. We will start reporting against this framework from 2020.

Alongside collecting data for the results framework, we will also collect global coverage data, to demonstrate the scale, impact, experience and footprint of the partnership in key areas of the HIV response. In this report, we are reporting the global footprint data for Frontline AIDS founding partners.¹³

KEY TERMS

➤ Marginalised people

We focus our work on those who are most marginalised and most affected by HIV, including people living with HIV, sex workers, people who use drugs, transgender people, gay men and other men who have sex with men, and adolescent girls and women in specific contexts.

➤ Vulnerable people

Many of our partners also work with other people who are vulnerable to HIV, but who are not necessarily marginalised (though they may be) and do not fall into any of the above categories. They include truckers or other mobile populations, prisoners, clients of sex workers, disabled people, and survivors of gender-based violence.



¹² <https://frontlineaids.org/global-plan-of-action/>

¹³ The global footprint is based on data from ABS, ACC, AMSED, ANCS, ANS-CI, APH, BONELA, CANGO, EVA, FACT, IDH, India HIV/AIDS Alliance, IPC, Khana, Kimirina, Lepra, Mahamate, NACOSA, OSSHD, Pakachere, Positive Vibes, POZ, Positive Rumah Cemara, SCDI and Via Libre.

ACCELERATING ACTION ON HIV PREVENTION

The UNAIDS Fast-Track targets aimed to bring down new HIV infections to below 500,000 per year by 2020, but the most recent estimates show that they currently stand at 1.7 million per year.¹⁴ It's now glaringly evident that we are on a trajectory to fail the targets. More than half of these new infections are among the most marginalised and their partners.

Investment in prevention has been lacking across the board, and some governments and donors have been reluctant to address key barriers such as criminalisation, social norms relating to sex and sexuality, and violence against women and girls. But we need accelerated action on these difficult issues, as well as a major increase in financing for HIV prevention. Without this, we will never reach zero new HIV infections.

Throughout 2019, Frontline AIDS pushed these messages at key international events such as the Global Fund Replenishment Conference and the 25th anniversary of the International Conference on Population and Development (ICPD) in Nairobi. In December, at the International Conference on AIDS and STIs in Africa (ICASA), we hosted a sell-out event bringing people working on the frontline of HIV prevention together with the new UNAIDS Executive Director, Winnie Byanyima, who called on governments to "do what is right, not what is popular".

Our executive director continues to play a leading role on the UNAIDS-convened Global HIV Prevention Coalition, using that space to demand greater accountability for HIV prevention outcomes from member countries.

As the deadline for the Fast-Track targets approaches, 2020 is a critical year. We are already working to ensure that when the next UNAIDS estimates are released, there is a very public recognition of the fact that we have failed – and an honest discussion about why this is and what we need to do differently. In a year when both UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund) will be developing new strategies, there is a real opportunity to ensure that these lessons shape the next decade of HIV prevention.

"We should all be outraged that [at the International Conference on Population Development, ICPD25] HIV is once again pushed to the sidelines. It receives just one mention in the ICPD commitments and is largely absent from the main sessions and debates. [...] Can we really say that we are doing our jobs when sex workers, women who use drugs and transgender women are absent from the ICPD25 agenda, along with HIV prevention itself?"

Christine Stegling Frontline AIDS Executive Director

HOLDING GOVERNMENTS TO ACCOUNT ON HIV PREVENTION

In 2019, we worked with partners in seven countries to produce HIV prevention shadow reports.¹⁵ The reports provide a community assessment of how well countries are delivering against the ten-point action plan that they have agreed with the Prevention Coalition, shedding light on areas often neglected by official reporting. They show that the needs of sex workers, men who have sex with men, transgender people and people who use drugs are frequently ignored, resulting in worryingly low levels of access to HIV prevention

services across all seven countries featured in the reports.

The reports were launched at ICASA 2019 at a well-attended event. They were also featured at the UNAIDS Programme Coordinating Board meeting in December 2019, where a representative of Sexual Minorities Uganda, a Frontline AIDS associate partner, used their national report to challenge Uganda on its failure to fund HIV prevention and to tackle the hostile environment for lesbian, gay, bisexual and transgender (LGBT) people there.

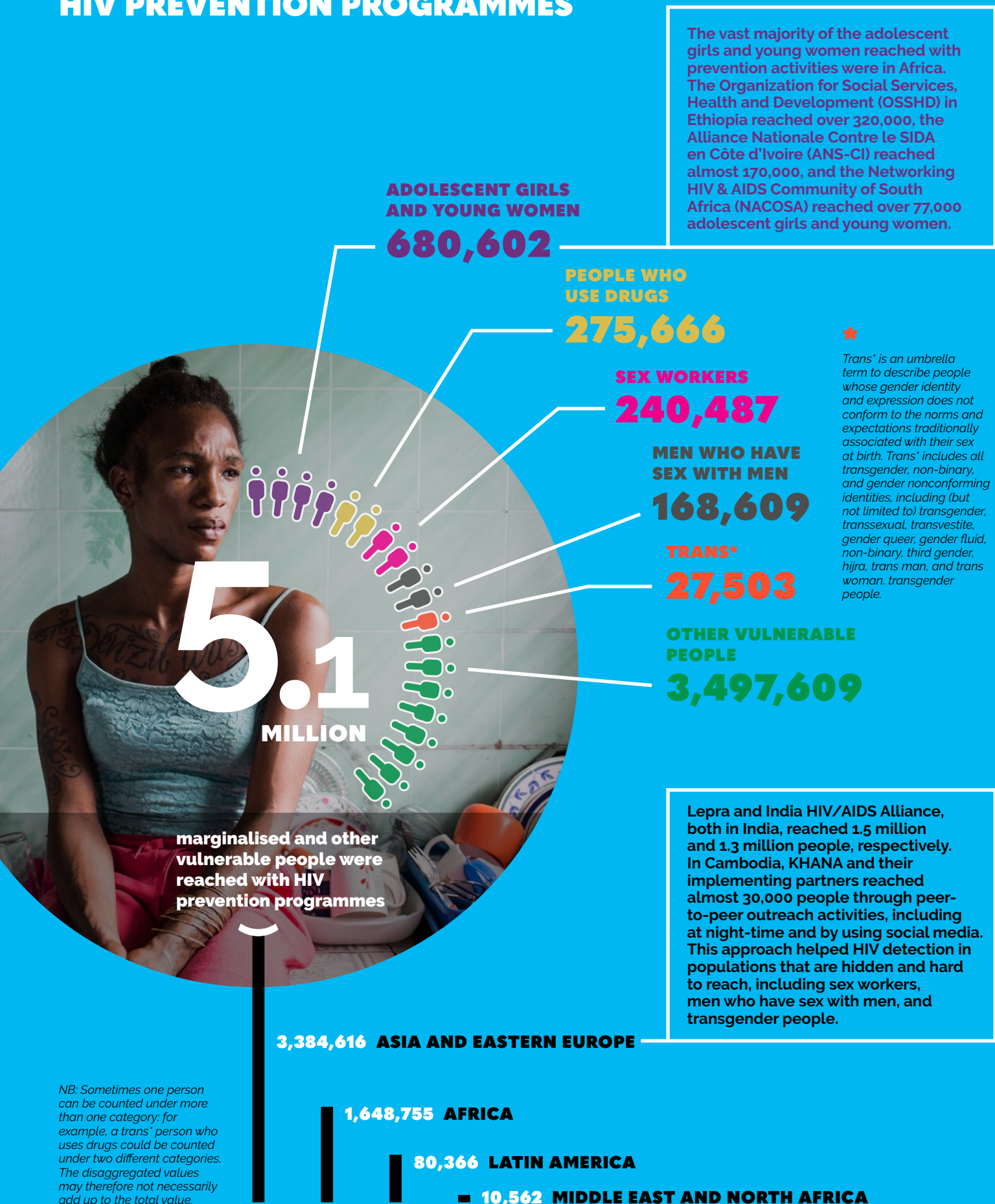


¹⁴ UNAIDS (2019), 'UNAIDS Data 2019'. See: <https://www.unaids.org/en/resources/documents/2019/2019-UNAIDS-data>

¹⁵ <https://frontlineaids.org/resources/hiv-prevention-shadow-reports-2019/>

GLOBAL PARTNERSHIP FOOTPRINT

HIV PREVENTION PROGRAMMES



GLOBAL PARTNERSHIP FOOTPRINT

HIV TESTING

**ADOLESCENT GIRLS
AND YOUNG WOMEN**

245,863

**PEOPLE WHO
USE DRUGS**

235,212

SEX WORKERS

130,044

TRANS*

16,829

**MEN WHO HAVE
SEX WITH MEN**

138,330

**OTHER VULNERABLE
PEOPLE**

1,793,946

2.6
MILLION

**marginalised and other
vulnerable people
received an HIV test
and know their results**

**2,029,610 ASIA AND
EASTERN EUROPE**

468,253 AFRICA

54,761 LATIN AMERICA

5,935 MIDDLE EAST AND NORTH AFRICA

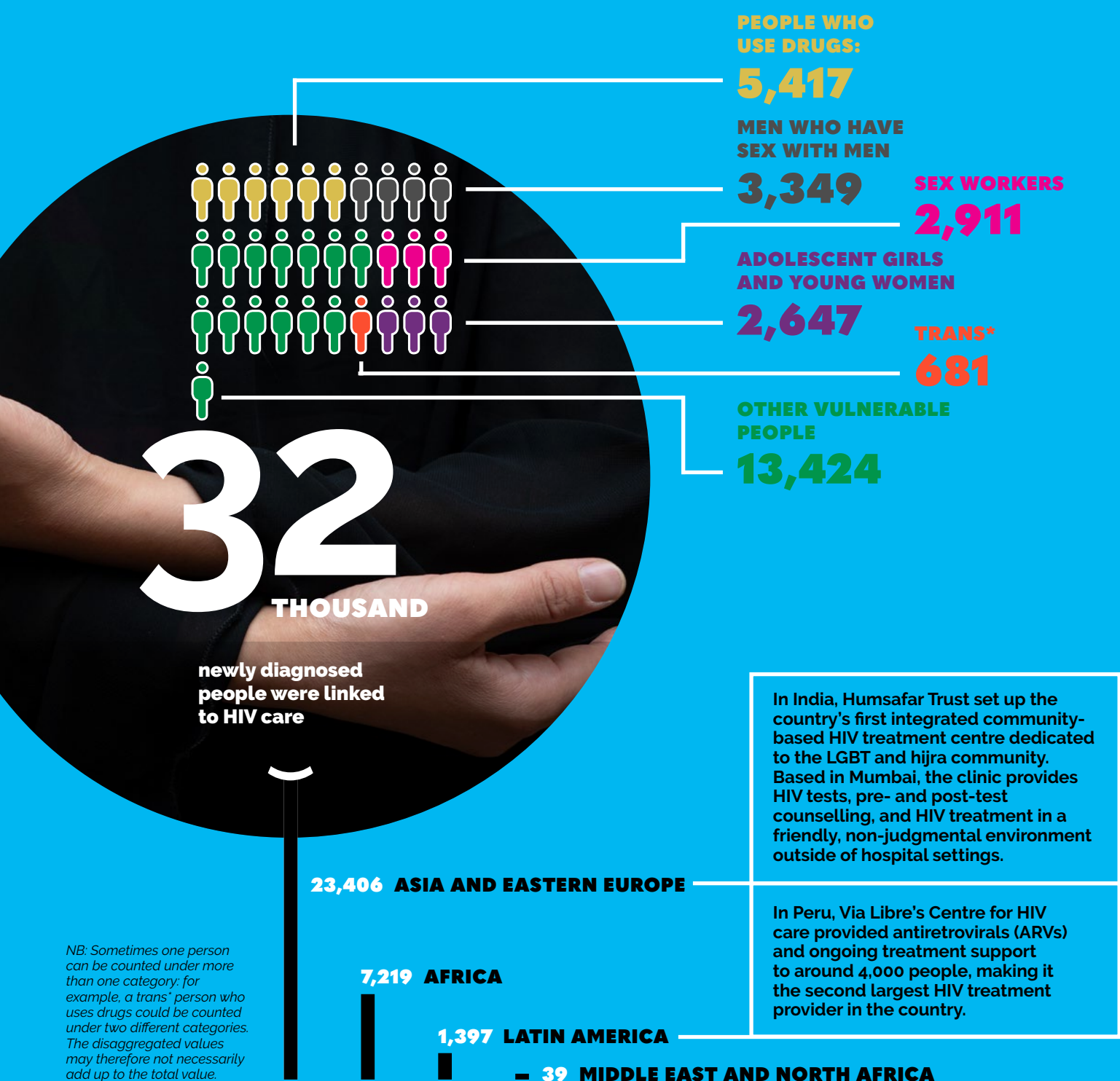
*NB: Sometimes one person
can be counted under more
than one category: for
example, a trans* person who
uses drugs could be counted
under two different categories.
The disaggregated values
may therefore not necessarily
add up to the total value.*

In Ukraine, Alliance for Public Health designed and developed an innovative vending machine that provides condoms, lubricant and oral HIV tests free of charge. Clients obtain a QR code online, which they then use to access the desired products from the machine. The HIV tests carry stickers with contact details for local social workers to help link people to treatment and care. 277 HIV tests were distributed from a total of five machines that were piloted in four regions during September to December 2019.

In Burundi, more than 50 percent of the indigenous Batwa population, a highly marginalised group, now know their HIV status thanks to interventions by L'Alliance Burundaise Contre Le SIDA (ABS) worked with the authorities to get people from the Batwa community, who traditionally lack birth certificates and other official registration, the necessary paperwork to access health services, including SRHR services and HIV testing.

GLOBAL PARTNERSHIP FOOTPRINT

LINKING TO HIV CARE



LGBT-FRIENDLY SERVICES IN UGANDA AND MOZAMBIQUE

In Uganda and Mozambique, we reached more than 16,000 people from the LGBT community with HIV services through targeted outreach.

In these programmes, funded by the Elton John AIDS Foundation (EJAF), we provided LGBT-friendly services in locations where people would be likely to access them. We used mobile outreach clinics, community-based safe spaces for LGBT people to access condoms, lubricants

and HIV testing services discretely, and a toll-free LGBT helpline to refer people to friendly services.

Through partnerships created between LGBT organisations and public and private health centres, peer educators were able to accompany LGBT people to appropriate health centres. Extension of clinic hours into the night and weekend increased the number of LGBT people seeking services significantly while adherence support groups facilitated both access and adherence to treatment.

WHAT THESE PROGRAMMES ACHIEVED IN 2019

- More than 15,000 LGBT people were tested for HIV and received their results
- More than 1,400 people (73 percent of those who received a positive HIV test) were initiated on antiretroviral therapy (ART)
- More than 500 LGBT people used the toll-free helpline to seek support and referral to services
- Around 360 LGBT people were referred to health services through the helpline
- 3 community-based safe spaces created in Mozambique
- 14 ART adherence support groups were set up in Uganda for LGBT people living with HIV to meet monthly to share their experiences, discuss challenges, and offer and receive support from peers

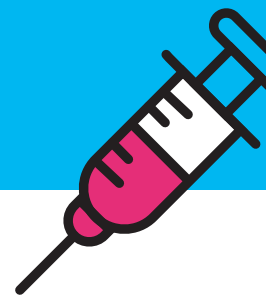
"I took an HIV test at a party in the Safe Space, which a community agent invited me to. The party was on a Saturday night. On the following Monday the same community agent accompanied me to the hospital and I started ART on the very same day. This was more than six months ago. I feel good now. If it weren't for this project I would have not known about my positive status, I would have not known how to take care of my health."

Joshua
Project participant, Mozambique

"The most important thing in this project is that it has increased HIV testing to the maximum. In our community, the LGBT one, there is a lot of misinformation. There is a lot of HIV yet people don't talk about it, and the project is instead giving us the possibility to talk about the virus. Before the project people did not know that the virus can be transmitted during sex between men. The project is contributing to changing the LGBT thinking on this issue."

Avelino
Community agent, Mozambique

SUPPORTING PEOPLE WHO USE DRUGS TO STAY HEALTHY



We have known how to prevent HIV and hepatitis C among people who inject drugs for decades. Yet, of the 15.6m people who inject drugs around the world, half are living with hepatitis C and a quarter with HIV.¹⁶ Harm reduction interventions such as needle and syringe programmes (NSPs) and opioid substitution therapy (OST) prevent HIV and save both lives and money, but less than one percent of people who inject drugs live in countries with adequate access to WHO-recommended harm reduction services.¹⁷

The Frontline AIDS partnership is the largest civil society provider of harm reduction services, delivering peer-led, community-based programmes to over 265,000 people in 2019. We work with people who use drugs to promote and scale up community-led best practice in six countries, with the intention of having these interventions ultimately funded by domestic resources. Through the Partnership to

Inspire, Transform and Connect the HIV response (PITCH), which is a strategic partnership with Aidsfonds and the Netherlands Ministry of Foreign Affairs, we support in-country advocates to advocate for harm reduction services and more health and human rights-focused laws and policies in their countries, using evidence from countries to influence policy developments at regional and global levels.

- In Nigeria last year, after years of advocacy by civil society, the federal government set up a committee to oversee the roll-out of the country's first needle and syringe programme. This was a breakthrough for the estimated 14.3 million people who use drugs in the country.¹⁸ Our partners Drug Harm Reduction Advocacy Network, Community Intervention Network on Drugs in Nigeria and YouthRise all represent communities who use drugs and are part of the technical working group responsible for the programme's implementation. Frontline AIDS supported the development of national NSP guidelines, coordinated the production of an NSP training curriculum and rolled out training to peer educators in early 2020 in three regions in preparation for pilots due to start later in the year.

- In India, gender-based and intimate partner violence is one of the largest health threats faced by women who use drugs. This significantly increases women's risk of acquiring HIV and can trigger risky sexual behaviours and drug use patterns. In 2019, India HIV/AIDS Alliance implemented WINGS, an intervention model for addressing gender-based violence, in three of the regions with the highest HIV prevalence in the country, including Delhi. WINGS supported 200 women to identify and address gender-based and intimate partner violence and linked them to harm reduction services. These included HIV testing and treatment, overdose management, screening for tuberculosis and hepatitis C, and drug dependence treatment.

- In China, our partner AIDS Care China succeeded in convincing the government to start co-funding a cross-border opioid substitution therapy clinic in Longchuan, which is near the border with Myanmar. The clinic provides take-home methadone services to people who use drugs from both sides of the border.

¹⁶ Degenhardt L, Peacock A, Colledge S et al. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. *Lancet Glob Health*. 2017; (published online Oct 23.) [http://dx.doi.org/S2214-109X\(17\)30375-3](http://dx.doi.org/S2214-109X(17)30375-3)

¹⁷ Ibid

¹⁸ UNODC, 2018, Drug Use in Nigeria. https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf

- At the end of 2019, ownership and responsibility for the largest harm reduction programme funded by the Global Fund, which was managed by Alliance for Public Health (APH) in Ukraine, was taken on by the government. APH's approach to services for marginalised people is now the basis of government-approved standards. APH will continue to provide oversight, monitoring and technical support to quality assure the services.

- In Indonesia, our partner Yakeba has identified prisoners in three prisons in Bali, including a narcotics-only prison Bangli, to act as peer educators and reach fellow prisoners who use drugs with minimum health services including HIV testing. In parallel, we continued advocating for a review of the Narcotics Law in Indonesia and, in April 2019, the Minister of Law and Human Rights indicated an intention to stop sending people who use drugs to prison. The Minister has also acknowledged the problem of overcrowding in prisons and the need to review the current drug policy with a view to adopting a more health-oriented approach. These statements are significant given the high levels of political support for the war on drugs in Asia.



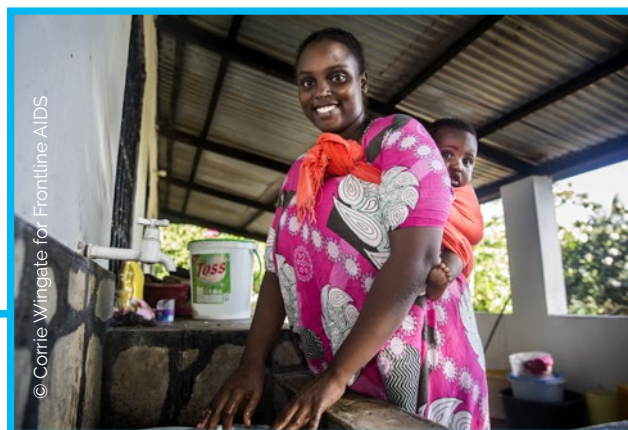
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LEADING THE WAY ON WOMEN WHO USE DRUGS AND SRHR

At the Harm Reduction International Conference in Porto in April 2019, we promoted the message that it is not acceptable that women who use drugs are invisible and ignored, or for them not to have access to sexual and reproductive health services and therefore be at greater risk of HIV.

We launched our advocacy brief - *Invisible and Ignored: how can women who use drugs demand their sexual and reproductive health and rights?*²⁶ - at the only session at the conference to focus on women who use drugs and SRHR. Later in the year we also developed a guide to advancing the SRHR of women who use drugs²⁷ for harm reduction service providers.

Based on years of programmatic experience in over 15 countries in Asia, Eastern Europe and sub-Saharan Africa, this exciting new tool was launched at the 63rd Commission on Narcotic Drugs in Vienna in March 2020.



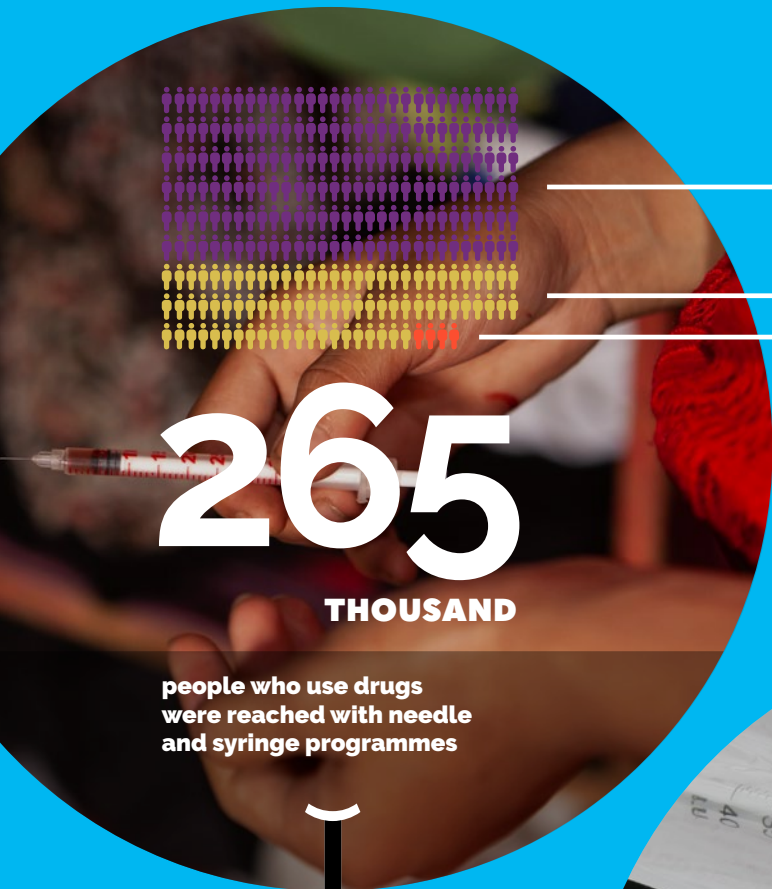
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²⁶ Invisible and ignored: how can women who use drugs demand their sexual and reproductive health and rights?
<https://frontlineaids.org/resources/invisible-and-ignored/>

²⁷ Advancing the sexual and reproductive health and rights of women who use drugs.
<https://frontlineaids.org/resources/advancing-the-sexual-and-reproductive-health-and-rights-of-women-who-use-drugs/>

GLOBAL PARTNERSHIP FOOTPRINT

NEEDLE AND SYRINGE PROGRAMMES



NB: Sometimes one person can be counted under more than one category: for example, a trans* person who uses drugs could be counted under two different categories. The disaggregated values may therefore not necessarily add up to the total value.

GLOBAL PARTNERSHIP FOOTPRINT

OPIOID SUBSTITUTION THERAPY



17,087 ASIA AND EASTERN EUROPE

■ 36 AFRICA

In Yunnan Province in southwest China, Yunnan Institute of Drug Abuse and AIDS Care China have collaborated with local police and health authorities to develop and promote a model of community-based treatment for people who use drugs, rather than arresting them and sending them to a compulsory detoxification centre. Software assesses whether a registered drug user is likely to relapse into problematic drug use, based on their treatment records. This system was expanded to a total of six sites in 2019, covering around 1,200 people who use drugs.

In Senegal, ANCS established the country's first ever OST programme in a closed setting in Mbour Prison, Dakar.

RESILIENT AND EMPOWERED YOUNG PEOPLE

AIDS is the leading cause of death among adolescents (aged 10-19) in Africa, and second leading cause globally.²¹ The number of adolescents dying due to AIDS-related illnesses tripled between 2000 and 2015, the only age group to have experienced a rise.²²

We support adolescents and young people to access life-saving HIV and SRHR services, and to engage in decision-making processes that affect their lives. Most of this work takes place within our READY portfolio of programmes, which is designed to build Resilient and Empowered Adolescents and Young people, with support from the Dutch Embassy in Mozambique and the Swedish International Development Cooperation Agency, Sida.

- By September 2019, nearly 23,000 adolescents and young people living with HIV in eSwatini, Mozambique, Tanzania and Zimbabwe had accessed holistic care and support, including SRHR and mental health services through the four-year READY+ programme. In 2019, we also trained over 200 Community Adolescent Treatment Supporters (CATS), who provided information, counselling, and encouragement to adhere to HIV treatment to over 7,000 of their peers during home and clinic visits.



© Sydelle Willow-Smith for Frontline AIDS

- In Zimbabwe, the READY to Lead programme has built the leadership and advocacy skills of young women living with HIV by recruiting 100 mentors who in turn went on to train more than 800 other young women, catalysing a generation to engage in advocacy at district and national levels. As a result, a group of young women successfully lobbied for updated national treatment guidelines. The guidelines now state that the anti-retroviral drug dolutegravir (DTG), which is more effective and has fewer side effects than alternative drugs, should be made available to women as a preferred treatment option, including for women of reproductive age using any form of contraception, as per WHO treatment guidelines.

All the READY programmes place adolescents and young people at the centre of design, delivery, monitoring and evaluation.

READY²³ is also a movement which young people from all over the world can join to demand their right to a healthy life, whatever their circumstances, sexual orientation, gender identity or expression. The movement is led by the Global Network of Young People living with HIV (Y+), with support from Frontline AIDS, AFRICAID/Zvandiri, Paediatric AIDS Treatment for Africa (PATA), the Regional Psychosocial Support Initiative (REPSSI), and other youth-led and youth-serving organisations.

- Through the iREADY project, young people in Burundi and Mozambique have devised tailored information and communication technology tools to promote access to information on SRHR and HIV treatment adherence. In Mozambique, CATS have developed an interactive map which can be used on social media platforms when referring clients to SRHR services. In Burundi, READY Teens partner RNJ+ launched a series of podcasts on issues ranging from the health needs of marginalised people to disclosure to relationships.



²¹ UNAIDS

²² Unicef. Key HIV epidemiology indicators for children and adolescents aged 0-19, 2000-2018. data.unicef.org

²³ <http://www.yplusnetwork.org/ready-movement/>

²⁴ <https://frontlineaids.org/resources/interactive-health-map-for-youth-friendly-sexual-and-reproductive-health-services/>

- In Ethiopia and Burundi, we reached over 1,000 adolescents and young people with different HIV, SRHR and income generation interventions through **READY Teens**. Parents from low-income families have been trained in entrepreneurship and provided with seed money to start up their own small-scale business.



© Gemma Taylor for Frontline AIDS

- We reached over 200,000 young people with integrated HIV and SRHR services through the Sida-funded **SRHR Umbrella** project. A mid-term review found that the programme had led to a significant increase in awareness of and demand for integrated SRHR services among marginalised people. Our programme partners also held around 400 meetings with communities in 18 districts, reaching gatekeepers and decision makers, along with young people, parents and health providers, with information about how to support young people to make healthier choices about their sexual and reproductive lives, and to reduce HIV-related stigma.

- In Zimbabwe and Mozambique, the **Skills2Live** project trained more than 800 young people with social, technical and entrepreneurship skills in order to improve their vocational choices. These young people also received SRHR information, and life skills and sexuality training.



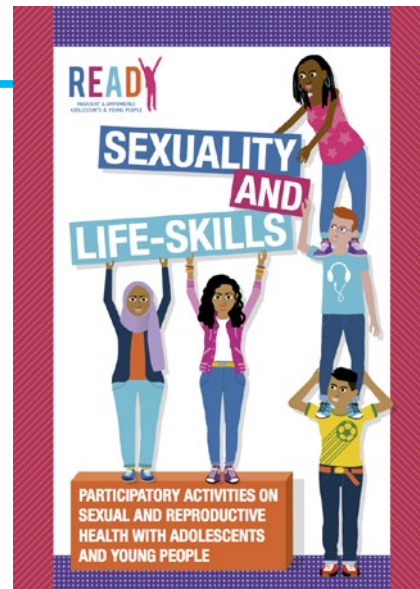
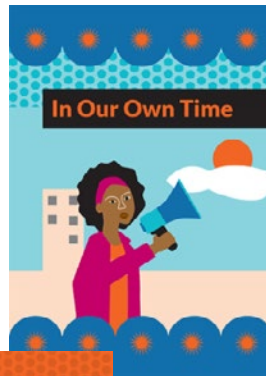
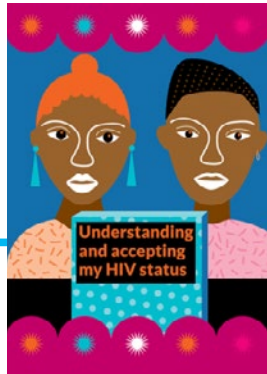
© Frontline AIDS/Peter Caton/READY



© Benjamin Chesterton\duckrabbitt\Frontline AIDS

YOUTH-FRIENDLY INFORMATION AND EDUCATION MATERIAL

Together with our READY+ partners, we developed a set of engaging training materials²⁵ exploring the barriers and enablers to parent-child HIV disclosure, as well as a sexuality education toolkit developed by READY Teens partners which is being piloted in three districts in Uganda.



"I will improve the way I manage the young people with HIV as I learnt they need love, care, and protection, and they need to be heard."

Healthcare provider in Zimbabwe, after participating in READY+ training

Youth leadership

Frontline AIDS has played a significant role in supporting the organisational development and profile of Y+, laying the foundations for the establishment of the READY movement. Through the READY Fellowship set up jointly with GNP+ in 2015, we have strengthened the leadership skills of new advocates in the HIV response. In 2019, we supported the development of their 2019-2021 strategy as well as organisational policies and guidelines on the ethical involvement of young people living with HIV in advocacy. Our Fellowship grant enabled Y+ to submit a successful proposal to the Global Fund's Her Voice Fund to build the skills of a new generation of adolescent girls and young women as advocates in SRHR and HIV in 13 priority countries.

"Frontline AIDS is an organisation which has managed to believe in young people, who believes that young people can occupy positions and convey messages and represent."

Y+
(READY partner organisation)

Growing the movement

Frontline AIDS is supporting expansion of the READY+ model because the evidence²⁶ shows that the peer support model at the heart of it works to reach adolescents and young people living with HIV and to retain them in care.

We have been working with partners implementing Global Fund grants in India, Namibia and Côte d'Ivoire to embed the READY approach in reaching adolescent girls and young women. We have delivered training and technical support using tools developed under READY to train adolescent girls and young women as peer supporters.

READY++, a co-investment with India HIV/AIDS Alliance, developed the skills of 20 champions aged 18-25 on SRHR and life skills to run support groups and safe spaces on topics like sex, sexuality, gender, treatment adherence and mental health.

"The READY+ and Zvandiri programme is doing great work and wonders in terms of assisting children, adolescents and young people living with HIV. The programme must continue. More health facilities to be included as well. This must be a national programme and more support and resources to be mobilised."

Community adolescent treatment supporter,
Masvingo, Zimbabwe

²⁵ <https://frontlineaids.org/resources/in-our-own-time/>, <https://frontlineaids.org/resources/caregiver-stories/>, <https://frontlineaids.org/resources/understanding-accepting-and-disclosing-your-hiv-status/>, <https://frontlineaids.org/resources/managing-grief-and-loss/>, <https://frontlineaids.org/resources/stigma-and-self-stigma/>

²⁶ Willis et al. Effectiveness of community adolescent treatment supporters (CATS) interventions in improving linkage and retention in care, adherence to ART and psychosocial well-being: a randomised trial among adolescents living with HIV in rural Zimbabwe. BMC Public Health, 28 January 2019. Article number: 117 (2019).

GLOBAL PARTNERSHIP FOOTPRINT

COMPREHENSIVE SEXUALITY EDUCATION



1,330,713 AFRICA

In Nigeria, EVA reached over 978,000 young people with information about sexual and reproductive health, partly through a service called My Q&A. This popular service provides accurate and non-judgemental information through a telephone hotline, SMS, WhatsApp, email, website and Facebook.

NB: Sometimes one person can be counted under more than one category: for example, a trans person who uses drugs could be counted under two different categories. The disaggregated values may therefore not necessarily add up to the total value.*

10,775 ASIA AND EASTERN EUROPE

32,250 LATIN AMERICA

2,336 MIDDLE EAST AND NORTH AFRICA

El Instituto para el Desarrollo Humano (IDH) in Bolivia reached over 20,000 young people in school.

PEER SUPPORT AND HIV

When Tendai was diagnosed with HIV as a child, he was ostracised by all his friends. But at 14, his life changed thanks to the love and support that he received from a friend who had been trained as a READY+ community adolescent treatment supporter (CATS).

He initially defaulted on his medication for more than a year and a half and his mother could only watch him deteriorating day by day. "I had no friends because of my sickness and my skin was so horrible," says Tendai.

Tendai joined the Zvandiri peer support group for adolescents and young people living with HIV, run by Africaid, a community-based organisation in Zimbabwe who partner with Frontline AIDS. One of the CATS began visiting Tendai at home.

Living a healthy life with HIV

Tendai learnt from his new friend what it really meant to live with HIV and how he could live a healthy normal life by taking his medication regularly.

After attending peer support groups at Africaid for a number of years, Tendai was selected to become a peer supporter through the Frontline AIDS-led READY+ programme. He was the perfect candidate because of his personal experience of the struggles that young people living with HIV face.

After five years, Tendai celebrated his graduation from the READY+ programme, having helped hundreds of young people. He continues to stand up for others living with HIV; speaking up in his friendship groups when he hears misunderstandings about AIDS.



ADVANCING GENDER EQUALITY

Women living with HIV, sex workers, transgender women and women who use drugs often face multiple, overlapping forms of gender discrimination. There are many gender norms that restrict women's ability to control when, how and with whom they have sex, as well as to protect their sexual health.

Frontline AIDS works with women and girls – and men and boys – to make sure that gender is at the heart of the HIV response. In particular, we focus on the ways gender inequality, gender-based violence and harmful gender norms intersect with other vulnerabilities to render women from the most marginalised populations especially vulnerable to HIV.

Promoting the sexual and reproductive health and rights of most marginalised women

Marginalised women often have even less access to SRHR services than other women because of widespread stigma, discrimination and criminalisation facing sex workers, women who use drugs, transgender women and lesbians. Hand in hand with our partners, we equip the most marginalised people from the most marginalised populations to take action through developing practical guidance tailored to their healthcare contexts and needs. Together, we create an evidence base to be used to influence policy and practice at the regional, national and international levels.

- In 2019, we developed an advocacy brief to address SRHR barriers for women who use drugs,²⁷ which framed a unique session on that topic at the International Harm Reduction Conference in Porto. The session highlighted the challenges women who use drugs still face in accessing SRHR and explored how governments, law enforcement agencies and civil society can work together more effectively to implement the recommendations of the Guttmacher-Lancet Commission to accelerate the SRHR of the most marginalised.
- With the Women's Harm Reduction International Network and PITCH partners, we went on to put together a practical guide to advance the sexual and reproductive health and rights²⁸ of women who use drugs. The aim is to improve access to – and the responsiveness of – harm reduction services for women who use drugs by integrating SRHR.

- SRHR for women most affected by HIV was also at the forefront of Frontline AIDS' campaigning at Women Deliver in Vancouver in June, and during the 25th anniversary summit of the International Conference on Population and Development (ICPD25) in Nairobi in November. At our side event at Women Deliver, a panel of marginalised women shared their experiences of HIV-related stigma and gender-based violence.



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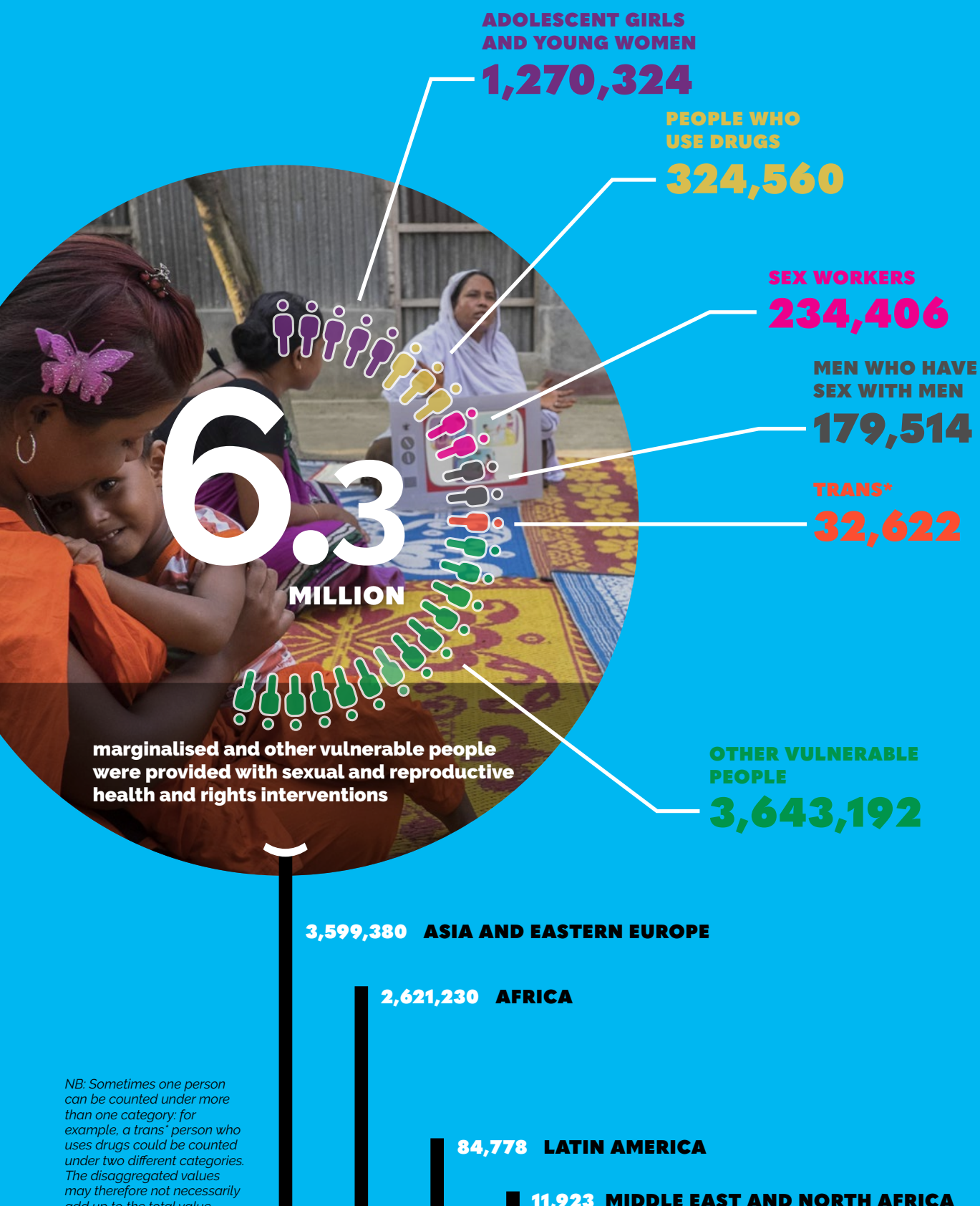
²⁷ How can women who use drugs demand their sexual and reproductive health and rights?

<https://frontlineaids.org/resources/invisible-and-ignored/>

²⁸ Advancing the sexual and reproductive health and rights of women who use drugs, <https://frontlineaids.org/resources/advancing-the-sexual-and-reproductive-health-and-rights-of-women-who-use-drugs/>

GLOBAL PARTNERSHIP FOOTPRINT

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



Gender-based violence and HIV

Gender-based violence is both a cause and consequence of HIV, and women who experience it are 50% more likely to acquire HIV than those who don't.²⁹ Women living with HIV are at heightened risk of partner violence and sometimes forced by healthcare providers to undergo sterilisation.³⁰ Women who use drugs are two to five times more likely to experience violence than women in the general population.³¹

Frontline AIDS has contributed to the growing body of evidence on these linkages through the Leadership and Research Now (LEARN MENA) project. In 2018, we partnered with MENA Rosa – the regional network of women living with HIV in the Middle East and North Africa (MENA) – and UNAIDS' MENA office, to work with marginalised women to understand and address the connections between gender-based violence and HIV. We found that gender-based violence across a range of settings (including households, communities, health services and interactions with the police) shaped and constrained their life choices, including their ability to protect themselves from, or live well with HIV. In 2019, we used this evidence³² to advocate for action on gender-based violence, including at the Sexual Violence Research Initiative (SVRI) Forum in Cape Town. The research was also featured in a UNAIDS panel event at the 63rd Commission on the Status of Women, and in UNAIDS' 2019 World AIDS Day report.

In addition, through READY+ we published a systematic review³³ on what works to prevent gender-based violence among young people living with and affected by HIV – an area which remains poorly understood and investigated. Our findings suggest that interventions to reduce exposure to such violence, mostly reported by girls, need to combine a number of components. These include social empowerment, sexual health education, economic strengthening, self-defence and educating boys about gender equality.

Through PITCH, we supported women from most affected groups to demand their rights and speak out against gender-based violence. Partners used a range of strategies to raise awareness of the issue within their communities, and to demand stronger commitment from all stakeholders to ending it.



© Connie Wingate for Frontline AIDS

- In Myanmar, Mahamate used social media to advocate against rape, sharing messages on each of the 16 Days of Activism Against Gender-Based Violence. They also created a photo booth and encouraged staff from government departments to support the campaign by 'putting themselves in the frame' to show their solidarity.

- Ukrainian organisation Convictus trained 250 domestic violence response personnel – including police and probation officers – on stigma and discrimination towards women who use drugs, and the ways in which this can impact on law enforcement's responses to violence. Convictus also co-founded the only shelter in Kyiv for women from marginalised groups who are survivors of gender-based violence.

²⁹UNAIDS, Women and HIV – A spotlight on adolescent girls and young women. <https://www.unaids.org/en/resources/documents/2019/women-and-hiv>

³⁰WHO/UNAIDS, 2013. 16 ideas for addressing violence against women in the context of HIV epidemic: a programming tool. Available at: https://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=649B2F04AF5A8CD415AFB7A1332ED-2C7?sequence=1; and

UNAIDS, 2020. We've got the power: women, adolescent girls and the HIV response. Available at: https://www.unaids.org/sites/default/files/media_asset/2020_women-adolescent-girls-and-hiv_en.pdf

³¹Gilbert L et.al, 2015. Targeting the SAVA (substance abuse, violence and AIDS) syndemic among women and girls: a global review of epidemiology and integrated interventions. *Journal of acquired immune deficiency syndromes* (1999), 69(0 2), p.S118.; and Roberts, A., Mathers, B. and Degenhardt, L., 2010. Women who Inject Drugs: A review of their risks, experiences and needs. [online] Available at: https://www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf [Accessed 19 Feb. 2020].

³²Linkages between HIV and gender-based violence in the Middle East and north Africa. <https://frontlineaids.org/resources/linkages-between-hiv-and-gender-based-violence-in-mena/>

³³What works? Preventing gender-based violence among adolescents and young people living with or affected by HIV. <https://frontlineaids.org/resources/what-works-preventing-gender-based-violence-among-young-people-living-with-or-affected-by-hiv/>

Standing up against the global gag rule

In 2019, we continued to vigorously oppose the US government's extended Mexico City Policy or 'global gag rule' which prevents organisations around the world from providing, referring, counselling or advocating for safe abortion while they are receiving US health funding.



© Eugenie Dolgberg for Frontline AIDS

- With Sida funding and in collaboration with Watipa and partners in Malawi and Cambodia, we released our 'Early Warning Signs'³⁴ study looking at the impact that the gag rule is having on HIV programmes. The findings suggested that the policy had created some disruption to HIV programmes, outreach services, and referrals to safe, tailored, integrated services for marginalised people. The study also found that the gag rule had created an environment of mistrust, confusion, and isolation among civil society actors, and tightened the space for advocacy on comprehensive SRHR. It concluded that these changes had compromised access to HIV prevention, testing and treatment services for marginalised people.

- The global gag rule has brought the issue of safe abortion into sharp focus across the Frontline AIDS partnership. At the ICPD25 Summit, we partnered with Sonke Gender Justice and MenEngage Africa Alliance to co-host a side event on *Defending The Right Of Women To Safe Abortion In The Era Of Gags And Threats To Sexual And Reproductive Health And Rights*. We brought together strategic donors such as the Swedish International Development Agency (Sida) and key policy partners to examine the negative impacts of and ongoing threats posed by the global gag rule, including on HIV prevention, treatment and care for marginalised people. The need for consistent advocacy around safe abortion and better access to post-abortion care was explored, as well as the idea of creating safe spaces for young people to have discussions around safe abortion.

- Throughout the year, our executive director Christine Stegling has also continued as a She Decides Champion, advocating for the rights of women living with and most affected by HIV to decide when and whether they have sex, marry and have children.

- Gays and Lesbians of Zimbabwe (GALZ) ran workshops for LGBT people where participants were encouraged to play an active role in addressing violence. They exchanged advice on challenges such as intimate partner violence; community violence that can result from being perceived as a masculine female or feminine male; how to speak out on intimate partner violence; incidents with law enforcement officials; discrimination in the workplace or in academic institutions; and their rights under the constitution.

- CYSRA Uganda trained 60 young people as data reporters to collect evidence of gender-based violence faced by young women and girls living with HIV, as well as adolescent mothers, to use in SRHR advocacy efforts with district leaders.



© Gemma Taylor for Frontline AIDS

- In Maputo, Mozambique's leading LGBT rights organisation LAMBDA joined with feminist organisations to help launch the International World Conference for Women 2020, at which they will have a key role as a scientific committee member.

Lesbian, bisexual and other women who have sex with women are a hidden population in the HIV response. However, violence against these women is common, particularly sexual violence sometimes known as 'corrective rape' which can put them at risk of HIV. Our Rapid Response Fund has responded to cases of sexual violence experienced by lesbian women like Cindy who was raped by a prominent member of her community. The grant provided her with much needed psychosocial support, legal fees, and covered transport costs for her friends and family to accompany her to court and provide moral support.

³⁴ The Mexico City Policy: Early Warning Signs, <https://frontlineaids.org/resources/the-mexico-city-policy-early-warning-signs/>

THE WOMEN TACKLING HIV AND VIOLENCE IN EGYPT



"I still had the scars from the latest beating 60 days after he died," says Maha from Alexandria.

"The first time he hit me was on my wedding day, before it was made official. Marriage was a way for me to escape the control of my father so I didn't dare tell anyone, and I went ahead and completed the ceremony.

After that there were repeated beatings. He attacked me with a knife and he raped me. My HIV test results came back after his death.

I can't tell anyone I am living with HIV. If anyone outside the family finds out my status it will bring disgrace on all of us."

The connection between HIV and violence

The evidence shows that women are more at risk, both of becoming victims of violence and of contracting HIV, when they are not treated as equals.

Gender inequality means that women have less control over their sexual and reproductive health and rights, including condom negotiation; are more vulnerable to early and/or forced marriage; and often unable to report violence.

Frontline AIDS has partnered with UNAIDS in the Middle East and North Africa and MENA-Rosa, the first association in the region supporting women living with HIV, on a programme called LEARN, to develop female leaders in the region who can support other women facing these issues.

A safe space with no judgement

The feeling of "nowhere to turn" is a frequently voiced concern, and LEARN was designed to respond to this. "People don't want to go to government facilities" says Fatema, the MENA-Rosa focal point in Cairo. "At our support groups women can meet people in the same position, with no judgement."

Some of the women supported by the programme have gone on to work for the organisation, providing employment opportunities and building up a team of strong female leadership, based on lived experience.



MAKING UNIVERSAL HEALTH COVERAGE WORK FOR PEOPLE AFFECTED BY HIV

The global move towards universal health coverage is a tremendous opportunity to ensure the right to health is realised for everyone, and to address the health inequities in marginalised communities. But we are worried that there are still major gaps in the thinking around UHC, especially in respect of ensuring access to health services for those already most marginalised in society, including people living with HIV and those most at risk of HIV infection.

Throughout 2019, Frontline AIDS worked with partners to take advantage of the opportunities, and to respond to the risks that UHC brings.

As part of the Partnership to Inspire, Transform and Connect the HIV response (PITCH) programme, we mobilised and equipped partners across countries in Asia and Africa to engage effectively with the UHC agenda in their countries. We helped build their knowledge, including on health financing, and strengthened their skills to develop influencing strategies.

We also generated unique new evidence on the impact of different UHC implementation models on marginalised people.

The research, presented in the report *Towards transformative integration of the HIV and AIDS response into universal health coverage*,³⁵ provided a detailed assessment of country-specific risks and opportunities in Indonesia, Vietnam, Kenya and Uganda. It has filled a crucial gap in the global discourse and has been used as a springboard for advocacy by our partners in the research countries.

Frontline AIDS partner Via Libre³⁶ held a forum³⁷ in July, in Mexico City, with representatives of marginalised communities from 17 countries across Latin America and the Caribbean, to strengthen their ability to engage in the UHC

- In Indonesia, people who have been registered as 'drug user' on an official record are not allowed to enrol in national health insurance schemes and can therefore not access HIV and harm reduction services through them. Similarly, people who are estranged from their families, which is often the case for LGBT people, are unable to obtain family health registration cards, which they need in order to access health services. The UHC report helped our partners in Indonesia to engage with their government about these challenges. Through PITCH we supported the coordinator of the Indonesia Positive Women's Network to meet with the Indonesian delegation during the UN High Level Political Forum in July 2019. This raised the profile of civil society as a potential source of information about issues related to UHC and communities.

- In Vietnam, lack of access to identity documents is again a common barrier that hinders people from marginalised communities from enrolling in health insurance schemes, while high health costs for those who are unemployed also poses challenges. Our partners' advocacy resulted in the government of Vietnam deciding in 2019 that health insurance would be made available to people without identity documents.

- In Kenya, the government has conducted UHC pilots in four counties and is poised to roll out its UHC implementation model nationwide. However, information from the pilots has been closely guarded, and this lack of transparency has meant that civil society has struggled to make its voice heard. Our UHC report opened doors for partners to engage more closely with their government, with PITCH partners working as part of a cross-issue coalition and advocating for the implementation and design of UHC to serve the needs of marginalised communities.

- In Uganda, community advocates used the report to spark conversations with government about its findings, and as a basis for detailed discussions on its strategy towards implementing UHC. PITCH partners convened a dialogue between civil society, the World Health Organisation and government to discuss and influence Uganda's approach and vision for UHC implementation at the national level.

debate in their countries. Participants gained knowledge and tools to help them participate in debates and decision-making processes, and to understand how different UHC models would impact on access to services for marginalised people. One of the tools used in the forum was our *Universal Health Coverage: how to finance it?* discussion paper³⁹ which explains the concept of pooled financing for health – a critical concept in the UHC debate.

³⁵ <https://frontlineaids.org/resources/integrating-the-hiv-response-into-universal-health-coverage/>

³⁶ Via Libre hosts the Latin America and the Caribbean Regional Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform), which is an initiative funded by the Global Fund to support and strengthen community and civil society participation at all levels within their processes.

³⁷ Fourth learning and sharing forum: Ensuring Global Fund investments have a lasting impact in the LAC region: sustaining community engagement in the age of transition, social contracting and universal health coverage.

³⁹ <https://frontlineaids.org/resources/universal-health-coverage-how-to-finance-it/>

Amplifying the voice of marginalised people

Through our work on UHC in 2019, we have helped forge coalitions and partnerships to strengthen the voices of marginalised people in UHC debates. We worked with the Free Space Process partners, GNP+ and other international and national partners on strategic advocacy towards the UN High-Level Meeting on universal health coverage, creating space for the demands and concerns of marginalised people to be heard.

- Through a collaboration between PITCH and the READY partnership, we launched **READY4UHC**, a campaign led by Y+, bringing the voices of young people, including the most marginalised, to the UHC debates in their countries. Through this collaboration we built the capacity of young people to engage with the UHC agenda, and that of other partners working on UHC to include the needs of young people in their advocacy.

- At the UN multi-stakeholder hearing on UHC in April, and in the debates leading up to the UN High-Level Meeting, we spoke out about the imperative to address HIV and the criminalisation of marginalised people as a key barrier to achieving the right to health. Although the final outcome document of the High Level Meeting did not include the specific language we had lobbied for, addressing criminalisation or the needs of prisoners, LGBT people, men who have sex with men, people who use drugs, and sex workers, our efforts had important results. Our advocacy contributed towards several references to HIV requiring attention, recognition of the need to support people living with HIV, barriers faced by marginalised and vulnerable groups, and the importance of addressing stigma and discrimination.



UPHOLDING HUMAN RIGHTS FOR EVERYONE, EVERYWHERE

Marginalised communities are not only disproportionately affected by HIV. They also face human rights violations, including from health care providers when they try to access HIV services. It is often not possible to report these violations and, even when these communities report such violations, law enforcement and legal systems don't address them properly.

Monitoring and responding to human rights violations

To hold governments - and health systems - accountable, communities need evidence. Frontline AIDS has responded to this by working with civil society organisations to develop Rights-Evidence-ACTION (REAct), a community-based human rights monitoring and response system. REAct enables them to record data about human rights violations and provide people with health, legal and other services.

At the same time, REAct makes it possible to generate and analyse real-time data, which can then inform human rights-based HIV programming, as well as policy and advocacy activities. Increasingly, governments are adopting REAct within their own national monitoring systems.⁴⁰ In South Africa, REAct is being used in a Global Fund-supported human rights programme, with the aim of establishing it as a national system by the time the grant ends in three years' time. In Côte d'Ivoire, marginalised communities and civil society are working with government officials to embed REAct nationally. This participation and support from the government increases the likelihood that the programme will receive continued support after the Global Fund grant ends.

In 2018, the information management system on which REAct was originally based - Martus - was discontinued. Frontline AIDS took this opportunity to take stock of lessons learnt from implementers, and to find ways to improve and strengthen REAct based on feedback from the field.


In 2019, the redeveloped version of REAct was introduced in nine countries across Africa, Eastern Europe and central Asia, with growing interest from many others, including in the Middle East and North Africa region. The new REAct tool is built on a highly efficient, safe and user-friendly information management system, and users - also known as REActors - enter case notes on a smartphone, tablet, laptop or computer. The system can be used both online and offline. We also developed a new user guide⁴¹ which we launched at the International Conference on AIDS and STIs in Africa in December 2019.

Whilst community organisations have historically used REAct at small scale, there is a strong demand from several organisations doing human rights programming to scale up REAct, ensuring that people in every part of a country are

reached and supported. This could also provide population-level data to help drive policy and programme reform and assist with making the case for increased investment and holding health systems to account.

In 2019, Frontline AIDS provided training and regular technical assistance to partners in nine countries across Africa, Eastern Europe and central Asia. We made sure that REActors - who are usually peer educators or others with direct links to communities - understand how to use the system correctly, and we monitor and support the quality of the data that they collect.

Six of the nine countries - Georgia, Tajikistan, Ukraine, Kyrgyzstan, Moldova and Kenya - are already using REAct, with the others set to start this year. From November 2019 to February 2020, 364 individuals experiencing human rights violations were supported, and reported 368 cases, which means a few individuals reported more than one incident. In 2020, together with our partners and using the insights from the data, we will develop policy, programming and law reform recommendations to help improve access to services for the most marginalised.



"REAct allows for us to get a true picture of what is happening in South Africa with regard to human rights violations at a national scale, rather than only giving an anecdotal picture. It has provided us with a tool to document human rights violations nationally, with a standardised questionnaire for all stakeholders. The data collected through this will inform our human rights policies and programming, to ensure that the rights of all people are promoted and protected."

Fezile Kanju
Human Rights Grant Manager,
AIDS Foundation of South Africa

⁴⁰ Integrating human rights monitoring into the national HIV response. Experiences of setting up REAct. <https://frontlineaids.org/resources/integrating-human-rights-monitoring-into-the-national-hiv-response/>

⁴¹ REAct user guide, <https://frontlineaids.org/resources/react-user-guide/>

Emergency support to LGBT people

In 2019, our unique Rapid Response Fund (RRF) provided life-changing, and often lifesaving, emergency support to LGBT people faced with violence or threats.

As well as helping LGBT people who are facing dangerous situations to survive, the fund ensures that their vulnerability to HIV does not increase in the process and enables those who are living with HIV to continue to access treatment. Additionally, the RRF provides support to improve human rights situations in the long term by supporting individuals and LGBT-led organisations to mount legal challenges to discriminatory laws and practices that prevent LGBT people from accessing HIV services. It is the only fund in the world of its kind.

In total, 101 grants, totalling almost \$900,000, were issued to 76 community-based organisations (CBOs) across Africa, Latin America and the Caribbean, often within a week of receiving the application.⁴² These grants have directly benefited more than 2,000 individuals including:

- **Trans Alliance Sierra Leone helped a transgender woman to access urgent medical care for late stage HIV symptoms. She had been denied treatment in her hometown due to discrimination on the basis of her gender identity.**

- **In Nigeria, MSM activists living with HIV were violently attacked by the local police during celebrations for International Human Rights Day. One died from his injuries and several others were arrested. As a result of an RRF grant to the CBO Blue Gate, those in police custody were released and able to continue with their medical treatment. Blue Gate has also been able to put forward a bill in the Oyo State House of Assembly to prevent police harassment of LGBT people and to ensure continuity of HIV services.**

- **Tanzania Health Education and Services for Youth were awarded a grant to support a young gay man to access medical aid and relocate after a violent attack by relatives who accused him of recruiting others to homosexuality. The young man is a peer educator and conducts regular HIV prevention and adherence outreach to individuals on antiretroviral treatment.**

In 2020, the Rapid Response Fund will continue providing critical emergency support to LGBT and MSM communities in order to protect their health, well-being and security. We will also expand the Fund to provide emergency support to LGBT people impacted by COVID-19.

⁴² We aim to respond to Emergency Grant applications within one week, and Challenge Grant applications within two weeks.



YOUNG, GIFTED AND TRANS

"My passion is fashion, I'd love to be a designer, design dresses," says Rachelle*, aged 24. She knows that her dream is far-fetched. Not because she lacks the talent, but because she is a trans woman living in Haiti where transgender identity is little understood.

Rachelle and her friend Bea*, also a trans woman, were both rejected by their families, and have found it next to impossible to earn a living even though they went on to higher studies.

"I've lost a lot of things in life because of my identity," says Bea. "I wasn't able to graduate [in hospitality and tourism] and had to leave part way through my studies."

*names changed

Safety in numbers

Bea and Rachelle now live in a communal house in Port-au-Prince alongside seven other transgender women who have all been threatened because of their identity. Some have been physically assaulted.

The house has been rented by Action Communautaire pour l'Intégration des Femmes Vulnérables en Haïti (ACIFVH), a small organisation supported by Frontline AIDS through a Rapid Response Fund emergency grant.

ACIFVH's assistance has gone beyond providing a safe place to live. "We've had psychological and medical help," says Bea. "We've been housed and fed. With that help I've found a way through."

Rachelle is equally buoyant, she says: "Now I feel like I'm starting a new life, I'm going to see how I can resume my studies in administrative sciences and start to work. I feel safe now."

A life or death situation

As part of their medical help, both women were tested for HIV and found not to be living with the virus. HIV prevalence among transgender women in Latin America and the Caribbean is significantly higher than among the general population so it was crucial that Bea and Rachelle know their status.

The Caribbean has the second highest HIV prevalence after sub-Saharan Africa, and Haiti itself accounts for nearly half of annual new HIV infections and AIDS-related deaths. The HIV picture there is a complex one, exacerbated by natural disasters, extreme poverty, political instability and a lack of good quality health services.

Richecarde Val who – along with his wife Yaisah co-founded ACIFVH – is thankful that ACIFVH received the emergency grant from Frontline AIDS so quickly and was able to relocate the women. "We're saving lives," he says, "taking people away from danger and giving them a better life."



⁴³ UNAIDS, AIDSinfo, <http://aidsinfo.unaids.org/>

⁴⁴ Ibid

MAKING GLOBAL FUND INVESTMENT WORK

The Global Fund to Fight AIDS, Tuberculosis and Malaria provides more than 20% of all international financing for HIV programmes⁴⁵, and has played a pivotal role in resourcing essential interventions in countries hard hit by the epidemic. The Global Fund remains the largest donor for Frontline AIDS partners, with 9 Principal Recipients (PRs) managing 14 grants⁴⁶ and 11 Sub-Recipients (SRs) implementing activities in 19 grants⁴⁷.

Ensuring a fully funded Global Fund

A key objective for Frontline AIDS in 2019 was to support a fully funded Global Fund, working closely with the Global Fund Advocates Network (GFAN), our partners and communities and civil society around the world.

In October 2019, in an unprecedented show of global solidarity, donors at the Global Fund's Sixth Replenishment Conference pledged US\$14.02 billion over the next three years to step up the fight against the epidemics – the largest amount ever raised for a multilateral health organisation.

Frontline AIDS, in collaboration with the UK Global Fund civil society working group, helped to ensure the UK's ambitious pledge of £1.4 billion. To support this commitment, we held key meetings with senior UK and French politicians, and our PITCH partners worked closely with Dutch and French embassy officials. To mark Valentine's Day 2019, we stood shoulder to shoulder with other UK activists to ask the UK government to #lovemoregivemore. The group's work was acknowledged by the Global Fund, the UK All Party Parliamentary Group on HIV and AIDS, and by the Department for International Development. The group also won the Global Impact Award at the 2019 nOSCARS, which recognise achievements in the HIV response among the Black Asian Minority Ethnic (BAME) communities globally.

As Frontline AIDS, we also collaborated with GFAN in the Asia Pacific region and our partner, India HIV/AIDS Alliance, was a key member of the India civil society working group which supported the hosting of the Replenishment Preparatory Meeting, the first such meeting to be held in an implementing country.

In recognition of our campaigning, Frontline AIDS is one of just a handful of global organisations to be invited to the GFAN strategic planning meeting in 2020 and is a key partner in the Global Fund's domestic resource mobilisation strategy going forwards.

Also in 2019, we worked with colleagues on the joint civil society delegations to the Global Fund Board to secure an increase in the allocation of catalytic funding, from \$200m to \$217m for 2020-2022, for key populations, human rights, and adolescent girls and young women. In partnership with the Global Fund health system strengthening team, Frontline AIDS and partners have obtained a commitment that there will be an increase - percentage to be decided - in the amount of funds that will go to strengthen community systems, particularly community-led monitoring.

Strengthening human rights programming

Our Breaking Barriers, Advancing Rights (BBAR) project, supported by GIZ BACKUP Health, was a proactive effort to help the Global Fund to address gaps in expertise and skills in comprehensive human rights programming.

Although unprecedented - and hard fought for - resources for human rights programming are now available, the Global Fund acknowledged that the expertise needed to effectively design and deliver sustainable, integrated and scaled up programmes has lagged behind. Failing to strengthen this expertise compromises not only the quality of HIV responses in the short term, but also risks reinforcing the reluctance by governments to invest in human rights programmes in the long term.



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⁴⁵ The Global Fund, RESULTS REPORT 2019, <https://www.theglobalfund.org/en/impact/>

⁴⁶ To a value of \$245 million.

⁴⁷ To a value of \$23 million.

BBAR was an initiative that we took in partnership with GIZ BACKUP Health and the Global Fund human rights team, and in close collaboration with country implementers and policy makers, to begin to strengthen the expertise of both implementers in countries and consultants who support the implementers over a longer time. We developed a *Practical guide to implementing and scaling up programmes to remove human rights-related barriers to HIV services*.⁴⁸ This guide builds on UNAIDS and Global Fund technical guidance on human rights programming, but provides much more detailed guidance to implementers on how to design, implement and monitor well-thought-out programmes with a demonstrable impact on health outcomes overall. The guide was published in April 2020, and is expected to be used as a key document that informs Global Fund funding requests and implementation.

In 2019, we provided technical assistance to implementers in Uganda, Ukraine, South Africa and Côte d'Ivoire, all recipients of Global Fund matching funds. We also trained several technical assistance providers, some of whom went on to support the development of Uganda's Comprehensive Human Rights Strategic Plan which is now being used to inform the country's new Global Fund funding request. In Ukraine, our support helped bring together national policy and programming stakeholders and strengthen coordination between them, resulting in improved human rights responses within the country's Global Fund grant.

We recognise that there are others in addition to Frontline AIDS and the Global Fund working in this area, but there has been very little global coordination which, if carried out, could help to reinforce our collective efforts, and streamline technical support. We therefore convened a global orientation meeting of 70 experts with bilateral agencies (including UNAIDS and the Stop TB Partnership), international

and technical assistance providers, national stakeholders and Global Fund country teams. The aims of the meeting were to share information about interventions underway, to begin to develop a shared understanding of technical capacity needs, and to start to align our work more coherently.

Supporting management and oversight of Global Fund grants

Frontline AIDS has a long history of supporting countries to manage and oversee their Global Fund grants, making them work for marginalised people, through providing technical assistance. Much of this technical assistance involves sharing information, expertise and skills transfer with organisations implementing Global Fund programmes. It helps them to improve the delivery of HIV, TB and malaria programmes, and to improve the inclusivity, performance and oversight of Country Coordinating Mechanisms (CCMs).

In 2019, we helped to implement the CCM Evolution pilot, which aims to strengthen the capacity of CCMs in nine countries⁴⁹ to govern their national Global Fund grants. Frontline AIDS delivered a series of in-country technical assistance visits for each CCM and provided ongoing, tailored remote assistance over the project period. The technical assistance focused on helping CCMs deliver on their oversight responsibilities. One key outcome of this work was that CCMs' oversight committees became more collaborative with the Principal Recipients they were overseeing.

Alongside the oversight support process, Frontline AIDS helped to implement the PR management dashboard in 13 countries. The dashboard helps to make grant decisions, including on addressing barriers that prevent marginalised people from accessing services.

IMPROVING GRANT OVERSIGHT IN ETHIOPIA

Ethiopia is at present implementing four Global Fund grants for HIV, TB, malaria and health systems strengthening, worth a total of US \$381 million. A key learning from a baseline assessment was that the oversight committee struggled with conflict of interests and tended to focus on supervision and operational guidance, overlooking issues like access to and quality of services for marginalised groups.

As a result, the committee was restructured to have more of a strategic focus and to bring in greater expertise in finance, procurement and supply management. To help with the strategic oversight, the PR management dashboard provided an analysis of the grant performance. This helped the CCM's oversight committee to get a clearer perspective of the strategic issues affecting grant implementation and to seek

agreement with the PR on how to resolve them. The CCM described feeling "more focused now, we're trying to look at the bigger picture".



⁴⁸ Kenya, Ethiopia, Liberia, Nigeria, Peru, Zimbabwe, Burkina Faso, Malawi and Tanzania.

⁴⁹ <https://frontlineaids.org/resources/implementing-and-scaling-up-programmes-to-remove-human-rights-related-barriers-to-hiv-services/>

CHANGING TO STAY AHEAD

As the HIV epidemic has changed, Frontline AIDS has changed. In 2019 we undertook some far-reaching changes to ensure that we're well equipped to respond with insight, courage and speed to the most pressing challenges of AIDS.



OUR GLOBAL PLAN OF ACTION 2020-2025

In 2019, a year earlier than originally planned, we took the decision to develop a new strategy to replace our strategy *HIV, Health and Human Rights - Sustaining Community Action*, 2013-2020. Because of the failure of the world to address the stubbornly high rates of new HIV infections, we felt we needed to refocus and to rethink how we work.

In close consultation with partners, we developed our *Global Plan of Action 2020-2025: Towards a future free from AIDS, for everyone, everywhere*.⁵⁰ This plan will drive the work of the Frontline AIDS partnership in the coming five years. It sets out ten critical actions that we will prioritise to help the world secure a future free from AIDS for everyone, everywhere.

We believe that, if the actions in the plan are successful, they will make a significant contribution towards global efforts to reduce new HIV infections and AIDS-related deaths.

OUR TEN ACTIONS ARE:

SPEAK TRUTH

- 1** Engage and influence governments and donors to improve access to comprehensive HIV prevention services (including comprehensive sexuality education and harm reduction) to stop marginalised people acquiring HIV.
- 2** Drive conversations with governments and donors to secure integrated testing, treatment and care for HIV-TB/HIV-hepatitis C to stop people living with HIV from dying.

* including access to HIV prevention, testing and treatment, integrated HIV and TB/hepatitis C/cervical cancer screening, integrated psychosocial support, sexual and reproductive health and rights, HIV literacy, harm reduction and rights.

UNLOCK BARRIERS

- 3** Work with marginalised people and their communities to prevent and respond to violence to improve access to, and uptake of, HIV services.
- 4** Convene community networks to document and respond to human rights violations to hold governments and the private sector to account.
- 5** Challenge harmful and discriminatory social and gender norms that prevent marginalised people from claiming their right to health.

INVEST IN SOLUTIONS

- 6** Innovate, evidence and promote tailored, sustainable and inclusive prevention, treatment and care programmes* to reach marginalised people living with, or at risk of acquiring, HIV that can be taken to scale by governments.
- 7** Invest in partnerships to create tailored economic and educational opportunities for people living with HIV in order to improve their quality of life as well as HIV prevention and treatment outcomes.
- 8** Invest in, and advocate for greater recognition of and research into, mental health services for people living with HIV in order to improve their quality of life as well as HIV prevention and treatment outcomes.

BUILD A SUSTAINABLE FUTURE

- 9** Strengthen community and national health systems and structures to ensure that sustainable, inclusive and evidence-informed HIV prevention, treatment and care services are integral to universal health coverage and social support programmes, with full financing by national governments following transition from donor support.
- 10** Develop a new generation of leaders and activists who advocate for the right to good health and wellbeing for all and who meaningfully participate in, and lead, the HIV response.

The plan builds on, and is accompanied by, a theory of change which shows the steps to change we believe need to happen to achieve a future free from AIDS for everyone, everywhere. The theory of change is a living document and will be reviewed as we innovate, work with new partners, learn and adapt to new contexts.

We have also developed a new results framework which we will use to report on progress against the Global Plan, starting from 2020. Its focus is on what the Partnership can achieve together rather than capturing the work of individual partners. Its purpose is to get useful feedback on progress made towards the actions of our Global Plan to inform strategic decisions; to improve accountability; to provide us with evidence of the outcomes of our work for learning and fundraising; and to identify lessons that will help us improve.

⁵⁰ Global Plan of Action 2020-2025: Towards a future free from AIDS, for everyone, everywhere, <https://frontlineaids.org/resources/global-plan-of-action-2020-2025/>

WORKING WHERE WE CAN HAVE MOST IMPACT

Frontline AIDS currently works in 36 countries in partnership with local organisations; either through programmes managed directly by the Charity or with programmes managed independently by partners.

In order to be sure that we are working in the right places with the right people, we have developed a tool known as the Presence and Engagement Framework. This analytical tool helps us take decisions about our current and future geographic footprint and types of engagement. It is designed to measure HIV impact among key groups of marginalised people and the social, political and human rights context.

The framework shows areas where one or several marginalised populations are at a heightened risk, both in terms of HIV and human rights violations, which require us to explore a greater presence and/or engagement by Frontline AIDS.

The Presence and Engagement Framework has been applied to 63 countries. Of the 43 high impact countries, we are already working in 24. We have identified the additional countries in which we will explore expansion and, in 2020, we will undertake scoping work on Russia, the Philippines, Chad or Cameroon, and Brazil.

In addition to the 36 countries where we have programmes in partnership with local organisations, we provided grants through the Rapid Response Fund in 25 countries and technical assistance in 21 countries.

DIVERSIFYING OUR FUNDING BASE

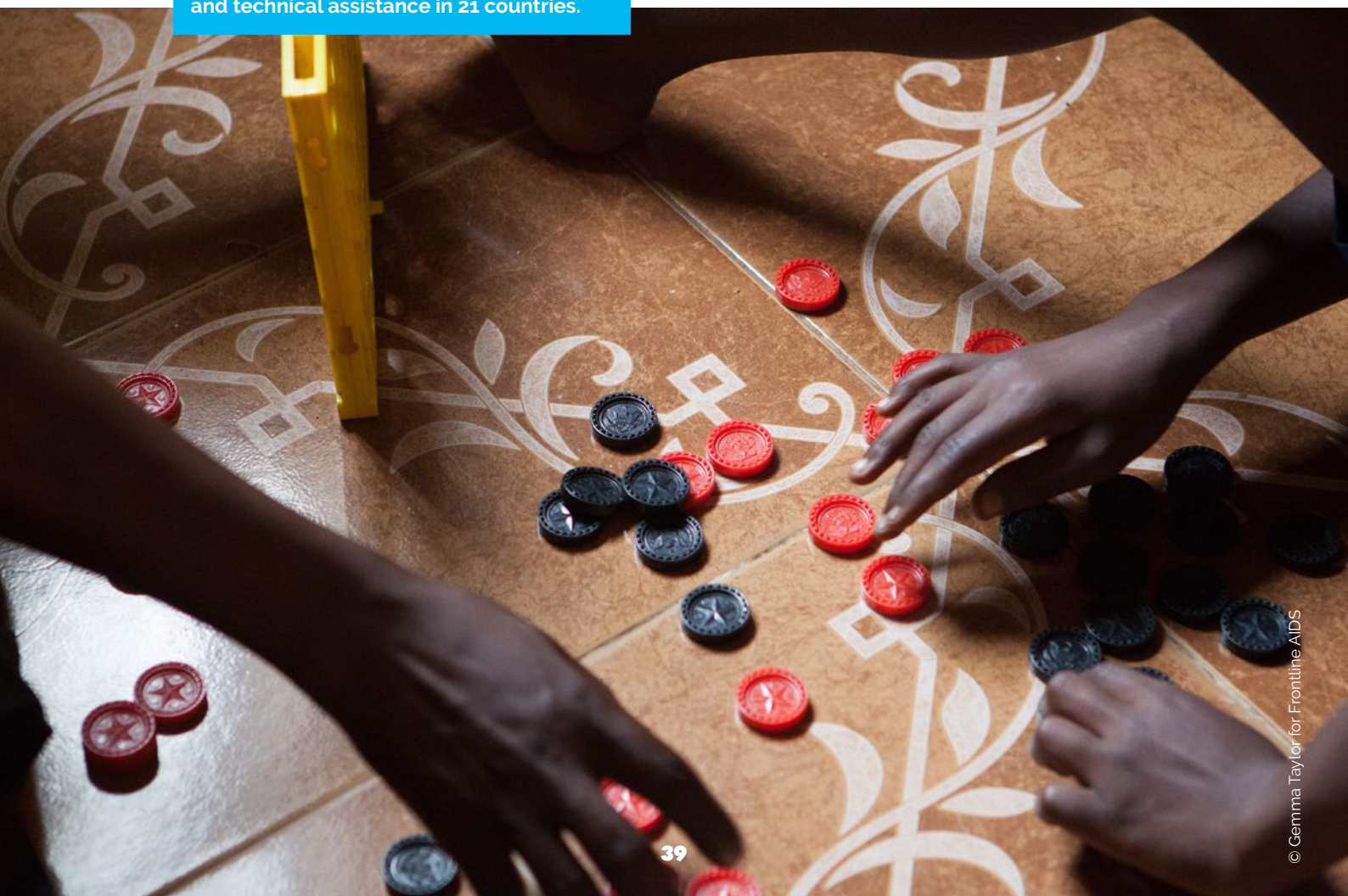
In 2019 we made a significant investment in and commitment to diversifying our fundraising by seeking philanthropic support from the private sector. Progress has been made over the past 12 months working to build our brand recognition and outreach for the purposes of identifying and cultivating new donors. Priorities have included:

- A BBC Radio 4 Appeal voiced by Simon Callow
- Frontline AIDS' first appearance and participation at Brighton Pride
- A House of Lords donor engagement event hosted by Lord Smith of Finsbury
- Development of LGBT lecture series in collaboration with the University of Oxford

Frontline AIDS has continued to work with our existing philanthropic donors and corporate partners raising over US \$2 million in 2019. We are especially grateful to The Elton John AIDS Foundation and ViiV Healthcare for their ongoing support.

We were also delighted that Gilead made a significant contribution to the Rapid Response Fund, which has been crucial in ensuring that the Fund is in a position to continue making grants into 2020.

Philanthropic fundraising remains a strategic priority with the focus in 2020 being on trusts and foundations, corporate and major gifts.



PLANS FOR THE FUTURE

In 2020, Frontline AIDS embarks on the first year of a new Global Plan of Action. We remain focused on our overall mission of ending AIDS for everyone, everywhere whilst also addressing COVID-19 as co-infection alongside HIV and TB (see below for more details). For this year, we have defined the following priorities:

Prioritise our contribution around Actions 1, 6 and 9 and have a critical focus on Actions 2, 3 & 4 (COVID-19-related). For these actions, Frontline AIDS will share responsibility for coordinating/convening the Action, and we will allocate the bulk of our strategic investment to deliver specific interventions.

Mobilise funds to implement selected interventions in the Global Plan of Action from 2021 and beyond.

Position Frontline AIDS as brave, innovative, and solutions-focused, through cutting edge influencing, campaigns, and advocacy.

Contribute to fully achieving the 'Expect to see' progress markers from within our new Results Framework for these priority Actions, as well as some 'Like to/Love to see' markers in the Results Framework. For the other Actions, Frontline AIDS will deliver programmes/undertake exploratory work.

Develop and strengthen our partnership model. Frontline AIDS will embed a model of distributed leadership, learning and adapting, and ensuring mutual accountability across the Partnership.

Take steps to expand our geographic footprint into Russia, the Philippines, Brazil and Chad or Cameroon.

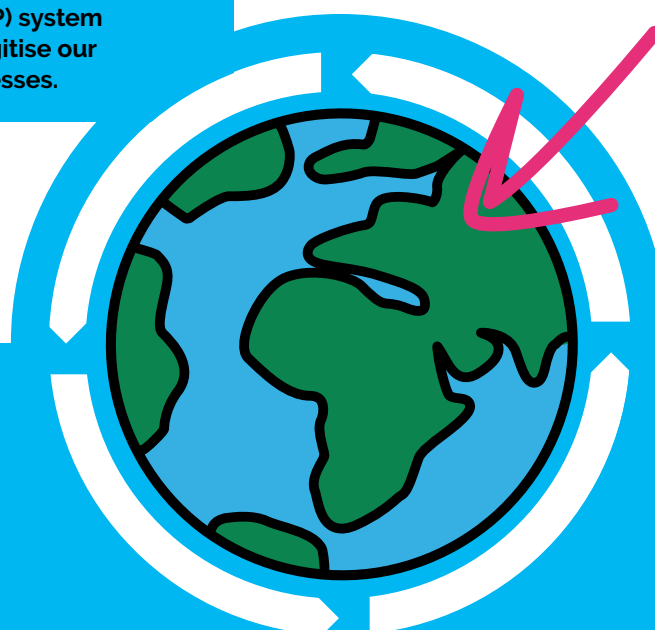
Deliver (and close) several major programmes, ensuring quality is high, close-out is completed responsibly and sustainably, and impact is aligned across the ten actions.

Improve efficiency by taking advantage of digital solutions to enhance organisational systems and processes. Specifically, we will implement a new Enterprise Resource Planning (ERP) system which will digitise our finance processes.

Provide partnership support and accompaniment for the group of strategic partners who have stepped forward to share responsibility for all Actions, connecting and convening other partners as required.

Play a major coordinating role on behalf of the whole partnership, convening current partners, creating new ones, and finding resources.

Make Frontline AIDS a great place to work, with a well-defined culture, values that are embraced and acted upon, and new ways of working which will enable us to attract and retain talent, deliver innovation and maximise our impact.





SUSTAIN, ADAPT, PROTECT: OUR RESPONSE TO HIV AND COVID-19

At the time of writing this report, the coronavirus pandemic is intensifying, particularly in the countries where Frontline AIDS operates. It is now clear that COVID-19 is not a temporary detour in our work. Its far-reaching impact will inevitably alter the way we work. Even when this outbreak does end, our lives and the lives of HIV-affected communities and families will have changed.

The economic, social, and mental health impacts of this crisis are already visible and will only intensify in the months to come, as will the political and human rights consequences. But within this uncertain landscape, we remain optimistic that new opportunities will also emerge, and that Frontline AIDS is well positioned to embrace them.

We are committed to delivering our mission through our Global Plan of Action but we are making the necessary rapid adjustments in our plans and approaches, and critically reviewing where and how we invest our resources so that we can respond effectively to HIV and COVID-19.

We are drawing upon our 25+ years of experience and expertise of working with marginalised people to solve the toughest challenges in the response to HIV. As we adapt, we acknowledge the following:

- **There is still much that we do not know about COVID-19 and its co-existence with HIV. As such, our approach to strategy re-formulation/adaptation is emergent and we are spending our time 'doing it' rather than writing it. However, our commitment to our mission will not falter.**
- **Our response is iterative – whatever new plans we are making now will possibly change. We find ourselves innovating at a pace and scale that is moving as fast as both epidemics. We accept that within this working model we may make mistakes, and in this ever-changing context, our risk tolerance is constantly under review.**
- **The communities and partner organisations we support will find it difficult to maintain HIV services as they struggle to cope with COVID-19 realities, and as the conditions of their lives are exacerbated by lockdowns and broken supply chains.**

- **Despite this, our partners remain in a unique position to make a vital contribution to the COVID-19 response provided that they have the information, resources and protection they need to build the resilience of their own organisations and those of the communities they work with.**

Considering the above, we will move quickly to readjust our programming to reduce the effects of COVID-19 and HIV in a variety of settings. We will provide flexible support and capacity building tools to support adaptations to programming. We will step up our global advocacy aimed at key actors in the HIV response. We will demand that donors commit to adequate HIV, TB, and COVID-19 funding to avoid undoing the gains of recent years. These will be both expansions of activities in our Global Plan of Action, as well as new interventions informed by our partners.

Specifically, we will expand our Rapid Response Fund to provide emergency support to LGBT people impacted by COVID-19 and establish a new Partner Crisis Response Fund available to Frontline AIDS partners only. This is to provide essential funds such as personal protective equipment (PPE) and sanitiser to enable services to continue, technology to improve connectivity, as well as one-off support to set up helplines and provide information, education and communication (IEC) materials.

Looking forward, we remain conscious of our collective responsibility to share our experience and models to help address not only COVID-19, but future airborne pandemics. The future of the HIV response will largely depend on demonstrating that continued investment in community responses to HIV is also preparing for other pandemics above and beyond coronavirus. For that, we will need a 'next generation' of HIV programmes and leaders that will be able to quickly adapt and respond to new threats and epidemics.

This will no doubt be a difficult and challenging year for Frontline AIDS and its partner organisations. We remain committed to ensuring that those affected by HIV are not sidelined in national responses to the pandemic, no matter who they are or where they live.

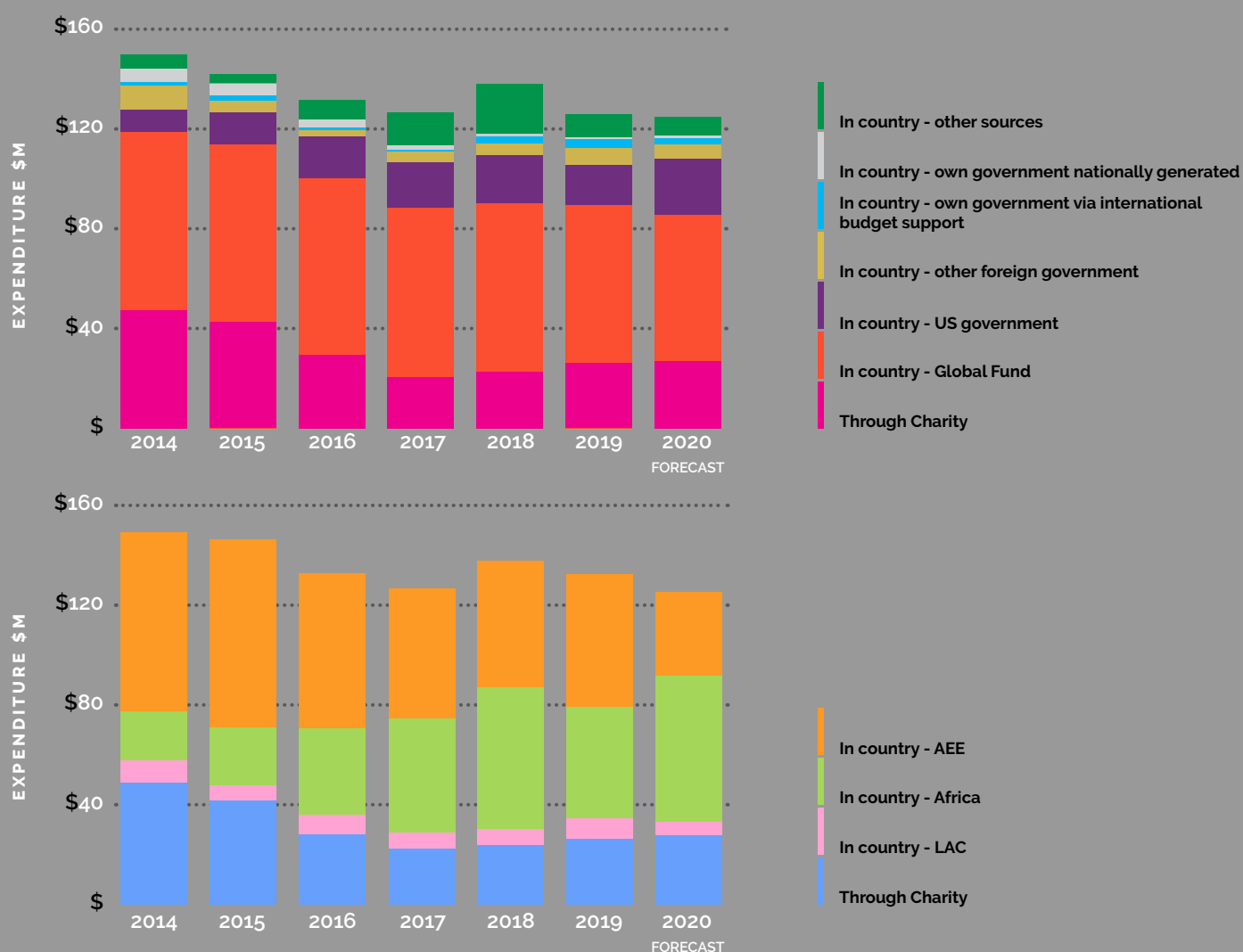
FINANCIAL REVIEW

FRONTLINE AIDS PARTNERSHIP ACCOUNTS

Frontline AIDS is a multidirectional partnership that operates at global, national and local levels through a network of partners. The Partnership comprises Frontline AIDS, the registered charity, and a network of Frontline AIDS partner organisations. On an annual basis, the Charity - the coordinating body of the global partnership - prepares partnership accounts which report on the finances of the Partnership.

The charts below summarise the total expenditure for the Frontline AIDS global partnership for the years 2014 to 2019, with a forecast for 2020. The pink segment of each bar represents the total expenditure recorded in the Charity's group accounts, including partners to the extent that they are funded through the Charity. The other segments show the additional expenditure of partners on HIV that has been funded directly (rather than through the Charity) by donors. The second chart shows the additional in-country expenditure broken down by region.

From the year 2014 onwards, there has been a trend of total partnership income and expenditure declining. Over this period, an increasingly challenging external environment, including a reduction in HIV/AIDS-related funding, has led to a reduction in the income and expenditure of the Frontline AIDS partnership. The decline has been particularly marked in middle-income countries, a geographical area where the global partnership has a sizeable presence. An increase was seen in 2018, when the Frontline AIDS partnership grew with the addition of a new strategic partner. However, the trend of decline has reverted in 2019, with total partnership expenditure of \$126m for the year. The year 2020 is forecast to see a very slight further decline to \$125m. It should be noted that the 2020 forecast has been calculated before the impact of the COVID-19 pandemic and the disruption this could cause to HIV/AIDS programming throughout the Frontline AIDS global partnership, cannot be properly known or accounted for this time.



THE CHARITY'S FINANCIAL RESULTS FOR THE YEAR

This section is a commentary on the financial statements of the Charity and its group on pages 57–75. The financial statements have been prepared in accordance with the requirements of the Companies Act 2006 and United Kingdom Generally Accepted Accounting Practice, including the Charities Statement of Recommended Practice (FRS102). The expenditure of Frontline AIDS partners is only included in these financial statements to the extent that the funding was channelled through the Charity.

The Charity undertook a year of investing and readying itself for the launch of its new Global Plan of Action and brand. The Charity closed the year with a deficit of \$(1.2m), which was \$1m ahead of its organisation budget and ensured the Charity maintained a healthy level of reserves. At 31 December 2019, the Charity held \$7.5m of free reserves available to ensure future sustainability and support important strategic work as the Charity moves into operationalising its new Global Plan of Action.

The Charity delivered strongly on its programmatic work, which was reflected in its restricted income and expenditure levels and in the performance against its programmatic targets. Frontline AIDS is positioned well to continue this strong programmatic delivery into 2020.

PERFORMANCE OF THE CHARITY'S FUNDRAISING ACTIVITIES

In terms of reaching financial targets, the financial year 2019 was another strong period with a number of significant new funding agreements secured. Success has been achieved against the background of a challenging external donor environment where the shape and focus of Official Development Assistance (ODA) funding continues to evolve. The funding secured will help the Charity meet its financial objectives for the coming years and enable important charitable and programmatic work to continue.

In the financial year 2019, the Charity did not undertake any material fundraising activities with members of the public. All material funding secured was received from institutional donors, trusts and foundations. The Charity did not pay any third party or agency to undertake material fundraising activities on its behalf and received no complaints during the course of the year regarding any fundraising activities. The Charity and its Trustees are fully aware of the requirements and duties set out in the Charities (Protection and Social Investment) Act 2016 with respect to fundraising activities and are focused on ensuring any future fundraising activities are fully compliant.

BALANCE SHEET AND CASH FLOW

The balance sheet and the cash flow statement show cash and cash equivalents increasing by \$1.4 million from 2018 to 2019. The increase represents advanced funds received from donors for planned programme activities in 2020. The Charity's cash position continues to remain healthy at the

end of 2019, with total cash and cash equivalents held of \$17.7 million. Of this total cash balance, \$4 million was held in short term treasury deposits with a maturity date of 12 months or less. The remainder of cash was held as operating cash.

Income of \$10.4 million was deferred at year end including \$3.7m for the PITCH programme and \$1.1m for the Ready+ programme, both of which are funded by the Ministry of Foreign Affairs for the Netherlands. In addition, \$2.2m was deferred on the SRHR Umbrella programme, which is funded by the Government of Sweden (Sida) and \$1.6m was deferred on the MENA region programme funded by the Global Fund.

FINANCIAL INSTRUMENTS AND FOREIGN EXCHANGE RISK

The Charity's operations and working capital requirements are financed principally by a mixture of reserves and funds received in advance from donors. In addition, trade debtors (funds due from donors) and trade creditors arise directly from the company's operations.

The Charity's income is received mainly in US dollars, British pounds sterling, Swedish krona and euros. The costs of the Charity are primarily incurred in pounds sterling, while the costs of in-country operations and support for partner organisations are incurred in around 30 different currencies.

In summary, the Charity's policy on foreign exchange is:

- to regularly review its net exposure to foreign exchange risk
- to pass on foreign exchange risk to suppliers and partners where appropriate; when it is necessary for the Charity to bear the risk, to manage significant exposure by the use of forward contracts and options
- to continue to hold liquid reserves mainly centrally, in US dollars, sterling and euros, subject to ensuring that partner organisations have sufficient cash locally to prevent disruption to services

RESERVES POLICY

The Charity's reserves policy was agreed at the April 2010 Board meeting and is reviewed regularly, most recently in May 2019. It was agreed then that the policy continued to meet the organisation's financial objectives and sufficiently safeguarded the Charity's financial position. The Trustees' review confirmed that the reserves policy remained appropriate and it was decided to retain the policy as detailed below. The Trustees have further considered the reserve levels of the Charity in light of the potential impact of COVID-19. The Trustees are comfortable that the level of reserves held are appropriate given the additional risks brought about by the pandemic.

The Charity has no long-term borrowings, so all of its financing needs must be met from either reserves or current income. The Charity needs to hold reserves for the following primary purposes:

- *to provide working capital for overseas operations:* the Charity normally pays grants to its partners in advance for three months of planned activity. Some smaller

grants are paid annually in advance. However, the Charity's own restricted funding from its donors can be paid in arrears. Therefore, the working capital needs of its overseas operations may need to be met from the Charity's unrestricted reserves.

- *to cover for a shortfall in funding for core costs:* the salaries and running costs of the Charity are mainly covered by unrestricted funding which comes from the Dutch and Swedish governments. If that funding were delayed, the Charity would need a buffer of unrestricted reserves to pay core costs in the meantime. If unrestricted funding were discontinued or significantly reduced the Charity would need unrestricted reserves to fund restructuring and redundancy costs. The target level of this element of unrestricted reserves is three months of the Charity's core costs.
- *to cover unbudgeted costs incurred by partner organisations:* the Charity is part of a partnership of more than 30 organisations worldwide, so it is normal that from time to time there will be emergencies or unanticipated costs that the Charity will want to support. There may not be sufficient contingency within a single year's budget, so to be able to respond to emergencies the Charity needs a contingency fund within unrestricted reserves.

The three requirements above are met by the General Fund. The target level for the first two is variable according to the values and the cash flow patterns of the budgets for the year, so the overall target level for the General Fund is reassessed annually. Based on budgets for 2019, the target minimum level for the General Fund is \$4.6 million. On 31 December 2019, the Charity held reserves of \$4.8m in its General Fund, meeting the agreed minimum target.

In addition to the General Fund, the Trustees maintain a Programme Designated Reserve. This reserve account is maintained to fund important strategic interventions that the Charity is delivering as part of its strategy to 2020. The balance of this account on 31 December 2019 was \$2.1 million and these reserve funds will be utilised to support the Charity's strategy through to 2020. Together, the General Fund and the Programme Designated Reserve make up the Charity's free reserves.

Separate unrestricted reserves are needed for the following purposes:

- *to cover the balance of funds invested in fixed assets:* the Charity's fixed assets have been acquired using unrestricted funds. The net book value of fixed assets is held in a separate reserve to reflect the fact that this part of the Charity's reserves is not readily realisable to finance any other activity or obligation. On 31 December 2019, the balance of this reserve fund was \$25,000. During the course of 2019, the Charity capitalised IT equipment purchased in the year. These fixed assets will be depreciated over their remaining useful life, with the depreciation allocated against this fund.

- *to cover for foreign exchange losses:* Currency markets continue to be volatile and, with major income and expenditure streams in over ten different currencies, the Charity is exposed to significant foreign exchange risk. Steps are taken to hedge against that risk in line with the foreign exchange risk policy set out above, but it is still prudent to retain a minimum balance in the Exchange Rate Revaluation Reserve to cover unhedged foreign exchange losses. The target minimum value of the reserve is \$0.5 million. On 31 December 2019, the balance on this reserve fund was \$0.5 million.

On 31 December 2019, the total funds held by the Charity amounted to \$7.5 million.

LIQUIDITY AND INTEREST RATE RISK

The Trustees monitor the liquidity and cash flow risk of the Charity carefully. Cash flow is examined by the Trustees on a regular basis and action is taken as appropriate. The Charity did not need an overdraft in 2019 and will not need one in 2020. There are no long-term borrowings, so the Charity is not exposed to interest rate risk.

INVESTMENT POLICY AND OBJECTIVES

The Charity's investment policy was approved at the Trustees meeting in April 2013 and reviewed in May 2017. The objectives of the policy in order of priority are to ensure the Charity's funds are held safely; to ensure the Charity has sufficient liquidity to implement its programmes; and to achieve a return on surplus funds. These surplus funds may be invested in:

- fixed-interest government or government-backed investments with less than five years to maturity which are rated AAA by either Standard & Poor's or Moody's
- bank treasury deposits and/or notice accounts with terms of up to 12 months in banks that are rated at least A by both Standard & Poor's and Moody's, and have been approved by the Trustees
- in a sterling common deposit fund managed by a corporate trustee, as approved by the Charity Commission

During the course of 2019, interest earned on investments totalled \$241,000. The objectives of the policy are to generate interest on the Charity's GBP, USD and EUR bank balances equal to the Bank of England, Federal Reserve and European Central bank base rates. The Charity met this target in 2019.

PRINCIPAL RISKS AND UNCERTAINTIES

The Trustees have ultimate responsibility for identification of the risks to which the Charity is exposed. The risk management framework approved by the Trustees includes the following measures:

- The Finance and Audit Committee (FAC) reviews the organisational risk register at its bi-annual meetings, assesses the risks facing the Charity and the measures put in place to mitigate them, and reports its findings to the Board of Trustees.
- Critical risks are monitored on an ongoing basis by the Programme Management Board (PMB), while the Senior Management Team (SMT) carries out a monthly review of the organisational risk register. The Executive Director regularly updates the Chair of the FAC on any significant new risks or other changes to the register.

- Risk management is embedded across the organisation through use of an online integrated system (Salesforce) to which all staff have access. Risks raised on the online system are monitored in 'real time', reviewed by senior staff, and inform the organisational risk register.
- The internal audit team carries out a programme of audits across all operations and activities based on an annual internal audit plan approved by the FAC.

The following principal strategic risks and uncertainties have been identified and the management actions relating to them are subject to regular review by the FAC.

Risk (risk type)	Management actions
FUNDING (STRATEGIC) The contraction in funding available for HIV and AIDS, due to donor priorities shifting including to the COVID-19 response, results in the Charity being unable to mobilise the necessary resources to sustain its current level of programming.	<ul style="list-style-type: none"> • Manage the relationships with strategic donors more pro-actively and pursue potential new sources of strategic income. • Ensure a more proactive approach to fundraising, shifting focus, capacity and investments to generating institutional and programmatic funding. • Continue to communicate with donors and prospects, keeping them up to date through online and virtual platforms. • Develop communications campaigns about the work of Frontline AIDS. Develop an ask specifically on the COVID-19 impact on already vulnerable communities.
RELEVANCE (STRATEGIC) Frontline AIDS fails to demonstrate and sustain its relevance and value add within a context overshadowed by COVID-19. It is unable to sustain an effective community response. Frontline AIDS cannot sustain its presence in the regions and communities due to COVID-19 resulting in weaker partnerships.	<ul style="list-style-type: none"> • A clear Frontline AIDS HIV and COVID-19 response guidance is under development to guide the organisation operations, reassess the Charity's relevance and demonstrate value add within the context of COVID-19. • Revise the operational workplans for the Charity, ensuring they remain relevant within the current context. • Utilise the new community of practices on COVID-19 to ensure Frontline AIDS keeps in close communication with its partners. • Development of compelling evidence and investment propositions around the effectiveness and urgent need for combined community-based HIV and COVID-19 programming.

Risk (risk type)	Management actions
<p>PROGRAMMES (DELIVERY)</p> <p>Poor donor compliance and financial management of programmes and increased incidences of fraud result in failure to deliver restricted projects on time and within budget, resulting in reputational damage.</p> <p>Major disruption to HIV and SRHR services through supply chain, staff non-availability and re-focused resources due to COVID-19 and lockdowns</p>	<ul style="list-style-type: none"> • Strong oversight of programmes by the Programme Management Board (PMB) and Senior Management Team. • Robust operational plans with clear spending targets and accountabilities for senior leaders who report regularly to the PMB. • Collaborate on local level adaptations to service design, such as refocus on ICT and virtual service support. • Re-programming to access protective materials and regular risk assessment on safety. • Focus on advocacy on stigma, discrimination, violence and intersection with COVID-19. Re-purpose REACT in COVID-19 era and trial.
<p>PARTNERSHIP MODEL (DELIVERY)</p> <p>Strategic Partners are poorly governed, managed, unable to raise adequate resources, fail to deliver restricted programmes in accordance with contract provisions, generating reputational damage for Frontline AIDS.</p> <p>The partnership model takes longer than expected to build momentum with COVID-19 limiting their capacity to contribute to the Partnership.</p>	<ul style="list-style-type: none"> • Ensure sufficient Frontline Global human resources are available to support the development of the action groups to build new capability to enable the model to flourish, using convening, coaching, knowledge creation and online collaboration platforms. • Reframe the Global Plan of Action actions around COVID-19 to ensure they are relevant to the new situation. • Invest in new platforms for connecting with partners and develop online spaces for capacity building and accreditation. • Open and transparent selection process as Frontline AIDS transitions to the new partnership model with former linking organisations and future strategic and associate partners.
<p>PRESENCE (DELIVERY)</p> <p>The Frontline AIDS partnership footprint is neither strategic nor aligned with our Presence and Engagement Framework, leading to sub-optimal impact and loss of funding.</p>	<ul style="list-style-type: none"> • Update the Framework to analyse presence and engagement in relation to the priorities of the Global Plan of Action, with six-monthly review to ensure that presence and engagement are on track. • Use the Framework to inform the Global Plan of Action and strategic decisions relating to current and future programming and to partner and stakeholder engagement.
<p>PEOPLE MANAGEMENT (OPERATIONAL)</p> <p>The uncertainty and complexity of a wide range of workforce and people management issues adversely affect the Charity's ability to meet its strategic and operational goals.</p>	<ul style="list-style-type: none"> • A new HR system enables a more sophisticated monitoring of people KPIs. Provision of dashboard reports to key management personnel. System to be further embedded in 2020. • A new Senior Management Team role has been created to lead organisational development efforts. • Measures to support the challenges of COVID-19, from homeworking policies, to staff surveys to line management support and Q&A. Monitor government support available to protect jobs.

Risk (risk type)	Management actions
<p>STAFF SECURITY (OPERATIONAL)</p> <p>Death, injury or abduction of staff member or consultant whilst working results in reputational damage, trustee and corporate liability, and reduced staff morale.</p>	<ul style="list-style-type: none"> ● Maintain security management systems including partner security oversight, travel management and staff personal safety training. ● Functioning Crisis Management Team and updated business continuity plans. ● Policies, procedures and staff training reviewed and refreshed and delivered by Risk Management team.
<p>OPERATING SYSTEMS (OPERATIONAL)</p> <p>Critical operating systems being implemented by the Charity (primarily the new finance system) are delayed and/or cause significant business interruption upon implementation.</p> <p>Sensitive personal data relating to staff, individual donors or programme beneficiaries is breached, leading to reputational damage to the Charity and/or potential danger to beneficiaries.</p>	<ul style="list-style-type: none"> ● Dedicated project manager is managing the planning and delivery of the new finance system, with additional consultants sourced as required to support implementation. ● Data collected by partner organisations is anonymised to prevent identification of individual beneficiaries. ● Consultants contracted by the Charity on programme-related work are monitoring and evaluation experts with a high level of awareness around data protection issues. ● Data protection officer meets regularly with relevant function heads to discuss current data protection issues. ● Review timelines and budget for revised launch of new finance system and plan accordingly for managing in the interim.
<p>SAFEGUARDING (OPERATIONAL)</p> <p>The Charity is unable to provide absolute assurance that the necessary leadership, systems, culture and transparency are in place to fully protect vulnerable people. This could impact on people's lives and lead to reputational damage and trustee and corporate liability.</p>	<ul style="list-style-type: none"> ● Senior staff from the Programmes pillar act as the Charity's safeguarding leads. ● New criminal records check policy to be implemented in 2020. ● Monthly safeguarding meetings for focal points and reporting via a confidential incident register. ● Adequate 'reporting' processes in terms of reporting safeguarding incidents. New reporting process with independent whistleblowing service and flowchart. ● Safeguarding internal audit results will advise on additional measures required. ● Updated terms of reference for People & Reward Committee to reflect extended remit of staff wellbeing and safeguarding.
<p>CORONAVIRUS (STRATEGIC/DELIVERY/OPERATIONAL)</p> <p>The emergence of COVID-19 has seriously impacted the organisation's ability to operate and function as an entity and to deliver programmes on time and to budget. Risk that partnerships dissolve and relevance of the organisation diminishes.</p>	<ul style="list-style-type: none"> ● COVID-19 task force has been created as a sub group of senior management to provide urgent and focused support. The Executive Director represents senior management in this taskforce. ● The taskforce has developed a detailed risk assessment detailing specific risks, risk mitigation actions and risk owners. This process is a mitigating action itself. ● The 2020 Operational Plan is being reviewed and updated in light of the impact of three- and six-month scenarios of virtual home working/limited overseas travel.

STRUCTURE, GOVERNANCE AND MANAGEMENT

INTRODUCTION

Frontline AIDS was incorporated as a company limited by guarantee in England and Wales on 24 December 1993 (registration number 2883774) and is a registered charity (registration number 1038860).

- the advancement of health throughout the world, particularly in relation to HIV and to sexual and reproductive health;
- the promotion of the effective use of charitable resources by civil society organisations advancing health, particularly in relation to HIV and to sexual and reproductive health;

The Charity's governing document is its memorandum and articles of association. The Charity's legal objects, as set out in its memorandum of association, are:

- the promotion of human rights;
- the relief of poverty or other charitable need among people affected by HIV; and
- the promotion of equality and diversity by the elimination of stigma and discrimination in relation to people affected by HIV.

PARTNERSHIP MODEL

Frontline AIDS the registered charity functions as the coordinating body of the Frontline AIDS partnership, a multidirectional partnership that operates at global, national and local levels. The new partnership model, endorsed by the Charity's Board in May 2019, develops the previous alliance of linking organisations into a more fluid and collaborative partnership with an intention to offer more distributed leadership. The Charity and Frontline AIDS partners collaborate to deliver the actions in the Global Plan of Action, taking into account their differing contexts in regions and countries throughout the world. Partners make multiple contributions to the successful delivery of the Global Plan as:

- Strategic Partners: leaders at national, regional and global level that contribute programming, advocacy or technical expertise to one or more actions, often through a formal relationship with other Strategic Partners.
- Associate Partners: contributors to one or more actions through a formal relationship with a Strategic Partner (e.g. programme implementation or advocacy/technical expertise).
- Collaborators: organisations and individuals who commit to be part of a global effort to ignite urgent actions on AIDS.

In 2020 our partnership model will evolve further as, informed by our Presence and Engagement Framework, we bring in new partners and extend our presence within new countries. The accreditation process (see below) is used to assess organisations wishing to join the global partnership.

FRONTLINE AIDS OFFICES

The Charity has a subsidiary office in Cape Town, South Africa. Frontline AIDS South Africa is registered as a non-profit company (NPC) with the Companies and Intellectual Property Commission (CIPC).

Frontline AIDS U.S.A. Inc. was incorporated in the state of Maryland, USA in 2019. An application for 501(c)(3) status (exemption from federal income tax as a non-profit organisation) was approved by the IRS in March 2020.

TRUSTEES

The Charity is governed by its Board of Trustees, the organisation's foremost policy-making body. The Trustees of the Charity are directors for the purposes of the Companies Act 2006. The Trustees who served during the year are listed on the inside back page of the Report and Accounts under reference and administrative details.

The Board of Trustees approves the Charity's strategic framework and is responsible for ensuring that the organisation's broad policies and strategies are in keeping with its mission. At their twice-yearly meetings (which take place over two days) the Trustees authorise annual operational plans, funding requests and programme priorities, decide annual budgets, review the progress the Charity is making against its strategy, approve accounts and review organisational risk. The Trustees also select and appoint the Charity's Executive Director.

When new appointments to the Board are sought, preferred skills and experience are identified through an audit and the positions and desired profiles are advertised. Applications are discussed and appointments confirmed by the full Board. In accordance with the memorandum and articles of association of the Charity, Trustees are appointed for an initial three-year term, and may not serve more than three consecutive terms of office. Appointment of Trustees is by resolution of the Board.

TRUSTEE INDUCTION AND TRAINING

New Trustees receive an induction pack in advance of their first Board meeting, containing key organisational documents such as the memorandum and articles, the most recent strategy and annual report and accounts, essential policies (e.g. anti-fraud, conflict of interest, serious incident reporting), Committee terms of reference, and trustee duties and responsibilities. The pack also includes external guidance such as the charity governance code and the Charity Commission guidance, The Essential Trustee. New Trustees attend the Charity a day before their first Board meeting for a one-day induction during which they learn about the Frontline AIDS partnership model, practices and programmes. The day includes meetings with key staff from across the organisation. Training for existing Trustees is arranged on an ad hoc basis according to their requirements. A one-day governance workshop for Trustees was held the day before the November 2019 meeting; the workshop included a comprehensive session on safeguarding.

CHARITY GOVERNANCE CODE

The Risk and Compliance team is responsible for ensuring that the Charity's procedures and practices meet the requirements of the Charity Governance Code. The team uses the Code self-assessment template to review the Charity's practices on a regular basis and ensure that the organisation continues to maintain high standards of governance. The Board of Trustees received training on the updated (July 2017) Code from the Charity's auditors at its meeting in November 2017. The previous version of the Code was used as the basis of the partnership Governance Handbook, published in English, French and Spanish, and circulated to all partners.

FINANCE AND AUDIT COMMITTEE

The Finance and Audit Committee (FAC) reports to the Board of Trustees and comprises up to nine members: up to five Trustees and up to four external members. The current Trustee members are Maya Mungra (Chair of the Committee), Warren Buckingham III (Chair of the Board of Trustees), Andrea Marmolejo and Christoph Benn. The current external members are Ian Goodacre and Robert Hardy, both of whom were appointed to the FAC in April 2015. Peter Freeman, former Chair of the Committee and a Trustee until his retirement from the Board in 2011, retired from the FAC in April 2020 after serving the maximum three terms allowed by the Committee's terms of reference.

The FAC meets at least twice a year. Its responsibilities include: a review of the Charity's annual budget in advance of discussion by the Board; review and oversight of the Charity's financial position, and performance against budgets; review of the statutory accounts of the Charity; the approval of changes in accounting policies; the assessment of risks facing the Charity and the systems put in place to mitigate them; the approval of internal audit plans and review of the effectiveness of the internal audit function; and the consideration of findings and recommendations of both the internal and external auditors.

ACCREDITATION COMMITTEE

Frontline AIDS introduced an accreditation system in 2008 to assess partners against institutional and programmatic standards, in order to ensure that the global partnership comprises well-performing, sustainable and credible civil society organisations (CSOs). The system promotes good governance, organisational management and good practice HIV programming, and guides the admission of new organisations to the global partnership. The accreditation certification is valid for four years.

The accreditation system is currently under review following the changes made to the partnership model in 2019. The aim is to adapt the system so that it is appropriate for a range of partners, providing due diligence, assurance and capacity-building across the partnership model.

The Accreditation Committee oversees the accreditation system. The Committee comprises up to three Trustees alongside four partner representatives at either Board or senior management level. The current Trustee members of the Committee are Kevin Moody (Chair of the Committee) and Marika Fahlen. The partner members are Rokhaya Nguer (Chair of the Board of Alliance Nationale des Communautés pour la Santé [ANCS] in Senegal), Soe Naing (Executive Director of Mahamate in Myanmar), and Flavian Rhode (Executive Director of Positive Vibes in South Africa). Anuar Luna (Executive Director of Colectivo Sol in Mexico) currently sits on the Committee as an external member.

MEMBERSHIP COMMITTEE

The Board of Trustees approved the creation of a Membership Committee in May 2017. The purpose of the Committee is to deal with matters of suspension and termination of membership of the global partnership for reasons other than those linked to accreditation. The Committee has seven members: the Chair of the Charity's Board (who is Chair of the Committee); Chair of the Finance and Audit Committee; Chair of the Accreditation Committee; the Executive Director of the Charity; and three representatives from Frontline AIDS partner organisations (one from each Frontline AIDS geographic region) who are either senior staff or Board members of their organisation.

The terms of reference of the Membership Committee are currently under review to ensure that the Committee's remit remains appropriate following the changes made to the partnership model.



PEOPLE AND REWARD COMMITTEE

The role of the People and Reward Committee, on behalf of the Board, is to:

- provide guidance to management on an overall budget and policy framework for the Charity's annual staff pay and award settlement, to inform management's negotiations with staff trade union representatives;
- set the pay of the Executive Director, based on his or her performance and input from the Chair of the Board;
- discuss and advise management on human resources issues proposed by the Executive Director including: director-level structure and appointments, staff recruitment and retention, organisational culture, and the management of change.

The Committee meets as required and reports to the Board of Trustees at least once a year. Its membership comprises the Chair of the Board (currently Warren Buckingham III); Chair of the FAC (Maya Mungra); and the Board of Trustees safeguarding lead (Pauline Hayes).

MANAGEMENT STRUCTURE

The Charity's organisational structure comprises three pillars: Programmes, Evidence & Influence, and Operations. These functional pillars are aligned with the Global Plan of Action 2020-2025 and enable the organisation to be effective and efficient in meeting its strategic aims.

The Executive Director manages the Charity on a day-to-day basis, coordinates and directs the three functional pillars and reports to the Board of Trustees at its biannual meetings. She leads the Charity's Senior Management Team (SMT) which comprises the Executive Director, the directors of the Programmes and Evidence & Influence pillars and the Director of Strategy & Organisational Effectiveness. These SMT members are the key management personnel within the Charity.

The SMT usually meets on a fortnightly basis to take decisions about (among other things) the review, development and implementation of operational plans; financial, planning and other management systems; changes in organisational policies; and the creation of new staff positions. The Head of Finance & Risk and the Head of Internal Audit regularly attend SMT meetings to ensure that decision-making is informed by detailed input from across the organisation. The Programme Management Board (PMB), comprising the Charity's heads of team and a rotating member of SMT, also meets fortnightly, alternating with the weeks when SMT meetings take place. The PMB's over-arching objective is to ensure the Charity is effectively delivering against strategic priorities through planned portfolios of work. The PMB has a particular focus on risk management and the identification and mitigation of risks to which the Charity is exposed. Significant decisions – such as the approval of organisation-wide strategy, annual work plans and budgets – are subject to approval by the Board of Trustees.

SAFEGUARDING

In 2019, the Charity continued to improve its safeguarding policies and procedures following the internal review carried out in 2018. Controls were strengthened with the introduction of a new Safeguarding Framework and an updated Safeguarding Children, Young People and Vulnerable Adults Policy; and in October a new Code of Conduct was launched. All Trustees and staff have signed the Code of Conduct. Our recruitment policies were updated, and 87% of staff undertook specialist safeguarding training (98% as of June 2020).

The process for reporting concerns was also reviewed and updated on our website and in the safeguarding and whistleblowing policies. We have started the process of surveying programme partners about their safeguarding controls and this due diligence process will continue into 2020 with appropriate capacity-building support to be provided.

A safeguarding lead was appointed on the Board of Trustees, and all Trustees have received specialist training. The Board is satisfied that the Charity has adequate safeguarding procedures in place and that there are no historical safeguarding issues which should have been reported to the Charity Commission. The Board is further satisfied that eight safeguarding concerns raised with the Board by management in 2019 have been investigated and actioned internally. One of these concerns was reported to the Charity Commission and the Commission has advised that no further action is to be taken.

GENERAL DATA PROTECTION REGULATION

Significant work was undertaken in preparation for the EU General Data Protection Regulation (GDPR) which came into force in 2018. Staff from all clusters and subject areas were involved in the review of existing practice around data protection, and the update of procedures, to ensure compliance. During 2019, work continued on raising data protection awareness across the organisation, particularly around Salesforce, which the Charity now uses to maintain the contact details of staff, consultants and partners, and around fundraising from individual donors, a new area for the Charity.

REMUNERATION POLICY

The Charity's Global Remuneration Principles were updated during 2019 to reflect its move to a performance-driven approach to salary increases. The Charity aims to ensure equity across its global recruitment and remuneration practices and to contribute to the development and sustainability of the local economy in countries where its staff are based. All roles are benchmarked annually against data from comparable organisations in the charity sector. The Charity aims to remunerate staff within the median-upper quartile range produced by the benchmarking exercise.

GRANT-MAKING POLICY

The Charity grants funds to partners, some of which then support other NGOs and CBOs within their countries by sub-granting the funds received.

The Charity has a comprehensive onward granting policy and procedures manual that provides clear guidelines on the criteria for awarding grants to partners, thus ensuring that accountability and transparency are maintained. The manual includes: detailed tendering processes; guidelines on matters such as how to establish selection criteria; how to engage external stakeholders in the selection process; how to carry out programmatic and financial assessments; how to support and monitor grantees; and what to do when there is a need to close out the grant. Renewal of a grant is subject to performance, review and re-planning.

PUBLIC BENEFIT REPORTING

The Trustees have paid due regard to the Charity Commission's general guidance on public benefit in setting the Charity's objectives and planning its activities. This annual report of the Trustees explains the Charity's activities and demonstrates how they contribute to its purposes and provide public benefit.

TRUSTEES' RESPONSIBILITIES IN RESPECT OF THE CHARITY'S ACCOUNTS

The Trustees (who are also directors of the Charity for the purposes of company law) are responsible for preparing the strategic report, the Trustees' report and the financial statements in accordance with applicable law and regulations and United Kingdom Generally Accepted Accounting Practice. Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company (i.e. the Charity) and its group, and of the incoming resources, including income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP)
- make judgements and estimates that are reasonable and prudent
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the accounts
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue its activities.

The Trustees are responsible for keeping proper accounting records that: are sufficient to show and explain the Charity's transactions; disclose with reasonable accuracy at any time the financial position of the Charity and its group; and comply with the Companies Act 2006 and the provisions of the Charity's constitution. They are also responsible for safeguarding the assets of the Charity and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In accordance with company law, the Trustee directors certify that:

- so far as they know, there is no relevant audit information of which the Charity's auditors are unaware
- they have taken all necessary steps to make themselves aware of any relevant audit information and have ensured that the Charity's auditors are aware of that information.

GOING CONCERN

The Trustees have assessed the Charity's ability to continue as a going concern. The Trustees have considered a number of factors when forming their conclusion as to whether the use of the going concern basis is appropriate when preparing these financial statements. These factors have included the following:

- A review of the updated organisation budget for 2020, which takes account of the operational disruption caused by the COVID-19 pandemic together with a review of an updated financial forecast to the end of 2021, which analyses various scenarios of funding for the Charity and the likelihood of key strategic grants being secured
- A review of the key risks the Charity faces, including the impact of the COVID-19 pandemic and the mitigating actions the Charity can deploy to reduce the negative impact of the operational disruption caused

Following the above reviews, the Trustees have concluded the following:

- The COVID-19 pandemic will not have such a material impact upon the Charity's finances as to cast doubt on the Charity's ability to continue as a going concern
- The Charity can secure adequate future funding and control costs sufficiently such that it will remain financially viable and continue as a going concern into the foreseeable future

The key areas of uncertainty around the going concern status of the Charity are outlined on the next page, together with the Charity's response.

COVID-19 PANDEMIC

The COVID-19 pandemic has not had a significant immediate impact on the Charity's operations, due to the ability of the Charity to continue to implement its programme work in the countries in which it operates. Trustees are however aware that if the current situation becomes prolonged, the risk of a greater impact to the Charity does exist.

A prolonged disruption in the key regions that the Charity undertakes its programme delivery could delay its programmatic work and the ability of the Charity to reach those most at need. The Trustees and Charity have responded to this by re-directing resources to those programmes and interventions which will have the greatest impact to supporting the Charity's beneficiaries in light of the COVID-19 pandemic. The impact on overhead recovery through any disruption has been assessed within financial scenarios. The Trustees have also assessed the risk to Frontline AIDS' network of partners and the funds that these partners hold as part of implementing programme work. Trustees are happy that the controls in place to monitor and manage the funds held by partners are appropriate and robust. The financial scenarios and partner assessments demonstrate that any financial impact can be appropriately managed by the Charity.

FUTURE FUNDING AND FINANCIAL SUSTAINABILITY

The Trustees of the Charity have analysed its forecasts in detail to assess the potential impact of a shortfall in funding, including the impact of this possible shortfall on the Charity's cost base and ability to deliver the Global Plan of Action.

The Charity is funded through a mixture of long-term grants and contract income from governments, multilaterals, trusts, foundations and corporations. The Charity has two key strategic donors. A key risk represents the strategic grant from the Ministry of Foreign Affairs for the Netherlands, which comes to an end on 31 December 2020. The Charity is mitigating this risk through proactive negotiations with the donor around a renewal of funding and focused fundraising efforts on new income sources.

The Charity has also analysed its cost base and is comfortable that if a new strategic grant is not secured from the Ministry of Foreign Affairs for the Netherlands, the Charity can control costs sufficiently to continue to operate and deliver its strategy.

The Charity entered 2020 in a strong position with the General Fund in line with the reserves policy of \$4.8m, a programme designated reserve of \$2.2m and a foreign exchange reserve of \$0.5m. Taking into account mitigating actions, under all scenarios the Charity has sufficient liquid funds to support its cash flow requirements, together with sufficient reserves for the period of review.

Having regard to the above, the Trustees believe it is appropriate to adopt the going concern basis of accounting in preparing the financial statements.

APPROVAL

This annual report of the Trustees, prepared under the Charities Act 2011 and the Companies Act 2006, was approved by the Board on 2 June 2020. This included the Trustees' approval, in their capacity as company directors, of the Strategic Report contained herein.

Signed on behalf of the Board of Trustees



Warren Buckingham III 2 June 2020
Chair

ACCOUNTS FOR THE YEAR TO 31 DECEMBER 2019

INDEPENDENT AUDITOR'S REPORT

Independent Auditor's Report to the Members of Frontline AIDS

Opinion

We have audited the financial statements of Frontline AIDS for the year ended 31 December 2019 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charitable Company Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and the charitable company's affairs as at 31 December 2019 and of the group's incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditor's Report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- the information given in the Trustees' Report, which includes the Directors' Report and the Strategic Report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Directors' Report included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- the information given in the Trustees' Report, which includes the Directors' Report and the Strategic Report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic Report and the Directors' Report included within the Trustees' Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and the charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the Strategic Report or the Directors' Report included within the Trustees' Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- the parent charitable company has not kept adequate accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' Responsibilities statement set out on page 52, the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the group's or the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

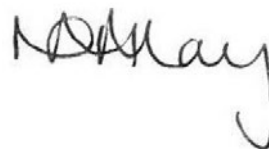
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities.

This description forms part of our Auditor's Report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Nicola May

Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
London

Date: 25th June 2020

FRONTLINE AIDS

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31 December 2019

	Notes	2019 Restricted \$000	2019 Unrestricted \$000	2019 Total \$000	2018 Restricted \$000	2018 Unrestricted \$000	2018 Total \$000
INCOME FROM:							
Donations and legacies		-	21	21	-	8	8
Investments	2	-	241	241	-	126	126
Charitable activities							
Grant income	3	18,426	5,974	24,400	13,309	6,325	19,634
Contract income	3	-	664	664	-	609	609
Total		18,426	6,900	25,326	13,309	7,068	20,377
EXPENDITURE ON:							
Charitable activities	4	18,426	8,118	26,544	13,309	10,234	23,543
Total		18,426	8,118	26,544	13,309	10,234	23,543
Net expenditure			(1,218)	(1,218)		(3,166)	(3,166)
NET MOVEMENT IN FUNDS:							
Funds brought forward	3	-	8,690	8,690	-	11,856	11,856
Total funds carried forward	3	-	7,472	7,472	-	8,690	8,690

The notes on pages 60 to 75 form part of these financial statements.

There are no recognised gains and losses other than those shown within the Consolidated Statement of Financial Activities.

FRONTLINE AIDS BALANCE SHEET

as at 31 December 2019

	Notes	2019 Group \$000	2019 Charity \$000	2018 Group \$000	2018 Charity \$000
Fixed assets					
Tangible assets	8	25	25	64	64
Current assets					
Debtors	11	2,438	2,448	2,433	2,440
Short term deposits	12	4,000	4,000	8,000	8,000
Cash at bank and in hand	12	13,743	13,731	8,333	8,326
		20,181	20,179	18,766	18,766
Liabilities:					
Creditors: Amounts falling due within one year	13, 14	(11,762)	(11,760)	(9,644)	(9,644)
Net current assets		8,419	8,419	9,122	9,122
Provision for liabilities and charges	15	(972)	(972)	(496)	(496)
Total Net assets		7,472	7,472	8,690	8,690
The funds of the charity	3				
Unrestricted					
General fund		4,800	4,800	4,800	4,800
Fixed asset fund		25	25	64	64
Exchange rate revaluation reserve		500	500	500	500
Programme designated reserve		2,146	2,146	3,326	3,326
Total unrestricted funds		7,472	7,472	8,690	8,690
Restricted		-	-	-	-
Total charity funds		7,472	7,472	8,690	8,690

The net result for the financial year for Frontline AIDS, the Charity, is a deficit of \$(1,218,000).

The financial statements were approved by the Board of Trustees and authorised for issue on 2 June 2020

Warren Buckingham III
Chair

The notes on pages 60 to 75 form part of these financial statements.
Frontline AIDS. Company Number 2883774

FRONTLINE AIDS

CONSOLIDATED CASH FLOW STATEMENT

for the year ended 31 December 2019

	Notes	2019 \$000	2019 \$000
Cash flows from operating activities			
Net cash provided by (used in) operating activities	2	1,169	(3,538)
Cash flows from investing activities			
Interest on treasury deposits and bank balances	2	241	126
Purchase of fixed assets	8	-	(25)
Subtotal: Net cash provided by investing activities		241	101
Change in cash and cash equivalents for the year		1,410	(3,437)
Cash and cash equivalents at the beginning of the year		16,333	19,770
Cash and cash equivalents at the end of the year	12	17,743	16,333

The notes on pages 60 to 75 form part of these financial statements.

FRONTLINE AIDS

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

for the year ended 31 December 2019

1. Accounting Policies

Legal form of Charity

Frontline AIDS is registered as a limited liability company in England and Wales under number 28837 and its registered office is Preece House, 91 - 101 Davigdor Road, Hove, BN3 1RE. Frontline AIDS is a Benefit Entity registered with the Charity Commission under number 1038860.

Basis of preparation

The financial statements have been prepared under the historical cost convention in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Companies Act 2006 and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 1 January 2015.

The Statement of Financial Activities (SOFA) and balance sheet consolidate the financial statements of the Charity and its subsidiary undertakings in South Africa and the United States of America. The consolidation has been carried out on a line by line basis. The subsidiary undertaking in South Africa, a non-profit company, was registered on the 02 August 2018 under the name International HIV/AIDS Alliance South Africa. The subsidiary undertaking in the USA, Frontline AIDS U.S.A. Inc., a non-profit corporation, was incorporated on 04 June 2019.

No separate SOFA has been presented for the parent charity alone. The subsidiary undertakings in South Africa and the United States have received no income outside of that provided by the Charity and have incurred no expenditure outside of that reported by the Charity. Therefore, the SOFA of the parent charity is the same as the consolidated SOFA.

Going Concern

The Trustees have assessed the Charity's ability to continue as a going concern. The Trustees have considered a number of factors when forming their conclusion as to whether the use of the going concern basis is appropriate when preparing these financial statements. These factors have included the following:

- A review of the updated organisation budget for 2020, which takes account of the operational disruption caused by the COVID-19 pandemic together with a review of an updated financial forecast to the end of 2021, which analyses various scenarios of funding for the Charity and the likelihood of key strategic grants being secured.
- A review of the key risks the Charity faces, including the impact of the COVID-19 pandemic and the mitigating actions the Charity can deploy to reduce the negative impact of the operational disruption caused.

Following the above reviews, the Trustees have concluded the following:

- The COVID-19 pandemic will not have such a material impact upon the Charity's finances as to cast doubt on the Charity's ability to continue as a going concern.
- The Charity can secure adequate future funding and control costs sufficiently such that it will remain financially viable and continue as a going concern into the foreseeable future.

The key areas of uncertainty around the going concern status of the Charity are outlined below, together with the Charity's response.

COVID-19 Pandemic

The COVID-19 pandemic has not had a significant immediate impact on the Charity's operations, due to the ability of the Charity to continue to implement its programme work in the countries in which it operates. Trustees are however aware that if the current situation becomes prolonged, the risk of a greater impact to the Charity does exist.

A prolonged disruption in the key regions that the Charity undertakes its programme delivery could delay its programmatic work and the ability for the Charity to reach those most at need. The Trustees and Charity have responded to this by re-directing resources to those programmes and interventions which will have the greatest impact to supporting the Charity's beneficiaries in light of the COVID-19 pandemic. The impact on overhead recovery through any disruption has been assessed within financial scenarios. The Trustees have also assessed the risk to Frontline AIDS' network of partners and the funds that these partners hold as part of implementing programme work. Trustees are happy that the controls in place to monitor and manage the funds held by partners are appropriate and robust. The financial scenarios and partner assessments demonstrate that any financial impact can be appropriately managed by the Charity.

Future funding and financial sustainability

The Trustees of the Charity have analysed its forecasts in detail to assess the potential impact of a shortfall in funding, including the impact of this possible shortfall on the Charity's cost base and ability to deliver the Global Plan of Action.

The Charity is funded through a mixture of long-term grants and contract income from governments, multilaterals, trusts, foundations and corporations. The Charity has two key strategic donors. A key risk represents the strategic grant from the Ministry of Foreign Affairs for the Netherlands, which comes to an end on 31 December 2020. The Charity is mitigating this risk through proactive negotiations with the donor around a renewal of funding and focussed fundraising efforts on new income sources.

The Charity entered 2020 in a strong position with the General Fund in line with the reserves policy at \$4.8m, a programme designated reserve of \$2.2m and a foreign exchange reserve of \$0.5m. Taking into account mitigating actions, under all scenarios the Charity has sufficient liquid funds to support its cash flow requirements, together with sufficient reserves for the period of review.

Having regard to the above, the Trustees believe it is appropriate to adopt the going concern basis of accounting in preparing the financial statements.

Funds structure

The Charity maintains two types of fund:

Unrestricted Funds

Unrestricted funds are funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity, and which are not subject to donors' restrictions. The Charity further divides unrestricted funds as follows:

- The Fixed Asset Fund, which represents the funds tied up in tangible fixed assets and therefore not immediately realisable.
- The Programme Designated Reserve, which are funds the Trustees have set aside for particular purposes.
- The General Fund, which represents the working capital for the Charity and also provides a buffer, should there be a shortfall in income or unbudgeted costs. The Trustees review the level of the General Fund annually and have agreed in the Reserves Policy (see page 43) a target minimum level for the General Fund of \$4.6 million.
- The Exchange Rate Revaluation Reserve, which holds a minimum balance of \$0.5 million to cover unhedged foreign exchange losses.

Restricted funds

Restricted funds are funds that must be used in accordance with specific instructions imposed by donors.

Transfers between funds

Transfers to or from the General Fund from other funds are made in accordance with the Charity's reserves policy.

Incoming resources

Incoming resources are included in the SOFA when the Charity is legally entitled to them, the receipt is probable, and the amount can be reliably measured. Incoming resources from charitable activities includes income from performance related grants; income and fees for contracts and services; and income from unrestricted grants. Voluntary income comprises public donations and is included when it is received.

The Charity receives funding from performance-related grants and contracts for direct and indirect programme costs and to provide sub-grants to other agencies. This funding is subject to contractual restrictions which must be met through incurring qualifying expenses for particular programmes.

Income arising from performance related grants is treated as restricted income. Income arising from contracts for services is recognised as unrestricted income, as any surplus or deficit remaining after the contract terms have been fulfilled is for the Charity to keep.

Revenue from performance grants and contracts is recognised only when funds have been utilised to carry out the activity stipulated in the agreement. This is generally equivalent to the sum of relevant expenditure incurred during the year and any related contributions towards overhead costs. Deferred income amounts received under these grants and contracts represents the amount of cash received in advance of earning revenue through the delivery of programme activities.

The Charity also receives some grants from governments and foundations that are not subject to contractual restrictions. Revenue from these grants is included at the time the contract is signed by the donor.

Resources expended

Charitable activities

Expenditure is recognised on an accruals basis. All costs are allocated to direct charitable activities. Support costs are allocated on a total cost basis. All salaries are allocated to either support costs or direct activities according to timesheets.

Contributions are paid to Frontline AIDS country offices and partners, and are given for two purposes, either to support the operating costs of the overseas organisation, or to provide funds for 'onward granting' to implementing partners.

Operations expenditure is recognised when expenses have been incurred by the Country Office or partner and have been approved by the budget holder at the Charity.

Onward grants by Country Offices to implementing partners are recognised in line with the expenditure of the grant reported back to the Country Office by the implementing partner. Onward grants by partners are recognised as expenditure in full on signing of the onward granting agreement with the implementing partner.

Governance costs

These are the costs associated with the governance arrangements of the Charity as opposed to those costs associated with fundraising or charitable activities. Governance costs include internal and external audit costs, and costs associated with constitutional or statutory requirements, for example the costs of Trustees' meetings or of preparing statutory accounts.

Functional and presentation currency

The functional and presentation currency of the Charity is US Dollars. A significant proportion of the Charity's funding and programme expenditure is denominated in US Dollars, therefore the Charity has elected to use US Dollars as its functional currency and the currency that the consolidated Financial Statements are prepared in.

Foreign exchange gains and losses

Monetary assets and liabilities denominated in foreign currencies are translated into US dollars at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into dollars at the rate of exchange ruling at the date of the transaction or at an average monthly rate. Exchange differences are taken into account in arriving at the net movement in resources for the year.

Fixed assets and depreciation

Expenditure on tangible fixed assets is capitalised at original cost. The capitalisation limit is \$5,000.

Assets held by Country Offices are fully depreciated in the year of acquisition. Assets held by the Charity in the UK are depreciated on the straight-line basis over the estimated useful lives of the assets as follows:

Leasehold improvements: 7 years, or the term of the lease, whichever is shorter

Furniture and fixtures: 7 years

Computer equipment and software: 3 years

Office equipment: 3 years

A full year's depreciation is charged in the year of acquisition and none in the year of disposal.

Cash and cash equivalents and current asset investments

Cash and cash equivalents are measured through the US dollar equivalent cash value held by the group at the balance sheet date. Short term deposits are measured as the US dollar equivalent value of short term treasury deposits structured for a period of up to 12 months at the balance sheet date. The balances held in these short term treasury deposits are not intended to be used to fund working capital requirements in the immediate future.

Debtors

Debtor balances are made up of balances due from donors, amounts due from subsidiary companies, amounts advanced to partners, prepayments and other debtors.

Debtor balances due from donors are measured as the US dollar equivalent value of invoices submitted to donors for reimbursement of funds. Amounts due from subsidiary companies and amounts advanced to partners are both measured as the US dollar equivalent value of unspent funds at the balance sheet date. Prepayments are measured as the US dollar equivalent value of net amounts prepaid at the balance sheet date.

Provisions for liabilities and charges

Provisions for liabilities and charges are provided for where these arise from a legal or constructive obligation, as a best estimate of the expenditure required to settle the present obligation at the balance sheet date.

Pensions

The Charity offers staff a range of benefits including membership of a defined contribution pension scheme. Where staff opt to join the scheme, the Charity makes employer's pension contributions to personal pension schemes. The assets of these schemes are held separately from those of the Charity in independently administered funds. In accordance with SORP 2015 'Retirement and post-employment benefits', contributions are charged to unrestricted and restricted funds on the same basis as other employee related costs.

Operating leases

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the term of the lease.

Financial instruments

Where the Charity has obligations denominated in one currency that are funded by grants or contracts denominated in another currency, it is exposed to the risk of movements in the exchange rate between those two currencies. In accordance with its foreign exchange policy (see page 43), the Charity may use forward contracts or options to reduce the risk arising from its significant foreign exchange exposures. Those contracts may commit the Charity to exchange a given amount of one currency for another at a future date, at a set rate. These contracts are classed as derivative financial instruments, because their value changes in response to changes in market foreign exchange rates. Accounting standards require derivatives to be held at fair value, with the change in value from one period to another taken through the Statement of Financial Activities. At the balance sheet date, any outstanding forward foreign exchange contracts or options would be revalued at the applicable forward rate for each contract at the year end. The unrealised gain or loss arising on revaluation is taken through the Statement of Financial Activities. The Charity does not hold or trade in any other type of derivative financial instrument.

Estimation of uncertainty

The key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements are described in this accounting policies note and specifically relate to incoming resources and resources expended.

Post balance sheet events

Since the year end the COVID-19 pandemic has taken hold globally. The pandemic has not had a significant immediate impact on the Charity's operations, due to the ability of the Charity to continue to implement its programme of work in the countries in which it operates. Trustees are however aware that if the current situation becomes prolonged, the risk of a greater impact to the Charity does exist. The Trustees and management team are actively managing the impact as detailed in the going concern statement above and there have been no material changes in activity since the balance sheet date.

2. Investment income & interest

	2019 \$000	2018 \$000
Interest on treasury deposits and bank balances	241	126

3. Movement in resources

	Balance at 1/1/19 \$000	Incoming 2019 \$000	Transfers 2019 \$000	Outgoing 2019 \$000	Balance at 31/12/19 \$000
RESTRICTED FUNDS					
Alliance for Public Health	-	103	-	(103)	-
Comic Relief	-	423	-	(423)	-
Dutch Government (BuZa)	-	8,594	-	(8,594)	-
Elton John AIDS Foundation	-	2,940	-	(2,940)	-
German Government (GIZ)	-	2,201	-	(2,201)	-
Gilead Sciences Inc	-	101	-	(101)	-
Global Fund to Fight Aids, Tuberculosis & Malaria	-	1,068	-	(1,068)	-
Open Society Foundations	-	105	-	(105)	-
SPIDER/DSV Stockholm University	-	79	-	(79)	-
Swedish Government (Sida)	-	2,283	-	(2,283)	-
UK Government (DFID)	-	216	-	(216)	-
ViiV Healthcare	-	239	-	(239)	-
Young Africa International	-	74	-	(74)	-
Total unrestricted funds		18,426	-	(18,426)	
UNRESTRICTED FUNDS					
Contracts					
US Government (USAID)	-	-	-	-	-
Other contract income	-	664	-	(664)	-
Subtotal contracts		664		(664)	
<i>Unrestricted grants (details below)</i>					
Other unrestricted grant income		5,974			
Total grant income		5,974			
Other unrestricted income		263			
Total incoming resources on general fund		6,236			
General fund	4,800	6,236	(466)	(5,770)	4,800
Fixed asset fund	64	-	(39)	-	25
Exchange rate revaluation reserve	500	-	(302)	302	500
Programme designated reserve	3,326	-	807	(1,987)	2,146
Total unrestricted funds	8,690	6,900	-	(8,118)	7,472
Total funds	8,690	25,326	-	(26,544)	7,472

Restricted funds relate to donor-funded programmes, with expenditure incurred in the delivery of those programmes through strategic and associate partners and onward granting to implementing partners. Incoming resources on restricted funds are only recognised to the extent that these funds have been utilised to carry out programme activities as stipulated in the relevant agreements. Any funds received in excess of activity delivered are treated as deferred income. Note 14 summarises the amount of incoming resources deferred in the financial year ending 31st December 2019.

The programme designated reserve is approved by the Trustees for the delivery of the strategy, supported by detailed budgets and project plans. These are resources to explore and invest strategically in the pursuit of sustaining the Charity's partner organisations' delivery on the Charity's strategy to 2020. The programme designated reserve was utilised to support \$1,987,000 of strategic activities during the course of 2019. At 31 December 2019, a transfer of \$466,000 from the general fund into programme designated reserves occurred, to meet future strategic expenditure. Two further transfers in reserve accounts were made to enable the general fund to meet its target level: \$39,000 was moved from the fixed asset fund to meet in-year depreciation and a \$302,000 foreign exchange gain was taken to the exchange rate revaluation reserve. These transfers moved the general fund to a level of \$4,800,000, in line with the reserves target level described within note 1 to the accounts.

The exchange rate revaluation reserve is maintained to cover unhedged foreign exchange losses that arise in a particular year. During 2019, \$302,000 of foreign exchange gains were generated. These gains were netted against unrestricted expenditure.

Unrestricted grants include the following:

	2019 \$000	2018 \$000
Swedish Government (Sida)	2,061	2,341
Dutch Government (BuZa)	3,913	3,913
Total	5,974	6,254

4. Charitable activities

	Onward Granting \$000	International Technical Assistance \$000	Salaries \$000	Support Costs \$000	2019 Total \$000	2018 Total \$000
Healthy People	7,070	1,635	1,428	1,764	11,897	11,422
Stronger Health & Community Systems	494	220	346	185	1,245	1,761
Inclusive Societies	4,000	2,124	1,486	1,325	8,935	7,872
Knowledge	714	365	368	252	1,699	590
Technical Assistance	-	2,113	245	410	2,768	1,898
Total	12,278	6,457	3,873	3,936	26,544	23,543

5. Support costs

	Healthy People	Stronger Health & Community Systems	Inclusive Societies	Knowledge	Technical Assistance	2019 Total	2018 Total
		\$000	\$000	\$000	\$000	\$000	\$000
Income	579	61	435	83	135	1,293	1,788
Operations	803	84	603	115	187	1,792	1,911
Governance Costs	136	14	102	19	32	303	407
Central Costs	246	26	184	35	57	548	930
Total	1,764	185	1,324	252	411	3,936	5,036

The Charity delivers a comprehensive set of person centred, community focussed programming through five portfolios of work; Healthy People, Stronger Health and Community Systems, Inclusive Societies, Knowledge and Technical Assistance. The activities within this programming are achieved through a combination of direct expenditure and onward granting. Direct costs are used as the basis to apportion support costs across charitable activities. The support costs associated with onward granting were \$2,138,000 (2018: \$2,470,000).

6. Onward granting

The Charity grants to a range of strategic and associate partners at a national and regional level. These partners then support other non-governmental and community-based organisations working to further the Charity's charitable objectives within those countries by sub-granting the funds received.

The Charity has a comprehensive onward granting policy and procedures manual that provides clear guidelines on the criteria for awarding grants to non-governmental and community-based organisations, to ensure that accountability and transparency is maintained. Grant renewal is subject to performance, review and re-planning. The Charity's standard sub-grant agreement provides for grant recipients over a value threshold of \$300,000 per annum to be audited. No grants are made to individuals.

Onward grants made during 2019 totalled \$12,278,000. Of this amount, the 20 most material grants totalled \$7,687,000. The 20 recipient organisations receiving these grants are listed as follows:

Organisation name	Country	2019 Group \$000	2018 Group \$000
Regional Psychosocial Support Initiative (REPSSI)	South Africa (READYPLUS partner)	915	806
Alive Medical Services	Uganda (SRHR Umbrella/EJAF partner)	773	41
LVCT Health	Kenya (PITCH partner)	593	261
Alliance for Public Health	Ukraine	493	282
Rumah Cemara	Indonesia	419	283
Mahamate	Myanmar	409	392
LAMBDA	Mozambique (PITCH partner)	408	400
Paediatric AIDS Treatment for Africa (PATA)	South Africa (READYPLUS partner)	377	397
Co-ordinating Assembly of NGOs (CANGO Swaziland)	Swaziland (READYPLUS partner)	372	179
Education as a Vaccine Against AIDS (EVA)	Nigeria (PITCH partner)	347	187
Community Health Alliance Uganda (CHAU)	Uganda (SRHR Umbrella/EJAF/PITCH partner)	346	61
Associação Moçambicana Para o Desenvolvimento da Família (AMODEFA)	Mozambique (EJAF partner)	305	168
Global Network of People Living with HIV (GNP+)	Netherlands (READYPLUS partner)	280	252
Center for Supporting Community Development Initiatives (SCDI)	Vietnam	267	363
India HIV/AIDS Alliance	India	260	425
The AIDS Support Organization (TASO)	Uganda (SRHR Umbrella/EJAF partner)	248	49
Youth Alive Uganda	Uganda (SRHR Umbrella partner)	229	159
Human Rights Awareness and Promotion Forum (HRAPF)	Uganda (PITCH partner)	218	126
AIDS Care China	China	216	175
Arab Foundation for Freedoms and Equality (AFE)	Lebanon (GF MENA partner)	212	-

7. Staff numbers and costs

The average number of employees of the group for the year was 103 (2018: 93). The aggregate costs of these staff were as follows:

	2019 Group \$000	2018 Group \$000
Salaries	5,527	5,666
Social security costs	511	522
Pension costs	514	436
Severance costs	0	98
Total	6,552	6,722

During the financial year, the following key management personnel received total emoluments of \$476,000 for services to the Charity. (2018: \$572,000)

- Executive Director
- Director: Knowledge and Influence
- Director: Programmes
- Director: Income

The Executive Director is the highest paid employee within the Charity.

During 2019 there were no severance payments made (2018: \$98,000). All liabilities in relation to severance payments for 2018 were settled by the 2018 year end.

The numbers of employees whose emoluments for the year fell within the following bands were:

	2019 Group number	2019 Charity number	2018 Group number	2018 Charity number
\$145,000 - \$154,999	-	-	1	1
\$135,000 - \$144,999	1	1	1	1
\$125,000 - \$134,999	2	2	-	-
\$115,000 - \$124,999	-	-	2	2
\$105,000 - \$114,999	-	-	2	2
\$95,000 - \$104,999	2	2	3	3
\$85,000 - \$94,999	-	-	3	3
\$75,000 - \$84,999	4	4	6	6

The salary costs included within the above bands have in the majority been incurred in GBP and converted into the Charity's home currency of USD for reporting purposes. Whilst the charity is not obliged to report the gender pay gap under the UK government regulations (due to size), it does utilise market data (Croner & Birches) to benchmark salaries of all staff in the UK and overseas, so gender does not impact upon salaries. All of the directors reported above as 'key management personnel' are female.

8. Tangible fixed assets

	Furniture and fixtures \$000	Computer equipment and software \$000	Office equipment \$000	Total \$000
GROUP AND CHARITY				
Cost at 1 January 2019	427	202	54	683
Additions for the year	-	-	-	-
Disposals for the year	-	26	-	26
Cost at 31 December 2019	427	228	54	709
Accumulated depreciation at 1 January 2019	388	177	54	619
Depreciation for the year	18	21	-	39
Depreciation on disposals	-	26	-	26
Accumulated depreciation at 31 December 2019	406	223	54	683
Net book value at 31 December 2019	21	4	-	25
Net book value at 31 December 2018	39	25	-	64

All fixed assets are held for charitable use.

9. Investments - Charity

	2019 \$	2018 \$
FIXED ASSET INVESTMENTS		
Investment in non-UK subsidiary undertakings	-	-
International HIV/AIDS Alliance, Inc. - one share of common stock of one dollar	-	1

In 2019, Frontline AIDS closed its US subsidiary, International HIV/AIDS Alliance, Inc. Therefore, in 2019 there is no longer a fixed asset investment of \$1.

10. Subsidiary undertakings

The following companies are subsidiary undertakings of Frontline AIDS and incorporated outside the UK.

The aggregate amount of the assets, liabilities and funds of the South African and US subsidiaries for the year ended 31 December 2019 are as below and solely represent trading between these subsidiary undertakings and Frontline AIDS.

Country	Name of subsidiary	Date of incorporation	Year end			
South Africa	International HIV/AIDS Alliance South Africa	02 August 2018	31 December			
USA	Frontline AIDS USA Inc	04 June 2019	31 December			
				Assets \$000	Liabilities \$000	Funds \$000
South Africa	International HIV/AIDS Alliance South Africa	02 August 2018	25	(25)	-	
USA	Frontline AIDS USA Inc	04 June 2019	-	-	-	

The registration number for the International HIV/AIDS Alliance South Africa is 2018 / 424466 / 08

The registration number for Frontline AIDS USA Inc is 84-2063978

The net reserves of this subsidiary was nil as at 31st December 2019. The incoming resources of the parent Charity were \$25,326,000 with resources expended of \$26,544,000.

Three related party transactions occurred during the course of 2019;

- The regional partner Aids Rights Alliance for Southern Africa (ARASA) received funding from Frontline AIDS during the course of 2019. The Charity's Executive Director is a board member of ARASA. At the 31 December 2019, the balance of funds held by ARASA was \$7,987.69.
- The partner Africaid received funding from Frontline AIDS during the course of 2019. The Charity's Trustee, Janet Bhila, was an employee of this organisation until September 2019. At the 31 December 2019, the balance of funds held by Africaid was \$10,012.65.
- The partner Zimbabwe Young Positives received funding and delivered work under the Ready+ programme, a programme managed and delivered by Frontline AIDS, during the course of 2019. The Charity's Trustee, Janet Bhila, is Vice Board Chair of Zimbabwe Young Positives. At the 31 December 2019, there were no funds held through direct onward granting by the Charity to Zimbabwe Young Positives.

11. Debtors

	2019 Group \$000	2019 Charity \$000	2018 Group \$000	2018 Charity \$000
Due from donors, including accrued income	461	461	703	703
Amount due from subsidiary companies	-	23	-	8
Advances to partner organisations	1,704	1,704	1,534	1,534
Other debtors	54	41	15	15
Prepayments	219	219	181	180
	2,438	2,448	2,433	2,440

Advances to partners made by the Charity take the form of concessionary loans. These loans are non-interest bearing and are repaid to the Charity in the form of services delivered by partners. The carrying amount of these concessionary loans in the Charity and Group are equivalent to the balance of advances to partners at the 2019 financial year end.

12. Cash and cash equivalents

	2019 Group \$000	2019 Charity \$000	2018 Group \$000	2018 Charity \$000
Balances held by subsidiaries	12	-	7	-
Balances held by Country Office branches	-	-	-	-
Balances held by the Secretariat	13,731	13,731	8,326	8,326
Short term deposits	4,000	4,000	8,000	8,000
	17,743	17,731	16,333	16,326

"Cash and cash equivalents" refers to funds held by the Charity for the delivery of donor-funded programmes. Cash and cash equivalents increased in 2019, owing to the receipt of advanced funding from a number of donors close to the financial year-end. The Charity held \$4m in short term treasury deposits at the 31 December 2019, with a term of less than 12 months.

13. Creditors falling due within one year

	2019 Group \$000	2019 Charity \$000	2018 Group \$000	2018 Charity \$000
Trade creditors	498	498	615	615
Due to partner organisations	239	239	423	423
Other creditors	39	37	210	210
Tax & social security	151	151	147	147
Accruals	427	427	418	418
Deferred income (note 14)	10,408	10,408	7,831	7,831
	11,762	11,760	9,644	9,644

14. Deferred Income

	Group \$000	Charity \$000
Balance at 1 January 2019	7,831	7,831
Amount released to incoming resources	(7,755)	(7,755)
Amount deferred in the year	10,332	10,332
Balance at 31 December 2019	10,408	10,408

Deferred income includes cash amounts received under performance related grants and contracts for which qualifying expenses have not yet been incurred.

15. Provisions

New provisions of \$476,000 have been made by the Charity in 2019. These provisions represent potential dilapidations on the Charity's UK leased premises, potential ineligible expenditure on donor funded programmes and potential bad debts, which the Charity is actively in the process of recovering.

	2019 \$000
PROVISIONS	
Balance at 1 January 2019	496
Release of provision	-
Charged to SOFA during year	476
Balance at 31 December 2019	972

16. Trustees' emoluments and reimbursed expenses

No Trustees were remunerated for their role during the year.

Travelling and accommodation expenses for 10 Trustees (2018: 13 Trustees) for attendance at meetings amounted to \$48,000 (2018: \$56,000).

No other transactions were entered into with the Trustees.

17. Indemnity insurance

The Charity maintains a directors and officers insurance policy both to protect itself and indemnify the Trustees from the consequences of any neglect or default on the part of the Trustees, employees or agents of the Charity. This insurance is included in a Commercial Combined Package with an overall cost of \$43,000 for the period 1 January-31 December 2019.

18. Auditor's remuneration

	2019 \$	2018 \$
Fee for the statutory audit	48,012	45,147
Fees for other services:		
Fee for the RCA (USAID compliance) audit	-	11,815
Other grant audits	18,032	49,244
Total fees, excluding VAT	66,044	106,206

19. Analysis of net assets between funds

Fund balances at 31 December 2019 are represented by:

	Restricted 2019 \$000	Unrestricted 2019 \$000	Total 2019 \$000	Restricted 2018 \$000	Unrestricted 2018 \$000	Total 2018 \$000
GROUP AND CHARITY						
Tangible fixed assets	-	25	25	-	64	64
Net current assets	-	7,447	7,447	-	8,626	8,626
Total net assets	-	7,472	7,472	-	8,690	8,690

20. Limited liability

The Charity is limited by guarantee, the liability of each member being limited to £1.

21. Taxation

The Charity is not liable to pay UK taxation on its charitable income or capital gains.

22. Obligations under operating leases

At 31 December 2018 the group had non-cancellable lease commitments as shown below:

	\$000 Land and buildings	\$000 Land and buildings
Due within one year	218	217
Due within one and five years	218	422
Due after five years	-	-

Non-cancellable lease commitments due within one year and between one and five years reflect the value of the rental due during this lease period for the Charity's offices in Preece House, Davigdor Road.

During 2019, lease payments of \$218,000 were expensed in the group (2018: \$247,000).

23. Note to the cash flow statement

Reconciliation of cash flows from operating activities

	2019 \$000	2018 \$000
Net income/(expenditure) for the reporting period (as per the statement of financial activities)	(1,218)	(3,166)
Adjustments for:		
Depreciation charges	39	39
Dividends, interest and rents from investments	(241)	(126)
Provision for liabilities and charges (non-cash)	476	336
(Increase)/Decrease in debtors	(5)	(812)
Increase in creditors	2,118	190
Net cash provided by (used in) operating activities	1,169	(3,538)

24. Specific donor disclosures

NETHERLANDS MINISTRY OF FOREIGN AFFAIRS:

READY+

In October 2016 the Charity was awarded USD 10,367,889 over the period 1st October 2016 to 31st December 2020 by the Embassy of the Kingdom of the Netherlands in Mozambique for the Resilient and Empowered Adolescents and Young People (READY+) project. The key financial totals for the project are as follows.

	2016 USD	2017 USD	2018 USD	2019 USD	Total USD
Cash received during the year	1,558,000	2,814,305	4,137,842	1,339,348	9,849,495
Interest allocated	-	10,040	20,125	23,717	53,882
Expenditure incurred and income recognised in the accounts (note 3)	(212,563)	(2,693,805)	(3,085,195)	(2,765,951)	(8,757,514)
Balance carried forward (within deferred income, note 14)	1,345,437	130,540	1,072,772	(1,402,886)	1,145,863

Funds are subgranted to project partners in various currencies, relevant to their operations. The approximate USD equivalents of funds obligated and disbursed are as follows.

	2016 USD	2017 USD	2018 USD	2019 USD	Total USD
Funds obligated to partners through subgrants	577,567	2,052,905	2,379,041	2,060,089	7,069,602
Funds disbursed to partners	(373,936)	(1,669,883)	(2,215,440)	(2,083,402)	(6,342,661)
Balance of obligated funds yet to be disbursed	203,631	383,022	163,601	(23,313)	726,941

25. Financial instruments

Sections 11 and 12 of FRS 102 require the disclosure of the role that financial instruments have had during the year in creating or changing the risks that the Charity faces in undertaking its activities. The main financial risk the Charity is exposed to is foreign exchange risk, which applies because there is a mismatch between the currencies in which the Charity is funded and the currencies in which the Charity incurs expenditure and obligations.

The Charity manages foreign exchange risk in accordance with its foreign exchange policy, set out on page 43, which includes the use of forward contracts or options to reduce risk on significant foreign exchange exposures.

At 31st December 2019, the Charity is committed to purchasing a total of GBP £3,003,000 under forward contracts, which mature on 28 February 2020, 29 May 2020 and 28 August 2020. Included within other creditors, these contracts have a total net asset of \$76,000, as the spot rates are expected to be higher than the contracted forward rates when the contracts mature in 2020. The fair value of this net asset has been reached by revaluing the contract at the applicable forward rate at the year end, with the resultant loss being taken through the Statement of Financial Activities.

Below is a table summarising the carrying amount of all financial assets and liabilities at the year-end date.

	2019 \$000	2018 \$000
Financial liabilities measured at fair value through the statement of financial activities	76	(147)
Carrying amount of financial assets/liabilities	76	(147)

26. Comparative movement in funds

	Balance at 1/1/18 \$000	Incoming 2018 \$000	Transfers 2018 \$000	Outgoing 2018 \$000	Balance at 31/12/18 \$000
RESTRICTED FUNDS					
Comic Relief	-	562	-	562	-
Dutch Government (BuZa)	-	7,762	-	7,762	-
Elton John AIDS Foundation	-	2,306	-	2,306	-
German Government (GIZ)	-	917	-	917	-
Global Fund to Fight Aids, Tuberculosis & Malaria	-	16	-	16	-
New Venture Fund	-	16	-	16	-
SPIDER/DSV Stockholm University	-	36	-	36	-
Swedish Government (Sida)	-	661	-	661	-
The Children's Investment Fund Foundation UK	-	219	-	219	-
UK Government (DFID)	-	30	-	30	-
US Government (USAID)	-	673	-	673	-
ViiV Healthcare	-	111	-	111	-
Total unrestricted funds		13,309		13,309	
UNRESTRICTED FUNDS					
Contracts					
US Government (USAID)	-	-	-	-	-
Other contract income	-	609	-	609	-
Subtotal contracts		609		609	
<i>Unrestricted grants (details below)</i>		6,254			
<i>Other unrestricted grant income</i>		71			
<i>Total grant income</i>		6,325			
<i>Other unrestricted income</i>		134			
Total incoming resources on general fund		6,459			
General fund	4,800	6,459	240	6,699	4,800
Fixed asset fund	78	-	(14)	-	64
Exchange rate revaluation reserve	500	-	185	185	500
Programme Designated Reserve	6,478	-	(411)	2,741	3,326
Total unrestricted funds	11,856	7,068	-	10,234	8,690
Total funds	11,856	20,377	-	23,543	8,690
	2018 \$000	2017 \$000			
Swedish Government (Sida)	2,341	6,445			
Dutch Government (BuZa)	3,913	3,913			
	6,254	10,358			

REFERENCE AND ADMINISTRATIVE DETAILS

Trustees

Christoph Benn (until 6 May 2020)	Janet Bhila	Warren Buckingham III (Chair)
Martin Dinham (until 15 May 2019)	Marika Fahlen (Vice Chair)	Angela Gomez
Pauline Hayes (from 13 May 2019)	Zhen Li	Andrea Marmolejo
Kevin Moody	Thoko Moyo (until 11 October 2019)	Maya Mungra
Prasada Rao (until 15 May 2019)	Angeline Siparo (from 8 November 2019)	

Executive Director

Christine Stegling

Auditor

Crowe U.K. LLP
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Bankers

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Canary Wharf
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Solicitors

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Brighton
BN1 1GE

Registered office

Preece House
91–101 Davigdor Road
Hove
BN3 1RE

Company registration number

2883774

Charity registration number

1038860

Website

www.frontlineaids.org

FRONTLINE AIDS* FOUNDING PARTNERS

Eastern & Southern Africa

- Botswana Network on Ethics, Law and HIV/AIDS
- Coordinating Assembly of NGOs (CANGO), Eswatini
- Family AIDS Care Trust (FACT), Zimbabwe
- Networking HIV and AIDS Community of South Africa (NACOSA)
- Organisation for Social Services, Health and Development (OSSHD), Ethiopia
- Pakachere Institute of Health and Development Communication, Malawi
- Positive Vibes, Namibia/South Africa

West & Central Africa

- Alliance Burundaise Contre le Sida et Pour la Promotion de la Santé (ABS)
- Alliance Nationale Contre le Sida en Cote d'Ivoire
- Alliance Nationale des Communautés pour la Santé (ANCS), Senegal
- Education as a Vaccine (EVA), Nigeria
- Initiative Privée et Communautaire de Lutte Contre le VIH/SIDA (IPC), Burkina Faso

Middle East & North Africa

- Association Marocaine de Solidarite et Developement (AMSED), Morocco

Asia & Eastern Europe

- AIDS Care China
- Anti-AIDS Association (AAA), Krygyzstan
- Alliance for Public Health, Ukraine
- The Humsafar Trust, India
- India HIV/AIDS Alliance
- Khmer HIV/AIDS NGO Alliance (KHANA), Cambodia
- LEPRAS Society, India
- Mahamate, Myanmar
- MAMTA Health Institute for Mother and Child, India
- Rumah Cemara, Indonesia
- Centre for Supporting Community Development Initiatives (SCDI), Vietnam
- Vasavya Mahila Mandal, India

Latin America & Caribbean

- Corporación Kimirina, Ecuador
- Instituto Para El Desarrollo Humano, Bolivia
- Promoteurs de L'Objectif Zerosida, Haiti
- Via Libre, Peru

And...

- Frontline AIDS

* Linking Organisations of the International HIV/AIDS Alliance who renewed their commitment to working together as the Frontline AIDS partnership in March 2019. Our partnership continues to adapt and grow in order to deliver on our Global Plan of Action 2020 – 2025.



JOIN US. END IT.

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