

STOPAIDS.

2021-2024 Strategy
Development

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Thought Paper
Responses

NOV 2020 -

JAN 2021

Staff Responses to Thought Papers:

STOPAIDS has embarked on the development of the new STOPAIDS Strategy 2021-2024.

As a first step in our horizon scanning process, the STOPAIDS staff developed 10 thought papers examining key questions that we think are critical to inform our understanding of the context that the new strategy will need to operate in. These are available on request.

From the 10 thought papers we developed staff responses to each of the questions they posed. This powerpoint is a summary of the staff responses to the 10 thought papers. We share these responses now with external STOPAIDS partners and stakeholders to be transparent about and share our initial thinking on some of these key topics. We share them specifically to prompt reflection and background to inform responses to the strategy survey and interviews we are conducting in the first quarter of 2021.

Thought Papers- Objective and Process

Objective: Provide a thoughtful 'deep dive' into what lies ahead and could impact STOPAIDS' work over the next strategic period in order to draw out the best direction of travel for STOPAIDS new strategy.

Process:

- STOPAIDS identified 10 areas for thoughtful examination from which we drafted questions to prompt and guide paper authors.
- The draft questions were shared with STOPAIDS Team, Board and our Strategy Consultant for feedback before being finalized.
- They were then allocated among team members for initial paper drafting.
- Input then given by the rest of the team and the STOPAIDS Board before a further redrafting.
- The papers were then shared among Team members to ensure cross-fertilization of positions and ideas between all 10 papers before being finalized.
- Team members were then asked to write directional responses to the thought papers they authored based on the content, which again when drafted were shared with team members for feedback before being finalized.
- The final responses are shared for each paper in this slide deck with the final slide offering a summary.

1 – Continuing Need for HIV Prioritisation

There is still a need for STOPAIDS to advocate for a more effective global HIV response from the UK government as a standalone priority area. STOPAIDS is well placed and equipped to act as the key UK convenor in this space. The UK is a key donor to the response which needs leaders to show bold commitments to progress. Engaging and working with international actors who lead the response should continue to be a key element of this work.

STOPAIDS should ensure that its focus is on the challenges to the epidemic it can affect. Financing will remain a focus because of our role as Chair of the UK Global Fund (GF) Working Group and the funding we receive for GF replenishment advocacy. STOPAIDS should recognise that in this work we are often advocating for support to existing systems and structures and should always conduct a root problem analysis when developing strategies and theories of change to ensure we are targeting the most significant outcomes. STOPAIDS should also ensure it is couching all of this work within the contexts of a more challenging domestic political and economic environment for UK Aid and an increasing global movement towards universal health coverage.

2 – Moving Towards a More 'Systemic Change' Approach

STOPAIDS should build a more systemic change analysis into our organisational strategy in order to inform (1) the areas that we work on, (2) what we are advocating for within those areas and (3) how we do that work. This may not necessarily lead us into focusing on more systemic themes (e.g. economic growth, debt cancellation or tax avoidance) explicitly but could help us identify a more systemically-informed framing for our work, helping us to place our contributions within the broader movement pushing for more transformational change. In turn this will give us a clearer indication of how we can become better connected to existing movements that are pushing for systemic change.

Two steps we need to take to help facilitate this are (1) conducting a 'root analysis' of our priority topic areas to assess/reaffirm where we are best placed to add value and agree on the framing we use to describe our work and (2) making a mapping of the I/NGOs within our membership, and outside, who work on challenging more systemic issues and have conversations with them to establish common goals and how we can amplify each other's messages.

3 - Convening and influencing in the UK, donor countries and globally to achieve change

STOPAIDS current mission is 'To encourage, initiate and support strong UK leadership on the global response to HIV and AIDS across UK Government and civil society, and other relevant actors'. Our Mission needs to shift to be less geographically focused and more concentrated on a coordinated attempt to move the dial on particular themes across all our areas of influence - the UK, donor countries and global-policy makers. This better responds to the global nature of the SDGs and involves a more systemic analysis and approach to achieving change.

This means: continuing our USP convening and mobilising UK civil society on the global HIV response and global health; influencing the UK government's international development policy and, when relevant, also engaging in the domestic UK policy arena to ensure the UK's global positions are driven by and not undermined by domestic policy; Directly influencing the policies of key global multilaterals and partnerships; Co-ordinating advocacy and youth campaigning across donor countries; Partnering civil society partners in low and middle income countries to co-ordinate and facilitate civil society advocacy at global level in areas where we have expertise.

4 - Engaging Partners and Targets, with Focus on CS and Multilaterals

Maintaining strong relationships with and formal governance positions within global health multilaterals, which could have the most significant influence on the issues we work on, would be an effective strategic approach to advance STOPAIDS's issues areas and vision. These engagements are most likely to achieve or further advance wide-scale and influential policy changes on issues that we have significant policy expertise, credibility and networks around. It will also maintain and boost our reputation and help sustain strong relationships with the UK government, donors as well as community and civil society networks globally.

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. Our engagement needs to consider capacity constraints and could vary in intensity over the new strategic period. Alternatively, consider other ways to strengthen our engagement in partnership with other NGOs.

Acknowledging our involvement in many networks and unique perspective of the global health and development sectors, we should continue to support and advocate for the importance of collaborative and coordinated civil society and the building of strong networks and coalitions and consider if our position empowers us to drive specific changes within the sector itself.

5 – Creating an anti-oppression framework for the organisation

To actively be an anti-oppression organisation, as part of its strategic development process STOPAIDS should create an anti-oppression framework. This framework would be applied across the organisation to ensure that within (1) the areas that we work on (2) what we are advocating for within those areas and (3) how we do that work, we are actively challenging structures and practices that cause and maintain oppression.

The framework will be based on a critical theory perspective to encourage continuous self-reflective assessment of our work and organisational identity in order to reveal structures and practices of power, name them and dismantle them. Practically it will help us to build from a clear historical analysis of oppression and mainstream lenses of race, gender identity, sexual identity, class, religion, physical and mental ability and intersectionality throughout our work and how we go about that work.

The framework could be applied through a series of regular processes including: A series of self-reflexive questions; an anti-oppression check-list for any strategy, policy document, event we are planning; regular team reviews to assess how we are doing; and/or a space to share readings, pod-casts, learnings on how an anti-oppression agenda can be better achieved. Examples of the questions we could apply to our work could include:

- 1) Who holds power in this situation and who holds privilege and why, (historical analysis)?
- 2) How has this HR policy, strategy, etc considered the experiences of people based on their race, their gender identity, sexual identity, their physical and mental ability, their choice of religion, their class background?
- 3) Is this policy, strategy, event in anyway acting on a) exploitation b) dominance c) paternalism or d) demonisation?
- 4) How can we acknowledge questions 1 and 2 in this strategy, policy, event etc and challenge ourselves in relation to a-d in question 3?

6 - Shifting Funding From North to South

Supporting shifts in funding to the Global South should play a central role in STOPAIDS' work. This area already underlines most of our advocacy priority areas. But it's becoming more pertinent to the external environment that increasingly looks to champion anti-racism and anti-colonialism. STOPAIDS should respond to this climate by working with others to challenge the beliefs that underpin the decisions, structures and mechanisms that serve to achieve 'international development'. Supporting moves to shift funding to the global South and to local communities is central to achieving this.

STOPAIDS should build on its work that looks to increase funding to the Global South and local communities. Within the context of the COVID-19 pandemic and global recession, it is essential that STOPAIDS continues its work to ensure that existing funding mechanisms for HIV and development programs remain supported; and best positioned to reach communities in the Global South. Through our Future of International Development work and capitalising on the opportunities that the creation of the FCDO creates, STOPAIDS should push for systemic change in how funding is channeled to the Global South and local communities. STOPAIDS should ensure that its work in this space should be driven by a commitment to champion the leadership of partners in the Global South.

7 - Shifting Power Toward Global South Communities in Key Decision-Making Bodies

STOPAIDS should support the shift in power and leadership to global south communities, recognising that community leadership and engagement will inform the development of the most impactful programmes at key global health institutions. This shift will also impact the way NGOs engage in global health and we should review our role convening on global health issues and how we advocate and support the formal representation and leadership of communities whilst ensuring this is a community-led process. The global health institutions STOPAIDS is most closely engaged with, particularly the Global Fund, are strong examples of community and civil society engagement in governance structures but the organisational structure and geography of these institutions do not represent a shift in power and leadership to communities.

STOPAIDS should (1) develop principles to guide decision-making processes at STOPAIDS and expand our current MIPA+ guidance (ensuring the meaningful involvement of people living with or affected by HIV and other health issues) to ensure meaningful engagement and representation of global south communities in our work and (2) identify the most strategic way to take forward the principles in the Global Health Architecture paper to support meaningful engagement and leadership of communities in the global health architecture (for example, through a global health governance working group or the new Access to COVID-19 Tools - Accelerator Civil Society and Community Platform).

8 - Integrating HIV into UHC and Global Health

STOPAIDS must recognize that the integration of HIV into UHC and the broader global health agenda is something that as an organization we should welcome and encourage while also scrutinizing and following closely to ensure that this isn't at the expense or degradation of the HIV response. This is a challenging but necessary approach. Integration is happening to a significant extent at the technical, political and programmatic levels and many of the core principles of the HIV response are being upheld in the UHC movement. We also need to acknowledge that the UK government is increasingly seeking justification and explanation of how specific issue disease interventions support the delivery of UHC and the wider health system, in line with the SDG agenda.

STOPAIDS should continue to identify and work on wider global health issues which help achieve and are complementary to our vision, including UHC. STOPAIDS should clearly communicate how each issue area links back the HIV response if we are going to continue to work under the STOPAIDS brand in these areas. We should carefully consider how cross cutting issues are articulated in our strategy, so they are not overlooked and ensure we are not overstretched with issue areas.

9 – Championing the ‘Leave No-One Behind’ Movement

The UK government developed the UK SDG implementation plan with actions to understand who is left behind and DFID made some progress in its planning and establishment of inclusive policies and approaches, but it is unclear how the new Foreign, Commonwealth and Development Office (FCDO) will continue this work and more needs to be done to make the plan a reality. The global HIV response is currently off track to meet 2030 targets and COVID-19 is reversing progress that has been made over previous decades. The global HIV response needs to focus on key populations and their partners who remain disproportionately affected and a significant scale-up of prevention efforts is needed.

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. STOPAIDS should also advocate to ensure that the Leave No One Behind principle is integrated into the new FCDO Single Departmental Plan and UK Aid Strategy so that the impact of UK actions on achieving the SDGs for the most marginalised is strategic and transparent.

10 – Using the Language of Inequality (Instead of Poverty)

The concept of inequality captures a broad set of criteria by which to measure wellbeing (income, wealth, education, health), and in many ways better aligns with our thinking and perspectives when it comes to several of the issues that we work on and why we work on them, in particular our Sustainability, Transitions and Co-financing work, our work on the international development paradigm, on global health governance, and pushing for real systemic change. Inequality is a root cause of poverty and perpetuates poverty; by tackling inequality you tackle poverty. UNAIDS has stated that it is inequality that continues to drive new HIV acquisitions.

Overall a focus on reducing inequality resonates more with the focus of our work and our approach to development. Reducing inequality in all its shapes and forms should be a core principle that informs and underpins STOPAIDS's strategy.

Summary

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 systemic 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.