



**TOWARDS A
FUTURE FREE
FROM AIDS**

**FOR EVERYONE,
EVERYWHERE**

REVISED GLOBAL PLAN OF ACTION 2023-2025

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.

Together with partners on the frontline, we prioritise approaches that realise and protect human rights, working to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

Frontline AIDS

Brighton Junction
1a Isetta Square
35 New England Street,
Brighton
BN1 4GQ
United Kingdom

Tel: +44 1273 718 900

Email: mail@frontlineaids.org

Registered charity number
1038860

frontlineaids.org

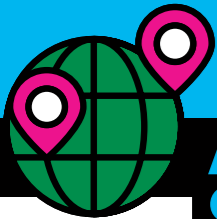
Design: NEO/Vicky Trainer

CONTENTS

A global plan of action	4
Our partnership	5
Why we exist	7
Our focus	8
Our context	9
Our partnership promises	10
Our actions	12
Our theory of change	14
Our values	16

Tulsi, a 41-year-old transgender woman with Jayesh, an outreach worker from the Parivartan project, at her home on the outskirts of the city of Surat, Gujarat, India





A GLOBAL PLAN OF ACTION 2020-2025

Our Global Plan sets out six critical actions that we will prioritise between 2023 – 2025 to help the world secure a future free from AIDS for everyone, everywhere. We believe that if the actions in this plan are successful, they will make a significant contribution towards global efforts to reduce new HIV infections and AIDS-related deaths.

Our Global Plan of Action drove the work of the Frontline AIDS partnership between 2020 and 2022. Its original ten priority actions were developed through a consultation process that engaged Frontline AIDS partner organisations, including people living with and affected by HIV, as well as our staff, trustees and key external stakeholders. This revised plan for 2023 – 2025 has been updated following a mid-term strategy evaluation in 2022.

No single organisation can end AIDS alone. Over the next two years we must work collectively, bringing our skills and experience in HIV and sexual and reproductive health and human rights to address the challenges that are driving the epidemic.

JOIN US. END IT.

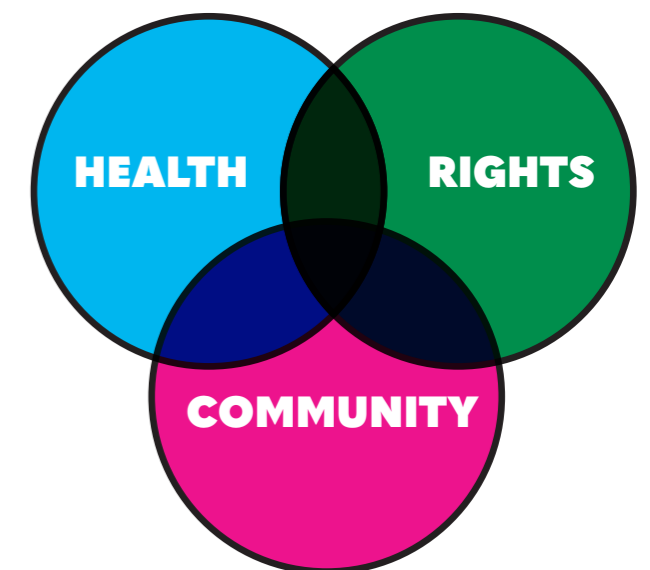


WHO WE ARE

Currently with over **60 members working in over 100 countries**, the Frontline AIDS partnership is one of the world's largest civil society partnerships of people and organisations responding to HIV and AIDS. We adapt as the epidemic changes, drawing upon **30 years of experience**¹ and expertise working with people living with HIV and marginalised communities.

We work at the intersection of health, rights and community to solve the toughest challenges that are often avoided and ignored, and deliver proven, locally relevant innovations at scale, reaching those who are too often excluded.

To explore an interactive map of the Frontline AIDS partnership, [click here](#)



¹ The International HIV/AIDS Alliance was established in 1993. The name changed to Frontline AIDS on 14 February 2019



OUR PARTNERSHIP

We are a partnership that operates at global, national and local levels and adapts as the HIV and AIDS epidemic changes. We are committed to meaningful engagement of and collaborative action with civil society and community partners, people living with HIV and the communities most affected by AIDS to deliver the actions in the Global Plan of Action, our global strategy, taking into account our differing contexts in regions and countries throughout the world. Partners make multiple contributions to the successful delivery of the Global Plan as:

STRATEGIC PARTNERS*

are organisations who lead key areas of our work called 'actions' (or a major component of an action) as set out in this Global Plan of Action. They are recognised leaders in their fields at the community, national, regional level and/or globally and bring technical, advocacy expertise and lived experience which informs our work.

ASSOCIATE PARTNERS

are organisations who contribute to one or more actions, working with a Strategic Partner to implement programmes, do joint advocacy or contribute technical expertise.

COLLABORATORS

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

* includes Frontline AIDS which acts as the coordinating body of the partnership, connecting and convening others and galvanising action on AIDS by identifying and fostering innovation, sharing knowledge and learning, implementing community-led programmes and maximising the effectiveness of the partnership.

Our partnership approach to the HIV response is rooted in our partnership principles:

- **Equality:** Our partners are equal with us wherever they are situated, whatever their capacity or budget size.
- **Diversity:** Our collective advocacy power is provided by diversity of voice, experience, and expertise.
- **Self-government and shared responsibility:** Rooted in our history and values, partners have the same power of voice to co-define and co-produce how we work together to end AIDS as a partnership. The partnership council will help to ensure the effective and efficient implementation (and eventually reformulation) of the Global Plan of Action.
- **Mutual accountability:** As a partnership we co-design and agree on accountability mechanisms, including leading on actions in the Global Plan of Action and reporting back on results.

Through a model of shared leadership we recognise that the actions of all individual and organisational leaders are integral to the partnership. Our monitoring and evaluation mechanisms will help us learn and adapt and ensure mutual accountability across the partnership. Our accreditation system ensures shared vision and values across the partnership.



OUR UNIQUE CONTRIBUTION

In doing so, we:

- **GALVANISE ACTION** on the complex intersections of HIV, sexual and reproductive health and rights (SRHR), COVID-19, mental health, economic and climate justice, gender and racial equality among the most marginalised communities in some of the most hostile environments worldwide, leveraging our global position to amplify their power.
- **DELIVER BOLD, INNOVATIVE SOLUTIONS** on the many barriers that prevent progress on ending AIDS – including COVID-19, climate change, mental health, poverty and human rights – by connecting partners to funding to deliver impactful, evidence-informed programming, increasing their influence in global policy spaces with development and funding partners, and creating the links that make resources go further for long-lasting change.
- **STRENGTHEN COMMUNITY HEALTH SYSTEMS AND CIVIL SOCIETY ORGANISATIONS** to adapt and deliver large-scale HIV, SRHR and health programmes, respond to emerging pandemics, mitigate the impacts of COVID-19 on people who are marginalised, and advocate for more effective and just national health responses.
- **CONSTANTLY LEARN AND ADAPT** what we do and challenge ourselves to do things differently.

We are committed to joint action and to developing mechanisms to help us work together to achieve our shared Vision, Mission and Values. We benefit from working together, allowing strong cross-country learning, joint advocacy, and programming to deliver a more effective response to the HIV and AIDS epidemics and all other diseases.

HOW WE WORK

The Frontline AIDS partnership is proud and privileged to work with diverse partners from a wide range of countries and contexts, including people living with HIV and communities who are most impacted by the AIDS pandemic.

Our approach to the HIV response is reflected in our six partnership actions, focusing on joint advocacy, programming, knowledge sharing, community systems strengthening and resource mobilisation.

A key part of our 'Doing Development Differently' approach is how we have co-created our partnership model to be more open and inclusive, based on the foundations of trust, joint action and solidarity. As a partnership, we took steps to co-create a shared aspiration for the partnership, in which all partners, including Frontline AIDS, are equal partners. It is this vision of a partnership that epitomises shared leadership and the mutual accountability that we have established through our Partnership Council.

WHAT IS THE PARTNERSHIP COUNCIL?

In 2022, partners co-created and established the Partnership Council. Consisting of eleven elected members from diverse Strategic and Associate Partners based in multiple regions, they represent the geographical breadth of our partnership. The Partnership Council oversees the quality, effectiveness and further evolution of the Frontline AIDS partnership, enabling us to grow and expand to new countries and areas of expertise.

This way of working is not new for Frontline AIDS. For almost three decades, we have continuously evolved the way we work with civil society, always seeking new ways to promote community-led action on HIV and to tap into the capacity, wisdom and knowledge that resides in the countries most affected by HIV.

OUR CONTEXT

We are at a crossroads for HIV. Despite remarkable success, particularly over the past decade, the rate of progress has slowed. Since 2020, major changes in the external environment have impacted our ability to deliver on our Global Plan of Action, creating both challenges and opportunities.

AIDS is not over – especially for marginalised people

Globally, 39 million people are living with HIV and almost 9.2 million people still cannot get life-saving treatment.² If untreated, HIV remains the most deadly sexually transmitted infection and unequal access to sexual and reproductive health and rights increases the risk of people contracting HIV.

- In 2022, 1.3 million people newly acquired HIV. A global target to reduce new infections by 75% – to 370,000 by 2025 – is far off track, with progress on ending AIDS-related deaths also moving slowly. In 2022, 630,000 died of AIDS-related illnesses, with tuberculosis (TB) the leading cause of death among people living with HIV.³
- In 2022, compared with adults in the general population (aged 15-49 years), HIV prevalence was 11 times higher among gay men and other men who have sex with men, four times higher among sex workers, seven times higher among people who inject drugs, and 14 times higher among transgender people. The risk of contracting HIV is heightened by criminalisation, marginalisation and poverty.⁴
- HIV is the leading cause of death among women of reproductive age. Every two minutes, an adolescent girl or young woman was newly infected with HIV in 2022. HIV disproportionately affects young women and adolescent girls because of vulnerabilities created due to their gender, social and economic status.⁵

EVERY TWO MINUTES, AN ADOLESCENT GIRL OR YOUNG WOMAN WAS NEWLY INFECTED WITH HIV IN 2022

GLOBAL CRISES THREATEN THE HIV RESPONSE

Multiple, intersecting global crises are undermining political commitment and financing for the HIV response, and for sexual and reproductive health and rights too. The COVID-19 pandemic pushed both AIDS and SRHR down the agenda of governments and donors and generated a new global focus on future pandemics. Russia's war on Ukraine has had severe economic impacts, reducing GDP, increasing the drivers of HIV, and leading to cuts in donor funding. Major donors such as the US, Germany and France demonstrated strong commitment to the Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2022, and the repeal of the US Global Gag Rule has also removed some barriers to HIV and SRHR funding, but shifting priorities in the US and elsewhere could see some funds diverted to pandemic prevention, preparedness, and response (PPPR) as well as integrating emerging diseases in the HIV response. There is also growing concern about and focus on the climate crisis, although most governments and donors are not yet examining its links to HIV or even health, despite a growing body of evidence showing that it has a marked impact on HIV incidence. This corresponds with an increasing number of humanitarian emergencies and recognition that development actors – including the HIV sector – need to be better prepared for them.

→ DOMESTIC HEALTH FINANCING REMAINS INADEQUATE

While domestic funding for HIV and health has been rising, the increase is not enough to meet the donor shortfall, and national governments are often unwilling to invest in key population programming. UNAIDS is increasingly vocal on the importance of strengthening domestic financing through more progressive tax policies such as innovative financing, public-private partnerships and national health insurance, among others. In the meantime, overstretched and under-resourced national civil society organisations are often the only groups trying to provide crucial health care, services and support to marginalised groups in their countries. This recent period has also seen a significant number of new multilateral initiatives established, including the Pandemic Fund, the Education Plus Initiative, the Global Alliance to End AIDS in children and the Coalition to Accelerate Access to Long-Acting pre-exposure prophylaxis (PrEP), all of which aim to catalyse new domestic funding alongside other solutions.

→ THE ANTI-RIGHTS AGENDA RISKS REVERSING GAINS ON HIV AND SRHR

One of our most current concerns is the rise of coordinated and well-resourced anti-rights activism in countries where our partners operate, in donor nations and at the UN. Anti-rights actors have mobilised new opposition to comprehensive sexuality education and adolescent SRHR, dissuading a number of African governments from signing a regional commitment on these key areas which are critical to ending AIDS. In Uganda, they have secured a new 'anti-homosexuality' law which will heavily criminalise LGBTQ+ people and those providing services to them, including HIV services, with warnings of copycat bills in neighbouring countries. At the multilateral level, similar opposition has watered down commitments on comprehensive sexuality education, SRHR and human rights. In the US, Conservative groups are mobilising against PrEP – and if successful could have a disastrous impact on US support to HIV prevention.

These developments come on top of already restrictive legal and policy environments, in contexts where Frontline AIDS partners have been working doggedly to challenge laws which criminalise HIV transmission and key populations and prevent adolescents from accessing HIV services. This new opposition poses a real risk of undoing their advocacy efforts. It also adds to the increasingly hostile environment that Frontline AIDS partners have been navigating over recent years, with governments using a range of tactics, from foreign agent laws to the misapplication of COVID-19 restrictions to restrict civil society and augment the criminalisation of certain communities. This makes advocacy and activism increasingly difficult and risky for Frontline AIDS partners and poses a major barrier to working with key population communities.

→ INEQUITABLE ACCESS TO HEALTH TECHNOLOGIES

Since the launch of our Global Plan of Action, there have been important advances in scientific terms, including potentially game-changing HIV prevention tools and long-acting antiretrovirals, alongside new COVID-19 and Mpox technologies. Yet intellectual property restrictions have seen these essential innovations being withheld from the very countries where most people living with HIV are located, just as antiretroviral therapy was in the 1990s and 2000s, with the result that many people living with and at risk of HIV continue to go without technologies which could mean the difference between life and death. Vaccine inequality has also limited countries' ability to gain control over COVID-19, with long-term impacts for health systems and financing, again with a heavy impact on the HIV response. This gross inequity in access to COVID technologies has ignited new movements for health justice, including the People's Vaccine Alliance, which Frontline AIDS hosts.

The onset of COVID-19 also saw a rapid scale up of digital health innovations, bringing many benefits for our partners and the communities they serve, but also challenges such as data safety and confidentiality. Similarly, increasing access to mobile technology and social media greatly facilitates community leadership and engagement, but brings risks (such as oversimplification, misinformation, and the rise of the digital opposition), and of course digital health and internet access are also far from available to all.



© Frontline AIDS/Peter Catton/READY 2019

Community Adolescent Treatment Supporter (CATS) volunteer and peer support worker Maria in the community during a door-to-door visit in Mozambique.

**BECAUSE
WE ARE
HUMAN**

OUR ACTIONS

1

CHALLENGE LEADERS TO INVEST IN AND IMPROVE ACCESS TO HIV PREVENTION

Our global advocacy galvanises urgent action on HIV prevention. We work with our partners and networks to influence political leaders, governments and donors at the national, regional and global levels to prioritise the funding and policy decisions which are needed to stop marginalised groups from acquiring HIV. We know that to end AIDS, young people need information about their sexual and reproductive health and how to prevent HIV, so we push for comprehensive sexuality education. We also advocate for HIV prevention for marginalised people, including LGBTQ+ people and sex workers, alongside access to harm reduction for people who use drugs, and we campaign for improved access to innovative HIV prevention technologies.



2

INTEGRATE HIV, SRHR, TB AND VIRAL HEPATITIS SERVICES THAT PUT PEOPLE AT THE CENTRE

We promote and sustain person-centred, integrated health services, so that individuals experience joined-up health care and services, including access to prevention, treatment, and care for HIV, SRHR, TB and viral hepatitis. We will advocate with governments, donors and policy makers to secure political commitment and funding for care that focuses on the whole person, not just on individual health issues, and for sexual and reproductive rights, particularly for women and girls. We implement innovative programmes, foster learning and share cutting edge research so we can improve integrated health services, within and outside our global partnership.



3

ADVOCATE FOR HUMAN RIGHTS, GENDER EQUALITY AND ACCESS TO HEALTH AND JUSTICE

We mobilise, convene, capacitate and collaborate with Frontline AIDS partners to respond to and generate evidence of the rights-related barriers impeding the enjoyment of health-related rights and access to justice for marginalised people and communities. Our approach goes further than documentation alone, supporting and enabling communities to hold perpetrators, institutions and governments to account, using the evidence that they gather to highlight and challenge social and structural barriers. We also work together within our partnership, and with key external allies, to resist anti-rights opposition and prevent rollback on HIV, SRHR, human rights and gender equality.



4

DELIVER, SHARE AND SCALE UP INNOVATIONS

Innovation is at the heart of how the Frontline AIDS partnership is working to end AIDS by 2030. We design and generate evidence about what does and does not work and share what we learn, so that lessons can be applied at scale within our partnership, by national governments, donors and other civil society actors. We share learning on methods and innovations including but not limited to HIV, SRHR, female genital schistosomiasis (FGS), mental health and climate change, and profile pioneering projects happening in the HIV space today. We share this learning at online events, conferences and through our online portal, the Innovation Hub.



5

STRENGTHEN AND SUSTAIN COMMUNITY HEALTH SYSTEMS

Communities are essential to the HIV response and to addressing emerging health threats, from future pandemics to the climate crisis. Over the last four decades, communities have reached people affected by AIDS and other pandemics who would otherwise have been left behind. Yet too often, communities and civil society are not recognised – or funded – for their vital role in the health system. Drawing on 30 years experience of developing community-led and community-based organisations, we advocate to governments, donors and policy makers for greater involvement of and financing for civil society and community systems in national health responses. We also work with the People's Vaccine Alliance and other key allies to ensure that governments and regional and global policy makers support equitable access to health technologies for communities everywhere, and recognise communities as key contributors to pandemic prevention, preparedness and response (PPPR).



6

DEVELOP AND CHAMPION A NEW GENERATION OF LEADERS

Adolescents and young people face some of the highest risks when it comes to HIV acquisition. AIDS is the second largest cause of death of adolescents globally, and the first in Africa. Yet in countries around the world, young people are denied information about HIV and SRHR, as well as essential services, and are excluded from decisions that impact their health and lives. We engage, mentor and collaborate with adolescents and young people to reach their full potential as leaders and advocates, so that they can play an active part in HIV, SRHR and health decision-making from the local level to the global and can hold those in power to account on HIV prevention and treatment, comprehensive sexuality education, SRHR and gender equality. Our approach includes significant investment in learning and innovation, and engaging young people in knowledge generation and governance.



OUR VISION

A FUTURE FREE FROM AIDS FOR EVERYONE, EVERYWHERE

OUR THEORY OF CHANGE

It shows the steps to change we believe need to happen to achieve a future free from AIDS for everyone, everywhere.

NO NEW HIV INFECTIONS AMONG THE WORLD'S MOST MARGINALISED PEOPLE

MARGINALISED PEOPLE LIVING WITH HIV DON'T DIE OF AIDS-RELATED ILLNESSES

Everyone, everywhere enjoys their human rights

People living with HIV have better health & wellbeing

People make increasing use of HIV prevention methods

Improved & consistent access to, and uptake of, HIV prevention services, including comprehensive sexuality education, harm reduction & STI screening, in all contexts, including during global public health crises, such as COVID-19

Stigma-free, quality prevention treatment and care for everyone – wherever and whenever they need it



Marginalised people living with HIV have improved mental health

Increased uptake of, and continued adherence to, treatment for HIV, TB, STIs & Hepatitis C and increased uptake of cervical cancer and other relevant co-morbidity screening, in all contexts including during global public health crises, such as COVID-19

Improved access to quality testing, treatment & care

Sustainable, inclusive & evidence-informed national government responses

Donors invest in and support sustainable & inclusive responses

Strengthened community-led integrated health responses

Civil society increasingly holding governments, donors & private sector to account

Improved national laws and policies that respect, protect and fulfil the rights of those most marginalised

OUR ACTIONS

1. HIV PREVENTION
AIDS ISN'T OVER

2. PERSON CENTRED INTEGRATED SERVICES

3. HUMAN RIGHTS AND GENDER EQUALITY

4. INNOVATION

5. COMMUNITY HEALTH SYSTEMS

6. A NEW GENERATION OF LEADERS

OUR CONVICTIONS AND VALUES

Everything we do is rooted in our two **key convictions:**

- **That the lives of all human beings are of equal value**
- **That everyone has the right to access the HIV information and services they need for a healthy life**

At the most fundamental level, we look at health from an individual perspective, placing the person at the centre of our HIV response. We consider health as much more than the absence of illness and think holistically about an individual's full range of needs, desires, capacities and human rights.

Our programming solutions are firmly embedded in rights-based, person-centred and community-led approaches. We work alongside people to enable them to increase control over their lives by shifting power dynamics, leading community action and holding policymakers to account to end AIDS. We are committed to the principle of the meaningful involvement of people living with HIV which has been the bedrock of the AIDS response so far.

As we work together, we embrace the following set of values, which are demonstrated by our commitment to being:

- **Insightful** - Insight fuels innovation. We're always looking beyond the obvious to uncover the human truth that unlocks the best solution. We act on our insights and make sure they reflect the real story.
- **Challenging** - We never give up, never taking no for an answer. We ceaselessly pursue the truth and the best outcome. We constantly challenge ourselves and our partners to deliver better solutions.
- **Fast** - Every moment counts. To keep pace we must keep close, knowing what's happening now and what's coming next. We don't hold on to old ideas that perpetuate outdated approaches.
- **Courageous** - We won't be intimidated or disheartened, no matter what barriers stand in our way. We face our fears to be the voice for those who can't be heard. We know when we have to lead and when we must support others to do so.
- **We show solidarity** – As a global partnership, we act and think in solidarity with each other. We acknowledge our shared values and we take action jointly (as expressed in this Global Plan). This binds us together in a unique collective. We look out for one another and lend our support when needed.

We Do Development Differently

The Frontline AIDS partnership believes in 'Doing Development Differently' as vital for our vision to end AIDS for everyone, everywhere. We leverage our history of partnership by fully embracing a new way of partnering. This means confronting ideologies and frameworks within our organisation, partnership and the wider health and development sectors to address the power imbalances embedded in all aspects of our work.

It moves beyond a philosophical mindset to also encompass a practical rationale which is intrinsically linked to our partnership and programming approaches, our vision of the future and in all aspects of our work. At the heart of this philosophy is a localisation agenda premised on adaptability and agility:

- We can only end AIDS for everyone, everywhere when solutions are truly locally owned and driven.
- With partners, we engage in meaningful dialogues, decision-making and agenda setting towards sustainable and scalable development solutions.
- Innovation lives at the local level and opening the current power structures will allow for innovative ideas to come to the fore and contribute to complex development problems.
- Shared leadership and joint ownership of processes create sustainable structures and initiatives - and it is this sustainability that will ultimately allow us to end AIDS.
- We leverage our position in global health decision-making to demand justice, push for a rethink of current health and development policies, implement agile systems, and reshape existing and emerging funding spaces.

Evidence and learning

We have a robust monitoring, evaluation and learning plan which sets out how we monitor progress towards our Global Plan of Action. Our organisational results framework has 13 broad indicators linked to the outcomes in our theory of change. These help to describe the quantitative scale and geographical footprint of our impact. They allow for the diversity in the types of work we do, and the breadth of outcomes observed. This allows us to aggregate data across our diverse programmes, each of which has their own monitoring, evaluation and learning plan.

We use the Outcome Harvesting methodology alongside our quantitative reporting to measure progress against our Theory of Change and to provide meaning and context to the data. Alongside our results framework, we are also introducing a set of learning questions to steer our analysis and support organisational learning. These include:

- Are we investing where the need is greatest?
- How are the outcomes observed contributing to global HIV targets?
- What is our added value as a partnership?
- What do changes in the context tell us about how we should adapt our strategy?

**JOIN US.
END IT.**



www.frontlineaids.org



Evelyn, a sex worker and a dancer poses during a portrait session in Guayaquil, Ecuador.

ABOUT THIS PLAN

This Global Plan of Action represents a framework for the Frontline AIDS partnership working together. We recognise that individual partner organisations are working across multiple priorities, inside and outside the partnership. We also recognise that this plan outlines our contribution towards a future free from AIDS for everyone and that other movements, partnerships, networks, sectors and organisations will make valuable contributions in other areas to end AIDS for everyone, everywhere. This revised plan for 2023 – 2025 has been updated following a mid-term strategy evaluation in 2022.

This plan was developed through a consultation process that engaged Frontline AIDS partner organisations, staff, trustees and external stakeholders. It builds on work conducted in 2018 to define our new identity, which in February 2019 led us to become Frontline AIDS. When we made this shift, we knew it was vital to tell the world that we remain committed to ending AIDS by being on the frontline of the human rights and social justice issues that marginalise people.

This plan takes into account developments in our external working environment. Whilst the AIDS movement can proudly reflect on three decades of hard work that have contributed to bringing the general epidemic under control, there is still no vaccine for HIV. Nor is there a cure. Despite many victories, marginalised people still face significant social and legal barriers when it comes to accessing health services.

All parts of the partnership have crucial roles to play in achieving this Global Plan.