



**ROBERT  
CARR  
FUND** For civil  
society  
networks

# WITH COMMUNITIES IN THE LEAD

**RCF STRATEGIC PLAN  
2025—2030**

# **Robert Carr Fund**

## **With Communities in the lead**

### **Strategy 2025–2030**

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# MESSAGE FROM CIVIL SOCIETY

The urgency of addressing global challenges has never been greater. 2030, the year of our collective commitment to achieve the end of AIDS as a public health threat, looms on the horizon. Yet, this remains a daunting task as inadequately served populations continue to be marginalized and their needs overlooked.

As we navigate towards this shared goal we face complex challenges: threats to civic space, attacks on human rights and gender equality, humanitarian crises and climate change. Despite these unprecedented times, the Robert Carr Fund for civil society networks (RCF) offers a unique opportunity for solidarity, hope and transformation as a participatory grant maker. Uniquely positioned to provide long-term, flexible core funding, RCF has a profound responsibility to bridge the gaps that risk leaving most impacted communities behind.

In this era of uncertainty, RCF's task takes on new significance. Beyond its pivotal role in advancing global HIV goals, RCF embodies the spirit of inclusivity, ensuring that the most marginalized voices are not just heard, but leading the way. By championing community-led global and regional networks, RCF contributes substantively to wider goals of social justice, improved sexual and reproductive health and rights, and the overarching Sustainable Development Goals, in addition to addressing HIV.

The path forward demands collective action, and the Robert Carr Fund stands as a testament to the power of collaboration. Through its unique approach to pooling funding, grant making, and core funding, RCF not only allocates resources, but builds community empowerment and resilience.

Our grantees and funding partners recognize RCF's special role and acknowledge our capacity to shape a future where no one is left behind. Together, we navigate the challenges of our time, drawing strength from the conviction that through inclusive and participatory efforts, we can forge a path towards a more sustainable, just, and compassionate world.

# RCF STRATEGIC PRIORITIES 2025–2030 IN A NUTSHELL

01

**RCF will continue supporting global and regional networks and consortia through core, long-term and flexible funding.**

02

**RCF will remain focused on HIV and sexual and reproductive health and rights, while recognizing that HIV exists as part of wider health, social and political issues.**

03

**RCF will make sure that its funding reaches the people who are most affected by HIV and who are inadequately served due to systematic human rights violations, inequalities, including those based on gender, and barriers to information and services.**

04

**RCF will prioritize networks led by inadequately served populations (ISPs). Funding for networks which are not ISP-led is conditional on meaningful engagement with ISPs.**

05

**Funding will also prioritize work in the Global South<sup>1</sup>, and on reaching those most inadequately served. RCF will monitor gaps in the response, and fund new networks where such gaps exist.**

<sup>1</sup>This term describes low-income countries in Africa, Asia, South and Central America and the Caribbean.

# WHO WE ARE

**ROBERT CARR FUND for civil society networks is a remarkable funder and a model that works.**

We are a participatory grant maker working with communities who have been failed by the system, offering a beacon of hope. The RCF is a collective, pooled funding mechanism focused on HIV and sexual and reproductive health and rights (SRHR). We invest in regional and global networks and consortia. We focus on organizations led by inadequately served populations (ISPs)<sup>2</sup>, prioritizing work in the Global South<sup>3</sup>. The RCF is committed to providing core, long-term and flexible funding. Our founding values of participation, empowerment and equity, transparency, and accountability continue to form the foundation of our work.

The RCF is relevant now more than ever, with increasing demands for funding. Investments in the RCF complement other investments in global health and contribute to broader health and social outcomes.

This 2025–2030 strategy replaces the previous strategic plan 2020–2024 “Funding what’s possible”. It was developed over a nine-month period in 2023, using a highly participatory process where all stakeholders to the RCF were invited to engage. The process followed an Appreciative Inquiry methodology to draw on collective wisdom across the whole RCF, building on the positive core at its heart.



## Vision

RCF envisions a strong, vibrant, and resilient civil society, leading the HIV response towards the end of the epidemic by 2030 with improved health, wellbeing and social inclusion of inadequately served populations.



## Mission

RCF invests in global and regional civil society networks to sustain and expand the role of ISPs in the HIV response, with a commitment to prioritize networks led by ISPs for funding to uphold rights, remove barriers to accessing services, and contribute to sustainable financial investment in communities and programming.

## OUR ACHIEVEMENTS

Over 10 years, RCF has strengthened regional and global networks and consortia across the globe. In turn they have influenced policy and achieved legal changes to protect the rights of ISPs; increased access to better quality services; and contributed to increased financial commitments to HIV and wider health and social care responses for ISPs.

<sup>2</sup> See below for explanation and definition of this term.

<sup>3</sup> This term describes low-income countries in Africa, Asia, South and Central America and the Caribbean.

# THE CONTEXT: SOCIAL JUSTICE UNDER THREAT

Some communities face a disproportionate vulnerability to HIV infection and other health issues, and are more at risk of mortality than the general population<sup>4</sup>. They are failed by the systems that are meant to support them. For them, for all of us, HIV and sexual health are human rights and social justice issues, and they are even more at risk than ever. Human rights are being undermined across the world, with more conflict and violence, weaker legal protections and sustained or even growing criminalization of marginalized communities<sup>5</sup>.

The RCF calls these communities ‘inadequately served populations’ (ISPs) (see full definition below). ISPs include ‘key populations’<sup>6</sup>, across gender and age, but may include other communities, depending on the context. The term ‘inadequately served populations’ is chosen deliberately to highlight that the responsibility lies with the system, not with the individuals or communities. These communities face human rights violations, discrimination and legal and policy barriers.

Most new HIV infections occur among ISPs. The Global AIDS Strategy notes that “the risk of acquiring HIV is 26 times higher than the general population among gay men and other men who have sex with men, 29 times higher among people who inject drugs, 30 times higher for sex workers, and 13 times higher for trans and gender diverse people”<sup>7</sup>. Bringing a gender lens to the data allows an even deeper understanding of inequities faced by ISPs. For example, in almost all countries that report, women who use drugs are significantly more likely than their male peers to be living with HIV up to almost double the HIV prevalence<sup>8</sup>. At the same time, in Sub-Saharan Africa, adolescent girls and young women experience three times the HIV prevalence compared to adolescent boys and young men. ISPs, across age and gender groups, face criminalization, stigma and discrimination in health and social services, which has an impact on all aspects of their health and wellbeing<sup>9</sup>.

Key populations account for less than 5% of the global population, but they and their sexual partners experienced 55% of HIV acquisition in 2022<sup>10</sup>, including 25% of new HIV acquisition in Sub-Saharan Africa, rising to 80% outside of sub-Saharan Africa.

<sup>4</sup> Global AIDS Strategy 2021–2026, UNAIDS

<sup>5</sup> “There is no path to ending AIDS by 2030 without improving human rights” Baral S et al. Journal of the International AIDS Society 2023.

<sup>6</sup> UNAIDS considers gay men and other men who have sex with men, sex workers, trans and gender diverse people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

<sup>7</sup> Global AIDS Strategy 2021–2026, UNAIDS

<sup>8</sup> [https://www.unaids.org/en/resources/presscentre/featurestories/2019/june/20190611\\_women-who-inject-drugs](https://www.unaids.org/en/resources/presscentre/featurestories/2019/june/20190611_women-who-inject-drugs)

<sup>9</sup> Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations: policy brief, WHO 2022.

<sup>10</sup> New HIV Infections Among Key Populations and Their Partners in 2010 and 2022, by World Region: A Multisources Estimation. JAIDS Journal of Acquired Immune Deficiency Syndromes, January 1, 2024.

HIV incidence continues to rise among ISPs, including in regions with relatively low HIV prevalence, such as Eastern and Central Europe, Middle East and North Africa, and South Asia. There is a noticeable lack of both financial and political commitments to reverse these troubling trends<sup>11</sup>. Funding for key populations is seriously off track<sup>12</sup>. The countries with the greatest burden of HIV are often the least able to fund the response<sup>13</sup>.

A lack of funding is not the only issue preventing progress for these communities. There is a growing denial of human rights by many governments, despite strong commitments from major multilateral and bilateral institutions<sup>14</sup>. Too many governments still criminalize or advocate against the full protection of key populations. Criminalization of HIV exposure, non-disclosure, and transmission drives people away from services and increases social stigma and discrimination<sup>15</sup>. Although global institutions are increasingly recognizing the vital role that communities most affected by HIV must play in an effective response to HIV, opposition to upholding the rights of these very communities is increasingly well-organized and better funded than at any point in history of the HIV pandemic. This includes specific attacks targeting the LGBTIQ community, women and girls as well as all ISPs. This is a pivotal moment in the HIV response.

## INADEQUATELY SERVED POPULATIONS (ISPs)

The RCF defines Inadequately Served Populations (ISPs) as populations facing a higher vulnerability to HIV infection, mortality and/or morbidity compared to the general population, and, at the same time, facing systematic human rights violations and barriers to information and services. As people with direct experience of key health-related needs and barriers to health services, ISPs are central to efforts to improve human rights environments, improve HIV service accessibility, and improve efficiency and effectiveness of national and international funding for health and human rights.

ISPs include — in all their gender and age diversity — people living with HIV, gay, bisexual, and other men who have sex with men, people who use drugs, people in prison or other closed settings, sex workers, trans and gender diverse people. Depending on the dynamic of the HIV epidemic and the legal status of these populations, ISPs may also include women and girls, youth, migrants, and people living in rural areas.

ISPs face stigma and discrimination, criminalization and violence, lack of access to healthcare services, poverty, and inadequate education on HIV prevention and treatment. Additionally, they may face legal and policy barriers that limit their access to HIV prevention, testing, and treatment services, such as laws criminalizing sex work or drug use.

<sup>11</sup> 2023 Global AIDS Update, UNAIDS

<sup>12</sup> Funding for key populations affected by HIV and AIDS “way off track” | Aidsfonds.org

<sup>13</sup> “In 2016, about 17 million people living with HIV/AIDS, almost 50% of all people living with HIV/AIDS, lived in countries where development assistance financed over 75% of spending on care and treatment.” Potential for additional government spending on HIV/AIDS in 137 low-income and middle-income countries: an economic modelling study. Haakenstad et al, 2019

<sup>14</sup> <https://www.iasociety.org/ias-programme/ias-lancet-commission-health-and-human-rights>

<sup>15</sup> Ibid.

# THE OPPORTUNITY: COMMUNITY LEADERSHIP

Ending AIDS relies on putting people first. Improving outcomes for ISPs strengthens health systems, enables the realization of Universal Health Coverage and the wider achievement of the Sustainable Development Goals. Supporting and strengthening the leadership of these communities is the essential work of the RCF.

The principle of engaging ISPs is firmly rooted in evidence and has been proven to improve health outcomes. UNAIDS cites the RCF as a model of best practice for funding civil society and community-led approaches<sup>16,17</sup>. Investing in the RCF is an important opportunity to strengthen Universal Health Coverage and further the Sustainable Development Goals.

*“The Robert Carr Fund doesn’t just provide core funding it also provides long term funding which is more constant than what individual funders are able to provide. Funders often have to be more time-bound and project focused, while RCF can take a longer-term view.”*

**Siobhan Malone,**  
Bill and Melinda Gates Foundation

<sup>16</sup> Let Communities Lead, UNAIDS World AIDS Day Report, 2023

<sup>17</sup> Best Practices on Effective Funding of Community-led HIV responses” UNAIDS, PCB43 December 2018

# EFFECTIVE POOLED FUNDING

The RCF is an international pooled funding mechanism, founded in 2012 by an alliance of civil society partners, donors and UNAIDS. Pooled funding is cost-effective, enables donor collaboration and provides more predictable funding to grantees. The RCF has matured into a highly regarded, strong and trusted funder. It has raised over \$120 million USD since 2012, 91% of which has been distributed in funds to the networks.

The RCF pools funding from the United States President’s Emergency Plan for AIDS Relief (PEPFAR), the UK’s Foreign, Commonwealth and Development Office, the Norwegian Agency for Development Cooperation, the Ministry of Foreign Affairs of the Netherlands, and the Bill and Melinda Gates Foundation. It receives strategic support from UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

The RCF focuses on global and regional networks and consortia. These networks undertake essential advocacy work on gender equality, human rights, access to services and resource accountability, yet they often struggle to access funding. The RCF has enabled them to shape the discourse, share learning, and inform global policy. Experience shows that stronger global and regional networks and consortia in turn strengthen national and local networks and community action.

## CORE FUNDING

The RCF provides core, multi-year funding because this enables a strategic and coordinated civil society response to HIV and related gender and human rights issues.

Core funding means grants restricted to either a specific element of overheads (for example, rental costs or the Director’s salary) or grants available to be used for essential running costs more broadly<sup>18</sup>. The RCF has found that core funding enables grantees to focus on network strengthening and advocacy, rather than solely work on programmatic activities<sup>19</sup>.

The RCF accompanies its grantees throughout the life of their grant. We offer value for money, as our funding creates change at a systemic level:

*“Core funding does not simply allow networks to exist. It supports them to undertake work for which grant opportunities may not yet exist and to add value to work that is funded through other sources (such as the Global Fund, bilateral agencies, and UN partners). Core funding also enables them to invest sufficient resources in monitoring and learning from their work so they can continually improve their advocacy efforts.”*

The UK’s Foreign, Commonwealth & Development Office<sup>20</sup>

<sup>18</sup> <https://www.ivar.org.uk/unrestricted-funding/>

<sup>19</sup> Robert Carr Fund grantmaking mode: when communities decide; <sup>2023</sup>

<sup>20</sup> FCDO review of Robert Carr Fund, <sup>2021</sup>

## DR. ROBERT CARR

The Fund was named after Dr. Robert Carr, to honor his memory and to recognize his contributions to the global HIV response. Dr. Carr argued strongly for the vital role of civil society and for communities affected by HIV to be engaged in the HIV response.



*“For change to happen, civil society needs financial resources to support advocates addressing these issues.”*

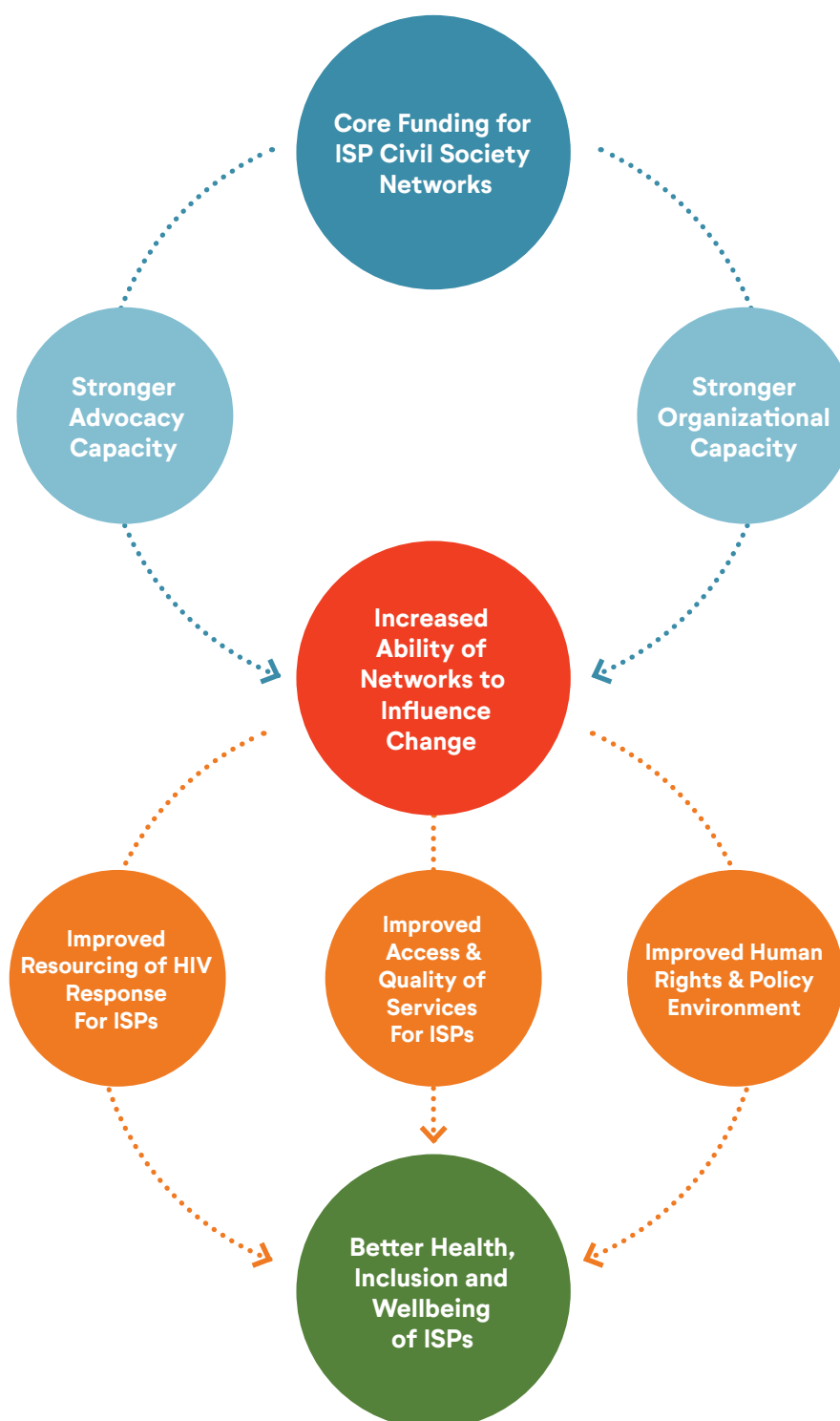
**Dr. Robert Carr,**  
Closing remarks at the Pre-Conference Meeting to the  
International AIDS Conference in Vienna, Austria (2010).

Dr. Robert Carr was a scholar and activist who worked tirelessly for human rights and an end to HIV in his native Caribbean region and globally. Dr. Carr was vocal, honest, and unapologetic in naming injustices that contribute to poor health and barriers to health services, and he was a powerful organizer and advocate for the central role of communities in the HIV response.

*“Robert was a beloved son, brother and uncle who lives forever in our hearts. The Robert Carr Fund embodies his passion for supporting vulnerable communities and human rights globally.”*

**The Carr family**

# THEORY OF CHANGE



# STRATEGIC PRIORITIES

## 2025–2030

**The founding principle of RCF remains supporting global and regional networks and consortia. It does this through core, long-term and flexible funding.** Through this strategy development process, it became clear that RCF maintains a unique position in the health and human rights field. It is also clear that our model of flexible, core funding allocated using participatory methods is a best practice model for funding communities. Therefore, it is important that our strategic direction maintains these commitments, while honing the model to ensure it remains effective and efficient.

**RCF will remain focused on HIV and sexual and reproductive health and rights, while recognizing that HIV exists as part of a wider range of health, social and political issues.** We also understand that communities most impacted by HIV are facing increased human rights violations, attacks on the rights of women, girls, trans and gender diverse people, and are operating in increasingly challenging civil spaces.

**RCF will make sure that its funding reaches the people who are most affected by HIV,** whether living with HIV, or at increased vulnerability to HIV infection due to systematic human rights violations, inequalities, including those based on gender, and barriers to information and services. Founding values of participation, empowerment and equity, transparency, and accountability remain the same.

**RCF prioritizes ISP-led networks.** Funding for networks which are not ISP-led is conditional on meaningful engagement with ISPs.

**RCF funding will also prioritize work in the Global South<sup>21</sup>, and on reaching those most inadequately served.** RCF will monitor gaps in the response, and fund new networks where such gaps exist.

RCF's Secretariat will focus on its role as a pooled fund. While RCF will continue to fund grantees' advocacy activities, the Secretariat itself will not directly engage in advocacy.

RCF is needed now more than ever. It is also clear that we complement other investments and contribute to broader health and social outcomes. The rapidly worsening context means that RCF needs to provide more resources to global and regional networks and consortia. For this reason, RCF has a replenishment target of US\$ 50 million for 2025–2027, which represents a 20% increase on RCF's 2019–2024 grant making rounds. To meet this target, RCF will seek increased renewals from its current funders and increase the funding pool to include at least US\$ 5 million from two or more new donors.

<sup>21</sup>This term describes low-income countries in Africa, Asia, South and Central America and the Caribbean.

*Strategic outcomes monitored by RCF, and results from the previous strategic period (2019–2021 grant cycle).*

Strategic Outcome	Results from Previous Strategic Period
<p><i>Network Strength and Influence</i></p> <p>This includes networks and consortia’s organizational and advocacy capacity and their ability to influence positive change.</p>	<p>All 60 civil society and community-led networks funded by RCF emerged from the 2019–2021 grant cycle as stronger organizations: more sustainable, with stronger governance and financial systems.</p>
<p><i>Human Rights</i></p> <p>This relates to regional and global networks’ work to protect and promote the human rights of ISPs in the HIV response.</p>	<p>In 2019–2021, 51 out of 60 RCF-funded networks prioritized advancing the human rights of ISPs, with 35 networks contributing to positive policy or legal changes for their communities in the course of the grant cycle.</p>
<p><i>Access to and Quality of Services</i></p> <p>This relates to RCF-funded networks’ efforts to ensure that services for ISPs are rights-based and available, adequate, accessible, appropriate, affordable, and acceptable, and that intended beneficiary populations are aware of and demand these services.</p>	<p>During 2019–2021 grant cycle, 51 out of 60 RCF-funded networks have advocated for policies that would enable better access to or quality of services for ISPs. By the end of their grant, 30 grantee-networks reported increased access to services and better quality of services for ISPs.</p>
<p><i>Resource Accountability</i></p> <p>This relates to RCF-funded networks’ efforts to ensure that the HIV responses for ISPs are funded adequately and sustainably. This includes regional and global networks supporting national level organizations to influence their own governments to generate adequate revenue and to allocate and spend sufficient funding for evidence-informed, rights-based programming for health and related issues.</p>	<p>30 RCF-funded regional and global networks prioritized advocacy to ensure that the global HIV response for ISPs is well resourced. By the end of 2019–2021 grant cycle, 11 grantee-networks contributed to increased financial commitments to ISP programming, including at the national level.</p>

## BEYOND HIV

ISPs face multifaceted health challenges beyond HIV, including equitable access to sexual and reproductive health and rights. The global and regional networks supported by RCF advocate for robust health systems capable of addressing the needs of ISPs. Investments in a strong community-led response, rooted in the principles of gender equality and human rights, have a profound impact beyond the realm of HIV.

Strengthening health systems for everyone has huge benefits for societal wellbeing, ensuring comprehensive and equitable care and achieving Universal Health Coverage.

## MOVE TOGETHER, MOVE THE WORLD

RCF helps to make the money work. All global health institutions and major funders emphasize the importance of community-led responses<sup>22,23,24,25</sup>. These are supported by community-led networks, able to mobilize communities, respond quickly to emerging issues, and advocate on behalf of ISPs. The long term, flexible core funding provided by RCF supports other funders' investments in HIV.

RCF grants complement Global Fund initiatives and contribute to their implementation. For example: supporting communities to engage in Global Fund processes; conducting community-led documentation to inform Global Fund programming; and developing tools and mobilizing partnerships that complement activities supported by the Global Fund. The Global Fund supports national-level networks and community-led organizations, while RCF supports the regional and global networks that in turn support national level activities.

RCF supports engagement with UN agencies and their work. For example: advocating for updated guidance on comprehensive and rights-based services and policies; encouraging meaningful engagement of ISP with global, regional, and national decision makers, sharing knowledge on the impact of criminalization, social stigma and discrimination, and identifying gaps in services.

<sup>22</sup> Global AIDS Strategy 2021–2026, UNAIDS

<sup>23</sup> Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030, WHO

<sup>24</sup> Fighting Pandemics and Building a Healthier and More Equitable World, Global Fund strategy 2023–2028

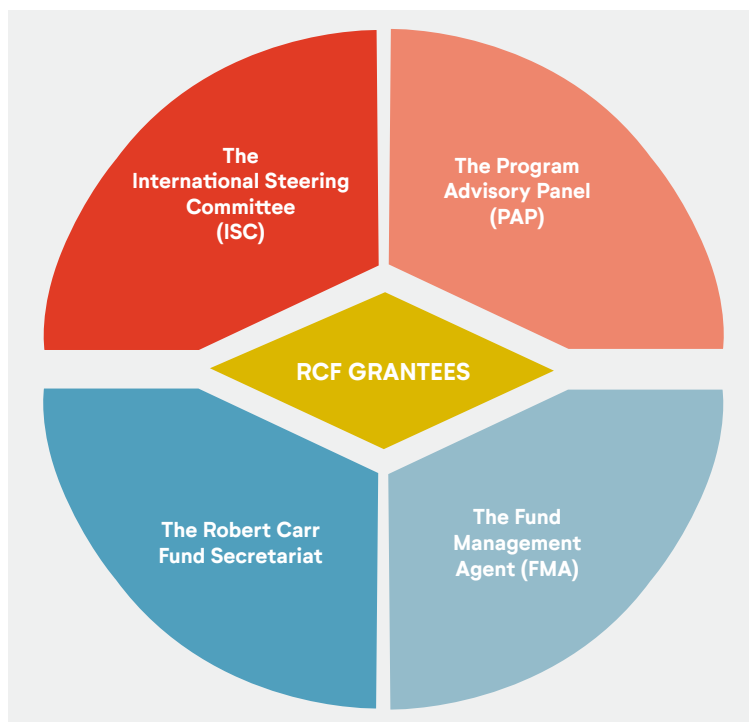
<sup>25</sup> PEPFAR Five-year Strategy, 2022

# HOW WE WORK

The RCF is a pooled fund and a participatory grant maker. It takes participation beyond grant making to include the development of the strategic plan, Theory of Change and monitoring and evaluation framework. From the very beginning, civil society and funders worked together to understand the needs, and to design the Fund. This participatory approach was then embedded into our processes and governance structures<sup>26</sup>.

RCF is governed by an **International Steering Committee (ISC)**. This is a balanced group of voting funders and civil society members, with non-voting observers from UNAIDS, the Global Fund, Aidsfonds (as the Fund Management Agent) and civil society.

The **Program Advisory Panel (PAP)** is made up of civil society members and is at the core of RCF participatory decision making, making grant recommendations to the ISC. Together with grantees, these bodies form the Robert Carr Fund Collective.



The RCF secretariat is a dedicated team co-located with its Fund Management Agent (FMA), Aidsfonds. The secretariat does not decide who receives funding but is the implementer of the ISC's decisions. The functioning of the secretariat is regulated by Aidsfonds and measured through performance indicators which are reported to the ISC on an annual basis.

RCF has a monitoring, evaluation and learning (MEL) framework, developed with the collaboration of all stakeholders, including grantees. This framework measures network strengthening and programmatic outcomes.

*"Robert Carr Fund is one of the best investments you can make. It lives and models many of the values and principles that we often talk about."*

**Kate Thomson,**  
The Global Fund, ISC Observer

<sup>26</sup> "Robert Carr Fund grantmaking model: when communities decide", RCF 2023

## CASE STUDY:

### GLOBAL NETWORK OF PEOPLE LIVING WITH HIV (GNP+)

RCF has supported GNP+ for over 10 years. This long-term, core and flexible funding has enabled them to strengthen their foundations and develop a shared advocacy agenda across the global network.

National networks help communities of people living with HIV understand country commitments and foster and support community leadership. Regional and global networks are the bridge between the UNAIDS 2030 targets and the reality on the ground. RCF support enables GNP+ to pay for the consultation and accountability mechanisms which are essential for representation and involvement of such a large and diverse group.

GNP+ staff attend global meetings to speak on behalf of the wider community of people living with HIV. This is only possible because their staff time and other costs are funded.

*“We need to have communities leading and responding to their own problems and solutions as it’s the only way to bring about sustainable and meaningful change. To support national level action, you’ll have to support regional networks to support those local networks.”*

**Georgina Caswell,**  
Global Network of People living with HIV

## ACKNOWLEDGEMENTS

This strategy was written using an approach called Appreciative Inquiry, which built on the positive core at the heart of RCF’s approach. All strategic decisions have come from a consultation with all parts of the Fund. We would like to thank everyone for their time and passion.



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Robert Carr Fund  
With Communities in the Lead  
Strategy 2025–2030

