



## STOPAIDS Strategic Plan 2017 – 2020

This Strategic Plan document has been produced for STOPAIDS members and so sets out the rationale for the strategy in an open and transparent way. A revised public version or summary will be produced once members and the board have agreed the strategic direction. This version of the document is not intended to be used to engage funders or to support advocacy.

The priority impact areas have or will have individual strategies developed and in the last quarter of 2016 a results framework will be developed in order to refine the outcomes that STOPAIDS will contribute to over the strategic period.

### 1. About STOPAIDS

STOPAIDS is a membership network of 70 organisations with a distinguished thirty year history of engagement on international development and HIV and AIDS. STOPAIDS convenes and unites UK civil society voice and positively shapes UK leadership in the global response to HIV and AIDS. STOPAIDS also directly engages at the global level through influencing key institutions including UNAIDS, the Global Fund to fight AIDS, Tuberculosis and Malaria and UNITAID. STOPAIDS also works with or sits 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 co-infections.

**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 with HIV are healthy and safe, and where all people without HIV remain HIV-free.

**Mission:** 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.

### 2. Strategic Review Process (May – September 2016)

The strategic planning process began in April 2016 with a review by STOPAIDS of the 2013 - 2016 strategy implementation followed by a discussion with the STOPAIDS Board about the scope of the review. The process included a survey of members and interviews with key stakeholders (members, funders, advocacy targets, allies and partners). In June, an all member meeting agreed the key priority impact areas for STOPAIDS policy influencing and campaigns and in August this was followed by a Theory of Change workshop with STOPAIDS staff and board members.

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## 3. Strategy Implementation 2013 – 2016

### Global Context

At the global level over the 2013 - 2016 period there has been a reduced financial, political, programmatic focus on HIV. This is due to a number of factors, including: the harmful rhetoric of ending AIDS and premature celebrations of success led many to think the job is done; many countries ignoring some of the key drivers of infections and deaths; a focus on integrated or health systems approaches rather than disease specific programming; donor fatigue in prioritising and talking about HIV; and competition from other international development issues/sectors. The Millennium Development Goals had a specific goal (MDG 6) focused on HIV, the successor Sustainable Development Goals (agreed at the end of 2015) refers to HIV only at the target level (as part of SDG 3). At the same time the numbers of institutions and organisations engaged in the global HIV response has reduced. The deprioritisation of HIV at a financial/political/programmatic level makes it very challenging to secure the global resources needed to achieve the goal of ending AIDS by 2030<sup>1</sup>.

In stakeholder interviews, the secretariat review and the member survey, the following highlights of the 2013 – 16 strategy were highlighted:

### STOPAIDS role and contribution

In order to strengthen UK leadership in the global response, STOPAIDS has:

- **Coordinated members and key strategic partners for effective UK civil society policy, advocacy and campaigns on HIV related issues.** Highlights of collective action include: co-ordinating advocacy with INGOs working across the three diseases to help secure the doubling of the UK financial contribution to the Global Fund to 'Up to £1 billion' in September 2013; uniting members and engaging in broader international development networks to successfully shift the UK government position in SDG discussions to support the target of Ending AIDS by 2030; successful advocacy with members working on key populations for increased UK funding for civil society through the Robert Carr Networks Fund and for LGBT groups in Uganda.
- **Convened members and experts to highlight member leadership, share good practice and build sector capacity.** Highlights include: Member workshops on SRHR/HIV integration, gender based violence, harm reduction & HIV, sex work and meetings focusing on prevention and youth & adolescents, as well as training on transgender awareness. STOPAIDS created factsheets/discussion papers covering critical cross-cutting issues with broader health, human rights and international development such as WASH, violence against women, harm reduction and failing states, as well as issues prioritised by the UK government including women and girls, adolescence and youth, and economic empowerment
- **Pushed to keep HIV and HIV-related issues on the agenda in discussions with UK government, political parties and parliament:** Highlights of collective action include: contributing to securing

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<sup>1</sup> In 2014, UNAIDS launched the Fast Track initiative which called for accelerated efforts in the HIV response to end the AIDS epidemic by 2030.

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a manifesto commitment on research & development (R&D) from the Conservative Party, and a commitment on AIDS in the manifestos of the Liberal Democrats and Green Party; working in close partnership with the All Party Parliamentary Group on HIV&AIDS to host panel meetings with Ministers and secure parliamentary debates on key topics; securing opportunities to input into DFID policy development on HIV and broader health and rights issues and facilitating member input and a co-ordinated UK civil society position; through Student Stop AIDS (now Youth Stop AIDS) we mobilized hundreds of young campaigners from around the country to raise awareness about HIV and engage and lobby their parliamentary representatives on issues related to the Global Fund and access to medicines.

- **Strengthened partnership working with broader health, human rights and development networks:** STOPAIDS and its members influenced HIV and health related positions of BOND and Action For Global Health as part of the Sustainable Development Goal process; STOPAIDS has also influenced BOND's Leave No One behind positioning and the UK Aid Network's work on financing on the issue of middle income countries and transitions; and the 'Missing Medicines' campaign has built strong partnerships with the 'No to TTIP' campaign and the Robin Hood Tax campaign.
- **Directly influenced at the global level:** STOPAIDS and its members have influenced the development and implementation of multilateral organisations strategies, including those of Global Fund, UNITAID and UNAIDS through direct lobbying and through civil society consultations where we facilitated multiple member input towards a united UK civil society position. We have also exerted additional influence through our staff position of Liaison Officer to the NGOs delegation to the UNITAID Board and through the roles of Alternate Board Member of the Developed Country NGO Delegation to the UNITAID Executive Board and Alternate Board member of the Developed Country NGO delegation of the Global Fund Board.
- **Facilitated access for members to key stakeholders (including government departments and funders) and provided opportunities for members to share experience and good practice:** Including: partnering with members to host panels at the DFID Family Planning Summit; hosting panels for members to present their work on prisons and HIV with the Home Office /DFID; meetings with DFID civil servants on key populations and to share analysis of the Political Declaration of the UN High Level Meeting on Ending AIDS; and inviting civil servants, MPs and funders to attend our member meetings on topics cited above.
- **Continued to support and coordinate with Youth Stop AIDS \*(YSA) and Restless Development to empower young people to be change-makers and leaders in the STOPAIDS mission:** Including: leading on the access to medicines work within the #NOTTIP campaign, making it one of the main issues within the movement and contributing to the eventual stalling of TTIP negotiations; successfully campaigning to get GSK to join the Medicines Patent Pool and add the license for Dolutegravir – a new ARV which has low side-effects and is suitable for children from 12 years old; in 2015 reaching half a million people through the Speaker Tour, events and media engagements & lobbying 120 MPs; developing a new public campaign directly addressing HIV deprioritisation 'It ain't over'.

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Underpinning this success are **key organisational foundations**. Over the 2013 – 2016 period STOPAIDS has:

- **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 adding to the value of the network.
- **Ensured meaningful involvement of people living with HIV** in STOPAIDS governance by including 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 All Party Parliamentary Group on HIV and AIDS.
- **Strengthened monitoring and evaluation & ability to demonstrate results:** STOPAIDS developed an organisation M&E system focused on our strategic goals that allowed robust reporting to our membership and to our funders; In addition, STOPAIDS commissioned an independent external evaluation of its work on the Global Fund which found that STOPAIDS campaigns had made a contribution to the increase in funding.
- **Recovered from funding challenges and met fundraising targets:** STOPAIDS broadened its funding base to compensate for a reduction in membership fees and an increasingly competitive fundraising environment. STOPAIDS has developed strong relationships with a number of supportive donors and this marks a significant turn-around since a low point at end of 2014

### **Key strengths of STOPAIDS** (from interviews)

Knowledgeable staff with policy expertise in specific areas.

Member                      *'We look up to them as a thought leader.'*  
Funder                        *'We rely on them for analysis of DFID policies'*

Maintains relationships on behalf of the members/sector and facilitates access

Member                      *'STOPAIDS is well-networked with other networks.'*  
Peer organisation        *'STOPAIDS is recognised globally as a valued contributor and legitimate representative of civil society.'*

Ability to mobilise support for HIV prioritisation

Member                      *'The Global Fund replenishment settlement was very significant. We are proud that we are a member and that STOPAIDS managed to secure that.'*  
Parliamentarian        *'STOPAIDS make a consistent impact in Parliament with well-argued, attention grabbing campaigns'*

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- Parliamentarian *'Does invaluable work in making sure that AIDS does not slip off the public and political agenda.'*
- Multilateral Institution *'STOPAIDS plays a unique role in raising the salience of the global AIDS response on the UK government's agenda—particularly for ensuring ongoing commitment to evidence-informed, rights-based, results-oriented programmes.'*
- Multilateral Institution *'STOPAIDS provided constant advocacy support, helping us with political analysis, organizing events involving parliamentary leadership and being able to solicit celebrity support. Strong UK government support would not have been possible without the professionalism and dedication of STOPAIDS'*

### STOPAIDS in 2016 in numbers (August)

*5 full time, 1 part time staff*

*70 member organisations*

*Total budget £385,654 (2016/7) – diverse funding base of 6 trusts and foundations, membership fees and individual donations*

#### 4. Strategic challenges and opportunities 2017-20

This strategy has been developed in a period of increased uncertainty about the UK Government's willingness and capacity to play a leadership role in international development and human rights globally. There is also uncertainty about the future direction of the Department for International Development and the outcome of DFID reviews of its bilateral and multilateral aid and support for civil society partnerships<sup>2</sup>. The implications of the UK leaving the European Union for UK Government leadership on HIV are also not yet fully clear. However the recent pledge of £1.1 billion by the new Secretary of State to the Global Fund and continued commitment to 0.7% show that there is still significant scope for STOPAIDS and its members to influence DFID and other Government departments.

Over the 2013-2016 period, the external context for this work has become more challenging due to the political and financial deprioritisation of the response to HIV globally and the political and programmatic deprioritisation by the UK government and INGOs. It is ambitious but possible to end AIDS as a public health threat by 2030 but only with increased global funds for the HIV (and co-infection TB) response up to 2020 and a laser-like focus on the most effective interventions. The terrible reality we have to convey loud and clear is that if global funding for HIV continues to decrease or even just maintains at current levels – this will lead to an increase in HIV infections and AIDS-related deaths and result in an even greater financial cost for regaining control of the epidemic. This is why a focus on HIV reprioritisation balanced with HIV integration is essential, framed both by a positive message that it is possible to end a global pandemic and a warning message of what we all stand to lose if we are unsuccessful.

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<sup>2</sup> Still unpublished at the time of writing

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## UK civil society leadership in the global response to HIV 2017 – 2020

The capacity of UK civil society to play a leadership role in the global response to HIV over the strategy period will be shaped by the following trends:

- The deprioritisation of HIV as a stand-alone strategic priority for all generalist/multi-mandate INGOs.
- Continuing integration of HIV within broader SRHR and health programmes and increased focus on direct funding to the global south by many donors. Among UK INGOs there are fewer HIV-specific programmes and staff and therefore reduced resources and expertise that STOPAIDS can draw on in its work.
- Financial pressure on NGOs and civil society organisations as a result of a difficult fundraising and funding environment. Some organisations do not have the capacity to engage actively in networks or in advocacy and may not have sufficient unrestricted funding to pay membership fees.
- Declining funding for advocacy globally and restricted space for civil society voice.

### **STOPAIDS strategic response to these trends**

**STOPAIDS will develop a proactive member engagement strategy and explore new ways to involve and support members:** At the outset this will map member priorities for sharing and learning as well as collective action and capacity building support. STOPAIDS will also develop and disseminate an annual plan which includes both secretariat and member-led activities. Implementation strategies for the priority impact areas will be developed with members and will clearly set out how STOPAIDS efforts will be complementary to and enhance those of members.

**STOPAIDS relationship with its members will continue to evolve:** Increasingly the small STOPAIDS Secretariat represents a significant proportion of the UK civil society HIV-specific capacity, particularly in terms of policy, advocacy and campaigns. In areas where STOPAIDS does not have the expertise or where members have the capacity to lead, STOPAIDS role will be to facilitate and support this work. It is likely that the STOPAIDS Secretariat will take a proactive role to engage directly on some issues and processes on behalf of, but with the active participation of, its membership. It will be important to work closely with the Board and members to ensure that STOPAIDS is adequately supporting members to lead and engage as well as leading and initiating engagement with key external stakeholders.

**STOPAIDS will influence and engage the international development sector and the public in order to ensure HIV is a priority issue:** STOPAIDS will proactively engage with INGOs to ensure that HIV is integrated within broader programmes and policy/advocacy work. This places STOPAIDS in a position of directly seeking to influence its own membership or potential members. STOPAIDS will increase campaigning and communications capacity in order to reach a wider audience with its messages about the need for renewed focus on HIV. In particular, STOPAIDS will coordinate and support Youth Stop AIDS to campaign effectively on de-prioritisation through 'It Ain't Over', providing strategic advice, policy expertise, contacts and where possible, securing further investment.

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**STOPAIDS will strengthen its relationships with (non-HIV specific) strategic partners or allies:** In order to influence UK leadership and the global response STOPAIDS will build strong relationships directly or through members with strategic partners and allies in the health, human rights and the wider development sector in the UK and globally. Where possible STOPAIDS will expand its membership in the UK by focusing on broader cross-cutting issues linked to HIV (access to medicines, middle income countries). STOPAIDS will continue to identify parallels with the domestic HIV and HIV-related sectors and partner with domestic organisations where practical to highlight common UK and global HIV issues.

**STOPAIDS will build on and expand partnerships globally with peer organisations to expand our global reach and influence the global response:** In coordination with members and in line with member-identified strategic priorities, STOPAIDS will engage with global civil society partners to take forward joint projects and collectively influence global processes that align with our strategic priorities.

### UK Government leadership in the global response to the HIV crisis

The funding for HIV has increased over the 2013-16 period due to the significant increase of funding to the Global Fund at the 2013 replenishment. This was rightly praised. However, over the same period the UK Government has politically deprioritised HIV. For example, DFID has:

- Reduced HIV-specific bilateral programmes, stating that it will increase integration of HIV into broader sexual and reproductive health and rights (SRHR) and health programmes, although there is little evidence of this being implemented in practice.
- Continued its lack of focus on TB apart from through its Global Fund funding, despite TB being a leading cause of death from infectious disease globally (killing 1.5 million people in 2014), including 400,000 PLWHA.
- Renamed the DFID AIDS and Reproductive Health Team as the SRHR team.
- Failed to reference HIV in its 2015 aid strategy or in any of its priority focus areas (e.g. youth, women and girls).
- Not been represented at ministerial level at the High Level Meeting in 2016 or the International AIDS Conferences in 2014 or 2016.
- Pushed for the withdrawal of aid (both bilateral and multilateral) from middle income countries where the majority of people living with HIV are. This has also impacted negatively on funding for key populations<sup>3</sup>, particularly for harm reduction.

### **STOPAIDS strategic response:**

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<sup>3</sup> **Key populations:** UNAIDS identifies gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs as the four main key population groups. STOPAIDS works to ensure that UK leadership on the global response includes specific commitment to addressing the needs of these groups as part of a rights-based and inclusive response to HIV and AIDS. STOPAIDS and its members are committed to ensuring that the global HIV response is effective in addressing the needs of other groups heavily affected by HIV including women, girls, and youth

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**STOPAIDS will continue to push at a political level for HIV and co-infection TB to have stand-alone programming and funding priority in order to ensure that the 2030 targets are met.** Without continued global and UK commitment to support and fund the global HIV response then it is likely there will be a resurgence in the epidemic and this window of opportunity to end AIDS will be lost. Taking action to ensure that the HIV response is fully funded is central to STOPAIDS mission and vision. In order to achieve this STOPAIDS will engage the public, celebrities, the media and parliament in its efforts to push for the UK Government to politically reprioritise HIV up to 2020 while also holding Government to account for its existing commitments on HIV.

**STOPAIDS will identify key opportunities to integrate HIV within broader development, health and human rights policy and funding frameworks.** Meaningful integration of HIV into other areas is crucial because if HIV is not adequately considered in programmes targeting women and girls or youth then opportunities to reduce new infections, provide care and support for people living with HIV and affected communities will be lost.

**STOPAIDS will continue to push for the UK Government's commitment to 'Leave No One Behind' to be reflected in its policies and funding of HIV response in middle income countries and for key populations in the global HIV response.**

### 5.STOPAIDS Strategy 2017 – 2020

#### Summary

**STOPAIDS 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 with HIV are healthy and safe, and where all people without HIV remain HIV-free.

**STOPAIDS Mission:** 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.

#### **STOPAIDS Priority Impact Areas<sup>4,5</sup>:**

STOPAIDS will contribute to:

- **HIV prioritisation:** Ensuring that the UK government, NGOs and other stakeholders renew their leadership and financial/ political / programmatic commitment to ending AIDS; with a particular focus on UK government funding for civil society, leaving no one behind and middle income countries.
- **HIV integration:** Ensuring that HIV is integrated within policy & funding priorities relating to development, health and human rights of key actors in the UK and globally.

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<sup>4</sup> For further information on the criteria used to determine priority impact areas and what it means to be a priority impact area see the Annex

<sup>5</sup> STOPAIDS has developed specific theories of change for the priority impact areas – which provide detail of key strategic approaches, activities and risks and assumptions.

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## Strategic approaches:

- **Engaging with decision-makers:** STOPAIDS will engage and develop relationships with key decision-makers in order to influence policy and practice within the UK and globally.
- **Mobilising influence:** STOPAIDS will mobilise public, celebrity and parliamentary support and generate media coverage in support of its priority areas.
- **Developing evidence-based positions:** STOPAIDS will draw on the knowledge and expertise of STOPAIDS members and others and develop policy and programmatic positions that can be used to influence key stakeholders.

## Foundations

- **Resourcing:** STOPAIDS will ensure the appropriate resources are in place in order to the implement the strategy.
- **Member involvement:** STOPAIDS will engage the membership and will continue to strengthen and support members in order to unite the civil society voice on HIV.
- **Meaningful Involvement of People Living with HIV (MIPA):** STOPAIDS will also continue to strengthen the meaningful involvement of people living with HIV.
- **Governance and Management:** STOPAIDS continues to have appropriate governance and management structures in place in order to ensure effectiveness and accountability.

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## STOPAIDS Strategy 2017-2020 Theory of Change Diagram

# STOPAIDS . STRATEGY 2017-2020

**STOPAIDS 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 with HIV are healthy and safe, and where all people without HIV remain HIV-free

**STOPAIDS Mission:** 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

## PRIORITY IMPACT AREAS



### HIV Prioritisation

Ensuring that UK stakeholders renew their leadership and financial / political/ programmatic commitment to ending AIDS; with a particular focus on civil society and key populations



### HIV Integration

Ensuring that HIV is integrated within policy & funding priorities relating to development, health and human rights of key actors in the UK and globally, particularly including: access to medicines; middle income countries and transitions; women and girls and youth

## STRATEGIC APPROACHES



### Engaging with Decision-makers

STOPAIDS will engage and develop relationships with key decision-makers to support advocacy within the UK and globally



### Mobilising Influence

STOPAIDS will mobilise public, celebrity and parliamentary support and generate media coverage in support of its priority areas



### Developing Evidence-based Positions

STOPAIDS will draw on the knowledge and expertise of STOPAIDS members and others and develop policy and programmatic positions which can be used to influence key stakeholders

## ORGANISATIONAL FOUNDATIONS



### Resourcing

STOPAIDS will continue to have the appropriate resources in place in order to implement the strategy



### Member Engagement

STOPAIDS will continue to strengthen, support and engage members in order to unite civil society voice on HIV



### Governance & Management

STOPAIDS will continue to have appropriate governance and management structures in place in order to ensure effectiveness and accountability

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### STOPAIDS Strategy Results

The results framework for the 2017 – 2020 Strategy has not yet been developed. These results are included in order to provide concrete examples of what STOPAIDS is working towards.

Strategy Element	Results 2020
<p><b>Foundation:</b> STOPAIDS will ensure the appropriate resources are in place in order to the implement the strategy.</p>	<ul style="list-style-type: none"> <li>• STOPAIDS will have further diversified its funding base and increased its unrestricted/strategic funding coming from funders and fundraising activities.</li> <li>• STOPAIDS will have the staff to implement the strategy – both in terms of number of staff and mix of expertise.</li> </ul>
<p><b>Foundation:</b> STOPAIDS will continues to strengthen and support members in order to unite the civil society voice on HIV.</p>	<ul style="list-style-type: none"> <li>• STOPAIDS will maintain a membership that engages with, and provides support for, the implementation of the strategic plan.</li> <li>• STOPAIDS membership will include the majority of UK civil society organisations who are engaged on HIV and TB globally</li> <li>• STOPAIDS will have developed new ways to engage its membership and for members to support and fund STOPAIDS.</li> <li>• STOPAIDS will ensure that there are shared learning opportunities for members including organisational support and best practice exchange.</li> <li>• STOPAIDS will have developed clear structures and opportunities for member involvement in the implementation of the STOPAIDS strategy. These structures and opportunities will recognise the value of engagement by non-members who are key strategic allies (but who are not primarily focused on HIV) or are based outside of the UK.</li> <li>• STOPAIDS will have created opportunities for meaningful involvement of people living with HIV in the implementation of the STOPAIDS strategic plan.</li> </ul>
<p><b>Foundation:</b> STOPAIDS will continue to have appropriate governance and management structures in place in order to</p>	<ul style="list-style-type: none"> <li>• STOPAIDS will operate with a strong and effective Board of Trustees and with effective financial management and policies in place.</li> </ul>

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<p>ensure effectiveness and accountability.</p>	<ul style="list-style-type: none"> <li>• STOPAIDS will operate in line with its governance documents and be compliant with all relevant legislation and binding guidance.</li> <li>• STOPAIDS members and people living with and affected by HIV will remain actively involved as board members and guide the direction of the organisation toward achievement of the STOPAIDS strategy.</li> </ul>
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<p><b>Strategic Approach:</b> STOPAIDS will engage and develop relationships with key decision-makers to support advocacy within the UK and globally</p>	<ul style="list-style-type: none"> <li>• STOPAIDS will have maintained strong relationships with key decision-makers in the UK (government and international development sector leaders), and globally (including UNITAID, UNAIDS, GFATM).</li> <li>• STOPAIDS will have influential relationships with key actors in international development, health and human rights who are key to the integration of HIV within other areas.</li> <li>• STOPAIDS will have regularly facilitated access to key stakeholders and processes for members through convening meetings and holding events.</li> </ul>
<p><b>Strategic Approach:</b> STOPAIDS will mobilise public and parliamentary support and generate media coverage in support of its priority areas.</p>	<ul style="list-style-type: none"> <li>• STOPAIDS will have increased capacity to mobilise public support, working with Youth Stop AIDS, member supporters and the media.</li> <li>• STOPAIDS will have expanded and deepened its parliamentary and political party engagement to focus on STOPAIDS priorities including through party manifesto development.</li> <li>• STOPAIDS will have strengthened its communication capacity and ability to engage key audiences via traditional and social media.</li> <li>• STOPAIDS will provide opportunities for members to mobilise their supporters to demonstrate public support in relation to STOPAIDS priority areas.</li> </ul>
<p><b>Strategic Approach:</b> STOPAIDS will draw on the knowledge and expertise of STOPAIDS members and</p>	<ul style="list-style-type: none"> <li>• STOPAIDS will have produced and effectively disseminated policy and programmatic positions, fact sheets and research reports in areas that are linked to priority impact areas and members interest.</li> <li>• STOPAIDS will have convened information and</li> </ul>

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<p>others and develop programmatic and policy positions which can be used to influence key actors</p>	<p>knowledge sharing meetings for members on topics of interest determined through member consultation and facilitated access to relevant training and capacity building support.</p>
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<p><b>Impact Area:</b> STOPAIDS will contribute to UK stakeholders renewing their leadership and political and financial commitment to end AIDS as a public health threat (HIV prioritisation)</p>	<p><b>Financial:</b></p> <ul style="list-style-type: none"> <li>• UK government pays its share (5 %) of global donor financing needed to keep on the trajectory to end AIDS by 2030 (increased funding significant contribution to the Global Fund in the sixth replenishment; Increased funding to Robert Carr Networks Fund; maintained UNAIDS funding; funding to Research and Development; funding for bilateral HIV and/or key population programmes)</li> <li>• Improved transparency of funding for HIV and civil society by DFID and increases within the strategic period in key areas – civil society, funding for advocacy, funding for key populations.</li> </ul> <p><b>Political:</b></p> <ul style="list-style-type: none"> <li>• Global institutions underpinning the AIDS response (GF, UNAIDS, UNITAID, MPP, RCNF) have the support of the UK Government.</li> <li>• HIV and TB is prioritised politically by the current UK government and included in party manifestos – as standalone priorities, as well as in context of integration.</li> <li>• UK INGOs include HIV and TB-HIV in their work and remain a voice on these issues</li> <li>• Strong statement from UK government on recognition of human rights of all key populations in the HIV response and importance of decriminalisation.</li> </ul> <p><b>Programmatic:</b></p> <ul style="list-style-type: none"> <li>• The UK government conducts a review of its HIV work in 2018.</li> <li>• Maintained or increased number of DFID HIV specific bilateral programmes.</li> <li>• Maintained or increased the number of DFID country operational plans that reference HIV.</li> </ul>
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	<ul style="list-style-type: none"> <li>• DFID HIV staff capacity maintained and relationships strengthened with other relevant teams as a result of STOPAIDS activity</li> <li>• Ensuring the implementation of WHO guideline on Key Populations by key actors</li> <li>• STOPAIDS will also engage/respond on key issues such as treatment access, testing and delivery, prevention, adherence /care &amp; support when opportunities arise or when members want to take lead and need support from STOPAIDS to coordinate and unite the UK response</li> </ul>
<p><b>Impact Area:</b> STOPAIDS will contribute to ensuring that HIV is integrated within broader discussions around development, health and human rights within the UK and globally (HIV integration)</p>	<p><b>These results will be refined when the outcome of key processes are published (DFID’s multilateral and bilateral aid reviews; the review of civil society partnerships, and their health systems strengthening framework) and the outcome of global meetings and scope for UK leadership are better understood.</b></p> <ul style="list-style-type: none"> <li>• <b>Access to Medicines:</b> The High Level Panel report on Access to Medicines was launched September 15<sup>th</sup>. STOPAIDS will work to understand and identify the role for UK leadership and the outcomes that STOPAIDS will contribute to through its missing medicines campaign.</li> <li>• <b>Middle Income Countries and Leave No One Behind:</b> There is an international meeting at the end of October where global players focused on the MICs issue will convene to agree advocacy priorities and activities.</li> <li>• <b>TB-HIV, SRHR and Health:</b> STOPAIDS will work closely with members focused on TB to better identify opportunities to better integrate TB into our HIV advocacy and to profile good practice and the need for more HIV-TB integration programming. Our understanding of the level of integration of HIV and TB within broader health in the UK government’s work awaits the publications of the MAR, BAR, CSPR and the DFID Health System Strengthening Framework</li> <li>• <b>Women and girls:</b> Before the end of 2016, STOPAIDS will produce a position paper on women and girls and HIV that draws together member expertise and will outline key priorities and results areas.</li> <li>• <b>Adolescents and young people:</b> Before the end of</li> </ul>

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	2016, STOPAIDS will produce a position paper that convenes member knowledge and outlines key priorities and results areas.
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### Annex 1: Priority Impact Areas<sup>6</sup>

#### *Why does STOPAIDS need priorities?*

While we are a network of 70 member organisations with expert capacity potentially available on a range of topics, the STOPAIDS Secretariat has just 5 fulltime staff and therefore it is critical that our strategy gives them clear guidance about which areas they should invest the majority of their time on and where they will be held accountable to demonstrate impact by 2020. These areas are called Priority Impact Areas.

#### *What does being a priority impact area mean?*

STOPAIDS will contribute to change in UK leadership and the global response by:

- Investing resources – staff capacity and activity-related funding.
- Developing a clear theory of change/strategy, which identifies how STOPAIDS will contribute to the specific change and how members can engage.
- Combining policy influencing, thought leadership and campaigning/public engagement.
- Convening and co-ordinating members and other relevant stakeholders interested in the topic and promoting their expertise and leadership where possible.
- Developing strategic partnerships and alliances that support the strategy.
- Seeking funding to work on the area.

#### *Will STOPAIDS still work on other issues?*

Where there is member demand and sufficient secretariat capacity:

- STOPAIDS will work with members to develop policy positions and influencing strategies on non-priority areas.
- STOPAIDS will support members to convene and lead other members in advocating on or sharing good practice around a particular HIV-related issue
- STOPAIDS will signpost to expertise within the membership on a range of HIV-related topics

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<sup>6</sup> During the All Member Consultation meeting on 16<sup>th</sup> June the criteria for prioritisation were agreed and the following priority areas were identified – HIV funding, political and programmatic prioritisation, Access to medicines and R&D and key populations and Middle Income Countries.

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- STOPAIDS will continue to respond to requests and opportunities to engage with DFID and other key actors in the UK on issues that are not priority impact areas if they can further STOPAIDS mission.

See below for criteria for prioritisation.

### Criteria for prioritisation

<b>Impact</b>	Can have significant impact on UK leadership and the global response
<b>Strategic relevance</b>	Makes links between HIV and broader development and human rights issues
<b>Opportunities</b>	Creates clear UK and global engagement opportunities
<b>Member engagement</b>	Has member interest and ability to contribute
<b>Builds on strengths</b>	Builds on existing relationships (& partnerships) and knowledge
<b>Added value</b>	Is complementary to others' efforts and/or addresses gaps
<b>Manageable risk levels</b>	Poses no significant risk to engage on the issue or risks can be managed or mitigated.
<b>Limited opportunity cost and sufficient capacity</b>	Is possible within STOPAIDS and members capacity.
<b>Funding opportunity</b>	Members and external funders are willing to support work in this priority area.

## STOPAIDS Strategic Plan 2017-2020

### Annex 2: Strategic review and development process timeline

Element of the Review/strategy development	Timing	Participants
Review of 2013 - 6 Strategic Plan	April/May 2016	Secretariat
STOPAIDS Board Meeting to define the scope of the review	5 <sup>th</sup> May	Secretariat and Board
Interviews with key stakeholders	May	24 interviews
Member Survey	May	Members
All member meeting – where priority impact areas were identified	16 <sup>th</sup> June	Members and Secretariat
Theory of Change Workshop (board and secretariat)	31 <sup>st</sup> August	Board and Secretariat
Draft strategy consultation with Board	September	Board
Draft strategy consultation with members	Sept/Oct	Members
Strategy signed off by the Board	11 <sup>th</sup> October	Board
Launch of strategy	20 <sup>th</sup> October	All STOPAIDS stakeholders