BUILDING SYSTEMS THAT LAST

COALITION OUTCOMES FROM THE TRANSITION INITIATIVE

OUTCOMES FROM 5 COUNTRIES, MAY - DECEMBER 2025

In early 2025, an abrupt freeze on US foreign assistance and the dismantling of USAID forced more than half of Frontline AIDS' civil society and community partners to close clinics and programmes and caused overnight devastation across the global HIV and health response.

This was not a temporary disruption, but a structural shift in how global health is financed. The Transition Initiative, launched by Frontline AIDS in May 2025, was built to meet that shift: to make sure communities and civil society are not sidelined as health systems are redesigned, but can instead help build systems that are domestically funded and where communities work hand in hand with governments.

Between May and December 2025, the first phase supported national coalitions in Kenya, Malawi, Nigeria, Tanzania and Uganda, which together, turned a moment of crisis into 27 concrete results. Civil society coalitions advocated for policy changes, new funding streams and formal roles in decision-making, securing a voice for communities that would otherwise have none as health systems are redesigned.

This report sets out the model behind those results, what coalitions achieved, and how advocates in other countries can access the same support.

OUR APPROACH: BACKING COALITIONS

Frontline AIDS' Transition Initiative works by supporting broad national coalitions, not individual organisations. Each coalition brings together the networks that represent the people most affected: women's rights organisations, youth networks, people living with HIV, key population networks, and other health system and health financing actors. This is a deliberate choice, and it is the heart of the model:

- **Collective legitimacy**: A coalition that speaks for diverse communities carries more weight with government than any single organisation and engages decision-makers with one clear voice.
- **Safety in numbers**: Acting together protects organisations operating in restrictive political environments. No single organisation has to raise its head above the parapet alone.
- **Better use of limited resources**: Coalitions pool capacity and avoid duplicating each other's work at a time when funding is shrinking.
- **Focused, realistic advocacy**: Each coalition sets its own priorities around the areas where civil society and communities can most realistically influence policy and financing after the cuts.

WHAT THE TRANSITION INITIATIVE HAS ACHIEVED SO FAR

5

COUNTRIES

27

OUTCOMES

66

COALITION PARTNERS

In its first phase, the Transition Initiative achieved 27 significant outcomes across five countries and six areas, including:

1. A seat at the table

Coalitions secured a formal voice in the bodies now deciding the future of national HIV responses.

- In Tanzania, the Tanzania Commission for AIDS (TACAIDS) invited civil society to nominate two youth representatives to the National HIV Sustainability Committee, closing a clear gap in youth engagement in sustainability planning.
- In Uganda, the AIDS Commission established a multi-stakeholder transition working group bringing government, civil society, and key population and people living with HIV networks together to guide national planning.
- In Malawi, the Global Fund Country Coordinating Mechanism committed to involving civil society in final decisions on the reprioritised budget, ultimately helping to secure civil society and community priorities in the reprioritised grant, such as the Stigma Index.

2. Stronger domestic financing

Coalitions pushed governments to put their own money behind the response.

- In Malawi, an earmarked 2% levy on motor vehicle insurance premiums was introduced to raise domestic health funding.
- In Nigeria, the national Budget Appropriation Bill (under legislative review) reflected an increase in health sector allocation from 5.1% to 6%, signalling a modest but real step s towards stronger domestic health financing.

3. Public funding for community-led services (social contracting)

Community organisations reach people that government-run health facilities often cannot, but their work has historically depended on donors. Coalitions improved the mechanisms that enable governments to pay community organisations to deliver these services.

- In Tanzania, TACAIDS integrated civil society's recommendations into the final Social Contracting guideline, including safeguards on transparency, how recipient organisations are chosen, and public reporting.
- In Malawi, the National AIDS Commission opened discussions on a social contracting framework and asked civil society to draft a white paper setting out how it could work.

4. Integration into mainstream health systems

Coalitions helped shape the transition of HIV out of stand-alone, donor-funded programmes and into the mainstream, domestically financed health system, which is key for long-term sustainability.

- In Kenya, the National AIDS & STI control program (NASCOP), which oversees HIV care and treatment nationally, formed a national taskforce to guide the transition and integration of HIV services. Civil society helped shape its work, pushing for integration that protects rather than erases the services people most at risk depend on. This led to NASCOP developing standard operating procedures to bring key population services into mainstream health facilities in ways that reduce stigma, discrimination and rights violations.

- Uganda moved in the same direction, with the government signalling its intent to integrate HIV, TB and other services.

5. Protecting and expanding prevention

Coalitions both defended existing services and opened the door to new prevention tools.

- New long-acting options moved forward: Tanzania and Malawi both approved or registered lenacapavir (an injection that protects against HIV for six months at a time) as an additional prevention option.

- Malawi began preparing a dapivirine vaginal ring pilot, expanding the choices available to women who need a prevention method they can manage on their own terms.

- At the same time, coalitions defended what already existed: in Uganda, advocacy prompted the Ministry of Health to issue corrective guidance reaffirming that oral PrEP is for everyone at substantial risk, not only breastfeeding women, realigning practice with national policy.

> **"The Transition Initiative showed us that we can influence how government thinks. With broader collaboration, we could drive even bigger shifts in how governments act.**
>
> **Toyin Chukwudozie, Executive Director, Education as a Vaccine, Nigeria**

6. Rights, inclusion and reaching the people health systems leave behind

Coalitions kept adolescent girls and young women (AGYW) and key populations at the centre of decisions.

- In Uganda, the Ministry of Health connected the HIV prevention services AGYW were receiving separately (at school, in their communities and at clinics) into one joined-up, youth-friendly pathway. The Ministry also committed to updating the guide used by Community Health Extension Workers, the front line of Uganda's health system, so that it better reflects diverse community needs, including HIV prevention and linking people to care.

- In Nigeria, the National Council on Health approved lowering the age of consent for HIV testing from 18 to 14, removing the requirement for parental permission that had kept many adolescents from getting tested at all.

WHAT THIS TELLS US

A clear pattern runs through all five countries. Even under severe financial pressure, the Transition Initiative has enabled communities and civil society to claim seats at the table so they can shape how governments and health systems respond to the loss of donor funding. They have pushed for task forces to be formed, demanded and shaped integration guidance, and secured the introduction of new domestic financing mechanisms and the approval of new prevention tools. These are the building blocks of health systems that can outlast any single donor.

Much of this is still in motion. Guidance awaits approval, frameworks await sign-off, and commitments are yet to become funded action. But the lesson is straightforward. If communities are an afterthought in redesigning health financing, transition becomes a risk. If they are at the centre, it becomes an opportunity for lasting change.

WHAT FRONTLINE AIDS BRINGS

Frontline AIDS makes this work possible by doing what no single organisation can do alone. We draw on more than 30 years of genuine, sustained relationships with civil society organisations and community networks on the frontline of health systems in over 100 countries. That position means we can bring coalitions together, help them design advocacy strategies that win, open doors to decision-makers, and connect partners across borders — so that a coalition in Malawi can learn directly from what worked in Tanzania.

THE OPPORTUNITY: SCALING THE TRANSITION INITIATIVE

The first phase of the Transition Initiative showed what is possible when communities are placed at the centre of a large health funding transition. It is a tested approach, with proven outcomes and transferable tools (click here to find out more) and it offers a clear route to scaling impact at a moment when decisions made now will shape health systems for a generation. As the Global Fund transitions out of some countries and Country Coordinating Mechanisms (the national committees that submit funding applications to the Global Fund and oversee grants on behalf of their countries) cease to operate, this work has taken on new urgency.

With the right investment, Frontline AIDS can extend the model to more countries, give coalitions the resources and expertise to hold their own in complex negotiations over health financing, and safeguard the ability of stigmatised and marginalised communities to advocate safely and effectively with their governments.

If you are a civil society organisation, community network, or Global Fund grantee navigating the health transition, we want to hear from you. The Transition Initiative offers technical assistance (not grant funding) to help partners navigate this work. We are able to extend this support beyond our current implementation countries and to help build coalitions in new ones. Get in touch to find out how we can work together: technicalassistance@frontlineaids.org