

POWER IN PARTNERSHIP



A STRATEGY TO END AIDS

2026-2030

CONTENT

Introduction	2-3
Strengthen health systems	4-5
Champion human rights and gender and racial justice	6-7
Build resilience to crises	8-9
Power in partnership	10
Our role in a changing landscape	11

INTRODUCTION

The world is facing a new AIDS emergency. Funding is being cut. Rights are under attack. Conflicts and other crises are pushing health systems to breaking point. And, once again, the communities most affected by HIV – including young people, LGBTQ+ communities, sex workers, people who use drugs, and prisoners – are being pushed to the margins. Until recently, an end to the epidemic felt within reach. But now we risk losing ground we spent decades fighting for.

But this is not a moment for retreat. It's a moment for collective action, grounded in justice and equity, and led by the communities most affected.

The Frontline AIDS strategy 2026–2030 sets out how we will respond to this moment through the power of our global partnership of community-led and civil society organisations. Guided by anti-racist and feminist principles, we will shift power to centre local knowledge and community leadership.

Frontline AIDS will play a global leadership role by building on our existing strengths and fostering innovative practice to reduce new HIV infections and AIDS-related deaths.

The graphic on the next page shows how we will focus on three connected areas, each critical to achieving this goal.

We thank all partners for their collaboration in developing this strategy, with special appreciation to the Partnership Council for its leadership.

OUR STRATEGY TO END AIDS

VISION

A world free from AIDS, for everyone, everywhere

MISSION

We support community-led organisations to break down social, political, and legal barriers to create a future free from AIDS

VALUES

We systematically challenge human rights, gender and racial injustices that drive the HIV pandemic

OUR STRATEGIC PRIORITIES



**STRENGTHEN
HEALTH
SYSTEMS**



**CHAMPION HUMAN
RIGHTS AND GENDER
AND RACIAL JUSTICE**



**BUILD
RESILIENCE
TO CRISES**

ROLES FOR IMPACT

Collective advocacy

Learning and innovation

Partnership engagement

Unlock new funding and financing models

An organisation fit for the future



STRENGTHEN HEALTH SYSTEMS

As HIV responses are increasingly integrated into national health systems, there is a historic opportunity to move away from a donor-dominated global HIV response towards one led by the countries and communities it serves. Yet there are also risks. Many countries lack the resources to fully fund HIV or health services for everyone who needs them, and without the right safeguards, inequalities could deepen. That's why people living with HIV and communities at high risk must be central to shaping health systems that are properly funded, integrated and prioritise the right to health for all.

HOW WE DO IT

- **Supporting community, youth-led, and civil society organisations** to play a key role in building health systems that are sustainably financed, resilient and inclusive for key populations¹, women and girls and young people, who too often face stigma and discrimination when accessing care.
- **Providing funding, practical tools and learning opportunities** that bring community and civil society groups together to speak with a unified voice. This helps influence healthcare reforms, increase domestic financing for health and hold governments to account for decisions that affect their lives.
- **Developing and sharing community-based models** for integrating HIV services with responses to other sexual and reproductive health issues, such as [female genital schistosomiasis](#), and other common co-infections.
- **Building evidence of what works**, we help unlock sustainable funding so effective approaches can be scaled up.

This means less siloed, more efficient health systems, and better care and outcomes for people.



Frontline AIDS/Keoma Zec/ 2020

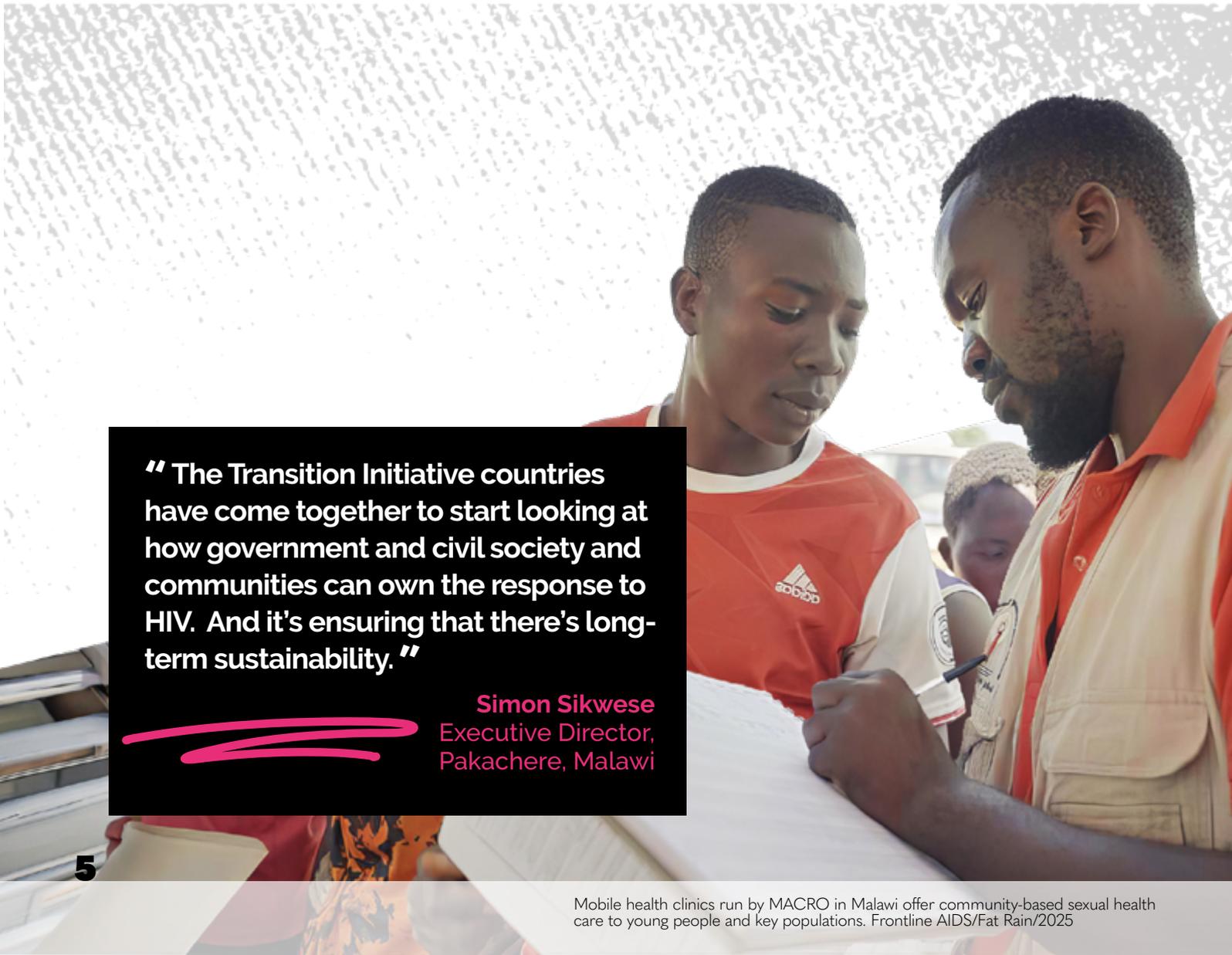
⁽¹⁾ Gay men and other men who have sex with men, sex workers, trans people, people who inject drugs and prisoners are identified as key populations who are particularly vulnerable to HIV. (Source: UNAIDS [unaids.org/en/topic/key-populations](https://www.unaids.org/en/topic/key-populations))

COMMUNITY-LED ACTION SECURES DOMESTIC HIV AND HEALTH FINANCING

Malawi's HIV response is at a critical moment. In a country where around 1 in 15 adults is living with HIV, the sudden withdrawal of US funding in January 2025 caused severe disruption to community-led services and HIV prevention. Key populations and young people report that HIV services are harder to reach or are no longer there at all, and many are facing increased stigma when accessing care.

In response, Frontline AIDS launched the [Transition Initiative](#), bringing together communities and civil society organisations in five countries to actively engage with their governments on safeguarding HIV services as donor support evolves. The initiative also provides a platform to discuss practical solutions to funding challenges in the wake of the funding cuts.

As a result of these discussions, Malawi took important action. The National AIDS Commission reaffirmed HIV as a national priority, while the government introduced a new earmarked financing mechanism for health starting in November 2025. Through the Transition Initiative, Frontline AIDS partner Pakachere successfully advocated for the allocation of a 2% levy on motor vehicle insurance premiums to domestic health financing. This marks a critical step towards sustainable HIV and health financing in the country and has strengthened dialogue between civil society and government on the transition to nationally-led systems, policies and structures. Across all Transition Initiative countries, convening national coalitions has helped coordinate key community HIV actors during a period of great uncertainty.



“ The Transition Initiative countries have come together to start looking at how government and civil society and communities can own the response to HIV. And it's ensuring that there's long-term sustainability. ”

Simon Sikwese
Executive Director,
Pakachere, Malawi



CHAMPION HUMAN RIGHTS AND GENDER AND RACIAL JUSTICE

Everyone has a right to access HIV and health services. To live in safety, regardless of who they are and how they live.

Around the world, organised, well-funded anti-rights movements are making it harder for people to access the services they need. This is especially true of those who already face stigma and criminalisation, including key populations, women and girls, and young people. Often hiding behind the language of 'family' or 'traditional' values, these movements spread disinformation. Across countries and regions, they push for discriminatory laws and crackdowns on marginalised communities, and oppose essential interventions like comprehensive sexuality education, cutting young people off from accurate information about their sexual and reproductive health. In the Global North, anti-rights actors are also driving opposition to overseas aid, the multilateral system and refugees and migrants, and undermining the very principle of international solidarity.

HOW WE DO IT

- **Countering the backlash against rights** by tackling the legal, social and political barriers that block access to HIV services, including criminalisation and violence, stigma and denial of care within health systems, civic space restrictions, hostile asylum or immigration systems and the disinformation that fuels fear and exclusion.
- **Supporting partners to come together**, across movements, and building shared strategies to counter anti-rights mobilisation and shift hostile narratives.
- **Centring partners' experiences and voices** and ensuring they are heard in key decision-making platforms, across national, regional and global spaces.
- **Adapting existing interventions**, including our REAct (Rights Evidence Action) human rights violation monitoring tool to maximise its impact in the current context.
- **Strengthening how resources are mobilised for human rights work**: combining rapid, emergency support for communities under attack with the longer-term investment essential for a resilient HIV response.

This is how we defend inclusive health systems, and ensure every person can access HIV services without fear or discrimination.

FROM COMMUNITY EVIDENCE ON RIGHTS TO GLOBAL CHANGE

Our **Rights, Evidence, Action, Change (REACH)** programme supported organisations in Cameroon, Ghana, Senegal and South Africa to address human rights barriers that prevent people – especially those from LGBTQ+ communities – from accessing HIV services. It also mobilised rapid support in response to human rights emergencies across 20 additional countries.

REACH connected and strengthened organisations confronting anti-rights threats, fostered greater collaboration between civil society and governments, and helped shift norms and policies to better protect human rights in the HIV response. It also strengthened partners' abilities to document rights violations and barriers, using our monitoring tool REAct. This gave them real evidence to bolster advocacy with national governments to [build awareness and drive change](#).

Partners brought this evidence to the Human Rights Council, strengthening global protections for people living with and affected by HIV. In 2025, we also helped secure the renewal of the UN Independent Expert on Sexual Orientation and Gender Identity's mandate. This UN expert helps to address violence and discrimination against persons on the basis of sexual orientation or gender identity, and our advocacy helped to safeguard this vital accountability mechanism amidst escalating anti-rights mobilisation.



Frontline AIDS/Nell Freeman



BUILD RESILIENCE TO CRISES

Community-led systems are at the heart of resilient health responses. With the right support, they play a critical role in responding to crises and helping people rebuild their lives. Migration to escape crisis is increasingly a fact of life for people in places as different as Ukraine, Ecuador, Uganda and Lebanon. Frontline AIDS' partners in all these places have pioneered approaches to include HIV services within wider humanitarian responses, reaching hundreds of thousands of people with tailored support. This includes using digital platforms to help displaced people stay on treatment and working through trusted community groups to reach those often overlooked in emergency responses. Partners have built up a powerful body of practice that shows how HIV services can adapt, endure, and respond to both current and emerging threats.

HOW WE DO IT

Resilience is not only about responding to and recovering from shocks. It is also about building systems and communities that can withstand future crises that threaten progress on HIV.

- **Strengthening collective resilience** by capturing and sharing innovative practices and expertise from our partners, and others working across the HIV, climate, and humanitarian sectors.
- **Identifying and testing new ways of working**, brokering partnerships, influencing policy, and expanding access to existing and emerging funding.

By documenting and sharing evidence from crisis settings, proven models can be scaled up and tailored to different communities and contexts.

“ Climate change is increasing HIV transmission and worsening health outcomes for people living with HIV, putting up to

16 MILLION

additional people at risk of acquiring HIV by 2050. ”²

⁽²⁾ Baker, R. E. (2020, June 10). Climate change drives increase in modeled HIV prevalence. *Climatic Change*, 163(1), 237–252. <https://doi.org/10.1007/s10584-020-02753-y>



INNOVATING TO SUSTAIN HIV CARE DURING TIMES OF CONFLICT

Following Russia's full-scale invasion of Ukraine, the country faced the risk of a devastating spike in HIV infections as hospitals were destroyed and 14 million people displaced. But thanks to the rapid, innovative work of our partner Alliance for Public Health Ukraine (APH), that surge never came.

APH was trusted in communities, but humanitarian funding and systems were unfamiliar territory. Drawing on an established relationship with Christian Aid, Frontline AIDS quickly connected them with APH, advising both sides on how humanitarian approaches and HIV programming could work together.

This brokering role unlocked flexible funding and community-led models, enabling APH to integrate HIV care into wider humanitarian provision, including food, shelter, cash support and mobile health services..

Today, APH and its partners operate over 50 mobile clinics, delivering vital equipment, medication and staff to areas where medical facilities have been destroyed, ensuring people stay on treatment, despite the war. They have also pioneered AI tools and a 'virtual social worker' app to identify people most at risk of HIV and improve diagnosis. These approaches are now being shared through Frontline AIDS' Innovation Hub, showing that when systems adapt, HIV care can continue, even in crisis.



People receiving medicines and treatment from a mobile health clinic run by Alliance for Public Health in Ukraine. Alliance for Public Health 2024

POWER IN PARTNERSHIP

Communities are already at the forefront of the HIV response, developing solutions rooted in lived experience that can be scaled and adapted to withstand future shocks. They have long driven progress through activism, innovation and care, and their leadership remains essential to what comes next.

Frontline AIDS is a platform for civil society organisations to lead, learn and act together. We champion community-led approaches for the most marginalised people and reshape the HIV response in ways that are locally driven, scalable and future-focused.

With more than 30 years' experience, we bring together over 50 partners working across 100 countries.

Our partners are deeply rooted in the communities most affected by HIV, including people routinely excluded from health services and decision-making. Frontline AIDS' distinctive role is to bring community knowledge into the spaces where decisions are made - locally, nationally and globally - ensuring that lived experience shapes the policies, financing and practice that improve people's lives.

PARTNER LEADERSHIP IN ACTION

The Partnership Council has shifted power to our partners.

Since its formation in 2022, this elected advisory body has represented partners' interests and perspectives at a strategic level, promoting shared leadership and challenging colonial practices within our partnership and the wider development sector.

The Council serves as the critical link between Frontline AIDS and its membership, amplifying voices across regions and strengthening the next generation of HIV leadership through dedicated youth representation.

Going forward, it will take on a broader role: bringing partners together, particularly at a regional level, to drive the strategy and shape how we work and grow with our network of partners.



“Frontline AIDS provides the convening power that elevates the local realities of partners and civil society on the ground to decision-makers at various levels. It strengthens institutions so partners can grow and thrive, and aligns resourcing to keep work moving towards ending AIDS.”

Toyin Chukwudozie,
Executive Director,
Education as a Vaccine, Nigeria

OUR ROLE IN A CHANGING LANDSCAPE

As the HIV response evolves, Frontline AIDS must adapt. Greater integration of HIV treatment and testing into national health systems, reductions in foreign aid funding and growing uncertainty around multilateral cooperation mean we must work differently, deepening investment in community leadership and collaborating across sectors for greater impact.

Our commitment to radical collaboration with a broad range of actors will strengthen the wider HIV ecosystem. As a convener of community-led and civil society organisations, we're making clear choices about where to lead and where others are better placed to act, so our efforts add value without duplication. At its core, this is about shifting and sharing power and centring the agency of the communities most affected by HIV.

As a co-located global organisation with offices in the UK and South Africa, our goal is for leadership, decision-making and expertise to be grounded in the Global South: closer to communities and based on equity and mutual accountability.

Across all priority areas, our focus is on backing collective, partner-led work. Guided by partner priorities, we will:

- **Advocate together to shape national, regional and global decision making** from influencing health financing policies to defending civic space for community organisations.
- **Identify, develop and share evidence of effective, community-led practice**, harnessing the partnership's collective knowledge alongside external expertise.
- **Unlock new and sustainable sources of funding** to support a strong and vibrant civil society partnership, accelerating the transition from donor-led models to stronger domestic financing, and diversifying financing approaches to build sustainability.
- **Strengthen partnership engagement** to bring community knowledge into decision-making spaces, ensuring lived experience shapes policies, financing and practice.
- **Build an organisation fit for the future** with strong communications, efficient operations, and leadership and decision-making increasingly rooted in the Global South, closer to communities.

Ending AIDS is within reach.

Proven prevention and treatment tools exist. Where communities lead and rights are protected, health systems become more inclusive, HIV infections fall and people can live longer, healthier lives.

We will work collaboratively to secure sustainable, nationally-led HIV and health services, strengthen rights-based responses, and scale up community-led approaches that keep delivering in times of crisis.

The path forward demands that power, knowledge and resources are shared, protecting hard-won progress and bringing us closer to a future free from AIDS.

Together we can end AIDS. For everyone, everywhere.

**JOIN US.
END IT.**

