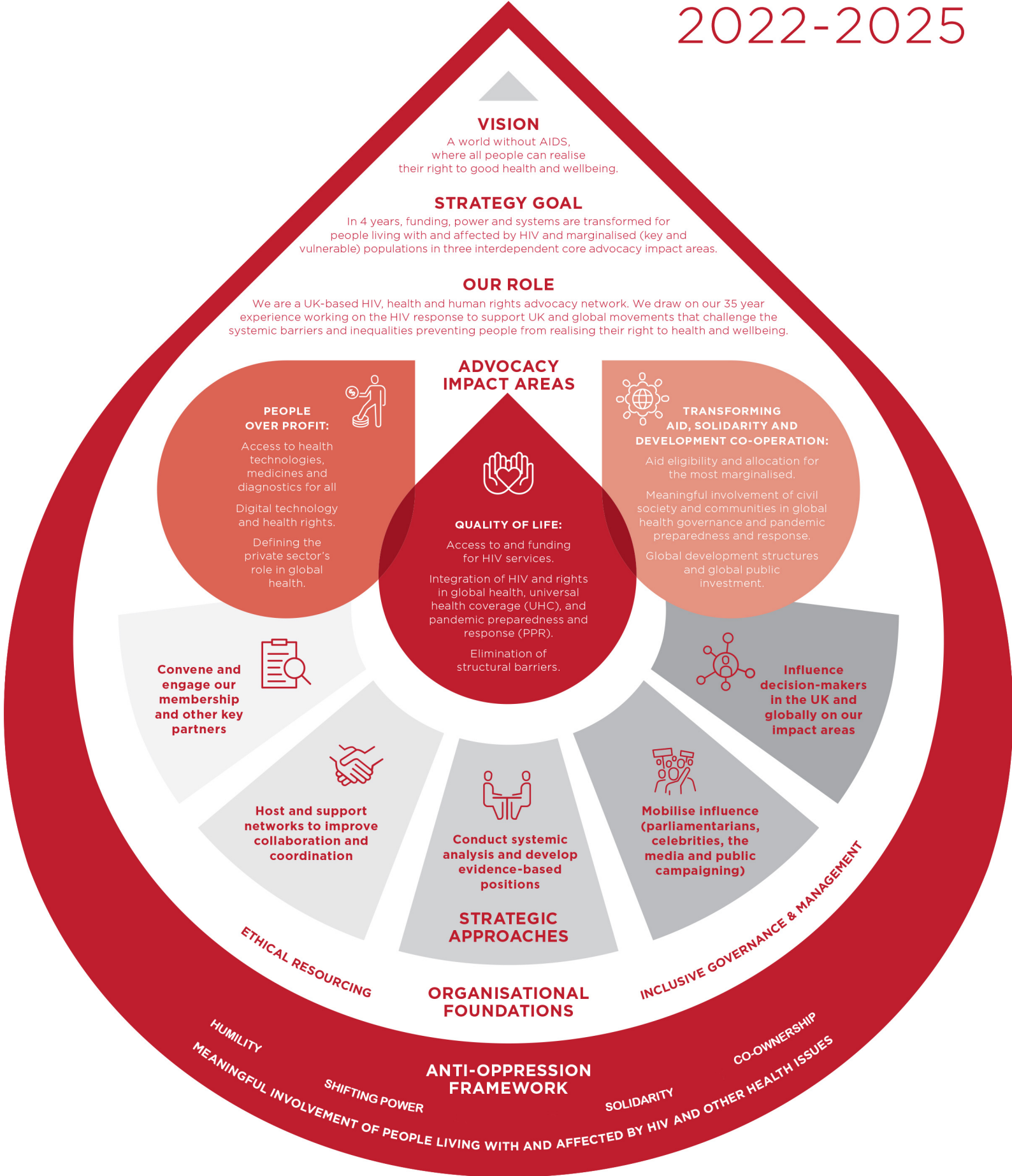


STOPAIDS.

STRATEGIC PLAN

2022-2025





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STOPAIDS is a membership network of 70 organisations with a distinguished 35-year history of engagement on international development and HIV. Our strength is in our membership and partnerships and STOPAIDS convenes and unites UK civil society voices and positively shapes UK leadership in the global response to HIV and other health rights and equity issues. STOPAIDS also hosts and provides back-office support to multiple UK-based partner organisations (the largest being Action for Global Health), networks and groups to facilitate their operational growth.

STOPAIDS engages at the global level through involvement/co-hosting of global civil society coalitions and platforms, and directly influences key global processes and multilaterals/partnerships such as UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID, WHO and ACT-A. STOPAIDS staff also work with or sit on the board of strategic partners including peer networks and organisations that focus on global health, development, human rights and/or other key diseases or HIV co-infections.¹

1.1 Our outgoing 2017-2021 Strategy and new 2022-2025 Strategy

There are considerable continuity and synergies between the 2017-2021 strategy and the new 2022-2025 Strategy in terms of vision, mission, some of the advocacy impact areas, strategies and principles of how we work. However, there are also bold new additions and evolutions. The new strategy is framed and driven by our Anti-oppression

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Most successful in supporting resource mobilisation for the Global Fund.

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STOPAIDS partner/
member organisation

Framework through the principles of humility, co-ownership, solidarity and meaningful involvement of people living with or affected by HIV and other health issues. We see new framing of our advocacy impact areas and new areas not previously captured in the old strategy - such as digital health technology; quality of life; and global public investment. There is an expansion of our strategic approaches also with our hosting and convening role newly highlighted as a key strategic approach.

¹ STOPAIDS staff are currently involved in: The Steering committee of AFGH; The International Steering Committee of GFAN; The Advisory Board of WACI Health; The Management Board of Stamp Out Poverty; The steering Group of the Kampala Initiative; the Steering Committee of the ACT-A Platform for Civil society and Community Representatives; the Developed Country NGO Delegation of the Global Fund.

“

Especially since COVID started, the STOPAIDS coalition/missing medicines working group has been crucial to convening civil society voices on access to medicines...resulting in a lot of joint actions and activities. Really great.

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STOPAIDS partner/member organisation

	STOPAIDS 2017-2021 Strategy	STOPAIDS 2022-2025 Strategy
Vision	A world in which people living with and affected by HIV are at the centre of a fully financed response which protects, respects and fulfils human rights, where all people living with HIV are healthy and safe, and where all people without HIV remain HIV-free.	A world without AIDS, where all people can realise their right to good health and wellbeing.
Impact areas	<ul style="list-style-type: none"> • HIV prioritisation • HIV integration 	<ul style="list-style-type: none"> • People over profit • Ensuring enhanced quality of life • Transforming aid, solidarity and development co-operation
Strategic approaches	<ul style="list-style-type: none"> • Engaging with decision makers • Mobilising influence • Developing evidence-based positions 	<ul style="list-style-type: none"> • Influence decision-makers in the UK and globally on our impact areas • Mobilise influence (parliamentarians, the media, celebrities and public campaigning) • Conduct systemic analysis and develop evidence-based positions • Convene and engage our membership and other key partners • Host and support networks to improve collaboration and coordination
Organisational foundations	<ul style="list-style-type: none"> • Resourcing • Member engagement • Governance and management 	<ul style="list-style-type: none"> • Ethical resourcing • Inclusive governance and management

In August 2020 STOPAIDS appointed a consultant to support the strategy development process and formed a Key Stakeholder Advisory Group (consisting of people living with and affected by HIV) to provide input and guide the process. The strategic planning process began in September 2020 with desk-based horizon scanning, preparations for external consultations, internal work on key issue thought papers, and consultations with the STOPAIDS board and the Key Stakeholders Advisory Group.

In October 2020, the strategy process was paused to answer a question raised in a thought paper that needed to be answered before proceeding with the strategy development: was there scope and interest among both STOPAIDS and Action for Global Health (AfGH) to either create a hub organisation to host both networks or even merge the two networks into a single organisation? Staff, STOPAIDS members and key partners of STOPAIDS and AfGH were consulted on three structural possibilities;

- a) Maintain the current structure**
- b) Create a hub organisation that would host STOPAIDS and AfGH and possibly other networks**
- c) Merge STOPAIDS and AfGH into one global health network**

Consultation results indicated a strong interest across both STOPAIDS and AfGH memberships for options b) and c) but were inconclusive on the precise form or timing for implementation. In the absence of a clear indication that the two networks were ready for a merged structure (Option C), STOPAIDS and AfGH decided to go ahead and develop their own separate strategies. The findings also demonstrated support for greater collaboration and co-ordination between global health networks to be pursued in whatever structure and strategies the two networks create. STOPAIDS then further considered the creation of a hub organisation in its own strategy development process and ultimately decided that this option did not best serve the interests of the organisation.

Our STOPAIDS strategy process resumed in January 2021 by reviewing STOPAIDS' performance for the 2017 - 2020 strategy and horizon scanning on the priorities, opportunities and challenges for the coming strategic period. The process included a survey of STOPAIDS members and interviews with key stakeholders (members, funders, advocacy targets, allies and partners). In March, the Key Stakeholder Advisory Group and the STOPAIDS Board were presented with the findings and subsequently suggested changes to the organisational vision, mission, values and principles, impact areas and key strategies/approaches. In April, staff consulted with STOPAIDS members at an all-member meeting and had conversations around the colonial roots of global health and the movement to decolonise its structures; racism within the sector and unpacking what it means to be anti-racist and intersectional. These key consultations confirmed the decision for the new strategy to have an anti-oppression framework as a foundation driving all strategic components. Therefore, parallel to developing the strategic components, STOPAIDS staff also began, with the help of a consultant, to develop an anti-oppression framework. The draft core components of the strategy and anti-oppression framework were then presented to the STOPAIDS Board meeting in April 2021.

From April staff continued to work on four main areas – the vision, the brand, the impact areas and the log frame. Staff held one workshop to develop an organisation-wide system analysis and theory of change; finalise the core impact areas; and prioritise and match these against staff capacity. Individual staff responsible then developed draft theories of change for each advocacy area and used an approach, based on the principles outlined in the anti-oppression framework, to identify key partners globally to reach out to test and finalise the theories of change. In parallel, we held two staff branding workshops to determine the 4Ws of the organisation – who, what, why and how – to inform the brand review process and to finalise the vision. The branding work is in progress and will be concluded in 2022.

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Excellent organisation to strategically coordinate other actors around the Global Fund. Strategic because coordinated, driven, timely and very action oriented. ”

STOPAIDS partner/member organisation

3.

Review of Strategy Implementation 2017 – 2021

3.1 Global Context

The financial, political and programmatic focus on HIV continued to decline both within the UK and globally, over this period. However, targets set by the international community on both prevention and treatment (e.g. 90-90-90) were off-track even before the COVID-19 pandemic, further derailing progress. Factors contributing to the de-prioritisation of HIV were:

- Increasing focus on broader health system strengthening programmes and universal health coverage and less focus on individual diseases.
- The perception that the problem of HIV has been solved;
- Continued systemic criminalisation, discrimination and marginalisation of the groups most vulnerable to infection – particularly women and key populations.
- The broader systemic factors that affect HIV prevalence and access to services and treatment mean that HIV-focused programmes alone can never fully address the problem. Yet, the shift towards health systems strengthening and UHC, and international campaigns to promote gender equality, LGBT+ and other rights have yet to significantly impact on the factors that stand in the way of swifter progress in tackling HIV and AIDS.

3.2 STOPAIDS key achievements

In stakeholder interviews, internal discussions and the member survey, the following key achievements for the 2017-2020 strategy were noted:

3.2.1 Advocacy and policy impact:

Impact on HIV prioritisation:

- The most frequently mentioned advocacy achievement was STOPAIDS' strategic coordination around the 2019 Global Fund replenishment, and success in mobilising the campaign to secure an increased DfID commitment despite DfID's overall de-prioritisation of HIV.
- STOPAIDS' work to increase UK funding to the Robert Carr Foundation
- Success in convincing a UK Minister to attend the International Aids Conference in 2018;
- Securing DFID support for STOPAIDS work to develop mechanisms to increase the transparency of DfID's HIV spending and programming.
- Globally, through the Global Fund Board and Strategy Committee, STOPAIDS was instrumental in amending the eligibility policy to ensure continued funding to civil society through the NGO Rule; and leading the advocacy on the strategy committee to secure an increase in funding for the Catalytic Fund from \$800 million to \$900 million.

Impact on HIV integration:

- External stakeholders felt STOPAIDS had made a "very valuable" contribution on transitions – being seen as having played a critical role in moving the UK, whose position on this was seen as particularly problematic, into a more helpful space globally. This was matched and supported by STOPAIDS creation and hosting of the UK Sustainability and Transitions Working Group which advocated to DFID and worked with them to develop DFID's first **'Guidelines on Transitions'**.
- STOPAIDS work on the global health architecture was described as having "been really influential". The publication of the joint paper **'HIV, UHC and the future of the global health architecture'** with AIDS Fonds, CSSN and GNP+ lay the groundwork for discussions across global civil society and for engaging global health institutions on meaningful engagement of civil society and communities in global health governance.
- In relation to STOPAIDS access work, one of the biggest achievements highlighted was being asked to adapt its report **'People's Prescription: Re-imagining health innovation to deliver public value'** for the Labour Party to use it as their party policy on medicines access and biomedical research and development. The paper **'Medicines for the Many'** put the issue of high drug prices firmly on the agenda during the 2019 election, significantly raising public awareness of the rising cost of medicine for the NHS and the impact on patients. Even with the change in leadership, the **'Medicines for the Many'** paper continues to be party policy and STOPAIDS have maintained close relationships with the frontbench as a result.

3.2.2 Networks:

- **A model of networking:**

STOPAIDS was described as providing “a model of networking that allows members to combine and work to their strengths”. It is seen as very strong at bringing people together and building consensus, which in turn provides it with the capacity to persuade and influence.

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Good at building consensus. Very strong in that role.”

STOPAIDS partner/
member organisation

- **A strong hosting and facilitative role:**

- **Globally:** Hosting the UNITAID NGO Delegation Liaison Officer and delegation budget (2014-now); the Board Member, Communications Focal Point and budget for the Developed Country NGO Delegation to the Global Fund (2017-2019); and, most recently, co-facilitating the ACT-A Platform for Civil Society and Community Representatives (2020- now).

- **In the UK:** STOPAIDS has built on its highly valued existing support role for Youth Stop AIDS and the All Party Parliamentary Group (APPG) on HIV and AIDS to take on hosting of Action For Global Health (2018) and Students for Global Health (2019). STOPAIDS has facilitated the growth of AfGH from 0 to 4 staff and supported it in securing three institutional grants; and supported SfGH by hosting one staff member and supporting it to secure two institutional grants.

- **Profile and access:**

Beyond the organisation’s convening strength, the Director’s role as board member and strategy committee member on the Global Fund board and resulting profile was another strength that has been leveraged well during the period of the last strategy. External stakeholders noted the organisation’s ability to engage effectively with its key targets in the Department for International Development/Foreign, Commonwealth and Development Office; in Parliament and elsewhere – despite the high level of political uncertainty throughout the period of the last strategy.

- **Capacity beyond its size:**

STOPAIDS is seen as an organisation that ‘punches above its weight’ with high praise for the breadth of its work and capacity to engage on so many issues despite its relatively small size.

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Excellent model of networking; means individual organisations can work to their strengths and STOPAIDS can bring them together. Served as such a strong model of what civil society can do. STOPAIDS goes beyond bringing people together – they link to other groups such as the Global Fund and All Party Parliamentary Group. Really effective. Very impressed - compared to what I have seen in other donor countries.”

STOPAIDS partner/member organisation

3.2.3 Organisational foundations:

- **Maintained a diverse membership of 70 civil society organisations:**
Although there has been some reduction in engagement from large generalist INGOs, new organisations have joined, enhancing and adding to the value of the network. This is complemented by close collaborations and partnerships with other UK and international organisations on a variety of topic areas.
- **Ensured meaningful involvement of people living with HIV (MIPA+) in STOPAIDS governance** by allocating two seats on its board for people living with HIV and actively supporting leadership of people living with HIV in STOPAIDS events, particularly those involving key decision-makers. The annual Youth Stop AIDS speaker tour gives young people living with HIV from the UK and overseas a platform to tell their story by directly engaging young people in cities and universities across the country, through mainstream media and through meetings with DFID officials and members of the APPG on HIV and AIDS. STOPAIDS also built on this work to collate an organisational wide MIPA+ policy that guides all staff to apply MIPA+ approaches more systematically across all of its work with robust monitoring and evaluation processes.
- **Funding diversification and expansion:** STOPAIDS has seen significant growth and expansion supported by successful organisational and funding strategies. The annual income has increased by 93% since 2015 and there has been more than a doubling of unrestricted funding which has given STOPAIDS the flexibility it needs to adapt to a quickly changing environment. Unrestricted reserves have also increased by 154%. STOPAIDS has developed an excellent reputation amongst its funders. It has secured multi-year grants from all its major funders and these grants have all grown in size overall. STOPAIDS has also managed to secure an increased amount of core/unrestricted funding, which demonstrates a high level of trust and support from our funders and an endorsement of our core strategic aims.



The 2017-2020 strategy faced challenges arising from uncertainty following the vote for the UK to leave the European Union in 2016. It was very challenging to predict just how turbulent the past four years have been in UK politics:

- Successive votes and Parliamentary defeats on the agreement for the UK's withdrawal from the EU,
- Changes in leadership of both political parties,
- Snap elections
- The UK's departure from the EU
- A global pandemic with all its associated impact on health systems, inequality and access to HIV treatment and prevention services;
- Dramatic changes to the UK Government's support and approach to international development.

4.1 Global trends

As we have written this strategy, much of the world has been in lockdown and the health and economic impact of COVID-19 continues to evolve. The COVID-19 pandemic has widened the gap between aspirations and reality when it comes to ending AIDS as a public health threat. With inequality and marginalisation such critical factors in driving HIV infections and mediating access to services, there will be a lingering negative impact on progress to ending AIDS – particularly given the pandemic's negative impact on gender equality and the rights of key populations. The focus of the international community, including the Global Fund, on COVID-19 is also contributing to the long-term trend in the de-prioritisation of HIV as a global health issue threat. Yet COVID-19 is a stark demonstration of the need to strengthen health systems and has highlighted the dynamics between health and inequalities within and between countries. These trends are likely to make achieving the SDG 3 target of ending AIDS as a public health threat by 2030 even more of a challenge.

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Worked with them (STOPAIDS) on global health architecture: they've been really influential. Taking a lead in designing new architecture. A lot of achievements.”

STOPAIDS partner/member organisation

Surveyed members saw the reduced prioritisation and financing for HIV as among the biggest challenges to the global HIV response. Globally, the trend towards strengthening health systems rather than focusing on individual diseases has continued to gather pace – at least at a rhetorical level – and is unlikely to be reversed to secure the increase in funding for HIV that STOPAIDS members want to see.

Experts and stakeholders saw strengthening health systems as the top priority, alongside prevention, for achieving the target of ending HIV as a public threat by 2030. Other priorities and challenges focused on the systemic obstacles to improved prevention and treatment access – in particular, discrimination, marginalisation and, in some cases, criminalisation of vulnerable groups and key populations. As one survey respondent put it:



Over the next 10 years the HIV epidemic will see a split - where new infections become concentrated in the most marginalised and vulnerable - hence a need to keep working on gender and key populations; and the long-term health needs of the millions who are living with HIV into older life will require HIV to be well integrated into UHC and functional health systems.



STOPAIDS partner/member organisation

Resources for organisations and work focused solely on HIV are becoming scarcer whilst ongoing global economic and political trends and the need to mobilise domestic and non-ODA resources to support global health outcomes mean that HIV and international development advocates need to shift away from focusing heavily on development assistance to a broader paradigm that, for example, talks about 'global public investment'.

4.2 UK trends

Against expectations, the UK Government increased its contribution to the Global Fund to £1.4 billion at the 6th replenishment in 2019, higher than the 15% increase that advocates had campaigned for. It also increased its contribution to the Robert Carr Fund and sent a Minister to the 2018 World AIDS conference – after failing to do so for a number of years. STOPAIDS also made progress in convincing the UK Government to adopt a more helpful position on transitions; and influenced the Opposition's policy position on access to medicines. However, over all the UK Government continues to follow the broader trend of de-prioritising HIV in preference for a focus on broader health systems strengthening and health security.

The economic impact of the pandemic alongside the Government's views on development assistance have led to seismic shifts in the political environment for STOPAIDS. The Department for International Development has been merged with the Foreign Office to form the Foreign, Commonwealth and Development Office. Aid has been cut to 0.5% of GNI for 2021 and while health spending is among the 'protected' areas, health programmes, particularly bilateral ones, are not immune to cuts; programmes that aim to address systemic issues relevant to HIV are being cut and closed. Despite government commitment to returning to 0.7%, programme closures will mean gaps in vital support reinforcing the trend of HIV de-prioritisation by the UK Government.

Relationships between the newly merged FCDO and UK civil society in the context of sharp cuts to the aid budget and the declining space for civil society voice globally will have considerable impact on STOPAIDS' work in the next few years. While relationships with civil servants remain strong, the value of the FCDO's partnership with UK civil society has been degraded by a lack of meaningful consultation and engagement by the Secretary of State and ministers.

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(STOPAIDS is strong in) ability to engage with donors - particularly those based in UK and within platforms in global fund - on need to fund HIV and not to cut funding. Ability to push for UK to support for GF and GAVI - when money very restricted. Work on transitions with the UK parliament. ”

STOPAIDS partner/member organisation

These developments have raised questions about the value of continuing to focus on the UK government as an advocacy target. However, our consultations concluded that this was more important than ever.

The operating environment for UK-based international NGOs has become more challenging. COVID-19, aid cuts, Brexit and the shift toward directly funding organisations based in the global South (a trend STOPAIDS supports) have impacted the fundraising environment. The capacity of UK-based INGOs to actively engage in networks and/or advocacy and to pay membership fees is likely to be further reduced with potential for staff cuts, closures and mergers.

The debate around the role of INGOs and their legitimacy has gathered pace. INGOs need to embrace the pressure to demonstrate how they are contributing to shifting power away from the Global North to the South and how they are taking a lead on addressing structural inequalities in their own societies. The need for STOPAIDS to demonstrate how it is doing this emerged as a key issue in our strategy consultations – particularly with regard to global advocacy. It was noted that STOPAIDS needs to think about how it is engaging with and amplifying voices from communities and the Global South when developing its policy priorities and outputs; and how it is supporting organisations closest to and representative of communities where HIV is most prevalent, to secure the international and domestic policy changes they want to see. When it engages in advocacy activities - such as presenting to high level meetings, STOPAIDS must be very clear on why it is taking a lead rather than demanding that space for organisations or representatives from the Global South. Steps should also be taken to ensure communication between STOPAIDS and partners in the Global South is genuinely two-way and mutually beneficial.

“

Increased DFID funding via Robert Carr network. Convinced Alistair Burt to attend Worlds Aids Conference in 2018. Formed a working group on transitions: decoupling GNI from support. Getting donors to look at challenging middle incomes - not totally successful, but made some progress. A lot of quite difficult advocacy work done. Really good steps. Very clear what they want to do and how they want to do it. Really good at bringing people together and persuading people. ”

STOPAIDS partner/member organisation



5.

STOPAIDS response to these trends: Strategy 2022-2025

5.1 STOPAIDS Thought Papers

Prior to the external consultations, staff identified and addressed many strategic issues in a series of thought papers that subsequently informed the questions asked in the consultations. The thought papers looked at:

- The continuing need for HIV prioritisation
- Moving towards a more 'systemic change' approach;
- Convening and influencing in the UK, donor countries and globally
- Engaging partners and targets
- Creating an anti-oppression framework for the organisation
- Shifting funding from North to South
- Shifting power toward Global South communities in decision-making bodies
- Integrating HIV into UHC and global health
- Championing the 'Leave No-One Behind' movement;
- Using the language of inequality (instead of poverty).

Summary of thought paper conclusions:

1. **STOPAIDS should continue to work on HIV prioritisation, especially financing, while recognising the importance of couching this work within a health system strengthening and UHC frame and seeking out opportunities to do so.**
2. **STOPAIDS should build a more systematic change analysis into our organisational strategy in order to inform the areas that we work on, what we are advocating for within those areas and how we do that work.**
3. **STOPAIDS should adapt its mission to be more focused on achieving systemic change across all the locations where it can have the biggest impact.**
4. **STOPAIDS should assess the most impactful types of multilateral engagement and identify how to have sufficient representation in key multilaterals and good representation in one priority multilateral.**
5. **STOPAIDS should develop an anti-oppression framework to ensure that within the areas that we work on, what we are advocating for within those areas and how we do that work, we are actively challenging structures and practices that cause and maintain oppression.**
6. **STOPAIDS should support shifts in funding to the Global South and communities as a central component of our work.**
7. **STOPAIDS should support shifts in power and leadership to Global South communities as a central component of our work.**
8. **STOPAIDS should support and promote the integration of HIV into UHC and the broader global health agenda while also scrutinizing to ensure that HIV remains a global health priority and it retains the progress that has been made.**
9. **STOPAIDS should mainstream the principle of leave no-one behind across our strategic priorities and ensure our work is informed by our ongoing commitment to meaningful engagement (e.g. MIPA+ principles) and dialogue with civil society, particularly with marginalised groups.**
10. **STOPAIDS should place reducing inequality in all its shapes and forms as a core principle that informs and underpins our strategy.**

5.2 Vision:

A world without AIDS, where all people can realise their right to good health and wellbeing.

We had some discussion among staff, the Board, members and partners regarding the extent to which our vision should broaden out to address broader inequality, health and wellbeing and whether we should have a vision that should still be clearly grounded in the HIV response. Some felt that our vision should be broader, leaving our mission/role to clearly situate us with an HIV focus. Others felt that not having HIV or AIDS in our vision risked losing the central keel for our organisational ship and might convey a worrying message externally of our own deprioritisation of HIV. Ultimately, we decided it was critical to convey a clear message on our grounding and

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This framework will serve to encourage and enable continuous self-reflective assessment of our work and organisational identity in order to reveal structures and practices of oppression, name them, challenge them, dismantle them and co-create alternatives.

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STOPAIDS partner/member organisation



5.3 Anti-oppression Framework

Our work to deliver our 2017-2020 strategy increasingly surfaced and emphasised certain critical questions, analysis and guiding principles that would need to frame our work going forward. In 2020, two events shook the world - the onset of the global Covid-19 pandemic and the murder of George Floyd. These events built and expanded these questions and made them clearer and more urgent. They also opened up a greater sense of opportunity to act. Among staff and with our member organisations we actively embraced the opportunity to ask ourselves what our individual and organisational response is and should be to the Black Lives Matter and the decoloniality movement and to the question of how we might respond to COVID-19 and ‘build back better’ post COVID-19. A critical part of this response was to seek to better understand our global history and how power, funding, concepts and systems have been constructed and how they currently drive our individual and societal realities and the world in which we seek to have influence.

We sought to ask and answer many questions in the thought papers that we wrote in September 2020 and it was here that we first explored the possibility of developing a framework to guide our new strategy that would draw together many of the analytical lenses, tools and approaches required to understand and fight inequality and oppression.

Working with a consultant, we have developed an evolving Anti-oppression Framework document. This framework will serve to encourage and enable continuous self-reflective assessment of our work and organisational identity in order to reveal structures and practices of oppression, name them, challenge them, dismantle them and co-create alternatives. The Anti-oppression Framework articulates a set of three **values** that embrace and embody decoloniality and drive our strategy and work:

Humility: Humility means being mindful of the automatic advantages we have and how they are denied to others and accepting we sometimes need to move ourselves out of the way to allow these individuals and organisations to claim center stage. Humility is also about recognising that we have an enormous amount of space to learn and grow and we welcome being taught and corrected by partners as we grow towards our anti-oppression goals.

Solidarity: Solidarity is about identifying shared goals and valuing and supporting each others' approaches to reaching those goals.

Co-ownership: Co-ownership means continuously reflecting on the power and privilege that we hold as an organisation and actively ensuring (at minimum) equal involvement of organisations and representatives who are more marginalised.

These three values together – humility; solidarity and co-ownership – will form the spine of the work of STOPAIDS going forward. We will underpin our strategy with them, and through the Systems Practice Analysis we will work to actively incorporate these values into the different avenues of our work.

These values will be operationalised through a set of guiding **principles** (framed as self-reflective questions). We will use these to interrogate our actions - as individual staff members, as an organisation, and in the actions we take the lead on in the wider network - to 'check our privilege' and identify areas in which we may be reinforcing dominant narratives of oppression or inequality. These ten questions will also be asked at the beginning of the systems practice analysis to inform the further steps and actions that staff and the organisation will take to ensure that work is fit-for-purpose, values driven and compatible with the aim of challenging oppression.

The 10 questions are as follows:

1. Are we **LISTENING**?
2. Are we **SHARING THE SPACE**?
3. Are we acting in a way that is **ACCOUNTABLE**?
4. Is the **COMMUNICATION** that we are using effective and inclusive?
5. Are we **ADDING VALUE** by doing this?
6. Does what we are doing **ENCOURAGE** the most marginalised stakeholders to participate?
7. Is what we are doing and how we are doing it sufficiently **TRANSPARENT**?
8. Are we taking sufficient consideration of the **DIGNITY** of all stakeholders?
9. Are we being **PROACTIVE** in our approaches to challenging oppression and inequality?
10. Is what we are doing helping with the **SHIFT OF POWER**?

To operationalise our strategy of examining our activities and decisions through an anti-oppression lens, we have chosen to use the **systems practice approach** which we have modified for use in an advocacy organisation. Systems practice is a methodology for analysing complex environments to uncover the dynamics that drive them, and then identify the points of pressure that will change the structure of that environment. We have a circular three-steps process:

- 1. Ask an Action-based question**
- 2. Identify challenges (and challenge them)**
- 3. Identify levers and attempt to push them**

The Anti-oppression Framework is a blueprint; In developing our strategy and each of its core components we will seek to apply its values and principles and utilise systems practice analysis but we are only at the beginning of doing so. We are using an iterative learning process to continue developing and applying the framework to all aspects of our strategy. For example, we have begun to apply the framework to the development of: our impact areas (employing a consultative process that was structured around building stronger 1:1 relationships with relevant community, regional and global organisations related to each area of work); our monitoring and evaluation tools; our recruitment practices; an ethical approach to fundraising; and how we can ensure inclusive governance and management structures. As we do so, the framework and its implementation on a day-to-day basis will be informed through further consultations with our STOPAIDS members and partners, people living with and affected by HIV and other health conditions and colleagues in the global South. We will seek continuous feedback on the framework and will conduct an annual review to reflect on how it has evolved since inception and evaluate its impact and build these learnings into future models.

5.4 Our Role:

We are a UK-based HIV, health and human rights advocacy network. We draw on our 35 year experience working on the HIV response to support UK and global movements that challenge the systemic barriers and inequalities preventing people from realising their right to health and wellbeing.

In developing our thought papers and our Anti-oppression Framework, we realised just how important it is to be clear externally about who we are as an organisation, where we are based and what we do and how these aspects inform each other. This is particularly important in terms of recognising the power, funding and systems inequalities between the high-income countries and low and middle-income countries; between different types of stakeholders and even between civil society and communities themselves. For example, by also working on domestic health issues and linking these to health issues internationally, we seek to break down the 'white gaze' in international development, counteracting tacit assumptions that white majority countries/ higher income countries don't face significant health challenges. Who we are, where we are based and what we work on will all play a key role in determining where our value-add is and where it isn't.

5.5 STOPAIDS Strategic Goal and Impact Areas

Our work to deliver our 2017-2020 strategy increasingly surfaced and emphasised certain critical questions, analysis and guiding principles that would need to frame our work going forward. In 2020, two events shook the world - the onset of the global Covid-19 pandemic and the murder of George Floyd. These events built and expanded these questions and made them clearer and more urgent. They also opened up a greater sense of opportunity to act. Among staff and with our member organisations we actively embraced the opportunity to ask ourselves what our individual and organisational response is and should be to the Black Lives Matter and the decoloniality movement and to the question of how we might respond to COVID-19 and 'build back better' post COVID-19. A critical part of this response was to seek to better understand our global history and how power, funding, concepts and systems have been constructed and how they currently drive our individual and societal realities and the world in which we seek to have influence.

5.5.1 STOPAIDS Strategic Goal:

In 4 years STOPAIDS secures key steps towards transforming funding, power and systems, particularly for people living with and affected by HIV and marginalised [key and vulnerable] populations, in the following three areas:

5.5.2 STOPAIDS Impact Areas:



People over Profit:

- Public health driven health innovation systems & equitable and urgent access to safe, effective and affordable health technologies for all.
- Meaningful civil society involvement in design, implementation and governance of digital technologies and AI in health.
- Clear principles drive the private sector's role in health to reduce inequality and deliver global health goals.



Ensuring Enhanced Quality of Life for people living with and affected by HIV:

- Enhanced funding for and access to quality HIV prevention, treatment, care and support (e.g. UK Gov, Global Fund, RCF, civil society and community funding)
- Meaningful integration of HIV with and access to broader physical and mental health issues / UHC.
- Reduction of HIV-related structural barriers (e.g. criminalisation & gender inequality).



Transforming aid, solidarity and development co-operation:

- Sustained investments for the most marginalised in current aid eligibility, allocation and transition systems.
- Meaningful civil society and community involvement in global health governance.
- Global development concepts & structures transformed to deliver for the post-2030 agenda.

5.1 Strategic Approaches

In identifying our strategic approaches, we decided our existing strategies were all still relevant but that there were some key approaches that were critical to our work but were not yet included.



- Influence decision-makers in the UK and globally on our impact areas



- Convene and engage our membership and other key partners (new)



- Mobilise influence (parliamentarians, the media, celebrities and public campaigning)



- Host and support networks to improve collaboration and coordination (new)



- Conduct systemic analysis and develop evidence-based positions (updated)

5.1.1 Influence decision-makers in the UK and globally on our impact areas

UK

As a UK-based network, we believe that we have a valid role to influence UK stakeholders (particularly the UK Government) and to represent UK civil society perspectives in global health processes and institutions. In the UK, our advocacy will particularly target UK Government decision-makers – from the Prime Minister and Chancellor to Secretaries of State, Ministers and civil servants – and this will be driven by an updated UK Government Engagement Strategy. We have historically focused on Government departments focused on international development policy and funding – such as DFID and FCO and now FCDO.

This will continue in this strategy but we have a growing focus also on domestically-focused departments (such as DHSE; BEIS; Trade; etc) as our advocacy expands to also address domestic UK policy where relevant. This expansion recognises that practically sometimes domestic policy is integrally intertwined with international policy (such as the UK approach to IP and R&D). It also recognises the false separation created between high income countries and low- and middle-income countries in outdated concepts such as 'global health', the MDGs and the OECD DAC rules and embraces the global nature of the SDGs and ideas such as Global Public Investment.

“

Sustainable and transition work very valuable. UK one of most difficult actors in that debate. STOPAIDS really critical in moving UK into a more helpful space.

”

STOPAIDS partner/member organisation

STOPAIDS hosted/led Working Groups in the UK:

These groups are largely made up of STOPAIDS members but also include other UK stakeholders/partners.

Missing Medicines Coalition	Chair
UK Civil Society Global Fund Replenishment Working Group	Chair
UK Sustainability & Transitions Working Group	Co-chair with Results UK
UK Private Sector and Global Health Working Group	Chair

STOPAIDS membership of UK networks:

Action For Global Health	Member, Steering Committee member
UK Alliance For Global Equality	Member
UK SRHR Network	Member
BOND	Member
Robin Hood Tax Campaign	Member, Management Committee member of Stamp Out Poverty
Trade Justice Movement & Stop ISDS Campaign	Member
UK-CAB	Member

Global

Our role globally is more complicated and is one that we will be exploring carefully using our Anti-Oppression Framework. We believe we have a role as a UK-based network representing UK civil society voices and messages and representing those through global consultation processes, events and Institutions. This convening and representation role must conform to our MIPA+ principle and approach. However, we must also be actively aware of the level of representation from diverse countries and communities and seek to ensure as much balance as possible, and where appropriate step aside to ensure diverse and greater representation of marginalised groups.

Any role that we might take in global convening should be carefully considered. We think that there are occasions when STOPAIDS can play a helpful role in global convening but that this should only ever be done in formal or informal collaboration with (and ideally leadership from) civil society and community partners from low- and middle-income countries. Recent successful examples of this have been: our partnership with WACI Health and GFAN to co-host the ACT-A Platform for Civil Society and Community Representatives; and our co-chairing of the Kampala Initiative Private Sector Working Group with People's Health Movement.

We will also continue to be part of and join global partnerships on our Impact Areas where there is balanced representation and involvement of different stakeholders. The Digital Rights Advisory Group is a good example of a successful partnership that we are part of that includes national and global level civil society and community partners from different regions.

European and Global Networks

The European Alliance for Responsible R&D and Affordable Medicines	Member
ACT-A Platform for Civil Society and Community Representatives	Co-founding host and Steering Committee member
Quality of Life Partnership (global)	Founding member
Digital Rights Advisory Group (global)	Founding Steering Committee member
Pandemic Action Network (global)	Member
Kampala Initiative (global)	Steering Committee member
Global Fund Advocates Network (global)	International Steering Committee member

5.6.2 Mobilise influence (parliamentarians, the media, celebrities and public campaigning)

We will continue to build and strengthen our approach to mobilising influence, as this is now ever more important under the current government with the relationship between the government and the international development sector at a low point. We will continue to build our effective parliamentary engagement strategy, seeking to build a diverse range of champions but focusing particularly on conservatives who might influence internally.



Our media and digital comms work has been effective but limited due to capacity and we hope to develop our media and communications strategy with our new dedicated Campaigns and Media Officer. This role will also aim to further develop our campaigning capacity and the support and co-ordination we can offer to Youth Stop AIDS and Students For Global Health.

“

The Global Fund replenishment was a significant success. Very good outcome and STOPAIDS can take some credit. Advocacy work around World Aids Day was also great - evidenced by having everyone in parliament wearing a red ribbon. Keeping HIV/AIDS on political agenda. Close relationships with senior people in DFID/FCDO.

”

STOPAIDS partner/member organisation

5.6.3 Conduct systemic analysis and develop evidence-based positions

We will continue to identify critical areas for Fact Sheet development through our membership and develop the evidence base (in the form of reports, briefings and infographics) for our three Impact areas. All our positions and evidence building will be informed by the application of a systemic analysis as outlined in our Anti-oppression Framework.

5.6.4 Convene and engage our membership and other key partners

STOPAIDS member engagement was one of three foundations in STOPAIDS' previous strategy. Member (and other key partner) convening and engagement is an essential thread throughout our entire strategy and as such, a key strategic approach because the expertise, advocacy and community engagement of our members is central to achieving our goals. We will have a strong continued focus on members meetings discussing topics driven by member interest and will update our member engagement strategy. Building on our Anti-oppression Framework, we will also develop a partner engagement strategy to guide the offer of solidarity, co-ownership and partnership with organisations we work with in low- and middle-income countries.

5.6.5 Host and support networks to improve collaboration and coordination

STOPAIDS role in formally and informally supporting small organisations and groups is long established but has not been recognised previously as a strategic approach for us to achieve our goals. STOPAIDS currently plays a supporting or hosting role for several small or non-registered organisations that may need the support of a legal charity to hold funding, provide support with financial processing and oversight,

provide contracts and pay salaries of their staff, support with fundraising, provide advice and line management. We believe that this neutral hosting role is critical within civil society and enables small organisations and networks to flourish through secure sustainable support without having to expend the considerable time, resources and effort needed to establish as a legal entity. We believe that we have a particular skill at supporting advocacy networks and groups to flourish. These hosting roles have been a feature of STOPAIDS for over a decade but have particularly expanded in the last couple of years with the hosting of AfGH in 2018, and the SfGH and GNP+ partnerships in 2020.



- **Action for Global Health** is a UK-based network of 55 member organisations but is not a legal entity. It has its own Steering Committee that guides its strategic direction. As host organisation, STOPAIDS employs AfGH staff, holds its funding and provide guidance and support.
- **Students for Global Health** is a student network of health campaigners. It is a legal entity and has its own Board but has no office. STOPAIDS employs its staff and holds its funding.
- **The NGO Delegation to the UNITAID Board** is not a legal entity. It has two Board members that guide the strategic direction of the delegation in consultation with the Communications Focal Point and delegation members. STOPAIDS employs the Communications Focal Point (CFP) (0.75FTE) and employs them as an advocacy officer (0.25FTE) and hosts the UNITAID delegation grant.
- The **All Party Parliamentary Group on HIV and AIDS** is not a legal entity. It has its own leadership (Chair and Officers) that guides its strategic direction. The Co-ordinator is employed by STOPAIDS but they are line-managed by the Chair of the APPG. STOPAIDS provides an annual grant to the APPG but their funding is held and managed by the Chair of the APPG in his parliamentary role.
- **Youth Stop AIDS** is a network of over 300 youth campaigners. The network and the Co-ordinator post is hosted by Restless Development but has an annual grant from STOPAIDS. STOPAIDS has provides policy support to the co-ordinator.
- **Global Fund Advisor to Global Fund Board Strategy Committee:** We currently host a one year grant from the Global Fund to host the adviser to the Chair and Vice-Chair of the Global Fund Board Strategy Committee. This is a 0.75% FTE role.
- **Project Co-ordinator for the ACT-A Platform for Civil Society and Community Representatives:** We currently host this 0.8% FTE role for the platform.
- **Global Network of People Living with HIV (GNP+) partnership:** We have an MoU with GNP+ and host two of their staff roles based in the UK.

5.7 Ethical Resourcing/Funding

Our funding strategy will be informed by the Anti-oppression Framework and guides who we accept money from and how we fundraise. This means we will actively ensure any funding we receive is enhancing rather than detracting from our impact goals.

STOPAIDS does not accept funding from organisations/donors that do not align with our mission and values. We believe that the dignity and agency of, and accountability

to, all potential beneficiaries of STOPAIDS advocacy activities is paramount in any fundraising activities.

The mission and objectives of donor bodies and, in the case of private trusts and foundations, how the income funding their philanthropy was generated, will be paramount in considerations on who we go to for funding.



As an organisation working in the public health sector, we will particularly avoid funding from the tobacco and alcohol industries, industries with a high carbon footprint and businesses that engage in exploitative labour practices. However we recognise that due to the broad investment portfolios of many large trusts and foundations, we may not be able to entirely avoid secondary links to such funding. We will not accept funding from any organisation that has demonstrably failed to uphold values of tolerance, equality, fairness and diversity and inclusion, particularly with respect to people living with HIV and communities in the Global South.

We recognise that the meaningful inclusion of people living with HIV and marginalised communities requires resourcing and are exploring the introduction of a 'community

voice levy' in our funding applications, as well as reviewing our financial allocations to ensure that we have funds available to facilitate the active participation of these groups.

Our ethical funding foundation goes beyond who to avoid for funding and is an opportunity to engage with funders on building shared values and approaches and developing an 'anti-oppressive mindset' within the profit and not for profit sectors.



5.8 Inclusive Governance and Management

The composition of our leadership is integral to STOPAIDS' values of equality, diversity and inclusiveness. The size of our Board (up to 12 Trustees) can help ensure there is enough space for a multitude of voices.

The majority of our Trustees are drawn from our membership organisations but we have reserved 2 spaces on our Board for non-members to ensure that we can look beyond our membership to ensure a balanced and well-skilled Board. We have dedicated two spaces for people living with HIV (PLWHA) and one space for a young person to reflect the importance of lived experience and to ensure the youth engagement of STOPAIDS has a voice at Board level. Dedicating a space to a board member from a community organisation based in the Global South is under exploration.

We are reviewing the skills and qualities necessary in a Board to champion leadership in anti-oppression work and have included these in a skills audit for current and prospective board members.

STOPAIDS will use our Anti-oppression Framework and our two cross-cutting strategic approaches to review our governance and management structures and assess what changes may be needed.



6. **Monitoring, Evaluation and Impact Assessment**

The monitoring, evaluation and impact assessment of our new strategy is a central consideration in our strategy formation and implementation. We will monitor and report progress against our three impact areas on a quarterly basis to the STOPAIDS Board as well as in our annual reporting process. In addition to a mid and end term evaluation to review the 2022-25 strategy and help shape the next strategy, we will also focus on the impact and 'value add' that STOPAIDS has brought to each area of impact.

Under our overarching Theory of Change we have developed topic-specific theories of change for each advocacy area. These topic-specific theories of change provide the goals, outcomes and indicators for a new log frame to monitor each Impact Area. The Theories of Change and the log frame will be used alongside existing tools in the STOPAIDS Monitoring and Evaluation Framework. These include contribution/attribution scale sets, checklists, outcome story templates and decision making dashboards.

Monitoring, evaluating and assessing the impact of the change we bring to the spaces we work within, is an essential means by which we hold ourselves accountable as a team and also to our membership and other stakeholders such as our donors and communities we seek to engage and represent. Impact assessment is also important to help us reflect on whether we are, from an anti-oppressive perspective, best placed to lead or occupy a space within the spheres of our areas of impact. Our monitoring, evaluation and impact assessment approach will be framed by key values, principles and practices from our Anti-oppression Framework. Success will be measured not only by how much positive change we have brought about in our impact areas but by the extent to which we have been able to implement our anti-oppressive approach.

**UNITING UK VOICES ON
THE GLOBAL RESPONSE** **STOPAIDS.**