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GLOBAL PLAN OF ACTION 2020-2025

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 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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Phoebe from Kenya is a sex worker living with HIV. Phoebe received counselling and free condoms from the Omari Project, a partner under the Frontline AIDS Community Action on Harm Reduction programme.



This Global Plan of Action will drive the work of the Frontline AIDS partnership between 2020 and 2025. The Global Plan 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 this plan are successful, they will make a significant contribution towards global efforts to reduce new HIV infections and AIDS-related deaths.

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

Our Global Plan is a call to action for everyone who wants a future free from AIDS.





OUR PARTNERSHIP

We are a multidirectional partnership that operates at alobal, national and local levels. We adapt as the epidemic changes. We are committed to greater engagement and collaborative action together as Frontline AIDS to deliver the actions in this Global Plan, taking into account our differing contexts in regions and countries throughout the world. In doing so, we are able to:

- 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 experience¹ and expertise working with marginalised people to solve the toughest challenges that are often avoided and ignored
- Constantly re-think what we do and challenge ourselves to do things differently

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.

COLLABORATORS

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

ASSOCIATE PARTNERS

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



* includes Frontline Global 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 communityled programmes and maximising the effectiveness of the partnership.

Through a model of distributed 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.



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 with marginalised people 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) amongst 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.



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.

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 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, 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.⁶
 HIV disproportionately affects young women and adolescent girls because of vulnerabilities created by unequal cultural, social and economic status.

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.⁷ 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. 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 good health for all. However, we fear that HIV, 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 countries[®]) and they are hindered by their own weak accountability and limited capacity to deliver programming for marginalised people. In addition, we see 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.

KEY TERMS

Most marginalised: we work with those 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.

Sustainable Development Goals (SDGs): a set of ambitious goals set by the United Nations to tackle health, poverty, hunger, climate change and other global problems by 2030.

Universal health coverage (UHC): a specific target within the health goal which aims to ensure healthy lives and promote wellbeing for all at all ages.

2,4,5,6 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 7 Kaiser Family Foundation and UNAIDS (2019), 'Donor Government Funding for HIV in Low- and Middle-Income Countries in 2018. See: https://www.kff.org/report-section/ donor-government-funding-for-hiv-in-low-and-middle-incomecountries-in-2018-key-findings/

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



ND CRIMINALISED PEOPLE

Nicketa from Guyana Trans United, a trans-led organisation advocating for the rights and inclusion of trans and gender non-conforming Guyanese. They received a grant from the Rapid Response Fund managed by Frontline AIDS which supports LGBT people to access HIV services in emergency situations.

WE ARE HERE, ON THE FRONTLINE

OUR PARTNERSHIP PROMISES

Ending AIDS for everyone, everywhere will require a range of different but complementary solutions.

We need effective treatment and the discovery of an HIV vaccine, but we also need strong health systems that are ready and able to ensure that everyone can access medicines. Alongside this, we need policy and legal frameworks that do not exclude marginalised people from HIV services and which build strong civil society partnerships that can develop and implement HIV, health and human rights programmes.

We continually explore innovative ways to break down the barriers that marginalise people living with, or at risk of acquiring, HIV. Our approach to the HIV response is reflected in our four **partnership promises**.

SPEAK TRUTH

Our global and national engagement will galvanise urgent action on AIDS, particularly around the crisis in HIV prevention. Through our networks of leaders and activists we will drive conversations among our partners, government stakeholders and donors to secure greater investment in solutions, which will stop marginalised people from acquiring HIV and people living with

HIV from dying.

INVEST IN SOLUTIONS

We will tailor our innovative solutions to respond to the needs of the most marginalised people. We will forge multisectoral partnerships so that the most marginalised people have access to a range of support and services, leading to a better quality of life and improved health and wellbeing. We will generate evidence to show what works and share what we learn, within and outside our partnership, so these solutions can be taken to scale.

UNLOCK BARRIERS

Our advocacy with communities will challenge social and gender norms and influence governments and other institutions to develop and implement laws, plans and policies to ensure full access to services. Our work with communities to monitor and document human rights violations, service quality and the barriers to accessing services will strengthen our advocacy messages. We will support and enable community leadership, voice and agency to hold these institutions to account.

BUILD A SUSTAINABLE FUTURE

Our technical assistance for civil society and governments will enhance the delivery, governance and monitoring of comprehensive national HIV responses. This is primarily provided in support of programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. We will ensure civil society is ready to be contracted by governments to deliver targeted, evidence-informed,

rights-based solutions.



OUR ACTIONS

SPEAK TRUTH

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.

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.

UNLOCK BARRIERS

Work with marginalised people and their communities to **prevent and respond to violence** to improve access to, and uptake of, HIV services.

REUTERS/Andrea de Silv

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Convene community networks to **document** and respond to human rights violations to hold governments and the private sector to account.

> **Challenge harmful and discriminatory social and gender norms** that prevent marginalised people from claiming their right to health.

INVEST IN SOLUTIONS

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.

* 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.

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.

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.

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Gitika Sakse

BUILD A SUSTAINABLE FUTURE

Strengthen community and national health systems and structures to ensure that sustainable, inclusive and evidenceinformed 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.

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.





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





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

Increased uptake of, & adherence to, treatment for HIV, TB, STIs & Hepatitis C; increased uptake of cervical cancer screening

> Civil society increasingly hold governments, donors & private sector to account

BUILD A SUSTAINABLE FUTURE

BECAUSE WE ARE HUMAN

Pintoo is an outreach worker for WINGS (Women Initiating New Goals for Safety), a harm reduction programme aiming to reduce violence and HIV among women who use drugs in three states in India. WINGS is run by Frontline AIDS partner, India HIV/AIDS Alliance.



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 policy-makers 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:

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.

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.

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.

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.

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.

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 Development (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
- LEPRA Society, India
- Mahamate, Myanmar
- MAMTA Health Institute for Mother and Child, India
- Rumah Cemara, Indonesia
- Centre for Supporting Community
- Development Initiatives (SCDI), VietnamVasavya Mahila Mandali, India

Latin America & Caribbean

- Corporación Kimirina. Ecuador
- Instituto Para El Desarrolla 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.



This plan was developed through a consultation process that engaged Frontline AIDS partner organisations, staff, trustees and external stakeholders.

We remain committed to ending AIDS by being on the frontline of the human rights and social justice issues that marginalise people.

