Speak Out for Health & Human Rights

Love Alliance

Together for health and human rights

CONTENTS

ACKNOWLEDGEMENTS

Developed by the Love Alliance Advocacy Working Group Partners.

Funded by and in strategic partnership with:

Ministry of Foreign Affairs of the Netherlands

PART 1

BACKGROUND

Love Alliance is a partnership to build a unifying, strong pan-African movement that promotes access to sexual and reproductive health and rights (SRHR) for people most marginalised and affected by HIV – including sex workers, people who use drugs, LGBTQI+ communities, people living with HIV, including adolescents and young people within these communities. The Alliance brings together the Global Network of People Living with HIV (GNP+), Aidsfonds and thought leaders from networks of key populations – including Sisonke National Movement for Sex Workers (South Africa), SANPUD (South African Network of People who Use Drugs) and GALZ (an association of LGBTI people in Zimbabwe) – as well as grant-makers from the Global South: UHAI EASHRI (East African Sexual Health and Rights Initiative), AFE (Arab Foundation for Freedoms and Equality) and ISDAO (Initiative Sankofa de l'Afrique de l'Ouest). Aidsfonds also acts as grant-maker for the Southern Africa region.

Love Alliance is committed to protecting, promoting, and fulfilling SRHR globally, unifying people who use drugs, sex workers and LGBTIQ+ movements, fully recognising their diversity and amplifying voices in these communities. Our five-year programme aims to achieve a significant reduction in HIV incidence by promoting access to responsive SRHR services for Key populations. We aim to do this by influencing policies, organising communities, and raising awareness on rights and health in Burkina Faso, Burundi, Egypt, Kenya, Morocco, Mozambique, Nigeria, South Africa, Uganda, and Zimbabwe.

The Alliance's strategic objective is to contribute to Sustainable Development Goals (SDGs) 3 and 5 and their underlying targets – and specifically to end AIDS by 2030. This requires a robust civil society that demands rights-based policies and people-centred services. Worldwide, few advocacy programmes – other than those led by global key population networks – focus on fulfilling the rights to health and SRHR of key populations. Love Alliance occupies a critical space in promoting SRHR by unifying marginalized populations in a strong pan-African activist movement, with the leadership and inclusion of young people, and bringing local voices to a global audience to influence decisions that affect their rights, health, and lives.

"The Alliance's strategic objective is to contribute to Sustainable Development Goals (SDGs) 3 and 5 and their underlying targets – and specifically to end AIDS by 2030."

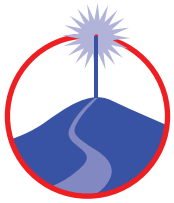
OUR MANIFESTO

Love Alliance is about us – and our power when we come together as communities. All of us are criminalised or discriminated against in one way or another due to our identity, HIV status or behaviour, or purely for political reasons. Every year, tens of thousands of us are arrested, prosecuted, incarcerated, deported, fined, or denied access to health services and to justice.

We will work in solidarity across countries, across generations and ages, and across communities and identities. We will use experience from our lived realities and evidence from the impact of our work, collaborating with partners from different sectors. We choose to focus on the things that bring us together, rather than set us apart. The Love Alliance is our chance to prioritise and invest in challenging the structural barriers of gender inequality, underfunding and criminalisation, and to demand inclusion in access to health.

OUR VISION

We envision a world where all people are able and empowered to make well-informed, autonomous choices about their bodies without being criminalised, stigmatised, or excluded, so that they can enjoy the highest level of SRHR fulfilment and the lowest vulnerability to STIs, HIV and other poor health outcomes.



OUR GOALS

1. Capable, inclusive, influential, and mutually supportive key population movements operating in an unrestricted civic space.
2. An end to sexual and gender-based violence, stigma, and discrimination.
3. Equal access to inclusive, people-centred, and comprehensive HIV and SRHR services.

These three goals are mutually reinforcing, in that strengthening the movement enables progress on addressing gender equality and removing criminalisation, violence, stigma and discrimination, ultimately achieving equal access to services, which in turn leads back to stronger, healthier communities.

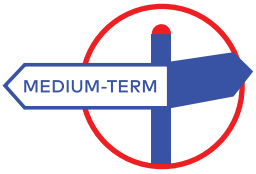
LONG-TERM OUTCOMES

To view how the Love Alliance programme outcomes relate to the overall goals, please refer to the outcomes of the Theory of Change in Annex 2. Each goal above has a specific long-term outcome, and all three combines to mutually support the goals collectively, as follows:

L1. Key population movements are capable, inclusive, influential, and mutually supportive.

L2. Civic space and freedoms of key populations and civil society actors are preserved and expanded, and progress is made towards decriminalisation of sex work, marginalised gender identities, same-sex relationships, HIV transmission and the possession and use of drugs.

L3. Key populations have access to inclusive, non-judgemental, gender-sensitive, people-centred, accountable, and comprehensive HIV and SRHR services that are adequately and sustainably resourced.



MEDIUM-TERM OUTCOMES

M1. Key population movements have diverse leadership and exercise increasing engagement in policymaking processes and decision-making.

M2. Policymakers and decision-making bodies engage with and include key populations within national and international forums, processes and the development of national and international strategies and policy.

M3. There is a reduction in gender discrimination and the stigmatisation of sexual orientation, gender identity and expression targeted at and experienced by key populations.

M4. Governments and other actors are accountable for their commitments on SRHR and HIV/AIDS to key population communities.

SHORT-TERM OUTCOMES

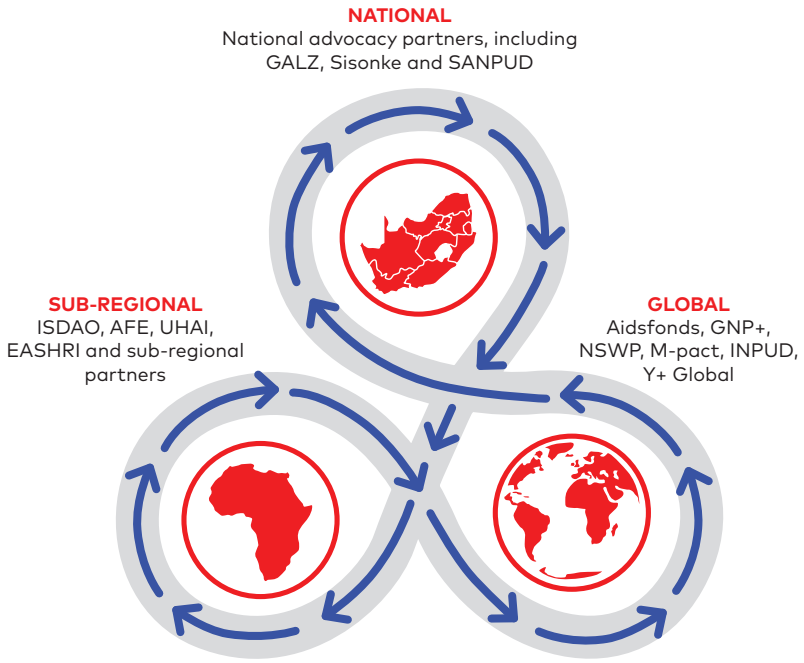
S1. Diverse key population communities are organised and have strengthened their capacity to claim their rights and freedoms.

S2. Key population movements collaborate strategically with each other and other relevant civil society actors.

PART 2

THE ADVOCACY LOOP

Love Alliance's advocacy approach is based on ensuring a continuous loop linking the efforts of national and regional activists with those of global activists and guaranteeing their mutual accountability. The advocacy loop facilitates evidence from communities to inform local, national, regional, and global advocacy and vice versa.



OUR ADVOCACY LOOP

We strategically deploy our partnerships with the Dutch Ministry of Foreign Affairs, its Embassies and Permanent Missions, UNAIDS, WHO and Global Fund and UNFPA.

NATIONAL

We realise change and excert influence on city-level and national governments:

- Ministries of Health, Finance, Justice
- Healthcare providers, media and law enforcement
- Society at large

(SUB-)REGIONAL

We use (sub-)regional advocacy platforms to get our messages heard in the:

- African Union and its regional economic communities
- European Union
- Treaty bodies and the African Commision on Human and People's Rights
- SARPCO / Interpol

GLOBAL

We use international platforms to get our messages heard in the:

- The UN and its specialised agencies
- Global Fund, PEPFAR and other financing institutions.

THE ADVOCACY CONTEXT

The HIV response is an important entry point for supporting key populations' health needs and ensuring access to SRHR services, yet it is off track: the response did not meet any of the 2020 fast-track targets, nor the prevention targets of the 2016 UN High Level Meeting (HLM) Political Declaration, particularly for adolescent girls and young women. Progress on the HIV response has also been threatened by the COVID-19 pandemic, which has significantly affected HIV and TB service delivery, according to a Global Fund report.

Key populations and their partners accounted for 65% of all new HIV infections globally according the UNAIDS Global AIDS Update 2021. The risk of acquiring HIV is 35 times higher for people who use drugs than for the general population, and 34 times higher for transgender women, 26 times higher for female sex workers and 25 times higher among gay and other men who have sex with men. Access to HIV prevention services for key populations, including pre-exposure prophylaxis (PrEP), remains low. Harm reduction services for people who inject drugs are extremely limited, and coverage of prevention programmes for gay men and other men who have sex with men is still uniformly low, including in high-income countries. Coverage of prevention programmes for transgender people is almost non-existent in Africa.

Key populations face many structural barriers, such as human rights violations, conservative attitudes about gender, homophobia, transphobia, taboos concerning sex and drugs, stigma, discrimination, and criminalisation. These barriers impede their access to high-quality health services, and unless they are addressed, key populations will continue to have unmet needs for SRHR, HIV prevention and treatment interventions, leading to yet more preventable infections and deaths.

"HIV is 35 times higher for people who use drugs than for the general population. 34 times higher for transgender women. 26 times higher for female sex workers. 25 times higher among gay and other men who have sex with men."

Adolescents and young people continue to be disproportionately affected by HIV, yet they are the least likely to have access to effective care, treatment, or prevention services. HIV prevalence is high among young key populations, sex workers (4%), gay men and other men who have sex with men (6%), young people who inject drugs (5%), and among transgender people (11%) according to the UNAIDS 2021 global AIDS report. Young people living with HIV have inadequate access to health-care services, including SRHR and psychosocial services. Young people face multiple and intersecting forms of discrimination and structural inequalities, policies on age of consent and norms that exclude and undermine their agency and participation.

> "HIV prevalence is high among young key populations, sex workers (4%), gay men and other men who have sex with men (6%), young people who inject drugs (5%), and among transgender people (11%) according to the UNAIDS 2021 global AIDS report."

Comprehensive sexuality education (CSE) empowers and equips young people to make healthier sexual choices, but its implementation, particularly for non-school-going adolescents and young people, remains largely unsupported at the national level, despite the Eastern and Southern Africa Ministerial Commitment on CSE. Of the 137 countries that reported to UNAIDS between 2017 and 2021, only 84 reported having education policies and guidelines for the delivery of life-skills-based HIV and sexuality education in both primary and secondary schools.

Adolescent girls and young women (aged 15 to 24 years) accounted for 25% of HIV infections in sub-Saharan Africa in 2020, despite representing just 10% of the population according to the UNAIDS Global AIDS Update 2021, while six in seven new HIV infections among adolescents aged 15-19 years were reported among girls. Moreover, 35% of women around the world have experienced physical and/or sexual violence, which increases by up to 1.5 times their likelihood of acquiring HIV. To realise change, programmes must address the structural factors that increase the vulnerability of adolescent girls and young women, and their risk of acquiring HIV. These factors include gender inequalities, gender-based violence, criminalisation, poverty, stigma and discrimination, and insufficient implementation of CSE programmes. HIV prevention services for young women are inadequate or absent in many parts of the world, particularly

in Africa. Coverage of and access to PrEP, including for pregnant women, and other options remains low for women and girls and is even lower for women from key populations.

> "35% of women around the world have experienced physical and/or sexual violence, which increases by up to 1.5 times their likelihood of acquiring HIV."

Minimal or non-existent funding and support for community-specific health needs (that are not directly or explicitly related to HIV prevention or treatment) impacts the ability of some sex workers, PWUDs and LGBTQI communities to access needed health services. This can further adversely impact SRH. This includes, for example, trans-specific health care services; informed and people-centred health care for intersex persons, and SRH services for LBQ women.

HIV treatment uptake, adherence, and achievement of viral suppression for people living with HIV continues to be hampered, especially among key populations. Access to optimised tools for diagnosis and viral load monitoring, commodities for prevention of co-infection with hepatitis and opportunistic infections like TB and cryptococcal meningitis, prevention of vertical transmission and treatment for children, and a focus on advanced HIV disease (AHD) in key population programming is sub-optimal, leading to preventable deaths.

The legal environment, shaped by conservative pressure on global decision-making and unfavourable national laws, leads to multiple and overlapping experiences of stigma, discrimination and violence for key populations and people living with HIV, making it harder for them to access HIV and SRH services. Examples include laws that criminalise people based on their actual or perceived sexual orientation and gender identity, actual or perceived HIV status, drug use and possession or sex work; laws, policies and practices that restrict the access of key populations, including young people, to sexual and reproductive health and harm reduction services; absence of laws and policies for legal gender recognition, which then limits the legal recognition and affirmation of identify for many trans persons; absence of laws and policies that recognize and uphold the rights of intersex persons; policies and practices that allow for non-consensual medical procedures and surgeries on intersex children; policies and practices that allow for the forcible or coercive sterilisation of women living with HIV and key populations; and laws and policies that permit mandatory HIV testing of specific populations such as pregnant women and sex workers.

Funding for HIV has been declining globally since 2018, with many community interventions facing cuts or complete defunding. A report by Aidsfonds established that despite the higher HIV prevalence and structural barriers faced by key populations, only 2% of global HIV financing was allocated to key population programming in 2020, and even less went directly to key population organisations. Governments are being pressured by global funders like PEPFAR and the Global Fund to take on more responsibility for their national HIV programmes, even though many countries, particularly in sub-Saharan Africa, face huge development needs and lack the resources to address these properly.

Insufficient funding for community-led and key population interventions is slowing the HIV response and continues to block access to SRHR. When funding for HIV and its comorbidities declines, community-led and key population-led interventions are often first casualties in national-level processes for programme planning and resource allocation, provided interventions targeting them exist at all. This impacts the influence of communities and civil society and their capacity to withstand internal and external pressures that threaten their operations and independent voice. Moreover, donors' administrative and eligibility requirements for funding often prevent community groups from accessing the funding and support they need for long-term sustainability.

> *"Only 2% of global HIV financing was allocated to key population programming in 2020, and even less went directly to key population organisations."*

Universal health coverage (UHC) is changing the landscape of health service delivery and significantly shifting the position of the HIV response within the global health structure. This trend poses a huge risk to the ability of key populations to access services under national UHC implementation plans. Robust key population-led advocacy is needed to support access to HIV and SRHR services by key populations within the UHC agenda at national and global levels. We must get serious about reducing the barriers that key populations and other marginalised, stigmatised and excluded groups face accessing life-saving HIV and other health services due to persistent stigma, discrimination, criminalisation, and human rights violations against them. There will be no UHC without the elimination of discriminatory laws and policies and consistent efforts to decriminalise HIV transmission, sex work, drug use, or same-sex relationships. Finally, we must push for active and meaningful involvement of civil society in UHC based on the principle "nothing about us without us", which has guided the AIDS response for four decades. Civil society and communities have a critical role to play in advocacy, research, service delivery and in holding governments to account, especially when it comes to the rights of the most marginalised people in society.

There is a shrinking civic space for communities and organisations involved with SRHR and the HIV response. An increasingly conservative trend in many parts of the world threatens the focus on human rights and HIV, and particularly issues of gender and the inclusion of key populations. Many national key population-led movements and networks of people living with HIV must work in hostile or punitive environments that limit their capacity to document violations and speak up for their rights. Consequently, they remain inadequately equipped and resourced to document and address the relationship between human rights, sexual orientation, and gender identity (SOGI) rights and access to SRHR and HIV services in their advocacy efforts. They also lack resources to formulate strategies and can conduct only fragmented advocacy interventions. Meanwhile, many governments have used the COVID-19 pandemic as an excuse to further reduce civic space and civil liberties through measures that exceed what is necessary to prevent the spread of the virus.

> *"Many national key population-led movements and networks of people living with HIV must work in hostile or punitive environments that limit their capacity to document violations and speak up for their rights."*

Gender equality is far from being a reality as a strong ultra-conservative backlash threatens the bodily and sexual autonomy, decision-making power and dignity and safety of women, girls, and other sexual minorities. Although some global progress on gender equality has been recorded in recent years, much remains to be done to address inequalities and discrimination against people based on their sexual orientation and gender identity, notably LBQ women, trans people, intersex persons, men who are sex workers among others. Moreover, mainstream gender equality programs and initiatives, including progressive efforts around SRHR, gender-based violence and CSE have often excluded certain communities, including women who use drugs, LBQ women, trans persons, intersex persons, and sex workers. The COVID-19 pandemic has disproportionately impacted key populations and put women out of work and young girls out of school, thereby increasing their poverty and risk for acquiring HIV.

COVID-related restrictions on movement and travel are limiting national, global, and regional advocacy efforts. Civil society and activist voices have been silenced by isolation and fear of punitive restrictions that limit movements. Virtual (online) engagement has been suboptimal since community responses have traditionally been structured around proximity and face-to-face interaction. Inadequate and unequal access to resources such as affordable, reliable internet and digital know-how, as well as slow adaptation to digital working spaces, have also been major barriers to inclusive participation and meaningful engagement with decision-makers, particularly in low-income and some middle-income countries. Moreover, communities do not control the digital platforms where decision-making occurs, and they have no control of chat rooms, group chats and microphones, significantly shifting their decision-making capacity.

The next five years are critical for the HIV response, as they will set the pace for attaining the SDGs and particularly the goal of ending AIDS as a public health threat by 2030. The Global AIDS Strategy 2021-2026, adopted in March 2021, and the UN HLM political declaration on HIV/AIDS, provide strategic guidance for the response and a focus for key aspects that are aligned with Love Alliance's advocacy agenda.

The Generation Equality Forum convened by UN Women in Mexico and France in 2021 realised commitments from governments, key donors, and partners to deliver tangible impact for gender equality as well as women's and girls' rights. The Forum's global acceleration plans have tangible targets and outline immediate actions to realise these commitments within the 2021-2026 time frame. This platform provides an opportunity to advocate for funding and implementation of gender equality.

> "COVID-related **restrictions** on movement and travel are **limiting** national, global, and regional **advocacy efforts.**"

PART 3

ADVOCACY PRIORITIES

Love Alliance's global advocacy strategy focuses on supporting and strengthening key population movements to build and organise, particularly by increasing the presence and visibility of young key populations through partnerships, and building the capacity of key population networks at national and regional levels to push governments and partners to take action to: address human rights, gender equality, violence, criminalisation, stigma and discrimination; resource community-led interventions; and realise the objectives of global policies and strategic commitments on HIV, SRHR and UHC. The four advocacy priorities support and feed into the three long-term outcomes outlined in the Theory of Change (Annex 2).

PRIORITY 1: Advance human rights and gender equality by reducing stigma, discrimination, violence and criminalisation

Human rights are universal and inherent for all. Key populations and people living with HIV must feel safe when showing up for prevention and treatment services and enjoy the benefits of their right to health. Love Alliance's global advocacy work must address gender-based violence, sexual violence, criminalisation, and harmful laws that continue to negatively affect health outcomes and weaken HIV responses.

Laws and policies drive how people living with and affected by HIV are treated, how health systems are structured, and how officials engage with communities. Data from HIV Policy Lab show the significance of supportive legal and structural environments in realising HIV goals and targets. Countries making the most progress in their national HIV programmes are ones that have adopted most of the laws and policies recommended by evidence, while those that have not done so continue to report growing epidemics and rising death rates. Countries with constitutional rights to health report better health outcomes than those that do not recognise or implement these rights. Countries that eliminate parental-consent policies for access to health care report increased HIV testing, and countries that do not criminalise sex work have lower HIV prevalence among sex workers.

> "Human rights are universal and inherent for all."

The Global AIDS Strategy's 10-10-10 targets on societal enablers call for member states to end all inequalities faced by people living with HIV, key populations, and other priority populations by 2025, by reducing to 10% or less the proportion of:

- women, girls, people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence
- countries with restrictive legal and policy frameworks that lead to the denial or limitation of access to services
- people experiencing stigma and discrimination.

By working directly and consistently towards the 10-10-10 targets, Love Alliance's advocacy will advance human rights and gender equality to ensure that key populations and people living with HIV enjoy their freedoms, agency, and access to health.

The UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) remain two of the most progressive legal instruments that bind states parties to fulfil, protect and respect women's human rights. For gender equality, key actions include engaging with the CEDAW Committee and the annual Commission on the Status of Women, supporting calls for sign-on and ratification of both the CEDAW and the Maputo Protocol by countries that have not yet done so, and monitoring the global actions and commitments of the Generation Equality Forum to ensure that HIV and SRHR remain on the agenda, while securing gender-equality targets within global and national HIV responses.

Key Actions

- Love Alliance will collaborate with UNAIDS and partners to operationalise the 10-10-10 targets. Defining the baseline, setting national targets, and building community awareness and capacity to monitor progress and hold governments accountable. This will be key to achieving the investment of US$3.1 billion by 2025 – representing 11% of total HIV programme resources for societal enablers as stipulated by the Global AIDS Strategy.
- Love Alliance will Resource adequate community-led monitoring of laws and policies, including through shadow reporting of processes like CEDAW and UPR and documentation of human rights violations or community-led research, such as the PLHIV Stigma Index, to strengthen advocacy that progresses human rights and gender equality and challenges stigma, discrimination and criminalisation of key populations and people living with HIV.

PRIORITY 2: Invest in and amplify community-led health and rights interventions

When people living with, most impacted by or at highest risk of HIV have the space and adequate resources, they can secure services that improve the quality of life for all, and particularly for the most vulnerable, marginalised and excluded populations. They do so by holding governments and policymakers accountable, addressing injustices and inequalities, and removing barriers to HIV and SRHR services through community-led advocacy, demand creation and service delivery.

Love Alliance is investing in more than 100 community advocacy partner organisations and initiatives, including with LGBTQI+ people, sex workers, people who use drugs and people living with HIV. Community leadership is at the heart of our work.

The community 30-80-60 targets adopted by member states in the Global AIDS strategy and 2021 HLM Political Declaration – that by 2025, communities will deliver 30% of testing and treatment services, 80% of HIV prevention services and 60% of programmes supporting the achievement of societal enablers – empower Love Alliance to mobilise partners, key population organisations and networks of people living with HIV to push for investments in community-led interventions in global funding mechanisms like PEPFAR, Global Fund and UHC, as well as the actual operationalisation of these targets at country level.

Investment in independent, community-led research and evidence-gathering improves policies, programmes, planning and investments for service delivery. Over the years, networks of key populations and people living with HIV have implemented community-led monitoring of HIV service delivery, the PLHIV Stigma Index, operational research, documentation of human rights violations, and advocacy capacity-building initiatives to strengthen their participation in key global and national decision-making platforms. However, community-led data, evidence and lived experience are accorded minimal or no recognition, and the narrative around the credibility of such data and their relevance in decision-making continues to limit community leadership in evidence-based advocacy, particularly for policy and legal reforms.

> "By 2025, communities will deliver 30% of testing and treatment services, 80% of HIV prevention services, 60% of programmes supporting the achievement of societal enablers"

Key Actions

- Community-led advocacy must task global donors to make available dedicated funding for community-led interventions, backed by appropriate procurement and risk management procedures. Innovation is needed to develop funding streams that promote equal access to funding for communities in their diversity, at all levels.
- Donors and partners must allocate funding and provide support for effective community-led interventions, including capacity-building, strengthening collaboration between networks of key populations and people living with HIV, and providing mechanisms for reporting on community-led interventions and contributions, while utilising the data provided by these communities to create change.
- Key populations, including people living with HIV, must be actively involved in accountability systems to monitor the progress of global commitments and the quality-of-service delivery for HIV and SRHR.
- Data from community-led interventions and community-led monitoring must be used to develop health policies, tools, and commodities and to implement and improve programmes. Ensuring that community reporting on problems or bottlenecks is listened to and acted upon, requires creating platforms (or strengthening existing ones) to relay information to decision-makers.
- The growth of internet technology and tools in the COVID-19 era is impacting digital health and virtual engagement, bringing both benefits and challenges. Communities must be supported to collaborate with partners to promote the role of digital technologies and data in achieving health for all, with an underlying focus on equity, digital security, human rights and person-centredness.

> "Communities must be **supported to collaborate** with partners to promote the role of digital technologies and data in achieving **health for all.**"

PRIORITY 3: Defend our freedom and space to mobilise and advocate for our rights

In the decades-long HIV response, civil society has played a central role in shaping policy and programmes, resulting in better services and improved access for all. The shrinking civic space for key populations is threatening opportunities to speak out and fight for health and rights, including access to SRHR. Conservative lobbies that are anti-gender rights, anti-women's rights, anti-LGBTQI+, anti-sex worker, anti-PWUD and anti-community are increasingly well coordinated, funded and strong in influencing global plans and national discourses and positions.

The urgent need to defend the freedom and space needed for communities and civil society to influence policies and hold governments to account requires strong, well-organised and multi-dimensional advocacy by communities and civil society, engaging effectively with governments and policymakers to influence a rights-based framing of HIV and SRHR services, particularly for key populations.

The Love Alliance has the capacity and resources to bring together global civil society from the arenas of HIV, SRHR and human rights to jointly challenge this trend and enhance the space needed for civil society and community action to influence policy and legislative decision-making and programming.

Key Actions

- To counter the trend of conservatism that continues to shrink the civic space for communities and civil society to mobilise, organise and speak out, key populations and people living with HIV must be supported to strengthen their mobilisation and campaigning capacity, their collaboration among communities, and their representation and community-led monitoring, so that they can defend civic space and demand respect, protection, and fulfilment of their human rights.
- Love Alliance's global advocacy must challenge inequalities within countries and hold governments and partners accountable for their global health and rights commitments to ensuring favourable laws, policies, and practices to end violence, discrimination and criminalisation based on sexual orientation, gender identity, HIV status, drug use and possession, or sex work.

IV PRIORITY 4: Secure the funds needed to meet the promises for HIV, SRHR and UHC

Resources for the HIV response, particularly in low- and middle-income countries, have been decreasing since 2018. SRHR funding has been stagnating, with only a few donors slightly increasing their SRHR investments but it is as likely that funds will stagnate at current levels, despite commitments such as, for example, those made at the Generation Equality forums in 2021 and the East and Southern Africa Ministerial Commitment on CSE -which covers 20 countries in Eastern and Southern Africa- aiming to scale up comprehensive sexuality education and youth-friendly SRH Services.

The immediate result of this trend is the deprioritisation of addressing structural barriers and the defunding of key population priorities. The global response to COVID-19 is also directly influencing funding for HIV and SRHR. The development of several global policy and strategy processes in 2021 signals a focus on ending AIDS exceptionalism and moving towards a more human rights-based framework for access to health – Universal Health Coverage (UHC).

One of the important deliverables for realising UHC is to adequately fund the HIV response, and to make available the resources needed to realise the goals of the Global AIDS strategy 2021-2026. As countries implement UHC plans, organisations and networks of key populations and people living with HIV in the Love Alliance countries must be at the heart of advocacy with their governments to increase their budgetary allocation to health in line with the Abuja Declaration, and to secure the space and funding for HIV and SRHR in UHC.

There is a lot to learn from the HIV response about community engagement and leadership that will be pivotal to national and global UHC implementation. The UN HLM on UHC will take place in 2023. This is an opportunity for Love Alliance to organise its partners and communities to engage with the process, utilise the space to position HIV in the broader health environment and the pandemic preparedness/global health security agenda, and advocate for a rights-based approach not just to HIV, but to health and UHC.

Funding for key population-led organisations and networks, and for community-led initiatives and programming that are transformative for human rights and guided by both scientific and community evidence, remains critical to shaping effective policy and programmes. Love Alliance can engage partners in policy analysis, research, and community-led monitoring for advocacy, positively influencing funders' policies and procedures so that they do not disenfranchise community-led organisations and networks, and boldly asking for dedicated key population funding streams.

In addition, investments must be made to support the progressive review of funding for key population issues, while supporting advocates and activists to engage in national-level resource and programme-planning processes, such as the PEPFAR COP and Global Fund country applications, so that they can advocate for more funding and commitments to support reaching the Global AIDS Strategy's targets for community- and key population-led services.

Key Actions

- Love Alliance global advocacy interventions must support organisations and networks of key populations and people living with HIV to advocate for adequate funding for HIV and SRHR, in line with Global AIDS Strategy funding targets, including meeting funding targets for community- and key population-led interventions and societal enablers, to ensure comprehensive, person-centred HIV and SRHR services for people living with, affected by and at risk of HIV.
- It is critical to build communities' capacities and support them to engage in the UHC national and global discourse, planning and implementation, particularly in the lead-up to the UN HLM on UHC in 2023. Advocacy must be centred around securing the space for HIV and SRHR and ensuring that key populations' priorities are included on the UHC agenda.

> "One of the important deliverables for realising UHC is to adequately fund the HIV response, and to make available the resources needed to realise the goals of the Global AIDS strategy 2021–2026."

PART 4

ADVOCACY APPROACHES

1 ***Policy monitoring, analysis, and positioning:*** Build capacity on national, regional, and global policy platforms, human rights, and HIV and SRHR service delivery, support policy opportunities, support community-led monitoring, and support civil society and community positioning for a range of advocacy processes to keep key population issues on the agenda.

2 ***Research and evidence gathering:*** Ensure there are various levels of data and information to influence policy and programme change and hold governments accountable. Support community participatory research, documentation of experiences such as violation of human rights, monitoring of programme and policy implementation, community-led monitoring of key strategies, and shadow reporting of national progress to gender commitments and SDG targets.

3 ***Strengthening representation of key populations:*** Ensure intentional and effective engagement of key population representatives in decision-making processes. Expand opportunities for organisations and networks of key populations and people living with HIV, through collaboration with partners, to represent key population issues. Support key population representatives in accessing key global spaces of influence to bring voices from the grassroots that truly represent the realities of key population experiences. Go the extra mile to ensure the meaningful participation of young key populations.

4 ***Advocacy campaigns:*** Draw from a wide range of tools and tactics, including public demonstrations, protests, letter-writing, lobbying, use of media and the internet, and legal action to achieve policy and programme change. Collaborate with the Communication Working Group to identify key events, such as health and social justice days, to highlight our advocacy agenda. Develop the Love Alliance campaign for the next 2-3 years, disseminate it to all partners, and use existing and new evidence and data from community organisations to influence our advocacy. Use innovative ways of engaging with civil society and communities online to promote the Love Alliance advocacy agenda.

5 ***Capacity building:*** Build the capacity of Love Alliance partners, grantees, and key population partners to undertake effective strategic advocacy efforts and support their ability to advance the agenda of key populations' access to SRHR and harm reduction services. Develop toolkits for various strategies, and targeted, well-defined trainings, and provide technical support.

6 ***Partnership and collaboration:*** Strengthen global, regional, and national strategic partnerships to promote the Love Alliance advocacy agenda, including engagement with key donors and partners. Foster collaboration among organisations and networks of key populations and people living with HIV for stronger national, regional, and global advocacy.

> "Support key population representatives in accessing key global spaces of influence to bring **voices from the grassroots** that truly represent the realities of key population experiences."

ANNEXES

Annex 1: Methodology

This advocacy strategy was developed through a series of 90-minute thematic consultations with partners and stakeholders, held online because of COVID-19. Consultations were held with the Love Alliance Advocacy Working Group, young people, legal and human rights organisations, civil society organisations representing gender and feminist movements and regional key population networks. Interviews were also conducted with partner organisations, including ITPC, AfroCAB and the HIV Policy Lab.

Annex 2: Theory of Change: Outcomes

Love Alliance ToC: Outcomes
SHORT-TERM OUTCOMES
S1 Diverse KP communities are organised and meaningfully inclusive and have strengthened their capacity to claim their rights and freedoms
S2 Key population movements collaborate strategically with each other and other relevant civil society actors.
MEDIUM-TERM OUTCOMES
M1 Key population movements have diverse leadership and exercise increasing engagement in policymaking processes and decision-making.
M2 Policymakers and decision-making bodies engage with and include key populations within national and international forums, processes and the development of national and international strategies and policy.
M3 There is a reduction in gender discrimination and stigmatisation of sexual orientation, gender identity and expression and targeted at and experienced by key populations.
M4 Governments and other actors are accountable for their commitments on SRHR and HIV/Aids to key population communities.
LONG-TERM OUTCOMES
L1 Key population movements are capable, inclusive, influential, and mutually supportive.
L2 Civic space and freedoms of key populations and civil society actors are preserved and expanded, and progress is made towards decriminalisation of sex work, marginalised gender identities, same sex relationships, HIV and the possession and use of drugs.
L3 Key populations have access to inclusive, non-judgemental, gender-sensitive, people-centred, accountable, and comprehensive HIV and SRH services that are adequately and sustainably resourced.

Annex 3: Advocacy Strategy Action Plan 2022: October 2021 - December 2022

Priority 1: Defend our freedom and space to mobilise and advocate for our rights			
Objectives	**Targets**	**Partners**	**Action**
1. Stronger advocacy capacity among national and sub-regional partners 2. Key global and regional processes and events influenced by coordinated joint advocacy efforts	Regional and global AIDS and SRH conferences – AIDS 2022, ICASA, harm reduction conferences, ESA commitments on CSE, Women Deliver (2023) HIV Prevention Coalition Treaty Bodies & Regional human rights monitoring mechanisms incl. Human Rights Council/UPR, CEDAW African Commission on H+P Rights World Health Assembly UN processes: CSW, CPD, CND & Beijing+5, HLPF and UNGA Global Fund Strategy and Board meetings PEPFAR Strategy, COP22 and COP23 UNAIDS PCB Media AIDS 2022 & 2024	INPUD NSWP Y+Global MPact Other influential global and regional social justice movements Communities Delegations WHO UNAIDS GFAN Health Gap SRI/SVI Relevant U.S. civil society coalitions	Organise the evidence, body of agreed language, and key advocacy positions for each space. Produce advocacy tools (briefing notes, policy papers) justifying the importance of issues affecting the key populations, esp. crosscutting and intersectional issues. Assist with technical expertise in existing global spaces and create other spaces for sharing information with key populations and other intersecting movements. Provide technical support to strengthen country-level advocacy by communities (provide a platform, training on key messaging etc.). Build communication against punitive responses impacting the key populations through international media: interviews, op-eds, media releases. Engagement in UBRAF implementation to ensure robust monitoring framework and resources for the implementation of GAS. Organise key population networking zones in the International AIDS Conference global village and community-led satellite sessions in the main conference programmes.

Priority 2: Secure the funds needed to meet the promises for HIV, SRHR and UHC			
Objectives	**Targets**	**Partners**	**Action**
1. Funding secured for HIV and SRH and Universal Health Care (UHC), and inclusion of HIV and SRHR services ensured in UHC package of basic health services 2. PEPFAR allocations and ensuring dedicated KP funding 3. Increased financing for community-led responses and new funding streams (GAS target: promote and increase the volume and predictability of long-term, direct funding for community-led responses, including through establishing funding earmarks across countries and public funding of community-led responses) 4. One additional funding mechanism persuaded to provide core funding to community-led organisations/ networks 5. Increased funding for social enablers towards reaching PD target of 11% of total HIV/AIDS resources 6. Domestic resources	PEPFAR strategy development process and COP22/COP23 GF strategy development, replenishment cycle and country application processes UN Pledging Conferences European Union, including delegations and embassies African Union and RECs (SADC, ECOWAS, EAC) G7 G20 National Governments, e.g., Dutch Private sector Funders Concerned About AIDS and SRHR GEF commitments by BMGF, Ford Foundation, etc. WHO UNAIDS and other relevant UN agencies, i.e., UNFPA, UNDP & UNODC as UNAIDS leads for key populations UNITAID UHC2030 National governments in the LA implementation countries (including Ministries of planning, finance, health, gender, etc.)	Global Fund Advocates Network (GFAN) Health Gap PEPFAR Watch coalition Friends of the Global Fund Global Fund Youth Council Open Societies Foundation CESM Love Alliance partner funders (e.g., Dutch government) Love Alliance global advocacy partners Sex Work Donor Collaborative	Engage in PEPFAR processes (strategy development, COP22 and COP23) in collaboration with other like-minded organisations and movements. Invest in progressive analysis of funding trends, including domestic and donor funding for HIV, SRHR and UHC, with a focus on funding directly to KPs, and use data to develop targeted strategies for key population-led advocacy. Identify global campaign to hold donors accountable to key strategy and policy commitments adopted in 2021, including GAS, Political Declaration, Global Fund strategy and PEPFAR strategy. Support effective engagement of KPs, PLHIV and CS in UN HLM on UHC 2023, including increasing representation, providing technical support for community-led research and evidence gathering, and developing national-, regional-, and global-level advocacy positions, and active involvement of key populations in accountability systems to monitor UHC implementation and health expenditure. Participate and support national-level engagement in Global Fund and PEPFAR planning and resource allocation process like the PEPFAR COPs and Global Fund national applications processes, to push for funding for key population issues, linking with work already being done by the global key population-led networks through the GF-CRG SI long-term capacity building programmes Integrate the issue of directing funding to community-led organisations into the agenda of major funding mechanisms and other influential meetings on HIV and global health response. Organise a funder engagement strategy, e.g., setting up a funder's roundtable including OSF on the implication to key populations of defunding the public health programme. Produce advocacy materials (fact sheets, briefing notes, statements) to motivate development partners to put pressure on countries that are reducing funding for HIV, and also on the need to invest in community-led interventions. Support and equip KP-led CSOs with tools for targeted advocacy around domestic financing, budget development processes, and monitoring accountability for commitments.

Priority 3. Advance human rights and gender equality by reducing stigma, discrimination, violence and criminalisation			
Objectives	**Targets**	**Partners**	**Action**
1. Increased investment in social enablers towards GAS target of $3.1 billion by 2025 2. Societal enablers, HIV prevention and treatment and role of communities are on the UHC agenda 3. Advocacy for implementation of the three societal enabler targets in the GAS 4. Advocacy for delivery of commitments on human rights and inclusive gender rights that go beyond cis-gender women's and girls' rights 5. Long-running global advocacy campaign (2-3 years) developed, focusing on a strong health justice agenda that highlights the impact of COVID-19 on communities, and the risks of deprioritisation of the HIV response and the increased criminalisation of key populations.	National government Ministries of Health, Finance, Gender, Justice, Youth UNAIDS Global Fund PEPFAR UN agencies and commissions: UNFPA, UN Women, CSW, CPD, CND & UNGA CEDAW Generation Equality Forums Women Deliver (2023) Human Rights Council - Universal Periodic Review EU and AU institutions	Human rights organisations HIV Justice Worldwide Frontline AIDS ICW KELIN Athena Network FEMNET Regional Key Population Networks (ASWA, AfricaNPUD??) UNAIDS ARASA Accountability International Global Action for Trans Equality Youth networks Love Alliance thought leaders: GALZ, SANPUD and Sisonke Human Rights Funders Foundation UNODC CSEM UHC 2030 Love Alliance Global Advocacy Partners (NSWP, INPUD, MPact and Y+)	Ensure that new Global Fund and PEPFAR strategies are strong on social enablers, keeping in mind PEPFAR position on sex work. Engage the Global Fund to follow through on its commitment to leveraging its influence and diplomatic voice to challenge HIV-related stigma, discrimination and criminalisation. UNAIDS NGO Delegation 2021 Report will be on Societal Enablers, focused on KPs and other vulnerable groups. Need to note DPs and use as advocacy tool. Engage member states and key partners to honour the Eastern and Southern African (ESA) ministerial commitments on CSE and SRHR services for adolescents and young people to be renewed at ICASA 2021. Create a global campaign led by key populations and people living with HIV to incite governments, donors and funding mechanisms to advance human rights and gender equality and reduce stigma, discrimination, violence and criminalisation. Challenge harmful laws, policies and practices that hinder effective SRH services, including HIV responses, and advocate for the enforcement of protective laws and policies. Identify and cultivate champions of decriminalisation, including national government representatives, goodwill ambassadors, community representatives and international organisations that recommend a decriminalisation framework based on extensive research (Example: Amnesty International) Engage meaningfully with thought leaders in the process, given their advocacy against harmful laws/policies and their evidence. Raise awareness on gender equality that is inclusive of the rights of trans and gender non-conforming peoples, and provide technical support and training to key population and youth groups wishing to engage in gender equality advocacy platforms.

Priority 4. Invest in and amplify community-led health and rights interventions			
Objectives	**Targets**	**Partners**	**Action**
1. Increased capacity of community and youth networks to conduct research and communicate key findings 2. Increased funding for community-led research, monitoring and accountability mechanisms 3. Active involvement of key populations in accountability systems to monitor UHC implementation and health expenditure 4. Inclusion of HIV and SRHR services in UHC package of basic health services 5. Building consciousness on gender and supporting engagement in key national gender planning and monitoring platforms like CEDAW. In addition, exploring opportunities with the WHO community accountability section on human rights regarding the elimination of vertical transmission.	Donors and national governments Ministries of Health, Finance and Justice Global Fund PEPFAR UHC HLM 2023 UNAIDS, incl. Global Prevention Coalition AIDS 2022 & 2024	UNAIDS ITPC ARASA NSWP MPACT Y+ INPUD Health Gap Love Alliance thought leaders: GALZ, SANPUD and Sisonke Grantmakers: ISDAO, UHAI EASHRI, Aidsfonds and AFE	Map and analyse existing community-led interventions and gaps to identify areas of leverage and how to fill the gaps. Provide technical support and training on community-led research to community and youth networks, and promote use of digital tools and platforms to capture innovations at the community level. Support monitoring and accountability mechanisms led by key population and community organisations to keep governments and partners accountable, addressing human rights violations, quality of services and access to commodities. Produce advocacy materials (fact sheets, briefing notes, statements) to motivate development partners to put pressure on countries on the need to invest in community-led interventions. Participate and support national-level engagement in Global Fund and PEPFAR planning and resource allocation processes such as the PEPFAR COPs and the Global Fund national applications processes, to push for funding for key population priorities and community-led responses and issues. Organise collaborative/joint meetings between key population organisations and PLHIV networks at national, regional and global levels to strengthen joint advocacy initiatives. Create peer-sharing sessions for community members/organisations to share their experiences on community-led monitoring frameworks. Also, map existing materials on community-led monitoring (including those shared by GF's regional platforms and the the GF-CRGSI long term capacity building by the global key population-led networks) to increase their access and use. Identify successful case studies developed by Love Alliance partners through their work with community-led interventions and spotlight them to make investment case to secure sustained funding for communities and key populations. Organise community-led satellite sessions in the main conference programmes at AIDS 2022 & 2024.

Layout and design by Jaywalk Design | Cover photo by Tyler Nix on Unsplash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