ROBERT CARR FUND

For civil society networks

2025

ANNUAL REPORT

When systems fail,
communities forge ahead.

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CONNECT · SHOW UP · MOBILIZE · UNIT ADVOCATE · TRUST · PARTI
COMMUNITY-LED · CORE-FUNDING · ORGANIZE · CONNECT

Data source: the 2025 RCF Annual Survey, completed by all 72 partner networks in February and March 2026. Detailed methodology in Annex A.

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Acronyms and Definitions

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CARICOM	Caribbean Community
CCM	Country Coordinating Mechanism
CLM	Community-Led Monitoring
CND	Commission on Narcotic Drugs
CSO	Civil Society Organisation
CSW	Commission on the Status of Women
CSW69	Commission on the Status of Women, 69th Session
ECtHR	European Court of Human Rights
EECA	Eastern Europe and Central Asia
ESA	Eastern and Southern Africa
EU	European Union
EUDA	European Union Drugs Agency
FCAA	Funders Concerned About AIDS
GBMSM	Gay, Bisexual and other Men who have Sex with Men
GC7	Global Fund Seventh Grant Cycle
GC8	Global Fund Eighth Grant Cycle
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRC	Human Rights Council
IAS	International AIDS Society
ICASA	International Conference on AIDS and STIs in Africa
INHSU	International Network on Health and Hepatitis in Substance Users
IPPF	International Planned Parenthood Federation
ISP	Inadequately Served Population
IWRAW AP	International Women's Rights Action Watch Asia Pacific
KP	Key Population
LAC	Latin America and the Caribbean
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MEL	Monitoring, Evaluation and Learning
MENA	Middle East and North Africa
MEP	Member of the European Parliament
MP	Member of Parliament
NGO	Non-Governmental Organisation
NHRC	National Human Rights Commission
NSP	National Strategic Plan
ODA	Official Development Assistance
OECS	Organisation of Eastern Caribbean States
OST	Opioid Substitution Therapy
PCB	Programme Coordinating Board (UNAIDS)
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PoPs	Prison Populations
PrEP	Pre-Exposure Prophylaxis
RCF	Robert Carr Fund
SGBV	Sexual and Gender-Based Violence
SOGI	Sexual Orientation and Gender Identity
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
US	United States
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
WCA	West and Central Africa
WHO	World Health Organization
WLHIV	Women Living with HIV

Note: partner acronyms are expanded in the main text and are not part of this table.

Foreword

From the Co-Chairs of the International Steering Committee

To our partners, funders, and the communities to whom RCF is accountable,

The 2025 Annual Report documents the first year of the 2025–2027 grant cycle. This is a report of the community-led networks working through a year that tested the foundations of the global HIV response. Community-led networks worked through funding contraction, shrinking civic space, intensifying anti-rights and anti-gender movements, and renewed pressure on the communities most essential to ending AIDS as a public health concern.

RCF entered this cycle intending to provide three-year support to 73 partner networks across 25 grants. The cycle did not begin as planned. The January 2025 stop-work directive affecting PEPFAR, then RCF's largest donor, required rapid restructuring of the portfolio. Through emergency fundraising and donor engagement, RCF sustained support for 72 networks across two cohorts: the Main Grant Cohort, funded across all four outcome areas, and the Extended Bridge Cohort, funded with a focused mandate on network strength and influence.

The context matters. The results in this report were achieved under significant pressure. While 76% of partners reported funding pressure, 63% lost at least one funding source, and 85% lacked secure staff funding for two years or more. Partners also faced criminalisation, political instability, hostile legislation, violence, registration barriers, and direct threats to staff and community safety. These figures describe the conditions in which community-led organisations continued to protect members, retain staff where possible, and continued to advocate for change.

The report also shows what sustained. Across 167 countries, 72 regional and global networks continued to connect country-level realities with regional and multilateral advocacy. Most (82%) networks are led by the inadequately served populations they represent, with community governance embedded in their structures. Coalition-building strengthened from baseline as did partnerships with government, UN, and donor bodies. The networks continued to produce evidence, solidarity, policy influence, and accountability.

The results are concrete. Across human rights, services, and resource accountability work, partners reported 320 activity engagements and 19 verified policy or institutional results in Year 1. These results sit across national, regional, and global levels, and should be read as visible points along longer advocacy arcs. Community-led advocacy rarely moves in a straight line, and its progress does not always fit neatly within annual reporting periods.

For us, as Co-Chairs of the International Steering Committee, the central message is clear: core, flexible, long-term funding is not an administrative preference. It is the infrastructure that allows community-led networks to exist, adapt, and influence the decisions that shape the lives of their members. It pays for staff who hold institutional memory and relationships; governance systems that sustain legitimacy and accountability; keeps movements connected; and the capacity to respond when crises arrive without warning. Project funding can support activities. Core flexible funding sustains the organisations that make those activities possible.

This report therefore makes both an evidence case and an investment case. The evidence shows that RCF's model continues to work: networks supported with core flexible funding produced measurable results under acute pressure. The investment case is that these results cannot be taken for granted. When community-led infrastructure is underfunded, short-term, or dependent on a narrow donor base, the global HIV response becomes weaker, less accountable, and less able to reach the people formal systems too often exclude.

To our partners: thank you for the honesty, care, and expertise with which you reported your work in a year that asked too much of you. The data, stories, and analysis in this report are grounded in your labour and your accountability to your communities. We recognise the strain behind these achievements and remain committed to protecting the conditions that allow this work to continue.

To our funders and allies: the ask is direct. Sustain flexible funding. Extend funding horizons beyond single-year grants. Simplify requirements where possible. Invest in the community-led infrastructure that has taken more than a decade to build, and that can be weakened quickly by disinvestment. The returns described in this report are the result of sustained trust in networks closest to the realities of HIV, rights, and exclusion.

To the communities whose lives and rights sit at the centre of this work: RCF exists because your leadership is essential. We hope this report reflects not only what was achieved in 2025 but also the knowledge, courage, and persistence that made those achievements possible.

The conditions ahead remain difficult. The case for continuing, and for investing differently, is stronger than ever. As we move into Year 2 of this grant cycle, RCF remains committed to the partners in this portfolio, to the participatory grant-making mechanism, and to the core flexible funding model that keeps community-led networks in the rooms where decisions are made and, in the work, where accountability is built.

Finally, we are proud of what our network partners have achieved, and we remain committed in our efforts to strengthen the community leadership and systems so essential to effective, inclusive and rights-based HIV responses.

Sushena Reza-Paul & Kate Thomson

Co-Chairs of the International Steering Committee

About This Report

This is the Full Report of the Robert Carr Fund's 2025 Annual Report, covering Year 1 of the 2025–2027 Grant Cycle. It is one of three formats produced to reach different readers.

The Full Report, this document, carries the full analysis across all four outcome areas, featured partner stories, cross-portfolio synthesis, and complete data notes. Its primary audiences are donors and funders, civil society organisations, and researchers working on community-led HIV responses. The Summary Report offers a standalone overview of key findings, portfolio highlights, and the 2025 context, designed for advocacy, peer learning, and quick reference. The Online Reader, hosted at robertcarrfund.org, adapts the Summary Report for web and mobile reading, with interactive navigation. All three formats are screen-reader compatible, hyperlinked for navigation, and include alt text for images. This is a foundations report on Year 1 of a three-year cycle. It covers three things: where the cohort began, the conditions they worked in, and the early results that arrived in 2025 because multi-year work reached maturity. Year-on-year movement against this baseline (for advocacy outcomes) begins from Year 2.

Two cohorts. The 2025–2027 cohort is structured into two groups. The Main Grant Cohort: 42 networks across 11 grants, with full multi-year funding across all four RCF outcome areas. The Extended Bridge Cohort: 31 networks across 14 grants, originally given six months of bridge funding that has been extended through Year 1. Section 1.1 explains how this structure came about. The distinction matters throughout this report. Reporting on Outcome 1 (Network Strength and Influence) is mandatory for all 72 partners. Reporting on Outcomes 2, 3, and 4 is mandatory for Main Grant partners working in those areas, and voluntary for Extended Bridge partners.

How to Navigate this Document

This report has ten sections:

Section 1:	Year 1 context.
Section 2:	The case for core flexible funding.
Section 3:	Outcome 1, Network Strength and Influence (mandatory for all partners).
Section 4:	Outcome 2, Human Rights.
Section 5:	Outcome 3, Access to and Quality of Services.
Section 6:	Outcome 4, Resource Accountability.
Section 7:	Gender Transformative Approaches across the portfolio.
Section 8:	Cross-portfolio synthesis.
Section 9:	RCF and other global health investors.
Section 10:	Looking forward to Year 2.

Detailed methodology, the Theory of Change, the full Monitoring and Evaluation for Learning (MEL) Framework results, and the Financial Report analysis sit in the annexes.

Data and Methodology

The data in this report comes from the 2025 RCF Annual Survey, self-completed by partner networks between 1 February and 30 March 2026. All 72 partners in the active cohort submitted, a 100% response rate. Responses combine quantitative indicators with narrative descriptions. Where results are reported as legal, policy, or funding changes, they have been verified against publicly available external evidence wherever possible. Baseline figures referenced throughout this report were collected at the start of the 2025–2027 Grant Cycle. A fuller methodology note is included in Annex A.

Note: An AI extension running inside Microsoft Excel was used during the preparation of the supporting workbooks to assist with non-interpretive tasks: automating formulas, flagging discrepancies between data sources, and supporting data cleaning. No personal or identifying information about partners, staff, or constituents was shared with the tool; inputs were limited to structural workbook data and the report's own text. All analysis, interpretation, and writing in this report are the work of the human team, and all AI-assisted outputs were reviewed and validated before use. Final accountability for the contents of this report rests with the authors.

Limitations

A few limitations apply to the data in this report. Indicators are self-reported by partners. Baseline figures cover 69 partners; Year 1 results cover all 72, so baseline-to-Year 1 comparisons are indicative rather than precise. Reporting on advocacy outcome areas of engagement is mandatory for the Main Grant cohort and voluntary for the Extended Bridge cohort, whose mandatory reporting requirement is limited to Outcome 1; participation rates therefore reflect a mix of required and voluntary engagement and do not capture the full advocacy footprint of the cohort. Verified results reflect partners' contributions in coalition with other actors, rather than single-organisation authorship. The survey uses yes/no gateway questions with open-text descriptions for depth and context, which can produce under-counting in some areas, notably gender transformative practice (addressed in Section 7); qualitative validation of all 72 responses was used to mitigate this.

Contributors and Acknowledgements

This report was authored by Théa L. Khoury, RCF MEL Lead, with the support of the RCF Secretariat and shaped by the guidance of the Fund Director, the International Steering Committee (ISC) and the Programme Advisory Panel (PAP). Our deepest thanks go to the 72 partner networks who completed the 2025 Annual Survey. Every figure, story, and reflection in this report is the product of their work, their honesty, and the time they made for this process inside a year that asked everything and more of them.

1. Introduction & Year 1 Context

1.1. About RCF and This Grant Cycle

The Robert Carr Fund exists because some populations are systematically left behind in the global HIV response. Inadequately Served Populations (ISPs) include people living with HIV; gay men, bisexuals and other men who have sex with men; people who use drugs; people in prisons or other closed settings; sex workers; and transgender persons. 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. These are the communities that face the greatest barriers to services and the greatest exposure to criminalisation and discrimination. They are also the communities whose leadership is most essential to ending AIDS as a public health concern.

RCF funds the networks these communities have built themselves[1]. Core, flexible, long-term funding enables organisations to build institutional strength, respond to crises, and pursue the advocacy strategies their members define as priorities. Since its founding in 2012, RCF has operated on the conviction that communities closest to the problem are best positioned to lead the solution.

RCF is governed by an International Steering Committee (ISC) that brings donors and civil society together as equal partners in decision-making. Funding decisions are shaped by the Programme Advisory Panel (PAP), comprised entirely of expert community and civil society members representing the populations RCF serves. Power over funding decisions sits with the people who understand the context and the issues faced on the ground. RCF is hosted by Aidsfonds as its Fund Management Agent (FMA), an established funder of HIV-related interventions in the Netherlands and globally.

The 2025–2027 Grant Cycle

This grant cycle was designed as a three-year commitment to 73 unique partner networks across 25 grants. Selection was conducted through RCF's Participatory Grant Making mechanism: a three-stage review process involving external peer reviewers, the PAP, and final ISC approval. Every network selected was chosen because they are led by or represent the communities that HIV policy and programming so often fail.

The cycle did not begin as planned.

In January 2025, the United States government issued a stop-work directive that froze President's Emergency Plan for AIDS Relief (PEPFAR) funding globally. PEPFAR was RCF's largest donor. The immediate impact was severe: a planned three-year cycle became contingent on RCF secretariat emergency fundraising, and the ISC was forced to implement a painful prioritisation process.

The portfolio was restructured into two cohorts, with the grant-making horizon shortened from three years to two years.

- The Main Grant Cohort: 42 networks across 11 grants, maintained at full funding across all RCF outcome areas.
- The Extended Bridge Cohort: 31 networks across 14 grants, originally given six months of bridge funding to sustain operations during the stabilisation period. Through intensive fundraising and donor engagement mid-2025, RCF secured the commitments needed to honour the original community selection. These networks were extended (at a reduced grant amount) with a focused mandate on Outcome 1 (Network Strength and Influence).

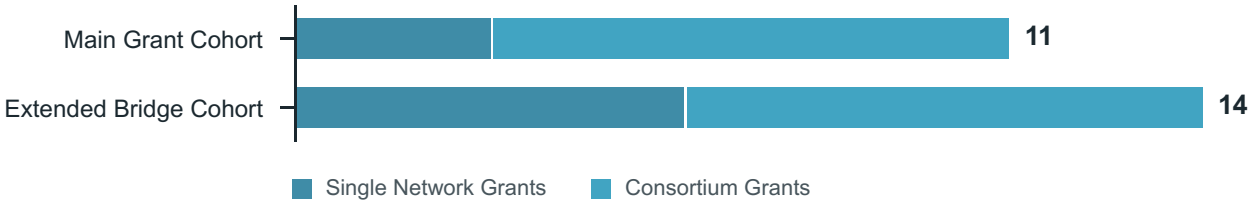
1. Funding provided to RCF by the Norwegian Agency for Development Cooperation (Norad) , and the UK Foreign, Commonwealth & Development Office (FCDO) is used only in ODA-eligible countries and for ODA-eligible activities, in accordance with the funding agreements.

Cohort reconciliation: from original selection to final reporting cohort

- Originally selected (Q4 2024): 73 networks across 25 grants, intended for three-year commitments.
- Funding shock (January 2025): PEPFAR stop-work directive triggered emergency restructuring.
- Restructured (mid-2025): 42 networks across 11 Main Grants (full funding, all outcomes) and 31 networks across 14 Extended Bridge Grants (reduced funding, Outcome 1 focus).
- Mid-year (2025): one Middle East and North Africa (MENA)-regional partner based in Morocco ceased operations due to a security crisis – bringing the main grant partners from 42 to 41 unique partners.
- Final 2025 reporting cohort: 72 networks (41 Main + 31 Extended Bridge), whose reporting forms the basis of this report.

Figure 1: RCF 2025–2027 Portfolio — Network composition by cohort (N=73 unique partners / N=72 at end of 2025)

Figure 2: RCF 2025 Portfolio — Grants by cohort (N=25 grants)



The MENA-regional partner's absence from this report's data does not diminish what they built.

Together, these 72 networks reached 167 countries in 2025 as per 2025 partner reporting, with only a minimal RCF budget allocated to 5 non-ODA countries. They work at the intersection of HIV, human rights, harm reduction, gender justice, and civic space. They are regional or global networks built by communities, for communities, sustaining the infrastructure that connects national action to global change.

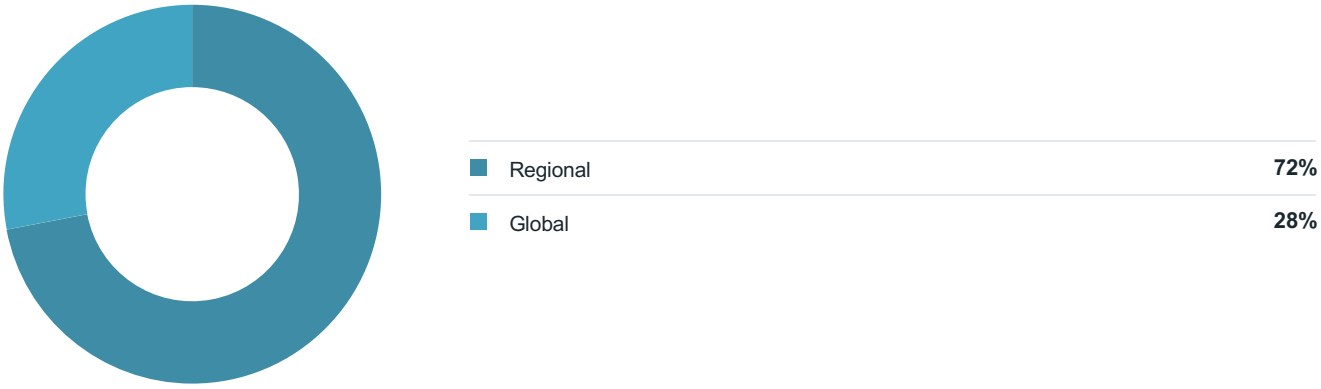
1.2. Portfolio at a Glance: 2025

The 2025 reporting cohort comprises 72 unique partner networks supported across 25 grants. Of these, 12 (17%) are new partners receiving RCF funding for the first time. The portfolio operates in two cohorts with different initial mandates.

The Main Grant Cohort covers 41 networks across 11 grants. These partners carry full programming across all four RCF outcome areas: Network Strength and Influence (O1), Human Rights Environment (O2), Access to and Quality of Services (O3), and Resource Accountability (O4). The Extended Bridge Cohort covers 31 networks across 14 grants, with RCF-funded programming focused on Outcome 1.

The portfolio comprises 52 regional networks and 20 global networks. These levels are interdependent. The connections run in multiple directions simultaneously, and the portfolio is designed to sustain them.

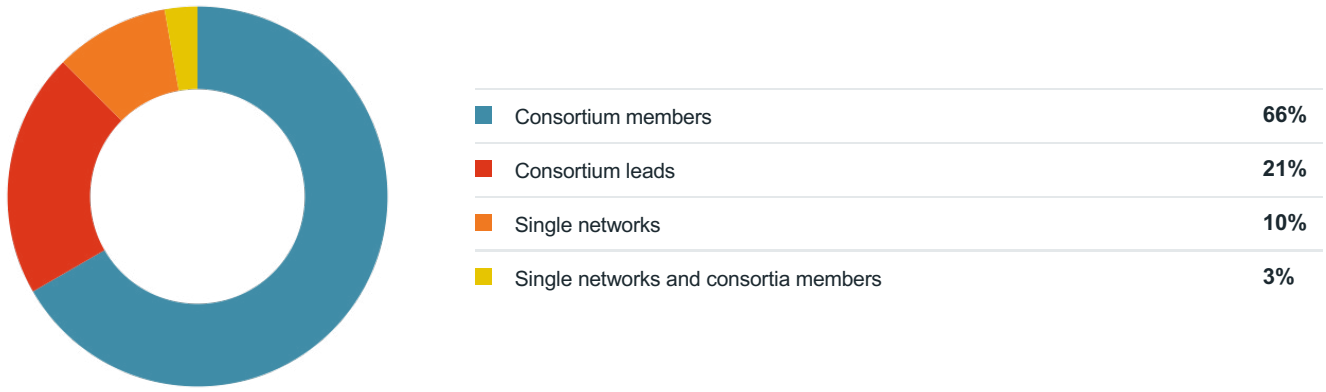
Figure 3: Breakdown of RCF 2025 Complete Grant Cycle partners per scope



1.2.1. How Networks Are Organised

Most partners operate within consortium arrangements. 66% participate as consortium members, 21% serve as consortium leads, and 10% are funded as single networks. A small number hold both roles simultaneously. The consortium model builds interconnectedness across networks working at different scales, distributes power and decision-making across the portfolio, and amplifies advocacy impact at every level.

Figure 4: Breakdown of 2025 Complete Grant Cycle Cohort by Grantee Type



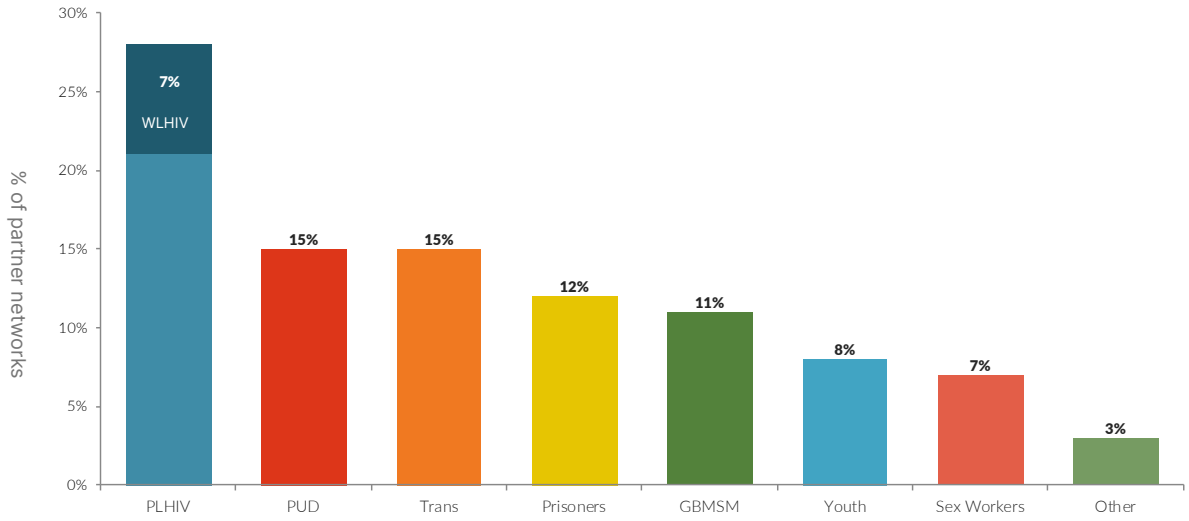
1.2.2. Who Leads

82% of networks in the complete cohort (59 out of 72) are ISP-led, with community governance embedded in their organisational structures. The remaining 18% (13 out of 72) are ISP-serving networks working with people in prisons, a population for whom direct governance participation is restricted by the conditions of incarceration, or other populations with limited engagement capacities. RCF's foundational value is that those most affected by HIV are best positioned to design and lead the response.

Figure 5: % of Main Grant Cycle Cohort that are ISP-led

1.2.3. Who Is Served

Figure 6: Primary ISPs represented and served among the Complete Grant Cycle Cohort



The cohort represents the full breadth of populations most affected by HIV and most excluded from the response. Networks primarily serving people living with HIV make up 28% of the portfolio, 20 networks, of which 5 (7% of the entire portfolio) specifically serve women living with HIV. They are followed by people who use drugs at 15% (11 networks), transgender individuals also at 15% (11 networks), prisoners at 12% (9 networks), gay, bisexual, and other men who have sex with men at 11% (8 networks), youth at 8% (6 networks), sex workers at 7% (5 networks), and other populations at 3% (2 networks).

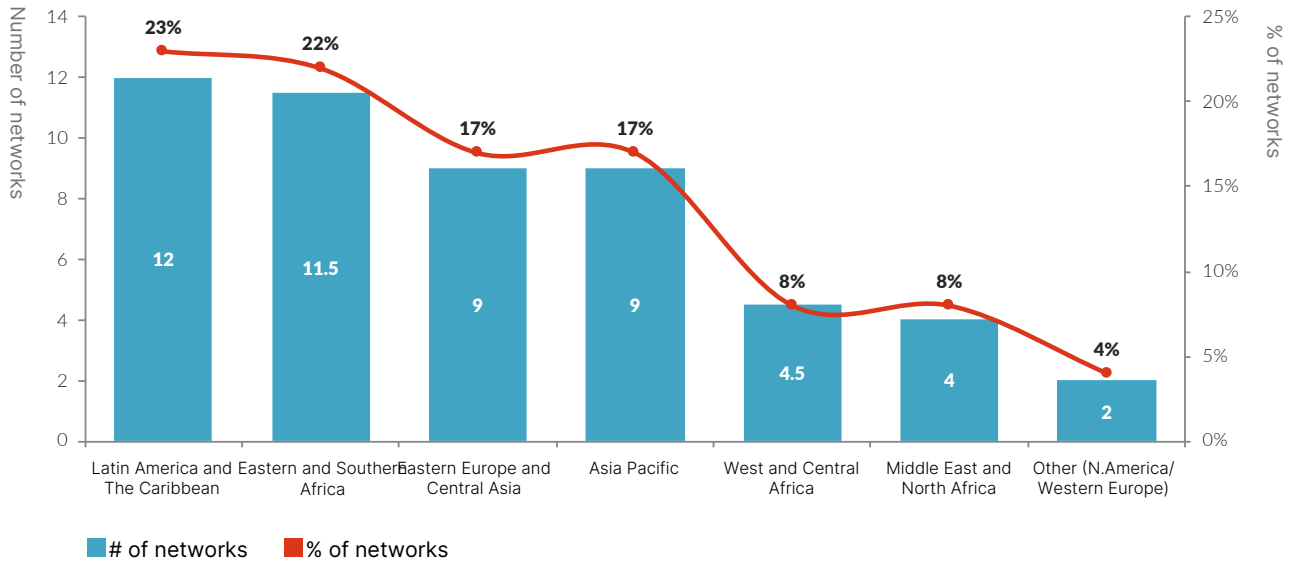
These categories describe primary constituencies, not the full scope of who networks serve. Most networks work across multiple ISP groups: trans sex workers who use drugs; gay, bisexual and other men who have sex with men (GBMSM) living with HIV in prison; and young people navigating layered stigmas. The portfolio reflects those realities.

1.2.4. Where Networks Work

The portfolio comprises 52 regional networks and 20 global networks. Among regional partners, Latin America and the Caribbean hold the largest concentration at 23%, followed by Eastern and Southern Africa (22%), Eastern Europe and Central Asia (17%), Asia Pacific (17%), West Central Africa (9%), Middle East and North Africa (8%), and Other regions including North America and Western Europe (4%).

Figure 7: Distribution per regions of programming of Complete Grant Cycle Regional Partners

One network programmes across both Eastern and Southern Africa and West and Central Africa, and is counted as a half in each, so that the regional figures total the 52 regional networks in the portfolio.



1.3. The 2025 Operating Environment

In 2025, the world grew harder for the communities RCF serves. Funding fell. Laws tightened. Political hostility rose. The networks held.

This subsection draws on reporting from all 72 RCF partners. It captures the external conditions that shaped their work, and what those conditions revealed about the resilience of community-led organisations when they have the flexibility to respond on their own terms. Most partners faced several pressures at once.

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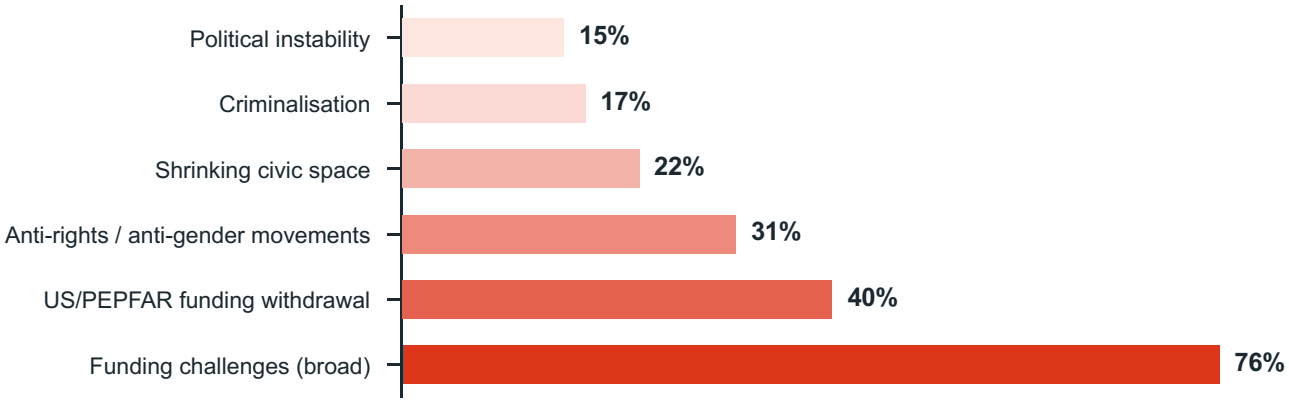
1.3.1. Headline statistics

Six external pressure points dominate partner reporting on the 2025 operating environment.

Figure 8: External factors cited by partners in 2025 — External Factors Affecting RCF Partners in 2025 (% of 72 partners)



1.3.2. The funding crisis

55 partners (76% of 72) reported funding pressure as the dominant external factor of 2025. 29 partners (40%) named the withdrawal of US bilateral and PEPFAR-linked support specifically. The broader figure captures the full landscape of donor retrenchment; the narrower one isolates the sharpest shock. The 2025 status of PEPFAR is documented in detail by the Kaiser Family Foundation's ongoing tracker.[2]

Partner narratives describe a polycrisis. Coalition PLUS named 2025 "unprecedented":

> *"Faced with critical stock-outs of pre-exposure prophylaxis (PrEP) and gender-affirming care, and over 2,200 peer educators forced into unpaid volunteer work, our network shifted into an 'emergency survival' mode to prevent the collapse of community health systems. Despite widespread activist exhaustion, this hostile environment catalysed exceptional transnational solidarity."*
>
> – Coalition PLUS

The International Network of People who Use Drugs (INPUD) framed the shock structurally: the abrupt US withdrawal triggered a systemic crisis in rights, harm reduction, and HIV programming, while the Global Fund's seventh grant cycle (GC7) reprioritisation and a below-target replenishment reduced eighth grant cycle (GC8) allocations and intensified competition for funding.[3], [4],[5]

The Joint United Nations Programme on HIV/AIDS (UNAIDS) itself reported that community-led HIV services were under threat globally as a result of the cuts.[6]

2. Kaiser Family Foundation. https://www.kff.org/tag/pepfar/
3. International Network of People who Use Drugs. "The Human Cost of Policy Shifts: The Fallout of US Foreign Aid Cuts on Harm Reduction Programming and People Who Use Drugs." April 2025. https://inpud.net/the-human-cost-of-policy-shifts-rapid-assessment-findings/.
4. The Global Fund to Fight AIDS, Tuberculosis and Malaria. "GC7 Reprioritization." Resource Centre, 2025. https://resources.theglobalfund.org/en/gc7-reprioritization/.
5. The Global Fund to Fight AIDS, Tuberculosis and Malaria. "Grant Adaptation Measures for Grant Cycle 7." 16 May 2025. https://resources.theglobalfund.org/en/updates/2025-05-16-gc7-grant-adaptation-measures/.
6. UNAIDS. "Community-Led HIV Services Under Threat: Global Networks and UNAIDS Track the Impacts of the US Funding Cuts." 12 May 2025. https://www.unaids.org/en/resources/presscentre/featurestories/2025/may/20250512_community-led-services.

The contraction did not stop networks from acting. Several partners used limited core funding to sustain country-level work and structural advocacy — advocacy aimed at changing the laws, policies, funding systems, and institutional practices that shape the HIV response — through the year, including registration support that produced new community-led legal entities in restrictive jurisdictions, detailed in Section 3 (O1 Network Strength).

1.3.3. Anti-rights and anti-gender movements

22 partners (31% of 72) reported anti-rights and anti-gender movements as a major external pressure. The pattern these partners describe is coordinated rather than incidental: well-funded ultra-conservative networks moving across multiple jurisdictions, weaponising legislative drafts, public rhetoric, and donor environments simultaneously in order to roll back hard-won protections for LGBTQI+ people, people who use drugs, sex workers, and other key populations, and to shrink the legal and political space in which community-led networks can operate. ILGA World and ILGA-Europe documented anti-lesbian, gay, bisexual, trans and intersex (LGBTI) legal trends across regions in 2025.[7],[8]

A partner working across East Africa described the dynamic:

> *"The primary obstacle was the intensification of the anti-rights movement across East Africa, bolstered by well-funded ultra-conservative networks. This led to 'Family Protection' bills that criminalised the promotion of gender diversity, forcing our advocacy into hyper-clandestine operations. This political climate made direct dialogue with state actors nearly impossible as officials weaponised anti-trans rhetoric."*
>
> – Partner network, East Africa (identity withheld for protection)

The Global Action for Trans Equality (GATE) operated through the same global anti-gender pressure with a different positioning. The network formalised a membership model linking trans-led organisations across regions, expanded its knowledge portal, and used Trans Advocacy Week to coordinate global pushback at the multilateral level.[9] ,[10]

La Red Latinoamericana y del Caribe de Personas Trans (REDLACTRANS) named the principal threat as a right-wing political context with an anti-human rights agenda combined with fundamentalist religious influence and persistent poverty and social exclusion. 2025 marked 21 years of REDLACTRANS and 10 years of its regional documentation centre, the Centro de Documentación y Situación Trans en Latinoamérica y el Caribe (CeDoSTALC), which tracks violence and rights violations against trans communities across Latin America and the Caribbean.[11]

7. ILGA World. "Pride Month: ILGA World Releases New Data and Maps on Laws Affecting LGBTI People Globally." 2025. https://ilga.org/news/pride-month-2025-lgbti-data-maps/.
8. ILGA-Europe. "Annual Review of the Human Rights Situation of LGBTI People in Europe and Central Asia 2025." 2025. https://www.ilga-europe.org/report/annual-review-2025/.
9. Global Action for Trans Equality. "Our Membership Structure." 2025. https://gate.ngo/membership/our-membership-structure/.
10. Global Action for Trans Equality. "Why the World Needs Trans Advocacy Week." Knowledge Portal, 2025. https://gate.ngo/knowledge-portal/article/why-the-world-needs-trans-advocacy-week/.
11. REDLACTRANS. Centro de Documentación y Situación Trans en Latinoamérica y el Caribe (CeDoSTALC). 2025. https://redlactrans.org/cedostalc/.

1.3.4. Shrinking civic space

16 partners (22% of 72) reported shrinking civic space as a defining feature of the year. 12 partners (17%) named criminalisation specifically. 11 partners (15%) named political instability. The categories overlap, describing the same phenomenon at different points of pressure: the closing of the legal, regulatory, and physical space within which community-led networks can operate. The CIVICUS Monitor recorded matching trends globally.[12]

The instruments are familiar: foreign-agent legislation and anti-propaganda restrictions in parts of Eastern Europe and Central Asia (EECA), anti-LGBTQI+ laws in parts of West Africa, undesirable-organisation designations forcing networks to relocate. RCF itself and its host were designated as undesirable organisations in 2025. Networks responded with safety strategies, including risk assessments and strategic relocations. Violence reached partner staff and ISP communities directly, including a major security issue faced by a MENA-based partner that forced leadership to flee the country and the partner to cease operations entirely; as well as other multiple cases of community arrests and state violence experiences reported across 2025.

Harm Reduction International's 2025 Global State of Harm Reduction update, including its 10-country fact-sheet on the impact of US funding cuts[13], sits alongside that as the most comprehensive externally published synthesis of the harm-reduction service environment in 2025.[14]

1.3.5. What the portfolio did within this environment

Networks continued to act through the year. They produced evidence. They built institutions. They relocated for safety and continuity. They documented violations. They adapted. Every figure reported in the remainder of this document — across O1, O2, O3, and O4 — was produced within, and despite, the conditions described above.

What core flexible funding bought in 2025 was the capacity to keep working when the cost of working was rising, and investments shrinking.

12. CIVICUS. "People Power Under Attack 2025: Global Findings." CIVICUS Monitor, 2025. https://monitor.civicus.org/globalfindings_2025/.
13. Harm Reduction International. "Impact of the US Funding Cuts on Harm Reduction." Harm Reduction International , 2025, hri.global/publications/impact-of-the-us-funding-cuts-on-harm-reduction/.
14. Harm Reduction International. "Global State of Harm Reduction: 2025 Update to Key Data." 2025. https://hri.global/publications/global-state-of-harm-reduction-2025-update-to-key-data/.

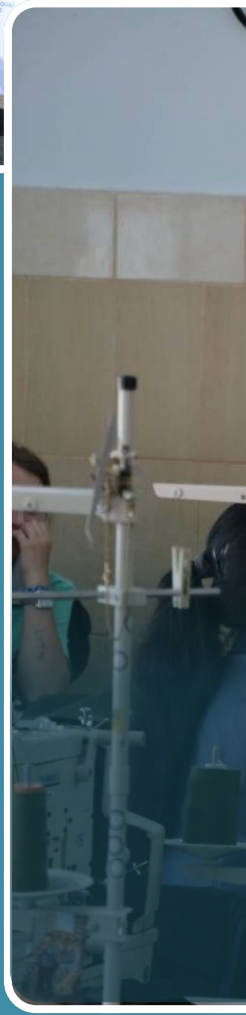
Stories in photos

Behind every statistic in this report is a person, a community, and a story of courage and collective action.

A breakthrough for trans-led networks in Africa

Esmael Omar from UHAI speaks during a panel discussion on funding called, "Where is the Money? Shrinking Funding Space," during the Pan Africa ILGA Trans Pre-Conference, a two day event which was co-hosted by the African Trans Network and Gender Dynamix.

See page 30 →



The People in the Gap: Making Nepal's Invisible Migrants Visible

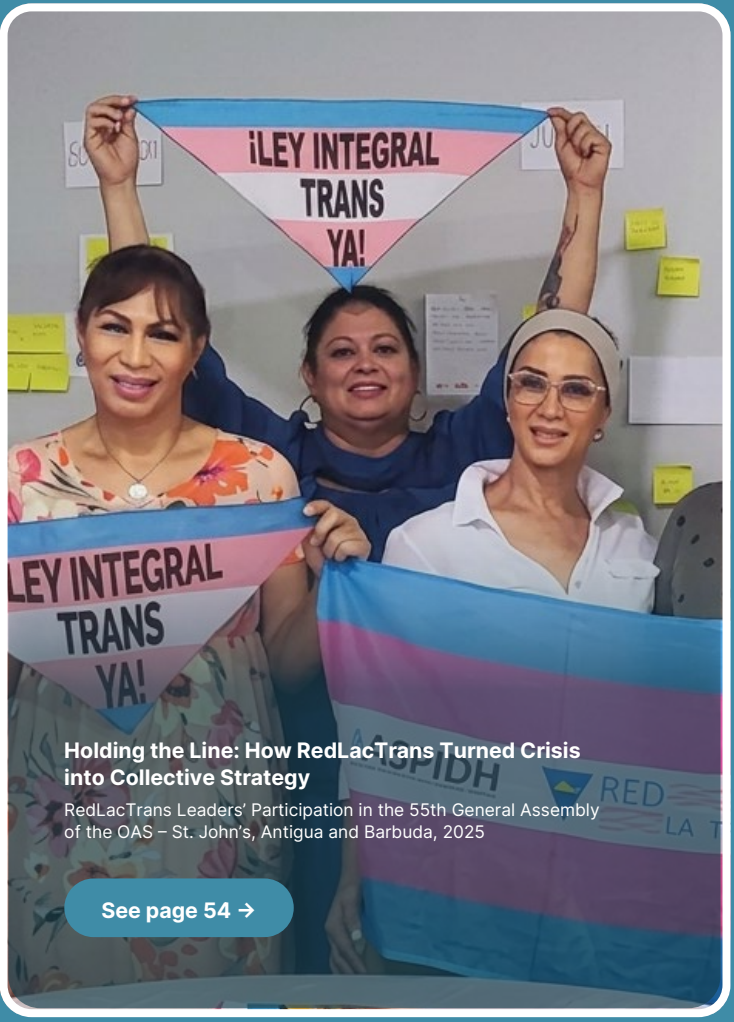
Staff of POURAKHI with community members (aspirant migrant workers)_ Kathmandu,Nepal_Safe Migration and SRHR Orientation

See page 46 →

From the Cell to the Court: Turning Prison Evidence into Human Rights Standards

European Prison Litigation Network (EPLN) member organisation Protection for Prisoners of Ukraine (PPU), conducting a visit in prison

See page 38 →



Holding the Line: How RedLacTrans Turned Crisis into Collective Strategy

RedLacTrans Leaders' Participation in the 55th General Assembly of the OAS – St. John's, Antigua and Barbuda, 2025

See page 54 →

2. The Case for Core Flexible Funding

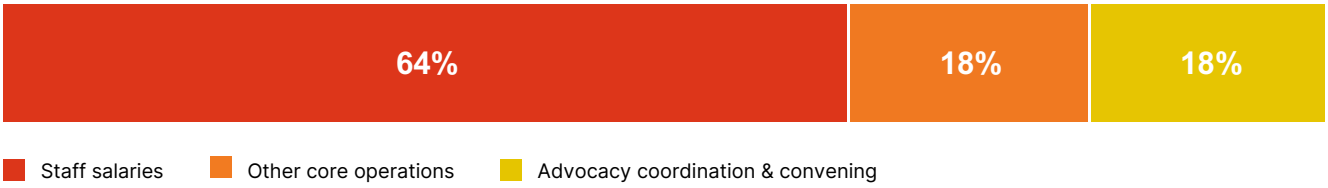
2.1. What Core Flexible Funding Is, and Why It Matters

Core flexible funding is unrestricted, multi-year financial support that a network can spend on whatever it judges most important to its mission (from staff salaries and governance systems to coalition-building and crisis response) rather than against a specific project deliverable, with that discretion exercised within the framework of RCF's Strategic Plan 2025–2030. This section explains why both forms of funding matter for community-led networks. Project funding and core flexible funding are complementary: the combination supports focused delivery alongside the removal of structural barriers and the long-term systems change required to end HIV by 2030.

Most funding in the global HIV response is project-based. It pays for specific activities within specific timeframes, toward predefined deliverables. These grants are designed for delivery, and the organisational and institutional systems that sit behind that delivery are sustained through other means, including core flexible funding. Project grants typically cap overhead, the costs of running an organisation, at between 7 and 25% of the grant value. In practice this means that for every dollar a network receives, only a quarter at most can go toward staff salaries, office costs, governance, financial systems, or any other function beyond a project deliverable. The rest is spent on activities. For community-led networks, this creates a structural condition: networks are expected to maintain the organisational capacity needed to manage grants, retain skilled staff, and meet fiduciary standards, while the grants themselves fund only the programmes that capacity enables. The condition is sharper for networks specifically, because the work they exist to do, connecting national organisations across borders, translating global advocacy into country-level action, building shared methodologies and evidence frameworks, is the work that core flexible funding is designed to enable, alongside the focused delivery that project funding supports.

Core flexible funding is unrestricted, multi-year support directed at the costs of organisational stability and resilience (staff, governance, convening, and connective infrastructure) that complement the focused delivery project funding supports: the staff who do the work, the governance systems that sustain it, the convening that holds a network together, and the connective infrastructure and coordination through which global advocacy becomes national change. RCF is one of the few funders in the global HIV response providing this type of support to community-led networks of populations that are inadequately served. In the 2025 survey, 15 partners (21% of 72) explicitly named RCF's core funding as essential — the only core flexible support consistently named across the portfolio. The Asia Pacific Transgender Network (APTN) explicitly reported: "RCF core funding paid for the salary of the staff member responsible for their funding-landscape research, work that no project grant would have funded".

Figure 9: How RCF funds are used (n=331 entries across O2, O3, O4 outcome areas).



RCF funding flows overwhelmingly to the humans who make everything else possible.

2.2. The Structural Case: What the Data Reveals

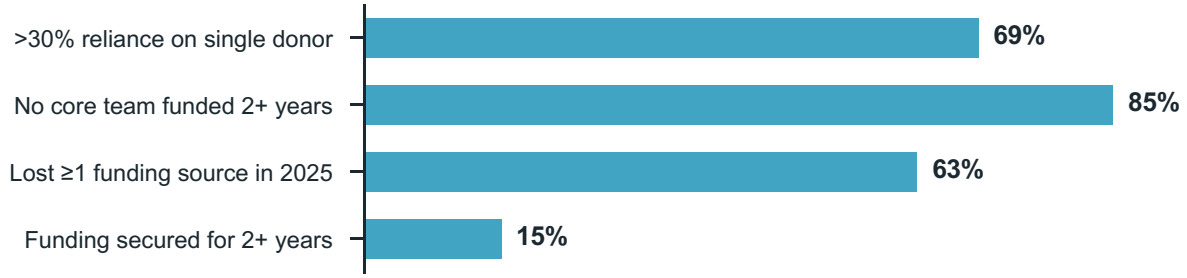
This subsection examines the structural conditions under which community-led networks operate and what the type of funding they receive shapes.

2.2.1. Three structural vulnerabilities

2025 Annual Survey, N=72.

- Concentration. 50 partners (69% of 72) depend on a single donor for more than 30% of their income.
- Insecurity. 61 partners (85% of 72) do not have funding secured for two or more years. Just 11 partners (15%) do.
- Erosion. 45 partners (63% of 72) lost at least one funding source in 2025.

Figure 10: Structural vulnerabilities reported (% of 72 partners).



The three vulnerabilities compound. A network that depends on one donor, lacks multi-year security, and just lost a funding source is structurally fragile and one decision away from closure.

39% of partners (28 of 72), reported experiencing all three vulnerabilities at once in 2025. The pattern reaches across communities, with trans, PLHIV, drug-user, sex worker, and prison-health networks present in roughly equal share. Regional networks appear slightly over-represented, indicating that mid-size structures with fixed costs and narrow funder bases sit at the sharpest edge of the current tightening.

Concentration. Partners' funding sources range from 1 to 21, with a median of just 4. The typical RCF partner relies on four funders to sustain its entire operation. 9 partners (13% of 72) operate on a single source. The networks most exposed to funder withdrawal, often the smallest, newest, and most community-embedded, are also the least equipped to mitigate these risks. The 2025 losses reveal how concentration translates into crisis: bilateral grants expiring with no renewal, philanthropic foundations suspending support, and intermediary organisations cutting downstream funding after the US aid freeze, including for networks with no direct US funding relationship.

Why it matters: Any single donor decision can force restructuring, layoffs, or programme suspension across the network it funds, leaving advocacy capacity exposed in the year a community most needs it.

Insecurity. Staff costs are the most frequently cited hard-to-fund expenditure across the portfolio, and the dominant use of RCF funding. These staff are the people who hold cross-country relationships together, carry institutional memory across grant cycles, and maintain the technical capacity that enables a network to support members in multiple countries simultaneously. Of the 72 networks in the portfolio, 61 (85%) lack guaranteed staff funding beyond two years.

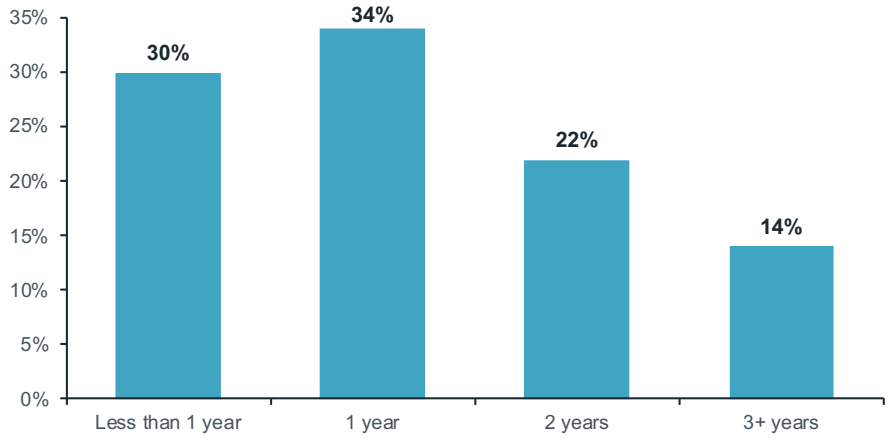
Why it matters: When staff funding runs on rolling short-term horizons, networks lose the institutional memory and relational continuity that multilateral advocacy and cross-border coordination depend on.

> *"The sudden freeze created immediate financial instability. Several trans-led organisations experienced budget suspensions ranging from 50% to 100%. This resulted in staff layoffs and the suspension of critical community-led services, including PrEP promotion, antiretroviral therapy (ART) adherence support, peer navigation, and outreach activities."*
>
> – United Caribbean Transperson Network (UCTrans)

Erosion. 63% of partners lost at least one funding source in 2025; 65% gained one. Converting amounts to United States dollar (USD) equivalents, the portfolio gained approximately 12.8 million dollars across 64 new funding entries and lost approximately 11.2 million dollars across 62. The net change is modestly positive. The composition or quality of the funding is the issue: 64% of new funding secured is for one year or less, and 64% is restricted to specific project activities. New funding secured in 2025 is predominantly restricted and short-term; only about one third is core or flexible. The funding amounts are not indicative of the quality of that funding or appropriateness for networks' advocacy and movement building.

Why it matters: When the funding base shifts from core/flexible support to restricted, short-term project grants, networks can keep delivering activities but cannot sustain the organisational infrastructure (governance, finance, advocacy strategy, convening) that makes the activities possible.

Figure 11: Most New Funding Gained in 2025 Is Short-Term (n=64 entries)



2.3. How the Model Delivers

The 2025 evidence on what core flexible funding produces is anchored most clearly in one partner's year. The story below tracks Women in Response to HIV/AIDS and Drug Addiction (WRADA), a Kenyan network of women who use drugs, across the calendar year. WRADA is highlighted in this section as a lead funding-model example; WRADA's human rights work also appears in Section 4, where the Universal Periodic Review (UPR) intervention sits in the rights-advocacy tiered model.

2.3.1. Lead example. Kenya's Harm Reduction Bill 2025

Year 1 milestone. Kenya's first stand-alone harm-reduction legislation was introduced in Parliament as a Private Member's Bill by Hon. Esther Passaris, Nairobi Woman Representative, drafted with community input from people who use drugs. The First Reading took place on 1 October 2025, with committal to the relevant Departmental Committee. A First Reading is procedural movement, not a formal government commitment to the substance of the Bill — the Bill is introduced and committed to committee without debate on substance. WRADA's 2025 work on this Bill is reported at the Early action and Advanced Action tiers of the O2 framework in Section 4.

The Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025) was signed by the sponsoring Member on 14 April 2025 and published in the Kenya Gazette on 1 August 2025. [15] It entitles persons with substance use disorders to harm-reduction services including needle and syringe programme commodities, medically assisted therapy, HIV-related healthcare, sexually transmitted infection (STI) prevention and treatment, counselling, and crisis management support. It operationalises the right to the highest attainable standard of health, guided by Article 10 (national values) and Article 174 (devolution) of the Constitution. Within six months of commencement, the Cabinet Secretary for Health must develop a policy and strategy for harm-reduction services in public hospitals, alongside a comprehensive national policy and the establishment of staffed harm-reduction facilities (no statutory timeline on the latter two).[16]

The Bill grew out of years of community-led organising. WRADA, working alongside VOCAL Kenya and The Caucus on Harm Reduction and Drug Policy Reform at country level, and supported by regional and global RCF partners including the African Network of People who Use Drugs (AfricaNPUD), the International Network of People who Use Drugs (INPUD), and the Southern African Network of People who Use Drugs (SANPUD), along with the Love Alliance (a global programme advocating for the rights and health of sex workers, LGBTQI+ people, and people who use drugs), built the evidence base and the policy proposition that the Bill formalises.[17]

Public coverage framed it as a shift toward a health-based model, though the criminal-law framework on drug use remains untouched by the Bill itself.[18]

In February 2025, ahead of Kenya's 49th UPR Working Group session, WRADA spearheaded the drug-user delegation to the UPR Pre-Session in Geneva, attending alongside INPUD and AfricaNPUD. WRADA produced and submitted Kenya's first-ever shadow report developed by and in consultation with people who use drugs, calling on the Government of Kenya to pass a community-anchored Harm Reduction Bill and integrate harm reduction within Universal Health Coverage. Kenya's UPR Working Group review took place on 1 May 2025. The Geneva intervention preceded and informed the Bill's parliamentary trajectory across the same calendar year.[19]

The First Reading on 1 October 2025 is recorded in the National Assembly Order Paper and Hansard (the official verbatim record of parliamentary proceedings) for that date.[20]

What core flexible funding made possible. WRADA achieved this milestone while managing to sustain internal operations at a time of compounding funding pressure. Across the calendar year, the network ran an external legislative-engagement campaign, travelled to Geneva to deliver the UPR intervention, and held country-level coalitions together. All of this took place during a moment when Kenya's harm-reduction service base was contracting under US funding withdrawal. Each of those activities required the institutional capacity that core flexible funding pays for: paid staff who hold relationships with national stakeholders and global allies; community-led governance that legitimises a public position on legislation; and the bandwidth to engage parliamentary process and UN mechanisms in the same year.

15. Republic of Kenya. The Harm Reduction Bill, 2025 (National Assembly Bill No. 37 of 2025). Kenya Law, 1 August 2025. https://new.kenyalaw.org/akn/ke/bill/na/2025-08-01/the-harm-reduction-bill-2025/eng@2025-08-01.
16. Parliament of Kenya. The Harm Reduction Bill, 2025 – Memorandum of Objects and Reasons. Parliament Bill PDF, August 2025. https://parliament.go.ke/sites/default/files/2025-08/The%20Harm%20Reduction%20Bill,%202025.pdf.
17. Southern African Network of People Who Use Drugs (SANPUD). "When Communities Lead: A Story of the Harm Reduction Bill of Kenya 2025." 2025. https://www.sanpud.org/news/when-communities-lead-a-story-of-the-harm-reduction-bill-of-kenya-2025.
18. Willow Health Media. "Harm Reduction Bill Wants Drug Addicts to Be Treated as Patients, Not Criminals." 29 October 2025. https://willowhealthmedia.org/harm-reduction-bill-wants-drug-addicts-to-be-treated-as-patients-not-criminals/.
19. International Network of People who Use Drugs. "Human Rights, Harm Reduction Heroes Speak Up for Kenyans Who Use Drugs." 2025. https://inpud.net/human-rights-harm-reduction-heroes-speak-up-for-kenyans-who-use-drugs/.
20. Parliament of Kenya. National Assembly Hansard Report, Wednesday, 1 October 2025 (A). https://parliament.go.ke/sites/default/files/2025-10/Hansard%20Report%20-%20Wednesday,%201st%20October%202025%20(A).pdf.

2.3.2. The pattern across the portfolio

The WRADA example is one of a wider pattern. Across the cohort, partners used core flexible funding to convert technical capacity into policy, programme, and institutional results at national, regional, and multilateral level.

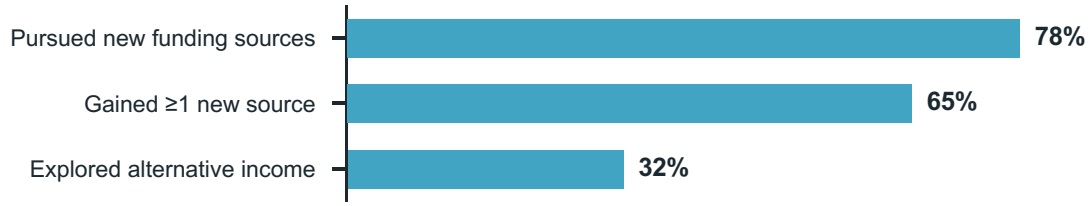
For the first time, AfricaNPUD hosted and supported the Drug User Remembrance Day on 21 July 2025. Chaired by INPUD, the convening brought together regional networks of people who use drugs from Latin America, Europe, Eurasia, and the Middle East and North Africa as speakers, and was complementarily funded by the Love Alliance programme, with RCF core funding central to organising the event. AfricaNPUD reports using RCF flexible funding to stabilise its operations, attract complementary resources, and convene partners globally for the first time under this initiative.

19 verified policy or institutional results from 14 partners are recorded across the three advocacy outcome areas in 2025: 12 Tier 1 changes already in effect and 7 Tier 2 formal commitments. 4 of the 19 results operate at global level; 1 is regional; 14 are national. Each of the national results was produced by a regional or global network working with country-level members. Specific examples are documented across this report: CARAM Asia's Nepal migration reforms drew on cross-border research methodology developed across its regional membership; International Treatment Preparedness Coalition (ITPC), with local partners in Malawi, launched a three-year Commitment to Action at the September 2025 Clinton Global Initiative meeting to integrate community-led monitoring into Malawi's national health information system; Eurasian Movement for the Right to Health in Prisons (EMRHP) provided technical support for the Moldova prison PrEP pilot, establishing the methodological and normative basis for implementation. The networks brought methodology, technical depth, and political access at multilateral and inter-governmental level. Core flexible funding paid for the staff, governance, and convening that sustain that network capacity.

2.3.3. Diversification, alongside core funding

The 2025 data shows partners using core flexible funding as the platform from which they pursue resource diversification. While supported by RCF, 56 partners (78% of 72) pursued new funding sources, 47 (65%) gained at least one, and 23 (32%) explored alternative income streams. Only three partners reported taking no sustainability steps. The pattern shows core flexible funding operating as a foundation for diversification rather than a substitute for it.

Figure 12: Sustainability Actions Taken by RCF Partners in 2025 (% of 72 partners)



2.4. The Investment Case for RCF

Three observations from the 2025 data sit at the centre of the investment case for RCF.

Structural fragility. The funding base of community-led networks is shaped by concentration, insecurity, and erosion. The vulnerabilities are systemic; they shape what is possible for the cohort regardless of the year's programme priorities.

Impact. 19 verified results from 14 partners across rights, services, and resource-accountability work, including international rulings, national policy reforms, new service models, and the preservation of global institutions, were produced despite 2025's operating conditions. These results were possible because the institutional capacity to produce them was in place; this capacity is sustained by core flexible funding.

Reach. The 19 verified Year 1 results sit across national (14), regional (1), and global (4) levels. Section 8 (Cross-Portfolio Analysis) reads these patterns in more depth. The levels are interdependent: bound by relationships, methodologies, and political legitimacy forged across decades of community-led organising. Every national result was produced collaboratively by a regional or global network working with country-level members. A core grant to a regional network reaches members in multiple countries, carries community evidence into UN mechanisms, and shapes national policy change in the same cycle. As one partner put it: "...it's literally a case for RCF to keep providing core funding to community-led networks." – Network of Asian People who Use Drugs (NAPUD).

The Enabling Condition: How Core Funding Secured Community-Led Evidence During the 2025 HIV Funding Crisis

Partner: International Network of People Who Use Drugs (INPUD)
Scope: Global, with primary impact across the Global South/Majority

For decades, the global drug-user and harm reduction movement has relied on a currency far more fragile and hard-won than foreign donor aid: trust. When the United States abruptly froze foreign assistance for global HIV programming in 2025, the impact on marginalised communities was immediate and acute — for people who use drugs, it meant painful cuts to life-saving services, peer educators, and outreach personnel. INPUD's 2025 Report confirms 68% of groups supporting women who use drugs were forced to suspend outreach.

The crisis exposed the devastating consequences of a global health framework vulnerable to abrupt, politically-driven funding withdrawals — and the stark inconsistency of the U.S. waivers. While the administration safeguarded certain health initiatives, it deliberately excluded harm reduction services, including Opioid Agonist Therapy (OAT), despite methadone and buprenorphine being recognised as essential medicines by the WHO. As one African harm reduction partner stated plainly: "the USAID stop order is killing people who depend on our services."

For the International Network of People Who Use Drugs (INPUD), the answer was the Robert Carr Fund. As the only donor providing unrestricted core support in 2025, RCF's flexible funding served as a vital counter-cyclical shock absorber.

Within weeks, INPUD pivoted, reallocating staff to launch a rapid global assessment documenting the crisis's impact across the harm reduction sector. The resulting rapid-response report, The Human Cost of Policy Shifts[21], drew on 101 frontline respondents. Nearly a quarter had lost 76–100% of their operating budgets. 42% reported increased policing of their communities. The data revealed a four-fold emergency: eroded organisational capacity, destabilised peer-led harm reduction models, a bleak outlook for rights-based HIV and hepatitis C responses, and immediate, widespread service disruption.

The crisis of 2025 stands as a definitive case study: communities navigate political shocks best when they have the independence to govern themselves, set priorities, and generate evidence. The report was cited by UNAIDS, leveraged by UN agencies and global health partners in advocacy, and secured partnerships with the University of Bristol and the Elton John AIDS Foundation. Core, flexible, unrestricted funding is not a luxury. It is the structural condition that makes community-led impact possible.

21. International Network of People who Use Drugs. The Human Cost of Policy Shifts: The Fallout of United States' Foreign Aid Cuts on Harm Reduction Programming and People Who Use Drugs—Rapid Assessment Findings. INPUD, Apr. 2025, inpud.net/wp-content/uploads/2025/04/The-Human-Cost-of-Policy-Shifts-Rapid-Assessment-Findings.pdf.

3. Outcome 1: Network Strength & Influence

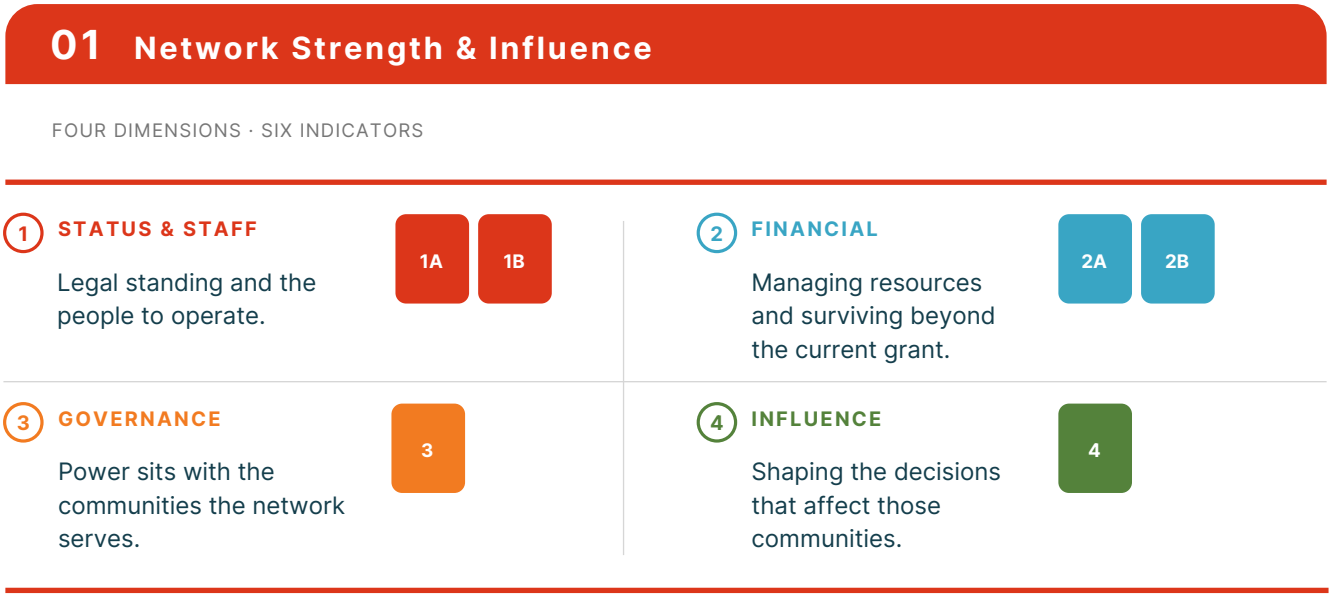
Outcome 1 is mandatory for every RCF-funded partner. It tracks the institutional capacity ISP-led networks need to carry out the work they set for themselves. RCF's Theory of Change assumes that without paid staff, functioning governance, sound finances, and formal standing in the spaces where decisions are made, communities cannot influence the decisions that affect their lives, health, and wellbeing.

3.1. Outcome 1 Data Note

All 72 funded networks responded to the 2025 Annual Survey. Outcome 1 results are reported against six indicators (Organisational Status, Staff Structure, Financial Capacity, Financial Sustainability, Governance, and Influence and Movement Building) measured against a tiered model (Foundational, Early Action, Advanced Action, Results). A network can meet criteria at multiple tiers simultaneously. Indicators are self-reported.

> **Reading note.** Baseline figures (N=69) are drawn from baseline reporting partners provided at the start of 2025; 3 partners in the current cohort were unable to provide baseline data. Year 1 results reflect the full cohort (N=72). Baseline-to-Year-1 comparisons are indicative. Stage figures describe the breadth of activity visible in 2025 and are observational, not directional.

Figure 13: Outcome 1. 4 Dimensions. 6 Tiered Indicators



01 Network Strength & Influence

FOUR DIMENSIONS · SIX INDICATORS

1 ORGANIZATIONAL STATUS & STAFF STRUCTURE

		FOUNDATIONAL	EARLY	ADVANCED	RESULTS
1A	Organisational Status	Network operates with a fiscal host.	Network intends to register during this grant cycle.	Network is in the process of registering.	Network is registered.
1B	Core Staff Structure	Only volunteers carry out a defined scope of work; no paid staff.	At least one full-time paid staff member; may have volunteers.	More than one paid full-time staff member; may have volunteers.	Core team of full-time paid staff carries out scope of work for at least 2 years.

2 FINANCIAL CAPACITY & SUSTAINABILITY

		FOUNDATIONAL	EARLY	ADVANCED	RESULTS
2A	Financial Capacity & Accountability	Network has a fiscal host which manages accounting.	At least one paid dedicated finance staff member manages accounting.	Board Treasurer regularly monitors financial reports.	Network conducts its own regular organisational and project audits.
2B	Financial Sustainability	Network has more than one source of funding.	Costed strategic plan or resource-mobilization strategy in place.	Funding secured to implement strategic plan or essential operations for at least two more years.	No single donor accounts for more than 30% of network's funding.

3 DEMOCRATIC GOVERNANCE & REPRESENTATION

		FOUNDATIONAL	EARLY	ADVANCED	RESULTS
3	Democratic Governance & Representation	Process in place to democratically elect a governance body (e.g. Board of Directors); open membership participates in governance elections per membership statute.	Board leadership regularly rotates and adheres to principles of diversity in selecting new leadership.	Board of Directors actively engages in governance and is accountable to constituents from among network members.	At least 50% of Board is comprised of members from the communities and regions served by the network.

4 NETWORK INFLUENCE & MOVEMENT BUILDING

		FOUNDATIONAL	EARLY	ADVANCED	RESULTS
4	Network Influence / Advocacy Capacity	Engaged network or community members in developing an advocacy strategy or initiative.	Actively engaged in an intersectional coalition with existing or new allies beyond its target ISP or HIV-related issue to influence change.	Engages in cross-sector partnership or working relationships with government, UN agencies, or bilateral/ multilateral donors.	Plays a role in a coordination council or board delegation on a topic for its constituent ISP(s).

3.2. Overview and Key Findings

3.2.1. Year 1 position across six indicators – Results Tier

Figure 14: Outcome 1 position at the Results tier at end of 2025 across six indicators (N=72).

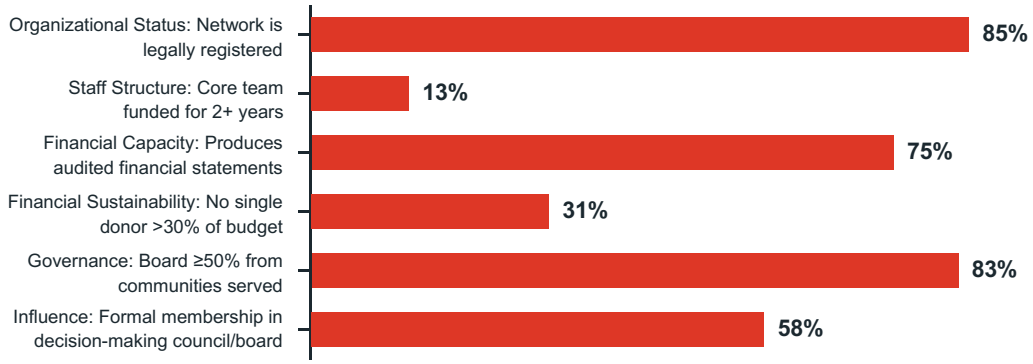
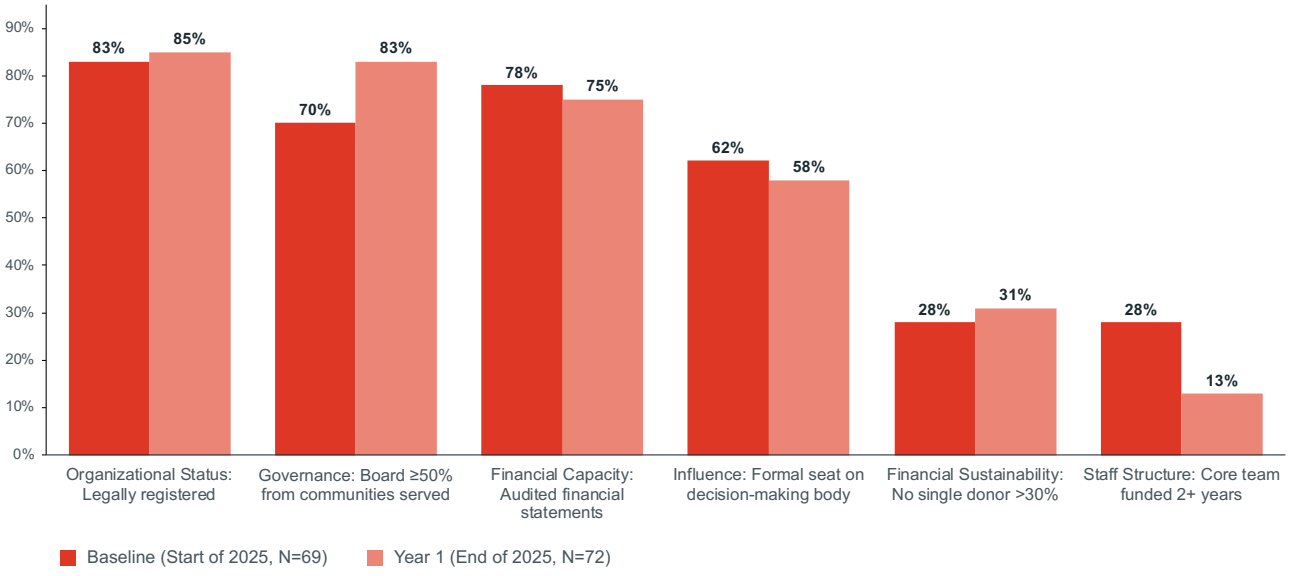


Figure 15: Outcome 1 Results Tier: Baseline vs. Year 1

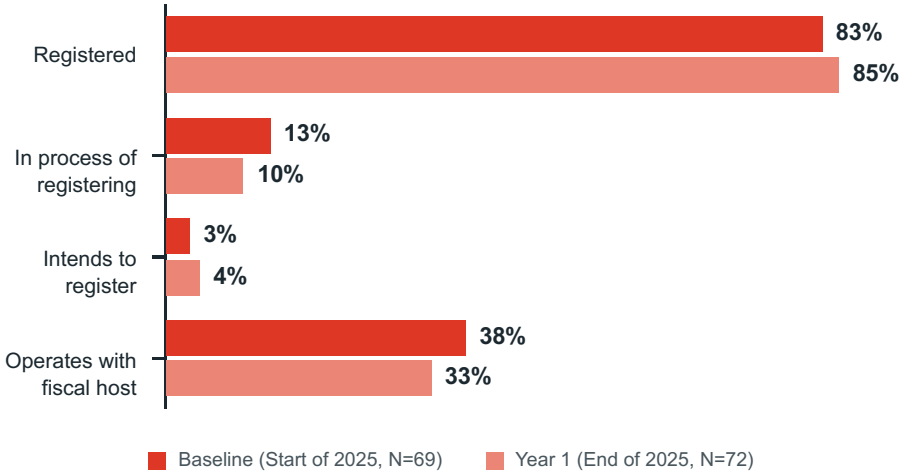


At the Results tier, three of the six indicators sit lower at Year 1 than at baseline: core team funded for 2+ years (28% → 13%), formal seat on a decision-making body (62% → 58%), and the network's own regular audits (78% → 75%). The other three held steady or strengthened.

In our reading, these are the indicators most exposed to the 2025 operating environment: shortened funding horizons erode multi-year staff commitments, and the contraction of donor and multilateral convenings reduces the spaces where formal seats are held. The full reading across all four dimensions is developed in §3.2.2 through §3.2.5 and synthesised in §3.2.6.

3.2.2. Institutional foundations

Figure 16: Outcome 1 – Indicator 1A. Org. Status – Baseline vs. Year 1



61 networks (85% of 72) are legally registered. The African Trans Network (ATN) obtained legal status as an independent entity in 2025, a step it describes as foundational to everything else.

> *"The most significant internal capacity milestone the ATN achieved in 2025 was obtaining legal registration as an independent entity. This foundational step transformed our ability to operate sustainably, enabling the network to receive and manage funding directly, employ staff in our own name, and enter into partnerships as a recognised legal body."*
>
> – The African Trans Network (ATN)

With multi-year support from the Eurasian Movement for the Right to Health in Prisons (EMRHP), a group of people with lived experience of prison in Kazakhstan organised into a Charitable Foundation "ResSocium," the first registered organisation in the country focused on that community. ResSocium is not itself a direct RCF partner (it is a partner of an RCF partner); the cohort of 72 networks remains unchanged. Its emergence shows how regional networks build national capacity, a thread that runs through the rest of the report.

> *"The creation of our organisation is a response to the real need for direct assistance to people in prison. We know how often they are left without access to healthcare services, information, protection of their rights, and social and psychological support. It is important for us to be there where people are especially vulnerable and where their voices are not heard."*
>
> – Natalia Minayeva, Executive Director, Charitable Fund "ResSocium" (Kazakhstan), EMRHP Board member

54 networks (75% of 72) produce audited financial statements, down from 78% at baseline. 76% employ dedicated finance staff. The share with more than one full-time paid staff member rose from 58% to 72% between baseline and Year 1. The share with a core team funded for two or more years was 13% in Year 1, against 28% at baseline.

Behind the percentages: 72 networks employ 496 full-time and 196 part-time staff, supported by over 6,000 community volunteers. The median network has 4 full-time and 2 part-time staff.

3.2.3. Governance and community power

Figure 17: Outcome 1 - Indicator 1B: Staff Structure Baseline (Start of 2025, N=69) vs. Year 1 (End of 2025, N=72)

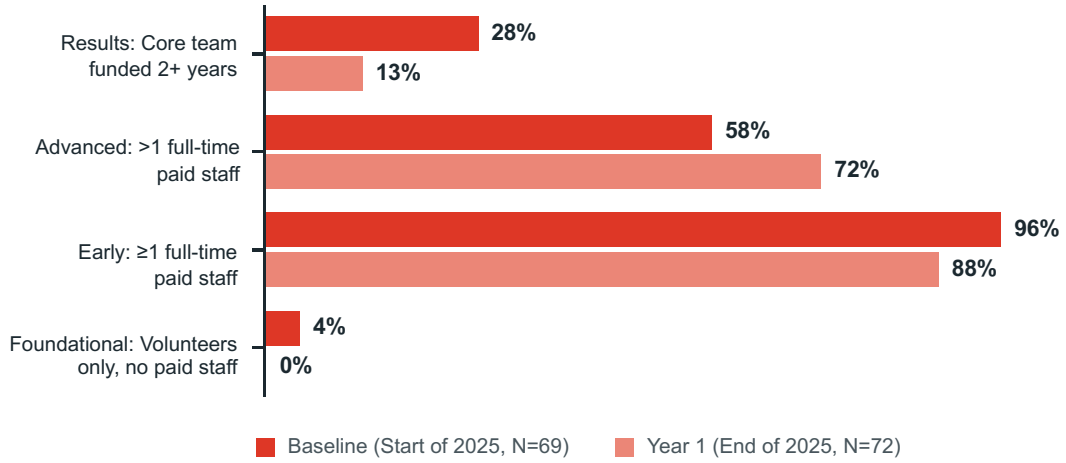
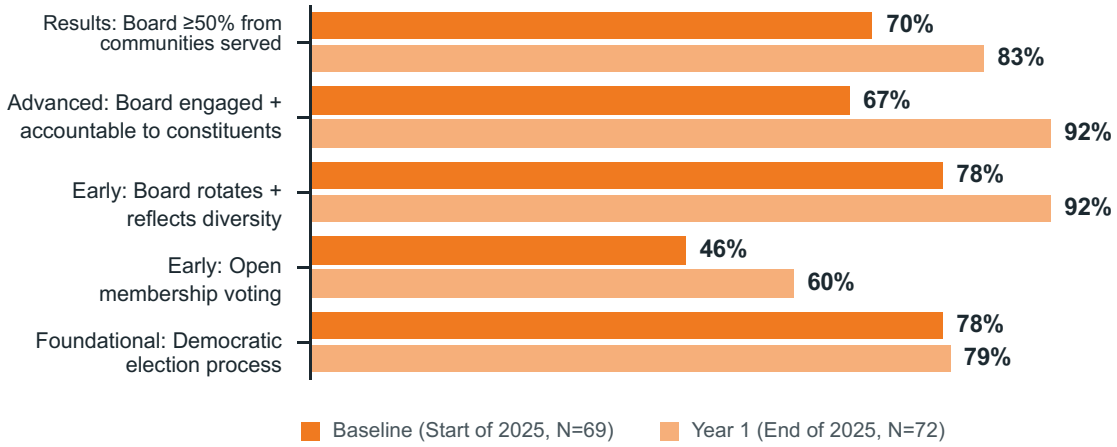


Figure 18: Outcome 1 – Indicator 3: Democratic Governance and Representative Constituency – Baseline vs. Year 1

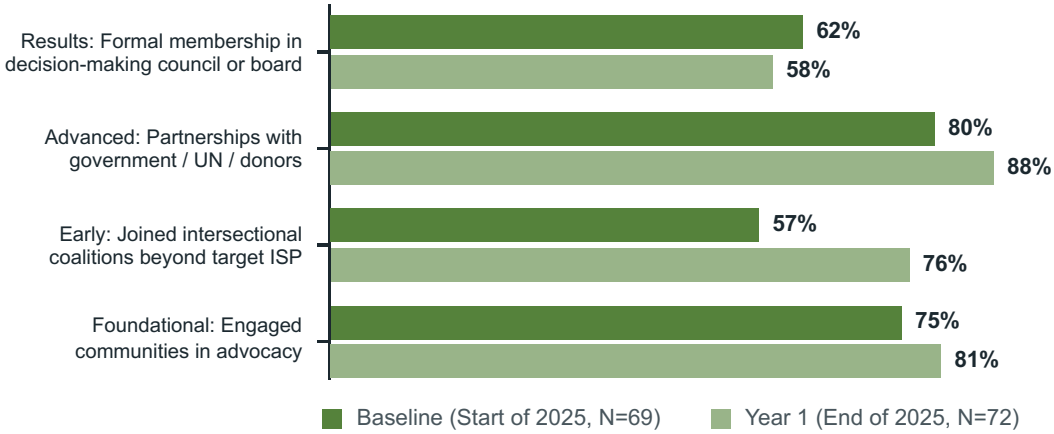


60 networks (83% of 72) have boards where at least half the members come from the communities they serve. Board engagement and accountability shifted from 67% at baseline to 92% in Year 1; rotation and diversity from 78% to 92%; open membership voting from 46% to 60%. Across the portfolio, networks invested in community governance because that is where their legitimacy comes from and because the communities they serve required it. When a network of people who use drugs, sex workers, or trans communities governs itself through elections and community-majority boards, that is not only an operational reality but also a political position.

> *"In 2025, our affiliates voted in a new board from a team that were largely self-nominated, signalling a deep desire to support the network's mandate."*
>
> – Caribbean Forum for the Liberation and Acceptance of Genders and Sexualities (CariFLAGS)

3.2.4. Strategic positioning

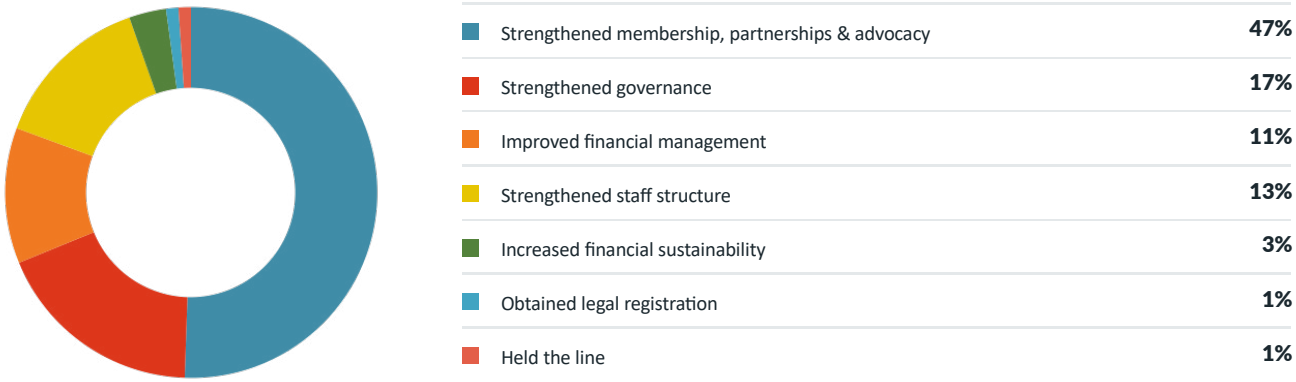
Figure 19: Tiered indicator list Outcome 1 – Indicator 4. Influence and capacity to mobilize movements (Advocacy capacity) – Baseline vs. Year 1



Networks built presence in the structures where decisions are made. At the Early tier, intersectional coalition-building rose from 57% at baseline to 76% in Year 1. At the Advanced tier, partnerships with government, UN, and donor bodies grew from 80% to 88%. At the Foundational tier, 81% of networks engaged communities directly in shaping advocacy strategies, against 75% at baseline. Formal membership in decision-making councils or boards (the Results-tier marker) was 58% in Year 1, against 62% at baseline; the only indicator in this section to fall over the year, plausibly tracking reduced staff bandwidth and travel budgets as funding tightened, and the contraction of multilateral and donor convenings in which those formal seats are held.

When asked to name their single most important capacity result in 2025, 47% of networks pointed to strengthened partnerships, coalitions, and advocacy reach (more than any other category and more than double of the next-most-cited gain). Across the portfolio, that positioning took concrete form: the African Network of People who Use Drugs (AfricaNPUD) extended its membership to 22 countries; the European Prison Litigation Network (EPLN) built alliances with national bar associations across Europe; the Latin America and Caribbean Network of Transgender People (REDLACTRANS) developed the Subregional Political Advocacy Plan for Central America and Mexico 2026–2028; the African Sex Workers Alliance (ASWA) expanded and actively engaged its member base.

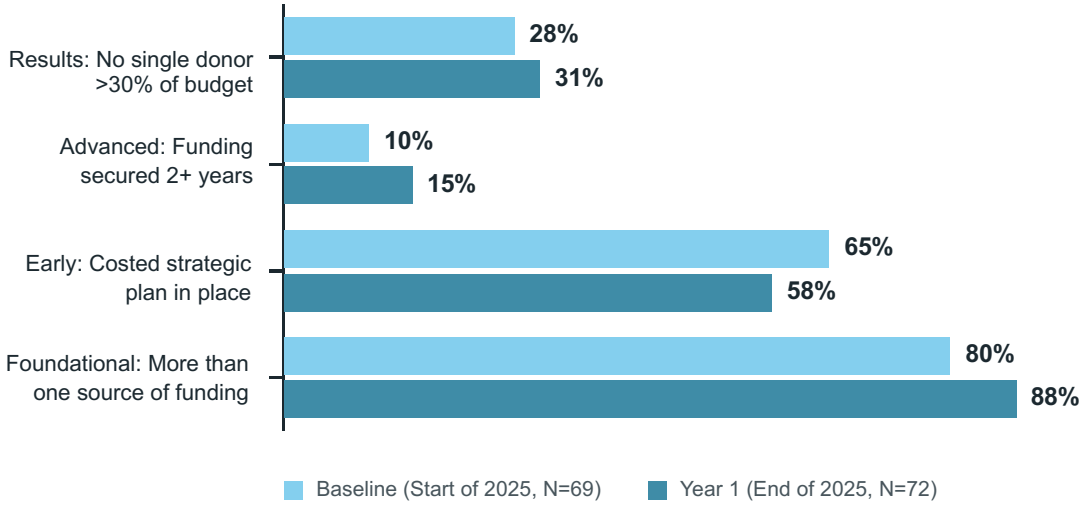
Figure 20: Most important capacity result cited by partners (Q116 annual survey, N=72).



> *"International Drug User Day 2025 strengthened global mobilisation and solidarity in a difficult political and funding environment. The International Network of People who Use Drugs (INPUD) awarded mini-grants to ten drug user-led groups across Latin America, Africa, Europe, Asia, and North America to implement harm reduction and rights advocacy, reaching hundreds in person and tens of thousands online."*
>
> – International Network of People who Use Drugs (INPUD)

3.2.5. Financial sustainability

Figure 21: Financial sustainability indicators across the portfolio.



The financial sustainability data is mixed but tilts concerning. 63 partners (88% of 72) have more than one funding source, up from 80% at baseline (just under half have five or more). The share with a costed strategic plan shifted from 65% to 58% (–7pp). Multi-year funding moved from 10% to 15% (11 partners), a gain from a low base. Just 22 partners (31% of 72) are free from reliance on a single donor for more than 30% of their budget, up from 28%.

These figures describe a sustainability funnel that narrows sharply. Most networks have diversified their funding base (88% hold more than one source), but only a small minority have funding committed beyond a single year (15% hold multi-year funding). The gap between breadth at the top and security at the bottom (the 88% to 15% drop) is the structural risk the rest of this section reads.

The cliff appears to track the environment. A plausible reading is that fewer networks hold a costed strategic plan at the end of Year 1 than at baseline because there is less reliable funding to cost into one: funding visibility shortened across the year, donor decisions slowed, and partners may be reluctant to commit to multi-year planning against a funding base that cannot reliably back it. On this reading, networks are doing what organisations tend to do under sustained uncertainty: planning to the horizon the funding environment offers, and no further. What the 15% figure tracks is the strain. Advocacy capacity built over multiple grant cycles is now operating inside a tighter, shorter-horizon funding environment than the one it was built for. This funding squeeze is one of the structural conditions shaping ISP-led civil society in 2025, and it sits as important context for everything else in this report.

> *"The most important result this year was maintaining organisational stability and global and regional functionality despite financial and political pressures, marked by major funding reductions and growing hostility toward sex worker-led movements."*
>
> – Global Network of Sex Work Projects (NSWP)

3.2.6. Reading the 2025 snapshot

Across the full Outcome 1 framework — 25 tiered indicator statements measured across six indicators — 18 (72%) held steady or strengthened between baseline and Year 1, and 7 (28%) declined. Across every dimension measured, the 2025 portfolio is governed strongly and funded under pressure. Boards are accountable, coalitions are broader, and advocacy is rooted in community mandate. Just 13% of networks have a funded core team beyond two years. Fewer hold a costed strategic plan than at baseline. Networks have lost formal seats in decision-making bodies. In our reading, the tier-level statements that moved downward — among them costed strategic plan (65% → 58%), core team funded for 2+ years (28% → 13%), the network's own regular audits (78% → 75%), and formal seats in decision-making bodies (62% → 58%) — plausibly track the same external pressures: reduced staff bandwidth, shortened funding horizons, and the contraction of multilateral and donor convenings, documented across §3.2.4 and §3.2.5. Cohort composition and stricter interpretation appear unlikely drivers on their own, given that the rest of the dimensions strengthened over the same period.

Two observations from the data sit alongside each other. The portfolio has built institutional capacity that is mature and politically legitimate. The funding base sustaining that capacity is short-term and concentrated and has already begun to appear through the indicators most reliant on multi-year resources: staff retention, strategic planning, and the formal seats that take sustained investment to hold. The advocacy outcomes that follow in Sections 4, 5, and 6 were produced within this context.

A breakthrough for trans-led networks in Africa

Partner: African Trans Network (ATN)
Scope: Africa (regional), registered as an independent entity in South Africa

Sometimes a procedural detail reshapes what an organisation can achieve. In 2025, the African Trans Network (ATN) obtained legal registration in South Africa as an independent entity, marking an important milestone in the network's growth and development. Founded in 2020 as a regional network spanning East, West, and Southern Africa, ATN coordinates regional and national trans networks to advance the rights, safety, health, and wellbeing of trans people across the continent. Prior to registration, ATN's legal status made it more challenging to raise funding in its own name and to directly manage and allocate resources.

This registration will strengthen the network's ability to engage with funders and partners, build institutional systems, and expand support to trans-led movements across Africa while continuing its core role in movement building, coordination, and advocacy. Operating through fiscal-hosting arrangements has continued providing ATN with access to resources and operational support during its formative years. At the same time, this registration represents an important step toward greater organisational autonomy, visibility, and long-term sustainability.

Building on this progress, ATN continued implementing its Innovation Small Grants Programme, financed by the Robert Carr Fund, to strengthen advocacy and improve access to HIV-related services for trans communities.

Through the programme, ATN has supported trans-led initiatives across the continent, including projects focused on healthcare access, community outreach, peer support, advocacy, research, and emergency response.

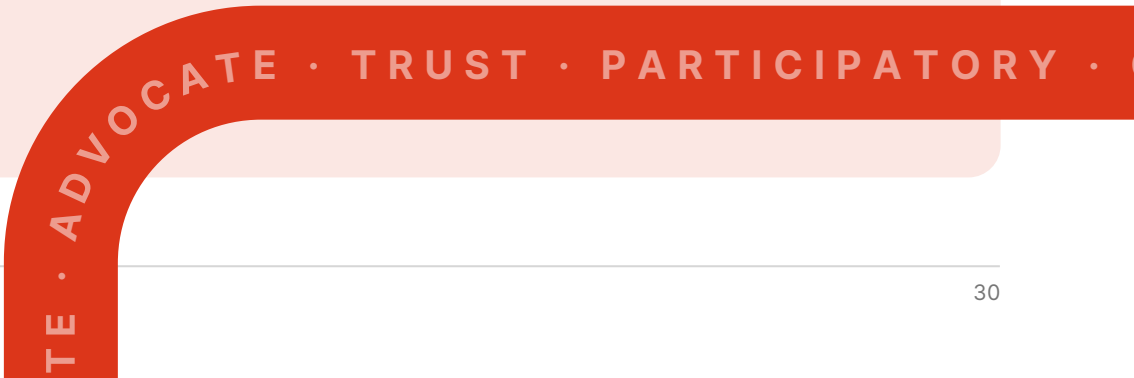
For organisations operating in contexts where trans movements are emerging and often under-resourced, direct trans-led funding carries particular significance. Beyond financial support, it represents recognition of trans organisations as credible actors capable of identifying and responding to the needs of their communities.

ATN's progress rests on its own work and on sustained partnerships. It sits within the Trans Asia Pacific and Africa Solidarity (TAPAS) consortium led by the Asia Pacific Transgender Network (APTN), which received funding from RCF in the 2022 to 2024 cycle and now mentors ATN as it builds sub-granting, financial and administrative capacity. APTN shares lessons from building its own regional network without prescribing, exemplifying RCF's model of growing emerging networks within the same funding ecosystem.

As ATN continues to grow, its mission remains unchanged: strengthening trans-led organising, advancing trans rights, and building a more connected and resilient trans movement across Africa. Legal registration has not altered that mission; it has enhanced the network's ability to pursue it.

For the first time, ATN was able to independently raise, manage and disburse funds to other trans-led movements in Africa. It marked ATN's transition "from coordination into actively resourcing the movement it was built to serve", according to Akani Shimange, former Regional Coordinator of ATN.

Receiving earmarked funding for trans-specific activities is opening new possibilities for these organisations, which, like ATN, work in difficult political, legal and social conditions to advance trans rights, protect trans communities, and improve their access to health services.



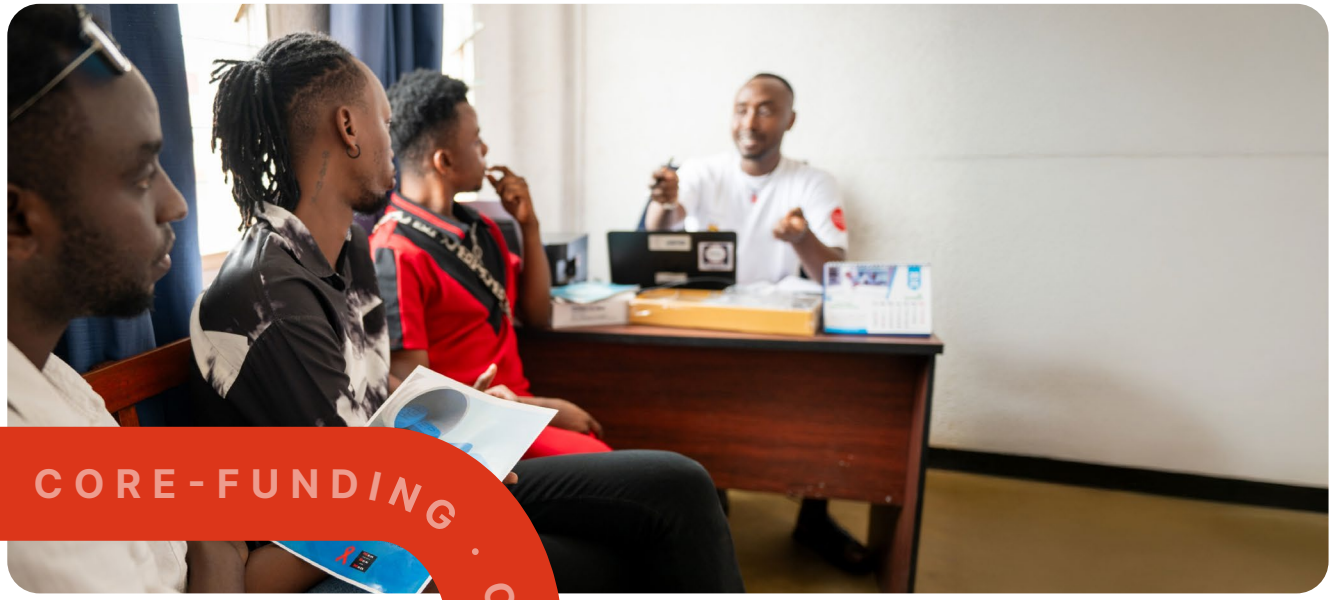
3.3. Partner voices: network strength

> *"The network continued its efforts to structure its operating mechanisms, in particular through the development of formal governance and organisational management frameworks."*
>
> – Alliance Globale des Communautés pour la santé et les droits (AGCS PLUS)

> *"The HIV Justice Network (HJN) strengthened its global advocacy capacity by coordinating and sustaining the HIV JUSTICE WORLDWIDE coalition during a period of significant funding uncertainty and shifting global HIV priorities."*
>
> – HIV Justice Network (HJN)

The Caribbean Forum for the Liberation and Acceptance of Genders and Sexualities (CariFLAGS), a network of civil society organisations championing a Pan-Caribbean approach to human rights, social justice, and LGBTQ+ advocacy, describes a shift from self-nomination to affiliate voting as a move toward stronger accountability and democratic legitimacy in how it represents that constituency:

> *"Our affiliates voted in a new board from a team that were largely self-nominated, signalling a deep desire to support the network's mandate."*
>
> – Caribbean Forum for the Liberation and Acceptance of Genders and Sexualities (CariFLAGS)



4. Outcome 2: Human Rights

4.1. Data Note

Human rights advocacy is an optional RCF outcome area. The same five tiers apply, named in the framework as Foundational action, Early action, Advanced action (1), Advanced action (2), and Results — with strategic litigation at the Advanced action (2) tier. Activities target legal and policy change across two registers: domestic legal reform and international human rights mechanisms. Most engaged partners worked across both.

02 Human Rights

TIER	DEFINITION
FOUNDATIONAL ACTION	Network generated credible evidence for advocacy strategy or campaign
EARLY ACTION	Network developed an advocacy strategy or campaign for the human rights of ISPs with meaningful involvement of communities served
ADVANCED ACTION (1)	Network implemented an advocacy strategy or campaign for the human rights of ISPs (including utilizing national, the UN, or funding agency mechanisms; or influencing national program planning processes)
ADVANCED ACTION (2)	Network has supported strategic litigation for an ISP human rights issue
RESULTS	Advocacy activities or strategic litigation related to human rights of ISP(s) resulted in a legal or policy change

Reading note. All O2 indicators are self-reported. Results (legal and policy changes) are verified against external evidence where available. Tiers are independently assessed and overlap; tier figures describe the breadth of activity visible in 2025 across networks whose work began before this grant cycle and will continue past it. They are observational, not directional. Some 2025 rights-related results are crosscutting with other outcome areas and have been counted under a single outcome to avoid double-counting. Coordination of Action Research on AIDS and Mobility (CARAM Asia) and POURAKHI's Nepal Migration Policy reform is counted here.

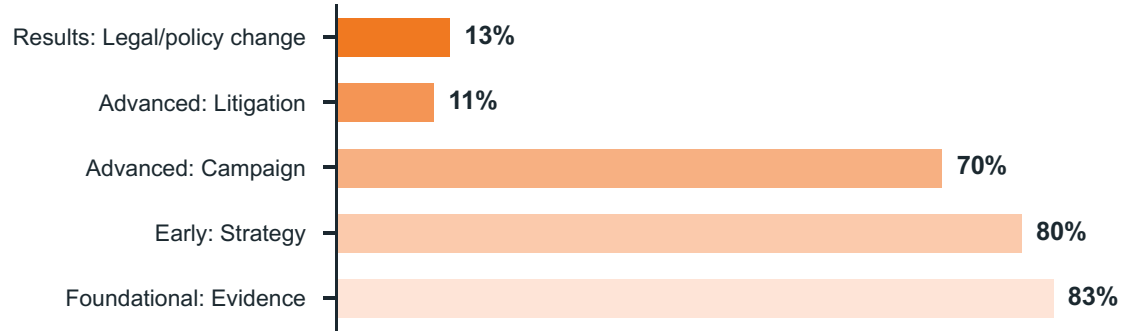
4.2. Overview and Key Findings

In 2025, 54 partners (75% of 72) chose human rights advocacy in Year 1, delivering 156 engagement records:

- 149 activity engagements across the rights advocacy tiered model.
- 7 verified rights results across 6 countries and 2 international human rights mechanisms — 3 Tier 1 (changes already in effect) and 4 Tier 2 (formal commitments made).

4.2.1. Activity across the advocacy tiers

Figure 22: Year 1 results: Outcome 2 advocacy tiers, % of 54 engaged partners



The shape across the tiered indicator reflects the breadth of activity in 2025 and is not a sequence of progression. Partners hold multiple stages at once: a network may be running a campaign on one issue while gathering evidence on another and pursuing litigation on a third.

Foundational. Generating credible evidence

45 partners (83% of 54) produced documentation that became (or will be used as) the evidentiary base for advocacy across regions.

- The Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM) recorded 122 cases of rights violations against LGBT+ people in Armenia, Kyrgyzstan, and Uzbekistan over the year[22].
- The Eurasian Women's Network on AIDS (Eurasian Women's Network on AIDS (EWNA)) studied obstetric violence experienced by women living with HIV across 13 EECA countries on the basis of 365 respondents[23].
- The Asia Pacific Transgender Network (APTN) documented Transphobic Violence and the Struggle for Safety and Protection across India, Nepal, Malaysia and Sri Lanka.[24]
- The Community Movement for Access to Justice (Unmode) aggregated prison health data across Ukraine, Kazakhstan, and Georgia[25].
- The International Network of People who Use Drugs (INPUD) documented systemic stigma, denial of dignified antenatal care, police violence, and treatment denial against people who use drugs as evidence used in UN engagement on drug policy law reform.[26]

22. Eurasian Coalition on Health, Rights, Gender and Sexual Diversity. ECOM Regional Report on Violations of the Human Rights of LGBT People in Eastern Europe and Central Asia, forthcoming 2025. ECOM data feeds into: OSCE Office for Democratic Institutions and Human Rights. "Anti-LGBTI Hate Crime, 2024." ODIHR Hate Crime Reporting, OSCE, 2024, hatecrime.osce.org/anti-lgbti-hate-crime?year=2024.
23. Eurasian Women's Network on AIDS. Obstetric Violence Against Women Living with HIV in Eastern Europe and Central Asia: 2025 Report. EWNA, 2025, ewna.org/wp-content/uploads/2026/01/ewna-obstetric-violence-report-2025_eng.pdf.
24. Asia Pacific Transgender Network. "Not Alone: A Trans Thrive Project Regional Report." 2025. https://www.weareaptn.org/resource/not-alone-a-trans-thrive-project-regional-report/.
25. Community Movement for Access to Justice. 2025 Annual Survey, RCF, 2025. Supplementary partner video, youtu.be/49hDOJz1nHc.
26. International Network of People who Use Drugs. "The Human Cost of Policy Shifts: The Fallout of US Foreign Aid Cuts on Harm Reduction Programming and People Who Use Drugs." April 2025. https://inpud.net/the-human-cost-of-policy-shifts-rapid-assessment-findings/.

Early action. Building advocacy strategy

43 partners (80% of 54) developed advocacy strategies. They mapped the decision-makers. They wrote the submissions. They booked the rooms.

- The East Africa Trans Health and Advocacy Network (EATHAN) developed an evidence-based advocacy strategy anchored in its Erasure by Defunding report[27], which surveyed 16 member organisations across Kenya, Uganda, Tanzania, Rwanda, and Burundi and documented that 87% of respondents rated funding cuts as severe, with 100% reporting major disruptions to essential services. The evidence was used to design EATHAN's engagement at UN Trans Advocacy Week during the 59th Human Rights Council (HRC) session, contesting anti-gender rhetoric and supporting renewal of the Independent Expert on Sexual Orientation and Gender Identity (SOGI) mandate.
- Women in Response to HIV/AIDS and Drug Addiction (WRADA) developed a national advocacy strategy to recall and amend Kenya's Harm Reduction Bill, building on a 2024 shadow report to the UN Universal Periodic Review that identified provisions deepening criminalisation of people who use drugs. The strategy included community consultations on the proposed Bill, training community leaders on the advocacy process, and convening civil society organisations across Kenya[28]. Section 2.3 details that work further.
- The Eurasian Key Populations Coalition (EKPC) developed an advocacy strategy for transgender access to PrEP in EECA, piloted in Georgia. Strategy was anchored in a community-led documentation tool that surfaced gaps in accessibility, provider readiness, and community trust despite PrEP's formal availability, identifying the Ministry of Health, National AIDS Centre, HIV program implementers, UN agencies, and funders as advocacy targets.

Advanced action 1. Running campaigns

38 partners (70% of 54) moved evidence into sustained campaigns targeting governments, UN bodies, multilateral institutions, and national legislatures.

- Some campaigns operated under direct threat: the Inclusive Men's Advocacy and Rights Alliance in Africa (Inclusive Men's Advocacy and Rights Alliance in Africa (IMARAA)) developed a solidarity and protection framework for Ugandan human rights defenders who had been compelled to use silence as a strategy to avert targeting.
- The Eurasian Network of People who Use Drugs (ENPUD) ran a 2025 campaign for 100% access to opioid agonist maintenance therapy without unjustified administrative exclusions, anchored in a 2024 position paper it disseminated through the year and grew to 24 endorsing networks.[29]
- Global Action for Trans Equality (GATE) coordinated UN Trans Advocacy Week, bringing 14 trans and gender diverse activists from six non-governmental organisations (NGOs) to Geneva to engage the Human Rights Council on legislative rollbacks, foreign aid cuts, and renewal of the Independent Expert on SOGI mandate. Source: Global Action for Trans Equality. "Trans Advocacy Week."[30]
- The Global Network of Sex Work Projects (NSWP) led an 11-person sex worker delegation to the 69th session of the Commission on the Status of Women (CSW69) in 2025 for the Beijing+30 gender equality review, co-hosting parallel events with Amnesty International and International Women's Rights Action Watch Asia Pacific (IWRAW AP) to bring sex workers into UN gender-equality policy frameworks.[31]

27. East Africa Trans Health and Advocacy Network. Erasure by Defunding. EATHAN, 2025, eathan.org/wp-content/uploads/2026/03/Erasure-by-Defunding-Report-2025.pdf.
28. Related INPUD coverage: inpud.net/human-rights-harm-reduction-heroes-speak-up-for-kenyans-who-use-drugs/. Underlying shadow report not yet publicly available; Kenya advocacy publication expected mid-2026.
29. ENPUD Position Paper on the Inadmissibility of Abusive Practices When WHO Essential Medications for Opioid Agonist Therapy Are Used. ENPUD, 26 June 2024, enpud.net/index.php/2019-09-02-13-20-47/dokumenty-i-broshyury/1064-enpud-position-paper.html.
30. GATE, 2025, gate.ngo/knowledge-portal/article/why-the-world-needs-trans-advocacy-week/.
31. Centring Sex Workers' Rights in Gender Equality. NSWP, 2025, https://www.nswp.org/sites/default/files/csw69_en.pdf

- The Southern Africa Network of Prisons (SANOP) worked with His Majesty's Correctional Service (HMCS) in Eswatini to strengthen prison health through the development of comprehensive, rights-based Health and Wellness Guidelines. The guidelines address the health and wellbeing of all correctional stakeholders, including incarcerated persons in their diversity, correctional officers, and other prison staff, thereby promoting equitable access to health services within correctional settings. Convened through a strategic partnership with the WHO and subsequent collaboration with UNAIDS, the work has opened HMCS to improving health outcomes for both staff and incarcerated persons. SANOP facilitated technical dialogue and advocacy that have increased HMCS's commitment to improving health outcomes across the correctional system. This process has created a foundation for the adoption of more inclusive, evidence-based health practices and policies within Eswatini's prisons. Building on this momentum, SANOP has been identified as a key implementation partner to support the rollout of the guidelines through Training-of-Trainers (ToT) programmes under the technical oversight of WHO and UNAIDS.[32]

Advanced action 2. Strategic litigation

6 partners (11% of 54) took cases to court. Litigation is the most decisive instrument in this tiered model (a successful judgment can compel governments to act in ways no campaign can) and the most dangerous, because it costs more, takes longer, and a loss sets binding precedent against the movement.

- Trans Europe and Central Asia (TGEU) supported strategic litigation before the Court of Justice of the European Union (EU) on EU-wide legal gender recognition. In 2025, the Advocate General issued a landmark opinion affirming trans people's right to recognition without disproportionate barriers; the final judgment was pending at year's end. TGEU contributed comparative legal analysis, Trans Rights Map data, and community evidence.[33]
- The European Prison Litigation Network (EPLN) anchored litigation work in the Council of Europe area on prison healthcare in Ukraine; that work is featured in the partner story From the Cell to the Court.[34]
- The HIV Legal Network (HLN) intervened in a constitutional challenge to Ontario legislation prohibiting supervised consumption services within 200 meters of schools or daycares. Although Canada is outside RCF's primary LMIC focus, HIV-related harm-reduction precedent set at the constitutional level has weight beyond its jurisdiction: legal arguments tested here are routinely cited in cases challenging supervised-consumption-site closures elsewhere, and HLN's advocacy framework feeds into RCF-funded global harm-reduction networks. The case was heard in March 2025, and the judge granted an injunction allowing the sites to remain open. HLN is supporting two further cases on supervised consumption service closures in Ontario and Alberta.[35]

Results. Year 1 legal and policy change

7 legal or policy changes landed in Year 1, reported by 7 partners (13% of 54). Three are concrete, verifiable changes already in effect (Tier 1: changes already enacted, implemented, or operationalised). Four are documented institutional commitments that position networks to convert words into practice (Tier 2: formal commitments made). All seven results are listed below; the EPLN result on Ukrainian prison healthcare is featured in the partner story From the Cell to the Court. EPLN appears twice in the table, with the Ukraine result (Tier 1) and a related result in Moldova (Tier 2) reflecting EPLN's coordinated multi-jurisdictional advocacy with national member organisations across two countries.

32. Eswatini Newsletter." Southern Africa Network of Prisons, 5 Mar. 2026, sanoprisons.org/2026/03/05/eswatini-newsletter/.
33. Transgender Europe. "Landmark Opinion: Top EU Lawyer Backs Trans People's Right to Legal Gender Recognition Across the EU." 2025. https://tgeu.org/landmark-opinion-top-eu-lawyer-backs-trans-peoples-right-to-legal-gender-recognition-across-the-eu/.
34. European Prison Litigation Network. "Decision of the Committee of Ministers Concerning Access to Health Care and Conditions of Detention in Ukrainian Prisons." 2025. https://www.prisonlitigation.org/com-ukraineprison/.
35. HIV Legal Network. "Protecting Safe Consumption in Ontario." HIV Legal Network, 2025, hivlegalnetwork.ca/site/protecting-safe-consumption-in-ontario/.

OUTCOME 2 · YEAR 1 LEGAL AND POLICY CHANGES

PARTNER	TIER	COUNTRY / SCOPE	RESULT
European Prison Litigation Network (EPLN)	TIER 1	Council of Europe / Ukraine	Three concurrent international decisions on Ukrainian prison healthcare. Featured in partner story From the Cell to the Court.[36]
Coordination of Action Research on AIDS and Mobility (CARAM Asia)	TIER 1	Nepal	Migration Policy 2025 amendments expanding social protection and healthcare access for migrant workers.[37]
Harm Reduction International (HRI) and International Drug Policy Consortium (IDPC)	TIER 1	Global / UN HRC	Two Human Rights Council resolutions on drug policy adopted in 2025: (1) the human rights implications of drug policy on women and girls, the first HRC resolution to address this matter, mandating an OHCHR report and set to be discussed regularly at the Council; and (2) the death penalty.[38, 39]
Global Action for Trans Equality (GATE)	TIER 2	Panama	UPR commitments on non-discriminatory healthcare, legal recognition, and voting rights for trans people.[40]
Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM)	TIER 2	Armenia	UPR acceptance of comprehensive anti-discrimination legislation explicitly including SOGI.[41]
European Prison Litigation Network (EPLN), with Promo-LEX	TIER 2	Moldova	Moldovan government commitment in its 2025 EU accession roadmap to transfer prison healthcare to the Ministry of Health by 2027, following sustained European Court of Human Rights (ECtHR) — EPLN / Promo-LEX advocacy under Committee of Ministers supervision of the Cosovan v. Moldova European Court of Human Rights (ECtHR) judgment.[42]
HIV Legal Network (HLN)	TIER 2	Canada	Reported renewed Federal commitment to law reform (either via the Ministry of Justice or the Senate).[43]

36. Council of Europe Committee of Ministers, Decision in Logvinenko v. Ukraine, 2025, hudoc.exec.coe.int/?i=CM/Del/Dec(2025)1545/H46-44E. European Court of Human Rights, Benyukh v. Ukraine, 2025, hudoc.echr.coe.int/fre?i=001-243784.

37. "The Government Introduced a New Labor Migration Policy Covering Workers Going to India for the First Time." Kantipur, 4 August 2025, ekantipur.com/news/2025/08/04/en/the-government-introduced-a-new-labor-migration-policy-covering-workers-going-to-india-for-the-first-time-03-56.html. See also Nepal Ministry of Labour, Employment and Social Security, National Migration Policy 2025; POURAKHI advocacy materials at facebook.com/share/v/1GjTBfoTBP/.

38. Harm Reduction International. "60th Human Rights Council: Drug Policy Highlights." 2025. https://hri.global/publications/60th-human-rights-council-drug-policy-highlights/.

39. See also Harm Reduction International. "Inputs to OHCHR Report on HIV Responses and Human Rights." Harm Reduction International, 2025, hri.global/publications/inputs-to-ohchr-report-on-hiv-responses-and-human-rights/; "Joint Submission to OHCHR Report on HIV Responses and Human Rights on Prisons," hri.global/publications/joint-submission-to-ohchr-report-on-hiv-responses-and-human-rights-on-prisons/; "Joint Submission to CESCR Review of Mauritius List of Issues," hri.global/publications/joint-submission-to-cescr-review-of-mauritius-list-of-issues/; and "Joint Submission to CESCR Review of Moldova List of Issues," hri.global/publications/joint-submission-to-cescr-review-of-moldova-list-of-issues/. See also Office of the UN High Commissioner for Human Rights, "Access to Medicines, Vaccines and Other Health Products," OHCHR, Apr. 2025, www.ohchr.org/en/health/access-medicines-vaccines-and-other-health-products.

40. Global Action for Trans Equality. "Sexual and Reproductive Rights — Panama UPR Submission." Knowledge Portal, 2025. https://gate.ngo/knowledge-portal/un-document/sexual-and-reproductive-rights-panama/.

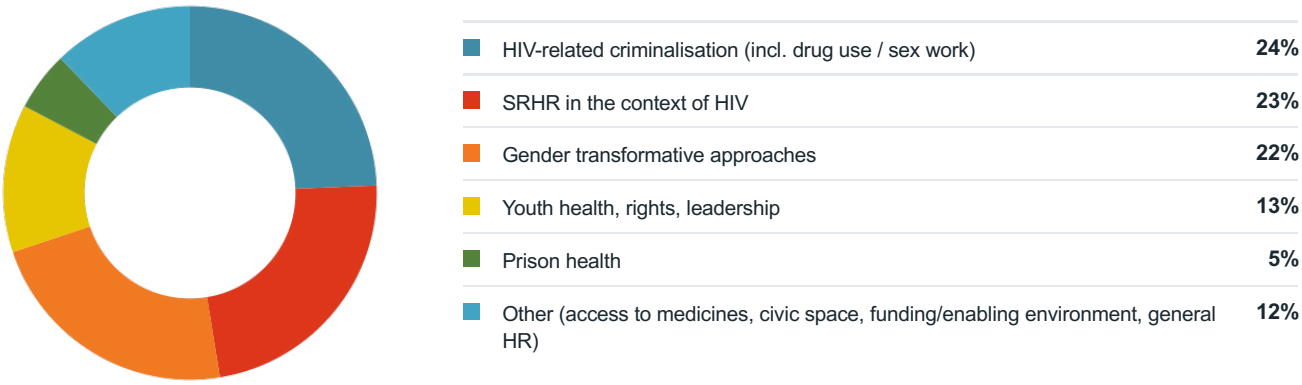
41. United Nations Office of the High Commissioner for Human Rights. "Universal Periodic Review — Armenia." 2025. https://www.ohchr.org/en/hr-bodies/upr/am-index.

42. European Court of Human Rights. Cosovan v. The Republic of Moldova. Application no. 13472/18, 22 Mar. 2022. HUDOC, hudoc.echr.coe.int/fre?i=001-216352. European Prison Litigation Network. "Cosovan v. Moldova: ECtHR Confirms Systemic Failures in Moldovan Prison Health System." Prison Litigation Network, 2022, www.prisonlitigation.org/articles/cosovan/. The 2025 commitment by the Moldovan government to transfer prison healthcare to the Ministry of Health by 2027, as part of its EU accession roadmap, is reported by EPLN in the RCF 2025 partner survey (O2 Human Rights, Q134 advocacy initiative description), credited to sustained execution-phase advocacy with Promo-LEX under the Council of Europe Committee of Ministers' supervision following the 2022 Cosovan judgment.

43. Partner-reported result from the RCF 2025 partner survey. No public statement or press release issued by the Government of Canada or the Department of Justice in 2025 confirming a renewed commitment of this kind was found/is publicly accessible. The claim most likely reflects a behind-the-scenes outcome of the HIV Legal Network's 2025 advocacy engagement with the Ministry of Justice. The closest publicly available 2025 output from the partner is HIV Legal Network, "HIV Legal Network Launches Key Recommendations for the Government of Canada to End the HIV Epidemic in This Country." HIV Legal Network, 27 Nov. 2025, www.hivlegalnetwork.ca/site/hiv-legal-network-launches-key-recommendations-for-the-government-of-canada-to-end-the-hiv-epidemic-in-this-country/

4.2.2. Where the advocacy focuses

Figure 23: Outcome 2 thematic focus areas; 156 total mentions across 54 engaged partners



Three themes account for 70% of activity. HIV-related criminalisation leads at 25%, with sexual and reproductive health and rights (SRHR) at 23% and gender transformative approaches at 23%. Networks treat these as one integrated agenda. A young trans woman in a criminalised context, a sex worker living with HIV in a country that criminalises both, a prisoner unable to access HIV treatment: the same person sits inside all three themes at once, and the advocacy follows that lived intersectionality.

4.3. Partner voices: human rights

> *"We brought East African trans realities to Geneva, ensuring international mechanisms addressed the specific threats of contemporary anti-gender movements."*
>
> – East Africa Trans and Advocacy Network (EATHAN)

> *"Our advocacy included co-hosting the parallel event "Including sex workers in policy frameworks for gender equality" with Amnesty International and IWRAW Asia Pacific at CSW69 for the Beijing+30 review."*
>
> – Global Network of Sex Work Projects (NSWP)

> *"We engaged directly with UNAIDS and the United Nations Development Programme (UNDP) to secure institutional commitment for the launch of the guidance note "Decriminalisation of drug use in the context of HIV" co-authored by UNAIDS, UNDP, INPUD, Release, and the International Centre on Human Rights and Drug Policy."*
>
> – International Network of People who Use Drugs (INPUD)

From the Cell to the Court: Turning Prisoner Evidence into Binding Human Rights Standards

Partner: European Prison Litigation Network (EPLN), with Protection for Prisoners of Ukraine
Scope: Council of Europe jurisdiction (Regional); 2025 work focused on Ukraine

How community-led monitoring evidence from Ukrainian prisons, sustained through six years of RCF core funding and an active war, produced three binding human rights outcomes in a single year.

Human rights reform in detention rarely begins in a courtroom. It begins with documentation, the patient recording of who is held, in what conditions, and with what access to care. Since 2019, with continuous RCF core funding, the European Prison Litigation Network (EPLN) and its Ukrainian member, the former-prisoner-led NGO Protection for Prisoners of Ukraine, have documented healthcare and rights in Ukrainian prisons without interruption, including after the 2022 full-scale invasion. In 2025 alone, Protection for Prisoners of Ukraine conducted seven prison monitoring visits, drawing on public records, statistical materials and direct observation. That evidence is the foundation on which EPLN's 2025 advocacy was built.

EPLN carried that evidence into every level of the European and UN human rights system. It filed a Rule 9.2 communication to the Committee of Ministers of the Council of Europe on execution of the Logvinenko v. Ukraine group of judgments, submitted a third-party intervention to the European Court of Human Rights in Panasenko and O. v. Ukraine on failures in medical release for seriously ill prisoners, lodged a shadow report to the UN Committee against Torture for its examination of Ukraine, and made a targeted submission to EU DG ENEST for the 2025 Ukraine report. A holistic strategy across domestic, European and UN channels turned community monitoring into coordinated legal pressure.

The results are structural and named. In Logvinenko v. Ukraine, the Committee of Ministers' decision integrated EPLN's core recommendations, including transferring responsibility for prison healthcare to the Ministry of Health, improving the medical-release procedure, and strengthening the preventive remedy; it also urged the authorities to cooperate closely with the Ombudsperson and civil society on prison-healthcare reform. In Benyukh v. Ukraine, a case EPLN has represented since 2020, the European Court of Human Rights delivered a 2025 judgment, signalled by a press release, recognising states' obligation to protect prisoners' dental health and naming the combination of legislative, administrative and financial obstacles that had denied it. The UN Committee against Torture's concluding observations on Ukraine reflected EPLN's submission, including measures against torture impunity and improvements in prison healthcare.

Because all Council of Europe states are bound by the Court's jurisprudence, these outcomes reach beyond Ukraine, consolidating the independence of medical professionals in detention and Ministry-of-Health responsibility for prison healthcare into the body of international standards. EPLN identifies the decisive enabling factor as a full-time legal advisor on Ukraine, in post since 2022, who coordinated fieldwork with Ukrainian partners and built the litigation strategy. The work rests on a wider alliance: the Prison Health and Rights Consortium, formed in 2018, unites people who use drugs, people with experience of incarceration, harm reduction specialists and prison-health professionals, while EPLN's prison-law resources reached 301 state authorities across Europe in 2025, carrying these standards to the institutions that must implement them.

5. Outcome 3: Access to & Quality of Services

5.1. Data Note

Outcome 3 focuses on networks' advocacy, evidence, and accountability work to improve service systems, rather than on direct service delivery by RCF partners. Services advocacy is an optional RCF outcome area; partners can choose to deliver against multiple outcomes, and 35 of the 72 (49%) chose Outcome 3 in Year 1. The same five-tier model applies, with seats in formal planning processes for Advanced 2. Activities target two goals: increasing access to services and improving quality of services. Most O3-engaged partners run activities targeting both goals.

03 Access to and Quality of Services

TIER	DEFINITION
FOUNDATIONAL ACTION	Network has generated credible evidence to support advocacy strategy or campaign to improve access/quality' to services for ISPs.
EARLY ACTION	Network has developed an advocacy initiative, campaign or strategy to increase access to or enhance quality of services – with meaningful involvement of communities served
ADVANCED ACTION (1)	Network has implemented an advocacy initiative, campaign or strategy to increase access to or enhance quality of services (including utilizing national, the UN, or funding agency mechanisms; and influencing national program planning processes)
ADVANCED ACTION (2)	Network has gained access to or representation in a multi-lateral donor's or state's HIV and/or health program planning or review process
RESULTS	Advocacy activities related increased access to, or quality of services resulted in a legal or policy change

Reading note. All Outcome 3 (O3) indicators are self-reported. Results (changes in access or quality) are verified against external evidence where available. Tiers are independently assessed and overlap; tier figures describe the breadth of activity visible in 2025 across networks whose work began before this grant cycle and will continue past it. They are observational, not directional. Some 2025 service-related results are crosscutting with other outcome areas and have been counted under a single outcome to avoid double-counting. Global Action for Trans Equality (GATE)'s contribution to the Global Fund GC7 reprioritisation guidance is counted here.

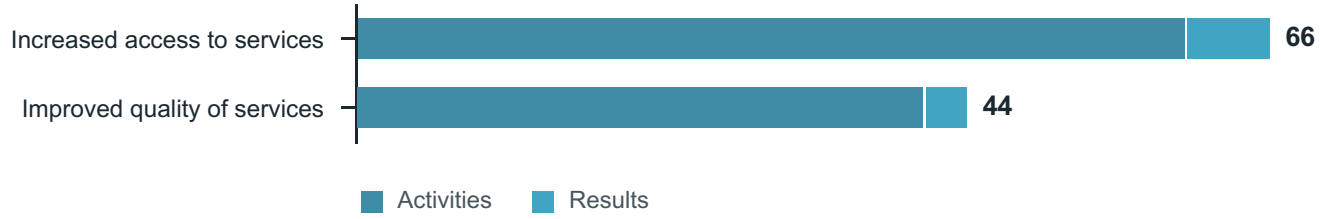
5.2. Overview and Key Findings

In 2025, 35 partners (49% of 72) chose services advocacy in Year 1, delivering 110 engagement records:

- 101 activity engagements across the services-advocacy tiers.
- 9 verified service results across 8 countries, 1 regional scope (Southern Africa), and 2 global mechanisms — 7 Tier 1 (changes already enacted, implemented, or operationalised) and 2 Tier 2 (formal commitments made).

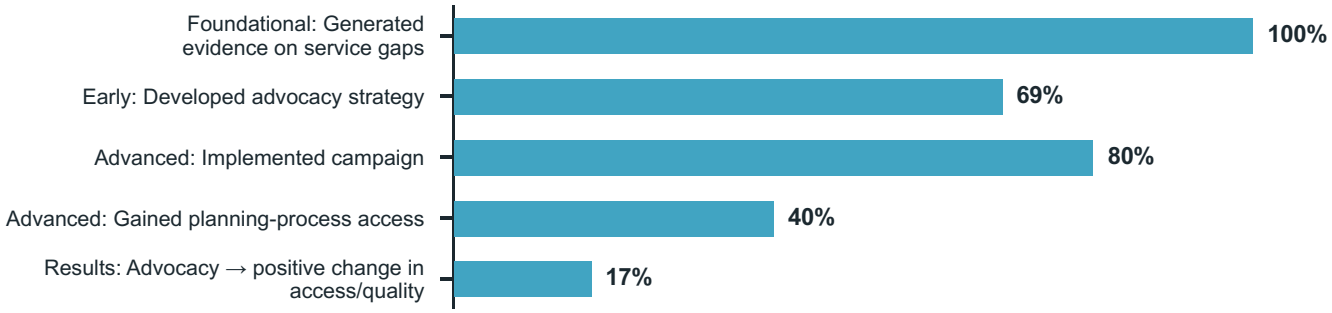
Each activity carried one of two goals: increasing access to services or improving quality. Many partners pursued both. Of the 110 engagements (101 activities and 9 results), 66 targeted access (60%) and 44 targeted quality (40%).

Figure 24: Outcome 3 Goal Split — Access (66) vs Quality (44), with results highlighted



5.2.1. Activity across the advocacy tiers

Figure 25: Year 1 Results: Outcome 3 services advocacy tiered indicator, % of 35 engaged partners.



The shape across the tiers reflects the breadth of activity in 2025, it does not intend to reflect a sequence of progression. Partners hold multiple stages at once.

Foundational. Documenting service gaps

35 partners (100% of 35 O3 engaged partners) gathered evidence on what health systems were and were not delivering for the populations RCF supports. Among the engaged partners,

- The Asia Pacific Transgender Network (APTN) developed health case studies to support its Health and Rights Module, drawing on real-world scenarios and lived experiences shared by community members and healthcare providers. The cases help health professionals think critically about how to provide gender-affirming, respectful, and inclusive care for trans and gender-diverse communities.[44]
- The Southern African HIV/AIDS Information Dissemination Service (SAfAIDS) ran community-led documentation of sexual and reproductive health (SRH) service-access barriers across 18 sites in Eswatini, Lesotho, Malawi, South Africa, Zambia, and Zimbabwe through its SAM4SRHR Model and MobiSAfAIDS App[45]. Findings: 1,823 barriers registered in 2025 across HIV services (38%), contraception and family planning (32%), and sexual and gender-based violence (SGBV)–related services (30%), covering commodity

44. Asia Pacific Transgender Network. Towards Transformative Healthcare: Case Studies. APTN, 2025, www.weareaptn.org/resource/towards-transformative-healthcare-case-studies/.

45. MobiSAfAIDS: Social Accountability and Monitoring Platform for Sexual and Reproductive Health and Rights. Southern African HIV/AIDS Information Dissemination Service (SAfAIDS), 2026, mobisafaids.net/.

stock-outs, provider stigma, lack of privacy, and exclusion of marginalised groups.[46]

- The Latin America and Caribbean Network of Transgender People (REDLACTRANS) produced the CeDoSTALC 2025 regional report "We are not dangerous, we are in danger" [47], with an annex on health and forms of violence in service-access contexts. Findings: 73% of trans people across the LAC region reported violence in public health services, even though public services remain the most widely accessed entry point.
- The Eurasian Women's Network on AIDS (EWNA) launched and continued an advocacy initiative to improve access to cervical and breast cancer screening for women living with HIV across EECA, with a focus on Georgia, Kyrgyzstan, and Tajikistan; the strategic brief documented gaps in screening access for WLHIV and informed engagement with national HIV and cancer-control programmes.[48]
- The European Prison Litigation Network (EPLN), through Ukrainian civil society organisation (CSO) Protection for Prisoners of Ukraine, collected data through 7 monitoring visits to Ukrainian prisons, drawing on public sources, open data, and direct observation. The evidence base anchors EPLN's continuing prison-litigation work in the Council of Europe area and informs the partner story From the Cell to the Court and its results

Early action. Building services advocacy strategy

24 partners (69% of 35) translated evidence into specific service-advocacy strategies.

- The Global Network of Sex Work Projects (NSWP) developed a Values Clarification and Attitude Transformation training to help SRHR providers offer rights-based, stigma-free services to sex workers, in alignment with the International Planned Parenthood Federation (IPPF) International Medical Advisory Panel statement on sex worker-centred SRH services.[50]
- The Women and Harm Reduction International Network (WHRIN) confirmed gender-sensitive harm reduction service reductions and added five examples of gender-responsive harm reduction design to its best-practice series.[51]
- Paediatric-Adolescent Treatment Africa (PATA) developed Flash Fridays, weekly WhatsApp micro-learning sessions for health providers reaching 560 participants in 2025, alongside the My Healthcare Provider and Me materials and the PATA TeleECHO webinar series with the World Health Organization (WHO) on paediatric and adolescent HIV treatment.[52]
- The Global Network of Young People Living with HIV (Y+ Global) advanced its Cameroon Country Coordinating Mechanism (CCM) youth-engagement strategy through Youth Advisory Groups, anchoring it in the network's Have Your Say! evidence base and translating it into national-level CCM advocacy.

46. Southern African HIV/AIDS Information Dissemination Service. Annual Report July 2024 – June 2025, SAfAIDS, 2025, pp. 54–58. https://safaids.net/%f0%9f%93%9aour-annual-report-2024-2025/

47. Red Latinoamericana y del Caribe de Personas Trans. We Are Not Dangerous, We Are in Danger: CeDoSTALC 2025 Regional Report. REDLACTRANS, 2025, redlactrans.org/cedostalc/.

48. Eurasian Women's Network on AIDS. Cancer Screening Strategic Brief 2024. EWNA, 2024, ewna.org/wp-content/uploads/2025/01/ewna_cancer-screening_strategic-brief-2024_eng.pdf. EWNA, "Q214 Response," 2025 Annual Survey, Robert Carr Fund, 2025.

49. European Prison Litigation Network and Protection for Prisoners of Ukraine. "Звіт за результатами моніторингового візиту до Холодногірської виправної колонії №18." Protection for Prisoners of Ukraine, ngoauu.org/zvit-za-rezultatami-monitoringovogo-vizitu-do-xolodnogirsko%D1%97-vipravno%D1%97-koloni%D1%97-18/. Monitoring Visits Archive, ngoauu.org/category/monitoringovi-viziti/

50. International Planned Parenthood Federation. "IMAP Statement on Sex Worker-Centred Sexual and Reproductive Health Services." 2025. https://www.ippf.org/resource/imap-statement-sex-worker-centred-sexual-and-reproductive-health-services.

51. Women and Harm Reduction International Network. "Gender-Sensitive Harm Reduction Programming." 2025. https://whrin.site/publication/gender-sensitive-harm-reduction-programming/.

52. Paediatric-Adolescent Treatment Africa. "PATA TeleECHO." 2025. https://teampata.org/pata-tele-echo/.

Advanced action 1. Running campaigns

28 partners (80% of 35) moved community evidence into provider standards, donor priorities, or national plans. In 2025,

- Global Action for Trans Equality (GATE), through its Trans Men and HIV Working Group[53], released the Smart Guide for Communities: Trans Men in the Global HIV Response, translating its 2024 Policy Brief[54] into a practical advocacy tool, with a Spanish edition co-developed with REDCAHT+ for Latin America. Wins included a vulnerability study feeding into the Philippines' HIV plan and the first International AIDS Society (IAS) conference session dedicated to trans men and HIV (in IAS 2024)[55].

- The EPLN campaigned to integrate prison healthcare into national public health systems, filing a third-party intervention at the ECtHR with five Ukrainian CSOs and communications to the UN Committee against Torture and the Council of Europe[56],[57]; in Moldova, EPLN's litigation with PromoLex (following the landmark Cosovan v. Moldova judgment) helped secure government commitment to transfer prison health to the Ministry of Health by 2027 under its EU accession roadmap.
- The African Network of People who Use Drugs (AfricaNPUD) led continental advocacy for harm reduction and HIV/hepatitis C virus (HCV) services, presenting at the International Network on Health and Hepatitis in Substance Users (INHSU) 2025 conference on community-led hepatitis responses[58] and engaging the 68th session of the UN Commission on Narcotic Drugs to challenge funding contractions threatening harm reduction across the continent[59].
- The APTN ran a year-long campaign disseminating its Trans Health Module through chapter-by-chapter social media posts[60], reaching 250,000+ across nine countries (Thailand, Vietnam, Malaysia, Indonesia, Philippines, India, Pakistan, Nepal, Fiji), proving paid social is an effective channel for scaling provider education in trans health.
- This services agenda also encompasses work on sexualised substance use, or chemsex, and its implications for HIV prevention and care. Sinapsis+, a regional network of community-led organisations across Mexico, Argentina, Brazil, and the Dominican Republic, advanced community-led responses on chemsex and harm reduction in 2025: it facilitated the multisectoral dialogue in Brazil that informed the São Paulo Charter, a strategic document setting out policy recommendations on chemsex, harm reduction, and comprehensive care, and supported the integration of chemsex considerations into national HIV prevention, care and community health discussions in Mexico.

Advanced action 2. Sitting in planning processes

14 partners (40% of 35) held formal seats in 2025 in the planning processes where service decisions for inadequately served populations are made. The strongest examples show partners moving from outside the room to inside the decision and using the seat to integrate community evidence into the institutional product.

53. Global Action for Trans Equality. "Trans Men and HIV." GATE Knowledge Portal, gate.ngo/knowledge-portal/initiative/trans-men-and-hiv/.
54. Global Action for Trans Equality. Smart Guide for Communities: Trans Men in the Global HIV Response. GATE, gate.ngo/knowledge-portal/publication/download-trans-men-hiv-smart-guide-for-communities/.
55. Global Action for Trans Equality. "Trans Men and HIV." YouTube, www.youtube.com/watch?v=RMtVu1y140o
56. European Prison Litigation Network. "Third-Party Intervention before the European Court of Human Rights on Medical Release in Ukraine." European Prison Litigation Network, 2025, www.prisonlitigation.org/articles/ecthr-tpi-ukraine-medical-release-2025/.
57. European Prison Litigation Network. "Submission to the Council of Europe on Prison Healthcare in Ukraine." European Prison Litigation Network, 2025, www.prisonlitigation.org/articles/ukraine-prison-healthcare-submission-coe-2025/.
58. Africa Network of People who Use Drugs. "Community-Led Responses to Viral Hepatitis C among People Who Use Drugs in Africa." INHSU 2025, YouTube, 2025, www.youtube.com/watch?v=6wNxA1ulxKE.
59. United Nations Office on Drugs and Crime. "Sixty-Eighth Session of the Commission on Narcotic Drugs." UNODC, 2025, www.unodc.org/unodc/en/commissions/CND/session/68_Session_2025/session-68-of-the-cnd.html.
60. Asia Pacific Transgender Network [@aptnglobal]. Trans Health Module campaign posts. Instagram, www.instagram.com/p/DQWjG0lEh6Q/; www.instagram.com/p/DMcU7A0vxyx/; www.instagram.com/p/DJ_EReFvHXn/.

- Caribbean Vulnerable Communities (CVC) chairs Jamaica's Country Coordinating Mechanism for the Global Fund grant as a voting member, and in 2025 advised the reprogramming of the Caribbean Community (CARICOM) and Organisation of Eastern Caribbean States (OECS) Global Fund grants, a process that determines how regional resources are allocated across community and human-rights priorities.

- Coalition PLUS, working in a country where key population organisations were excluded from national HIV contingency planning, secured representation in Cameroon's UNDP-established National Technical Working Group on Human Rights, Gender Equality and HIV through its local partners Affirmative Action and Réseau des Cadres et Acteurs Juristes Plus (RECAJ+), and used the seat to drive legal evaluations and embed community expertise in the technical advisory function.

Closer to the ground, RCF partners and their partners are building presence in the national mechanisms that translate strategy into delivery.

- Women in Response to HIV/AIDS and Drug Addiction (WRADA) took up a community-advisor role on Kenya's National Technical Working Group on HIV and Harm Reduction under the Ministry of Health, shaping implementation policies and providing reference experience for benchmarking visits from other African countries.
- Coordination of Action Research on AIDS and Mobility (CARAM Asia)'s Bangladesh national partner participated as a stakeholder in the National AIDS Control Programme's review of the National Strategic Plan, ensuring migrant workers' perspectives were on the record in the National Strategic Plan review.
- The International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+) secured the inclusion of key population members on district-level health councils across East and Southern Africa, embedding community voice in the local mechanisms that determine how services are delivered; a parallel track to the global-fora engagement INERELA+ also reports (UNAIDS, the High-Level Panel on a Resilient UNAIDS Joint Programme, and the Global AIDS Strategy 2026–2031 consultations).

Results. Year 1 changes in access and quality

Nine changes in access or quality of services are reported here, contributed by six partners (17% of 35; one partner can produce more than one result) across 8 countries, 1 regional scope, and 2 global mechanisms. Of the nine results, seven are Tier 1 and two are Tier 2. Six targeted access; three targeted quality. All results are listed below.

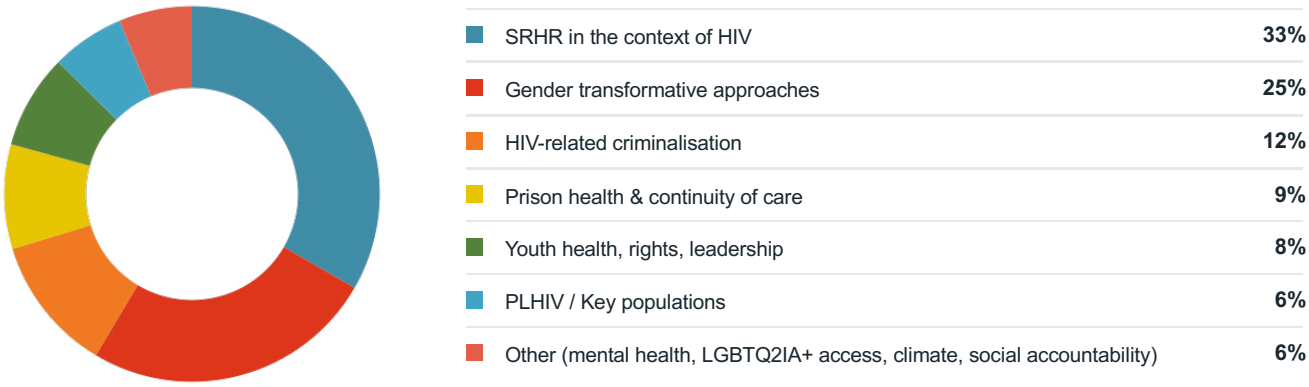
OUTCOME 3 · YEAR 1 CHANGES IN ACCESS AND QUALITY

PARTNER	TIER · GOAL	COUNTRY / SCOPE	RESULT
Eurasian Movement for the Right to Health in Prisons (EMRHP) with national partner Positive Initiative	TIER 1 ACCESS	EECA / Moldova	PrEP pilot implemented in 5 Moldovan prisons; 25 prisoners initiated PrEP (Oct–Dec 2025). Multi-stakeholder meeting validated findings and integrated recommendations into the national scale-up plan. First-ever PrEP services for prisoners in Moldova.[61]
Global Action for Trans Equality (GATE)	TIER 1 ACCESS	Global (all Global Fund recipient countries)	Global Fund Grant Cycle 7 reprioritisation guidance changed from 'life-saving care' to 'access to life-saving care'; protecting community-led services from disproportionate funding cuts. Translations of guidance secured.[62] – counted here, intersects with O4 (resource accountability)
Voluntary Services Overseas (VSO) & ZIMSOFF	TIER 1 ACCESS	ESA / Zimbabwe (Mashava)	Through the Community & Stakeholder Platform in Mashava (ZIMSOFF), inclusive dialogue elevated voices of women smallholder farmers; advocacy secured government drilling of an additional borehole serving the local clinic and community, and engaged the District Development Fund to rehabilitate Mashava gravel road, improving access to services and markets for excluded/disadvantaged groups.
Coalition PLUS	TIER 1 ACCESS	ESA / Burundi; LAC / Ecuador	Established decentralised 'Test and Treat' for anal pathologies in community settings — universal on-site screening replacing the previous hospital-referral pathway, which was often inaccessible due to cost or stigma. 2025 standardised proctological screening protocol adopted; regional training hubs operationalised in Quito (February 2025) and Bujumbura (October 2025, supervised by the National AIDS Council of Burundi). Turiho centre, Burundi: 134 patients diagnosed and 101 treated on-site in 2025. In Ecuador, universal screening revealed anal symptoms in 10% of the active file. Proof-of-concept shifted local health policies.[63]
Coalition PLUS	TIER 1 QUALITY	WCA / Benin	Benin national government validated a new health roadmap (early 2026, from 2025 advocacy) mandating unrestricted access to health services for all PLHIV regardless of sexual orientation, enshrining non-discrimination and obligating providers to deliver equitable, stigma-free care.[64]
The Global Network Of Young People Living With HIV (Y+ Global)	TIER 1 ACCESS	WCA / Nigeria; ESA / Malawi, Zambia	Two structural shifts: (1) in Nigeria, the Gender Equality Fund coalition got funded targets for adolescent girls & young women into the National Strategic Plan for HIV/TB/Malaria, embedding SRHR/HIV care; (2) in Malawi & Zambia, work with facility managers removed informal parental-consent rules blocking adolescent access to HIV testing and contraceptives.[65]
The Global Network Of Young People Living With HIV (Y+ Global)	TIER 1 QUALITY	ESA / Southern Africa; WCA / Nigeria	Institutionalised Community-Led Monitoring (READY to Care Scorecards, HER Voice Fund) shifted clinics in Southern Africa & Nigeria from biomedical-only targets to Youth-Friendly Quality Standards; mandating provider training on non-judgmental SRHR care, eliminating 'moral policing,' and improving patient confidentiality.[66]

PARTNER (CONTINUED)	TIER · GOAL	COUNTRY / SCOPE	RESULT
International Treatment Preparedness Coalition (ITPC) Global	TIER 2 ACCESS	ESA / Malawi	Three-year Commitment to Action launched at September 2025 Clinton Global Initiative to integrate Community-Led Monitoring into Malawi's national public health information system - positioning CLM as routine health governance and enabling more systematic capture of community experiences with access.[67],[68]
Global Action for Trans Equality (GATE)	TIER 2 QUALITY	Global (IPPF network, 140+ countries)	Co-shaped October 2025 global convening with IPPF, strengthening IPPF's capacity to design rights-based SRHR services for trans/gender-diverse people and identifying approaches for integrating gender-affirming care into existing pathways.[69]

5.2.2. Where the advocacy focuses

Figure 26: Outcome 3 thematic focus areas; 110 total mentions across 35 engaged partners



Out of 110 focus-area tags (101 activities and 9 results), three themes dominate the O3 portfolio. SRHR in the context of HIV leads at 34%, gender transformative approaches follow at 25%, and HIV-related criminalisation sits at 12%. Together they account for 70% of all O3 focus area mentions.

O3 has SRHR as its centre of gravity, with gender and criminalisation entering as the population characteristics that determine whether services are reachable in the first place. Networks treat the three as one integrated agenda: the same person often sits inside all of them at once. An adolescent girl turned away for lack of parental consent, a trans woman whose clinic refuses gender-affirming care, a sex worker whose status keeps her out of an HIV programme. O3 advocacy is built around those overlaps and lived intersectionality.

61. Inițiativa Pozitivă. "Ro/Ru ≣ În perioada 27–28 noiembrie 2025, Inițiativa Pozitivă, împreună cu Administrația Națională a Penitenciarelor..." Facebook, 3 Dec. 2025, www.facebook.com/initiativapozitiva/posts/pfbid0UBy41NxPJyZJNoBDRLLEVQGbapdGkH4hzULVKTcQi4HRyTLzipsjyyvyD6QgUrd2l.
62. "Community Engagement Strategic Initiative." GATE — Global Action for Trans Equality, modified 29 April 2026, gate.ngo/knowledge-portal/initiative/community-engagement-strategic-initiative-ce-si-overview/.
63. Coalition PLUS. RCF 2025 Partner Survey, O3 Services row 56 (Q278 and Q303 result descriptions). Partner-reported 2025 implementation at the Turiho centre in Burundi and across Coalition PLUS member centres in Ecuador. ANSS Burundi. "Atelier de Formation Régionale sur la Prise en Charge Proctologique aux Personnels de l'ANSS Santé PLUS Partenaires PACE." ANSS Burundi, 14 Oct. 2025, anssburundi.bi/2025/10/14/atelier-de-formation-regionale-sur-la-prise-en-charge-proctologique-aux-personnels-de-lanss-sante-plus-partenaires-pace/. The decentralised on-site model eliminates the upstream hospital-referral step; pre-diagnosis funnel numerators (referred / received proctoscopy) are not applicable in the new model.
64. "Benin Adopts Positive New Law on HIV Prevention, Care and Elimination of Stigma and Discrimination." UNAIDS, 20 Feb. 2026, www.unaids.org/en/resources/presscentre/featurestories/2026/february/20260220_benin.
65. "HER Voice Fund Country Bulletins 2025." Y+ Global, www.yplusglobal.org/resources-her-voice-fund-country-bulletins-2025.
66. Global Network of Young People Living with HIV. "HER Voice Fund Adolescent Girls and Young Women Companion Toolkit." Y+ Global, www.yplusglobal.org/resources-hvf-adolescent-girls-and-young-women-companion-toolkit.
67. Oberth, Gemma M. Sounding the Alarm: Service-Level Effects of HIV Funding Cuts in Malawi and South Africa — Findings from a Community-Led Early Warning System. International Treatment Preparedness Coalition, Apr. 2025, itpcglobal.org/wp-content/uploads/2025/04/Sounding-the-Alarm-effects-of-funding-cuts-in-Malawi-SA-ITPC-April-2025.pdf.
68. International Treatment Preparedness Coalition. "ITPC Global Is Proud to Launch a New 3-Year Clinton Global Initiative Commitment to Action..." Facebook, 2025, www.facebook.com/share/v/1EiNhAshRG/.
69. "Trans Solidarity in Action: IPPF Strengthens Commitment to Trans and Gender Diverse Communities." International Planned Parenthood Federation, 13 Nov. 2025, www.ippf.org/news/trans-solidarity-action-ippf-strengthens-commitment-trans-and-gender-diverse-communities.

The People in the Gap: Making Nepal's Invisible Migrants Visible

Partner: POURAKHI Nepal, with Coordination of Action Research on AIDS and Mobility Asia (CARAM Asia)
Scope: Nepal (Nepal–India migration corridor)

How a 20-year fight changed national labour law and why a legal victory cannot survive a funding collapse.

When women like Manju crossed the border from Nepal into India for work, they did not just leave their country. They fell outside the protection of both legal and social frameworks. While remittances from migrant workers heavily sustain Nepal's economy, the Nepali government historically classified India-bound migration as informal movement. If Manju fell ill, encountered workplace abuse, or contracted HIV, she was excluded from health referral systems, social security, and Nepal's national welfare fund. Seasonal labour migrants account for 41% of all HIV infections in Nepal — the largest single burden group in the country.

On August 3, 2025, the Government of Nepal approved the National Labor Migration Policy 2025[70] — formally recognising India-bound migration as official labour migration for the first time. The policy creates a pathway for millions of cross-border workers to access protections and services and legally mandates local authorities to collect comprehensive migration data, bringing this vulnerable demographic into permanent statistical visibility. This legal reform did not arise from a governmental review or a commission from external donors.

POURAKHI Nepal, together with CARAM Asia and civil society partners, drove this change over two decades — building an irrefutable body of evidence from returnee migrants documenting their own realities.

As POURAKHI noted: "The issues were raised directly by migrant workers based on their lived experiences. That gave them a legitimacy in policy discussions that nothing else could replicate."

However, structural systems do not change in a single year. Twenty years of patient, political advocacy cannot be sustained on short-term, project-tied grants. Since 2014, the Robert Carr Fund has invested approximately $2.69 million into the CARAM Asia consortium, including $60,729 dedicated to POURAKHI's core operations — absorbing political risk, securing institutional stability, and enabling these organisations to evolve from service providers into policy advocates.

POURAKHI's victory remains precariously fragile. Within six months of the USAID suspension, national HIV testing collapsed by 34% and testing for highly marginalised groups virtually ceased. Fewer detected cases do not mean fewer infections. They mean the system stopped looking. It is in this context that POURAKHI's policy achievement carries its full weight — and why financial constraints on organisations like CARAM Asia directly limit the ability to turn advocacy wins into sustained, scaled-up programming.

As international stakeholders debate the future of global health financing, the lesson for Nepal is stark: biomedical interventions reach numbers, but community infrastructure reaches people. "Now there is recognition, but implementation is the real challenge," says an anonymous returnee woman migrant worker from Far Western Nepal. "Services must reach women in rural and border areas, not just remain on paper."

70. Ministry of Labour, Employment and Social Security. Rāṣṭriya Śrama Āpravāsana Nīti, 2082 [National Labour Migration Policy, 2082]. Government of Nepal, 2025, giwmscdnone.gov.np/media/pdf_upload/[redacted]_yqmb7yz.pdf.

5.3. Partner voices: services

> *"Service systems do not change in a single year. They change after a network has spent years documenting what is broken, more years pushing for it to be fixed, and one more watching the policy land."*
>
> – RCF 2025 Annual Report, Section 5 synthesis

> *"With our sub-grant and technical support, country partner Positive Initiative implemented a PrEP pilot across five Moldovan penitentiary institutions. Twenty-five prisoners initiated PrEP in three months."*
>
> – EMRHP

> *"Our Young Mentor Mothers programme reached 94% viral suppression. Under 1% mother-to-child transmission. Community-led mentoring at facility-equivalent clinical outcomes."*
>
> – International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+)

> *"Flash Fridays reached 560 health-provider participants in 2025; the My Healthcare Provider and Me materials supported relationships between adolescents and young people living with HIV and the providers who serve them."*
>
> – Paediatric-Adolescent Treatment Africa (PATA)

6. Outcome 4: Resource Accountability

6.1. Data Note

Resource accountability is the advocacy work networks do to track, scrutinise, and shape how HIV-response funding flows — who allocates it, how much is allocated, where it goes, whether it reaches ISPs, and what it actually pays for. It is an optional RCF outcome area; partners can choose to deliver against multiple outcomes, and 31 of the 72 (43%) chose Outcome 4 in Year 1. The same tiered model applies, with seats in formal budgeting processes for Advanced 2. Activities target resource flows to the HIV response — including funding for ISP-led and community-led services within it — across four funder targets: the Global Fund, PEPFAR/USG, national or sub-national governments, and other bilateral or international funders. Most O4-engaged partners worked across more than one funder.

04 Resource Accountability

TIER	DEFINITION
FOUNDATIONAL ACTION	Network has conducted budget monitoring of state or donor expenditure against their commitments or generated evidence of a gap between available funding and need
EARLY ACTION	Network has developed a campaign or other advocacy plans to push for increased sustainable financing, with meaningful involvement of communities served
ADVANCED ACTION (1)	Network implemented a campaign or other advocacy activities to push for increased sustainable financing
ADVANCED ACTION (2)	Network gained access to, or representation in, a donor's or state's budgeting process
RESULTS	Network's advocacy contributed to an increase in financial commitments to HIV response and ISP programming

Reading note. All O4 indicators are self-reported. Results (changes in funding flows) are verified against external evidence where available. Tiers are independently assessed and overlap; tier figures describe the breadth of activity visible in 2025 across networks whose work began before this grant cycle and will continue past it. They are observational, not directional. Section 1.3 sets out the 2025 funding environment in full. Some 2025 funding-related results are crosscutting with other outcome areas and have been counted under a single outcome to avoid double-counting. Global Action for Trans Equality (GATE)'s GC7 guidance contribution and International Treatment Preparedness Coalition (ITPC)'s Malawi CLM integration are counted under Section 5 (services).

6.2. Overview and Key Findings

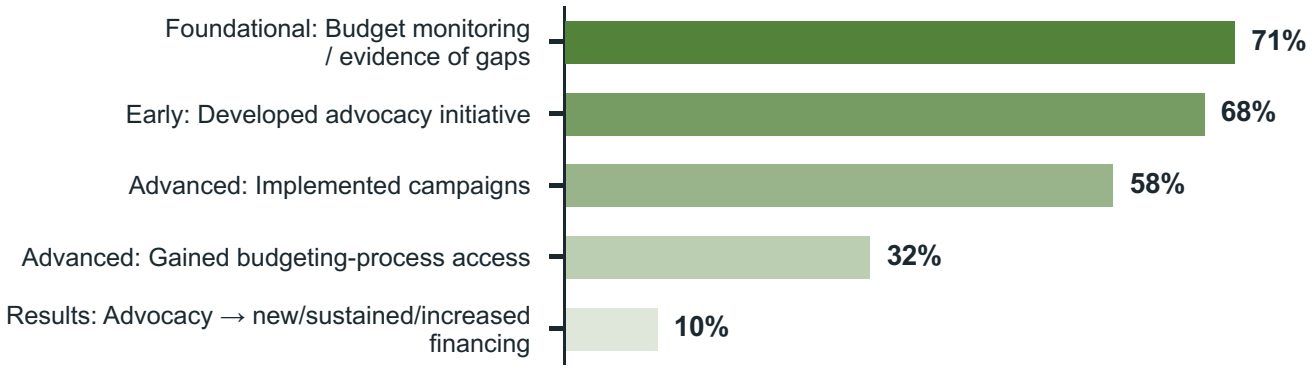
In 2025, 31 partners (43% of 72) chose resource accountability work in Year 1, delivering 73 engagement records (each one a discrete partner-reported piece of work tagged to a tier in the framework):

- 70 activity engagements — partner work at the Foundational, Early, or Advanced tiers — across the resource-accountability tiered model.
- 3 verified results across 3 countries and 1 global mechanism — 2 Tier 1 (changes already in effect) and 1 Tier 2 (formal commitment).

Partners chose between funder targets, and many engaged with more than one. Of the 31 partners, 22 (71%) directed advocacy at national or sub-national governments, 16 (52%) at the President's Emergency Plan for AIDS Relief (PEPFAR) / United States Government (USG), and 14 (45%) at the Global Fund.

6.2.1. Activity across the advocacy tiers

Figure 27: Year 1 Results: Outcome 4 resource accountability tiered indicator, % of 31 engaged partners.



The shape across the tiers reflects the breadth of activity in 2025. It does not reflect a sequence of progression. Partners hold multiple stages at once.

Foundational. Tracking and quantifying the funding environment

22 partners (71% of 31) tracked donor flows, mapped service disruptions, and built the evidence base for engagement with funders and governments.

- The International Network of People who Use Drugs (INPUD) anchored its 2025 funding-environment monitoring in two flagship publications. The Human Cost of Policy Shifts[71] documented the service-disruption impact of the United States funding freeze across harm-reduction settings. INPUD also co-developed WE INSIST! Non-Negotiables for and by Key Populations in the Reprioritisation and Revision of Global Fund Programmes in Grant Cycle 7, a collaborative document with RCF partners GATE, the Global Network of Sex Work Projects (NSWP), MPact Global Action for Gay Men's Health and Rights (MPact), as well as the Global Black Gay Men Connect (GBGMC), that set out community red lines for the Global Fund mid-cycle reallocation.[72]

71. International Network of People who Use Drugs. "The Human Cost of Policy Shifts: The Fallout of US Foreign Aid Cuts on Harm Reduction Programming and People Who Use Drugs." April 2025. https://inpud.net/the-human-cost-of-policy-shifts-rapid-assessment-findings/.

72. International Network of People who Use Drugs (INPUD), et al. WE INSIST! Non-Negotiables for and by Key Populations in the Reprioritisation and Revision of Global Fund Programmes in Grant Cycle 7. INPUD, GATE, NSWP, MPact, and GBGMC, June 2025, inpud.net/wp-content/uploads/2025/06/KP-Red-Lines-GC7-Reprioritisation.pdf. Also available at gate.ngo/knowledge-portal/publication/download-we-insist-key-population-non-negotiables-in-global-fund-revision-process/.

- Coalition PLUS, along with Sidaction, Frontline AIDS, and Aidsfonds surveyed 79 community-led organisations across 47 countries on the combined impact of the United States aid freeze and the French ODA cut. 77% reported that reductions in international donor funding had impacted their delivery of services to communities. PrEP capacity fell below 50% of January 2025 levels for 81% of organisations surveyed. 38% had completely discontinued at least one form of support service (including legal support, gender-based violence response, peer education, or counselling). Stock-outs and shortages affected gender-affirming hormone therapy and STI treatment products in 95% of organisations, harm reduction commodities in 93%, opioid substitution treatment in 92%, lubricants in 87%, and condoms in 86%.[73]
- ITPC conducted two parallel exercises in early 2025. On 29 January, virtual consultations with ITPC's regional bodies (EECA, LATCA, MENA) identified response priorities, including documenting a USD 120,000 cut to ITPC EECA's annual budget. On 6 February, 18 organisations from the Community Action Network (CAN) completed an online survey on the funding-freeze impact: 94% of respondents reported being directly or indirectly affected, Community-Led Monitoring activities were disrupted for 77%, and 84% expected difficulty securing alternative funding.[74]

Early action. Building advocacy strategy

21 partners (68% of 31) translated the funding-environment evidence into specific asks, target audiences, and timing. They aligned with replenishment cycles, country budgets, and Global Fund proposal windows.

- Asia Pacific Coalition on Male Sexual Health (APCOM) responded to the PEPFAR and United States Agency for International Development (USAID) funding freeze with rapid documentation and advocacy informed by communities directly affected. As a new 2025 activity, APCOM convened a community consultation on 7 February 2025[75] with representatives from seven Asia-Pacific countries (Burma/Myanmar, Cambodia, Laos, Nepal, Philippines, Thailand, Vietnam) to document country-level impacts[76]. APCOM then issued a public statement on the threat to community organisations on 9 February 2025, and in April co-developed a Seven Alliance joint statement on the consequences of the U.S. funding freeze for key populations across the Asia-Pacific region.[77] RCF core flexible funding paid for the operational and communications infrastructure that made this rapid response possible.
- MPact launched an emergency community-led documentation effort in 2025 in response to the immediate and severe United States government funding cuts. Community members in Kenya, Ghana, Mozambique and Zimbabwe gathered evidence, stories and data on how the cuts were affecting people's lives and access to services, with a particular focus on gender-diverse and queer communities whose access to culturally competent care was most at risk. MPACT initially directed the advocacy at the United States government in an attempt to prevent the cuts, then pivoted to engaging new potential funders and policymakers to fill the resulting funding gap. RCF core flexible funding paid the salary of the staff member leading the work.

73. Coalition PLUS, et al. Impact of the U.S. Government Funding Freeze: One Year Later. Coalition PLUS, Sidaction, Frontline AIDS, and Aidsfonds, 20 Jan. 2026, drive.google.com/file/d/13xYR41-c4eWsiMQ0k2Ha3oL_mgOn87DF/view.

74. International Treatment Preparedness Coalition (ITPC). Community Engagement. Build Resilient Communities, ITPC, 2026, brc.itpcglobal.org/our-work/community-engagement/. Additional data from ITPC narrative submission to the RCF 2025 Annual Survey.

75. Asia Pacific Coalition on Male Sexual Health (APCOM). APCOM Statement: The Funding Freeze Is a Threat to Our Community. APCOM, 9 Feb. 2025, www.apcom.org/apcom-statement-funding-freeze-threat-our-community/.

76. Asia Pacific Coalition on Male Sexual Health (APCOM). Relentless: Rights, Health and Wellbeing of Key Populations under Threat from PEPFAR Freeze. APCOM, 9 Feb. 2025, www.apcom.org/relentless-pk-under-threat-pepfar-freeze/.

77. Seven Alliance. Consequences of the U.S. Funding Freeze on Key Populations in Asia-Pacific Region. APCOM, APN+, APNSW, APTN, ICW-AP, NAPUD, and Youth LEAD, 10 Apr. 2025, www.apcom.org/skpa-consequences-us-funding-freeze-key-populations-asia-pacific/.

Advanced action 1. Running campaigns

18 partners (58% of 31) moved community evidence directly into donor and government decision-making spaces.

- MENA Rosa, along with ITPC MENA, and the MENA H Coalition coordinated regional advocacy with Gulf-state donors ahead of the Global Fund 8th Replenishment. A 46-organisation joint statement, issued in December 2025, called on the Gulf Cooperation Council to announce its contribution at the upcoming Board meeting, framing Global Fund investment as health diplomacy aligned with national visions (Saudi Vision 2030, UAE Centennial 2071, Qatar Vision 2030) and a return of USD 19 in health gains per USD 1 invested.[78]
- At the 2025 Funders Concerned About AIDS (FCAA) Global Philanthropy Summit[79], Paediatric-Adolescent Treatment Africa (PATA) presented evidence from its consortium partner the Coalition for Children Affected by AIDS (CCABA) on funding gaps for children, adolescents and caregivers affected by HIV[80], calling on private philanthropy to make smarter, more targeted investments that centre communities, strengthen accountability, and protect progress in a shifting global funding landscape. In parallel, the Vibrant Young Voices (VYV) Consortium, led by Y+ Global in partnership with PATA and CCABA, co-developed a survey for young advocates to surface how funding cuts are affecting children, adolescents and young people living with or affected by HIV across 12 countries (Angola, Cameroon, Eswatini, Kenya, Malawi, Mozambique, Nigeria, South Africa, Uganda, Tanzania, Zambia, Zimbabwe), feeding directly into International Conference on AIDS and STIs in Africa (ICASA) 2025 advocacy positioning. PATA also issued a public solidarity statement on the US funding freeze[81] and joined participants of the IAS Heart of Stigma Forum in a collective statement on the global HIV funding crisis[82].

- The European Network of People who Use Drugs (EuroNPUD) ran an EU-focused advocacy campaign to strengthen sustainable HIV and harm-reduction financing for inadequately served populations, particularly people who use drugs. EuroNPUD tracked EU4Health and other EU funding streams, documenting gaps between donor pledges and actual disbursements, and translated those findings into briefs and written submissions to the European Commission and donor agencies. Peer networks from Poland, Czechia and Lithuania contributed lived-experience evidence, which EuroNPUD delivered through interventions at the 56th and 57th UNAIDS Programme Coordinating Board (PCB) meetings and inputs into the Global AIDS Strategy 2026–2031[83]. The campaign, implemented under the Spotlight, Community, Action! Leadership of People Who Use Drugs (SCA!LPUD) consortium, also secured EuroNPUD's participation in a European Union Drugs Agency (EUDA)-funded project running through 2027.[84]

Advanced action 2. Sitting in budgeting processes

10 partners (32% of 31) held formal seats in 2025 in the budgeting processes where resource decisions for inadequately served populations are made. These include Global Fund Board delegations, Country Coordinating Mechanisms (CCMs), and government budget consultations.

78. MENA Rosa, et al. Urgent Call to the Gulf Cooperation Council to Announce Its Contribution to the Global Fund's Replenishment Ahead of the Upcoming Board Meeting (Joint Statement Signed by 46 Organisations). MENA Rosa, ITPC MENA, and MENA H Coalition, 3 Dec. 2025, ugc.production.linktr.ee/14d0be88-1b34-4d75-9bb9-bf2dae557f0b_.pdf.
79. Funders Concerned About AIDS (FCAA). 2025 FCAA Global Philanthropy Summit. FCAA, 2025, www.fcaaids.org/events/2025-fcaa-global-philanthropy-summit/.
80. Coalition for Children Affected by AIDS (CCABA). End Inequity for Children and Adolescents Affected by HIV and AIDS: New Data on Financing — Advocacy Briefing. CCABA, in partnership with WHO, UNICEF, UNAIDS, Avenir Health, and the Global Alliance to End AIDS in Children, Nov. 2024, childrenandhiv.org/wp-content/uploads/2024/11/241030-CCABA-Advocacy-Briefing-Final-11-Nov.pdf.
81. Paediatric-Adolescent Treatment Africa (PATA). USAID Statement — US Funding Freeze. PATA, 2025, teampata.org/usaid-statement/.
82. Participants of the Heart of Stigma Forum. Solidarity in the Face of Crisis: A Statement from Participants of the Heart of Stigma Forum. International AIDS Society (IAS), 2025, www.iasociety.org/ias-programme/heart-stigma/solidarity-in-the-face-of-crisis-statement.
83. European Network of People who Use Drugs (EuroNPUD). EuroNPUD Delivered at the 56th UNAIDS Programme Coordinating Board Meeting. EuroNPUD, 2025, www.euronpud.net/euronpud-delivered-at-the-56th-unaids-programme-coordinating-board-meeting/; EuroNPUD Delivered at the 57th Programme Coordinating Board Meeting. EuroNPUD, 2025, www.euronpud.net/euronpud-delivered-at-the-57th-programme-coordinating-board-meeting/; EuroNPUD Participated in the Development of the Global AIDS Strategy 2026–2031. EuroNPUD, 2025, www.euronpud.net/euronpud-participated-in-the-development-of-the-global-aids-strategy-2026-2031/.
84. European Network of People who Use Drugs (EuroNPUD). From Lived Experience to Policy Impact: Advancing Community-Led, Human Rights-Based Drug Responses in Europe. EuroNPUD, 2025, www.euronpud.net/from-lived-experience-to-policy-impact-advancing-community-led-human-rights-based-drug-responses-in-europe/.

- The Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM)'s Director Vitaly Djuma serves as a member of the Global Fund Board, bringing the perspectives of LGBT+ communities in Eastern Europe and Central Asia into the Fund's central governance body.
- The Eurasian Women's Network on AIDS (EWNA) holds a seat on the Global Fund Communities Delegation, contributing community evidence to funding-request development and Board-level deliberations.
- The Middle East and North Africa Harm Reduction Association (MENAHRA) contributed to the MC MENA 3 Global Fund proposal as part of the MENA H Coalition. The proposal was approved, securing harm-reduction resources for the region.
- The African Youth and Adolescents Network on Population and Development (AfriYAN) participated in Zimbabwe's Youth Inclusive Budget Consultative Conference and national budget consultations, presenting findings from advocacy visits to correctional facilities (Hwahwa and Shurugwi Female Prisons) to advocate for increased investment in health, education, and HIV prevention services for young people in detention.

Results. Year 1 changes in funding flows

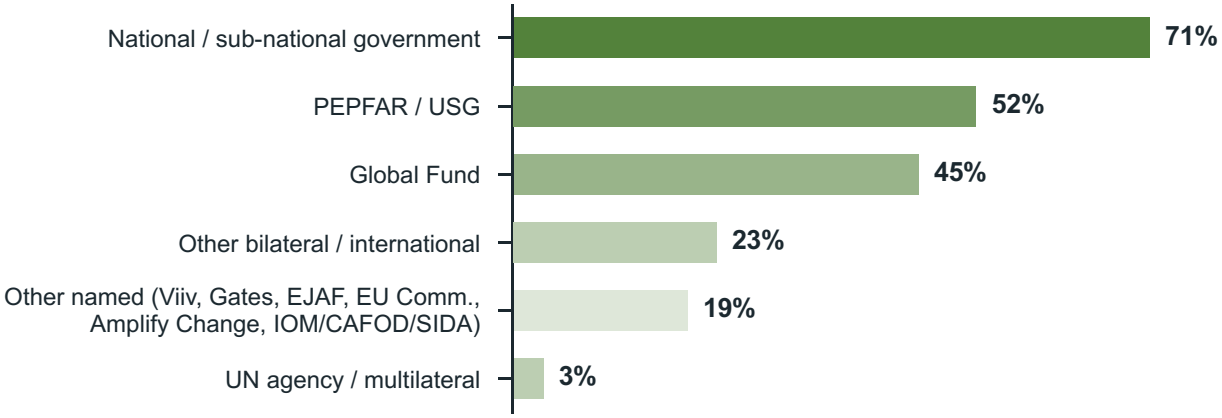
Three changes in funding flows are reported here, contributed by three partners (10% of 31) across 3 countries and 1 global mechanism. Of the three, two are Tier 1 (already in effect) and one is Tier 2 (formal commitment made). All results are listed below.

OUTCOME 4 · YEAR 1 CHANGES IN FUNDING FLOWS

PARTNER	TIER	COUNTRY / SCOPE	RESULT
International Network of People who Use Drugs (INPUD)	TIER 1 GLOBAL FUND	ESA / Tanzania; WCA / Nigeria	Global Fund GC7 mid-cycle reprioritisation increased prevention funding for people who use drugs in Tanzania (+17.6%, reinstating and expanding outreach in Mbeya and Songwe) and Nigeria (+17.9%, expanding the National Strategic Plan to Anambra, Enugu, and Ebonyi states, adding overdose prevention and Hepatitis C Virus (HCV) treatment).
The Global Network of Young People Living With HIV (Y+ Global)	TIER 1 GLOBAL FUND	WCA / Cameroon	First-ever formal budget allocation within the Cameroon Global Fund GC8 grant, dedicated to youth-led peer medication delivery and safe spaces. Y+ Global linked grassroots Have Your Say! evidence to high-level technical advocacy with national stakeholders, moving youth-led services from an unfunded mandate to a costed line in a country grant.
Trans Europe and Central Asia (TGEU)	TIER 2 UNAIDS	Global (UNAIDS Programme Coordinating Board 57th meeting (PCB57))	UNAIDS PCB57 decision points adopted formal commitments to ensure predictable financing for community-led organisations and to make CLM a funded part of the global HIV response. Through the same advocacy, Trans Europe and Central Asia (TGEU) coordinated civil-society mobilisation across over 1,000 organisations, contributing to the preservation of UNAIDS in 2025–2026.

Funder targets in 2025. National and sub-national governments led at 71% (22 of 31 partners), followed by PEPFAR/USG at 52% (16 partners) and the Global Fund at 45% (14 partners). Other bilateral or international funders were targeted by 23% (7 partners), named non-standard funders (ViiV Healthcare, Gates Foundation, EJAF, EU Commission, Amplify Change, IOM/CAFOD/SIDA) by 19% (6 partners), and UN agencies by 3% (1 partner). Most partners worked across multiple funders rather than choosing one.

Figure 28: Outcome 4 funders targeted in Year 1; % of 31 engaged partners

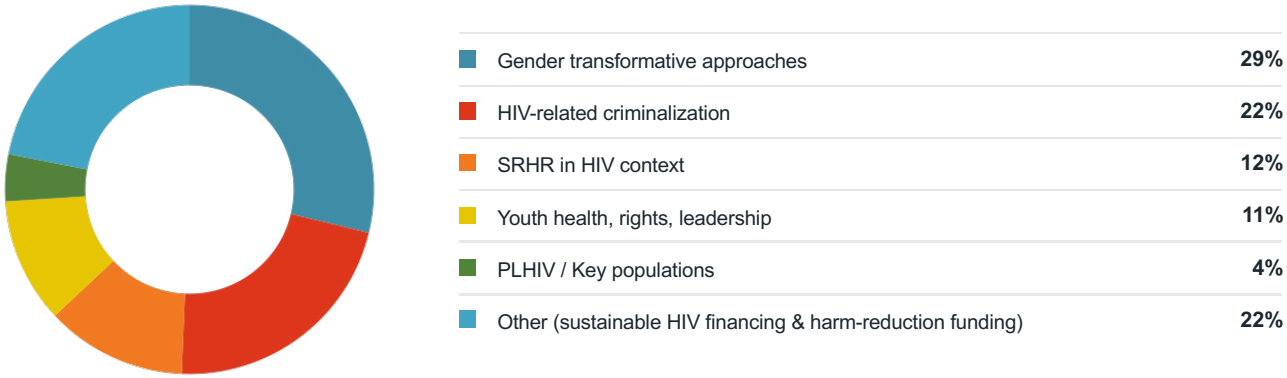


The distribution shows partners working two levels at once. With United States bilateral aid suspended and Global Fund cycle pressures intensifying, networks worked to protect existing funding for community-led organisations while turning to domestic financing conversations. National budgets, sustainability roadmaps, and Country Coordinating Mechanism seats became the terrain where community-led influence on resource flows was built in 2025. The high PEPFAR/USG figure is not a story of partners pursuing US funding. It reflects 16 networks documenting the damage of the January 2025 funding freeze through rapid impact surveys, public statements, and protest, then channelling that evidence into advocacy with Global Fund, UNAIDS, European donors, and domestic financing processes.

6.2.2. Where the advocacy focuses

Out of 73 focus-area tags (70 activities and 3 results), three themes dominate the O4 portfolio. Gender transformative approaches lead at 29%. HIV-related criminalisation (including of drug use or sex work) and sustainable rights-based funding for HIV and harm-reduction services tie at 22% each. Together they account for 72% of all O4 focus area mentions.

Figure 29: Outcome 4 thematic focus areas; 73 total mentions across 31 engaged partners



In a year of contracting bilateral aid, networks did not separate the funding fight from the gender and criminalisation fights. The same partners working on resource accountability framed it as inseparable from who gets criminalised and whose needs get costed in.

Holding the Line: How RedLacTrans Turned Crisis into Collective Strategy

Partner: RedLacTrans, under the Trans Health and Rights Advocacy Network (THRIVE) Consortium
Scope: Latin America and the Caribbean (18 countries)

When an HIV funding crisis rocked the globe, the impact on transgender communities across Latin America and the Caribbean (LAC) was profound. The dismantling of USAID in January 2025 axed more than $8.3 million for community-led HIV organisations in the region. The Global Fund paused regional key population grants in May 2025, worth some $3.5 million annually.

Other funding streams simultaneously contracted. Support from the American Jewish World Service (AJWS) was reduced from $75,000 to $35,000. In Argentina, the closure of the Ministry of Women, Gender and Diversity in June 2024 ended domestically-funded programmes like Acompañar, which provided 352,300 women and LGBTI+ people with direct financial support.

For the Red Latinoamericana y del Caribe de Personas Trans (RedLacTrans), these cuts slashed 50% of operating costs and affected 70% of activities. Nine country affiliates lost advocacy funding. After ten years of impact, the network's flagship community-led monitoring initiative was under threat. These cuts have a devastating impact on people's lives. The LAC region accounts for ~80% of global trans murders, and HIV prevalence is 20 times higher among the trans population.

At the same time, RedLacTrans members were confronting intensified anti-gender rhetoric, closing civic space, and escalating violence. For many organisations, this combination of funding withdrawals and mounting threats could have triggered paralysis. Instead, RedLacTrans responded with collective planning, regional coordination, and strategic determination.

The long-standing relationship with RCF was a beacon in the turbulence. "RCF has been a witness to and participant in our growth and development for over 12 years," said the network. "This stability is what has brought us this far and will continue to propel us forward."

From 20–21 August 2025, RedLacTrans convened the LAC Trans Activism Meeting in Panama. Trans leaders from 16 countries came together to organise around the funding crisis. This response was governed by a 100% trans-led Board and Secretariat. The convening produced two major plans. The first was the RedLacTrans Regional Sustainability Plan 2026–2028, designed to strengthen its organisational and financial outlook.[viii] The second was the Subregional Political Advocacy Plan for Central America and Mexico 2026–2028, focused on violence against trans people.

The Sustainability Plan looks beyond crisis management towards long-term economic transformation. It aims to place 500 trans people into employment through labour inclusion strategies such as quotas, union partnerships, and working with companies on hiring practices. It thinks outside of conventional health-sector approaches, focusing on trans-inclusive workplaces, trans worker cooperatives, and entrepreneurship.

For RedLacTrans, economic inclusion is health policy. "We know that a person living with HIV who has access to work, education, and housing is more likely to adhere to treatment," the network explained. The Political Advocacy Plan confronts democratic regression and organized anti-trans narratives. It seeks to strengthen trans political participation by supporting inclusion in electoral lists and developing political platforms centred on trans rights.

While developing these ground-breaking plans, RedLacTrans was fighting for survival. In 2025, it submitted more than ten funding applications to stabilize operations and diversify support.

RedLacTrans' Panama City convening was funded by AJWS, with work carried out under the THRIVE Consortium — a global coalition of trans-led networks supported by RCF.

That investment in trans movements mattered. Flexible core funding from RCF enabled trans-led networks to strengthen organisational capacity and invest in leadership. In doing so, THRIVE laid the foundation for RedLacTrans to respond effectively when crisis hit.

At a moment when many donors stepped back, RedLacTrans stressed the importance those that remained. “The fact that RCF has continued to support RedLacTrans is of immense value to us,” the network reflected. “Both morally and materially, having RCF by our side has been invaluable, especially in a global context that is becoming increasingly hostile to trans people.”

In a year defined by funding cuts and political uncertainty, RedLacTrans refused to retreat. Rather than narrowing its ambitions, it transformed crisis into opportunity for a more sustainable future.

6.3. Partner voices: resources and sustainability

> *“The funding environment is a multi-front operating reality. The networks that opted in to resource accountability worked the Global Fund, PEPFAR, national treasuries, and Gulf-state donors in the same year, because all of them moved in the same year.”*
>
> – RCF 2025 Annual Report, Section 6 synthesis

> *“Our advocacy contributed to a Global Fund GC7 reprioritisation that increased prevention funding for people who use drugs in Tanzania by 17.6% and in Nigeria by 17.9%.”*
>
> – International Network of People who Use Drugs (INPUD)

> *“Our Gulf-state donor diplomacy in the lead-up to the Global Fund 8th Replenishment was anchored in evidence about women living with HIV in MENA and the gap between published commitments and disbursed funds.”*
>
> – MENA Rosa

7. Gender Transformative Approaches

For trans-led networks, sex worker networks, networks of women living with HIV, and networks of women who use drugs; criminalisation, violence, and exclusion are gendered in their causes and gendered in their effects. Their advocacy responds in kind. This section reads across the four outcome areas to draw out the patterns.

7.1. Cross-portfolio Gender Transformative Approach findings

In 2025, 51 of 72 partners (71%) addressed gender norms, power imbalances, or discrimination in at least one outcome area. This is the highest cross-cutting engagement rate in the survey. The work is concentrated in human rights advocacy: 63% of partners working on Outcome 2 addressed gender, compared to 42% in Outcome 4 (resource accountability) and 31% in Outcome 3 (services). The following patterns characterise the work.

Trans rights as a global fight over resources. Trans-led networks anchored this work in 2025. Global Action for Trans Equality (GATE) framed structural exclusion of trans and gender diverse communities from HIV financing as the central issue. Trans Europe and Central Asia (TGEU) documented 281 trans murders between October 2024 and September 2025; 90% were trans women or transfeminine, and 88% were Black or Brown. East Africa Trans Health and Advocacy Network (EATHAN) documented the immediate impact of US funding withdrawals, with 87% of surveyed organisations rating cuts as severe. Gender identity is the basis on which entire communities are excluded from funding, which makes financing advocacy itself a gendered question.

Women's lives at the intersection of HIV, drug policy, and migration. The strongest examples in 2025 came from networks treating gender, criminalisation, and economic precarity as a single problem rather than three separate ones. Harm Reduction International (HRI) documented disproportionate sentencing of women for low-level drug offences, including cases of women on death row. Coordination of Action Research on AIDS and Mobility (CARAM Asia) documented gender-based exploitation of migrant women across Asia. The Eurasian Network of People who Use Drugs (ENPUD) found that 82% of women and gender-diverse people in opioid agonist maintenance therapy programmes in Poland, Czechia, and Lithuania faced systemic barriers. Across all of this work, gender-responsive design must start from recognising that laws and services treat male experience as the default.

Criminalisation as gendered economic injustice. Sex worker and LGBTQI+ networks highlighted the ways in which criminalisation undermines labour rights, economic security, and human rights. The Global Network of Sex Work Projects (NSWP), the African Sex Workers Alliance (ASWA), Asia Pacific Network of Sex Workers (APNSW), and Plataforma Latinoamericana de Personas que Ejercen el Trabajo Sexual (PLAPERTS) anchored this work for sex workers. ASWA's murder-monitoring tool fed evidence into Zambia's service-transition consortium, and APNSW's survey on the United States funding freeze found 70% of sex worker-led organisations under financial strain. The Asia Pacific Coalition on Male Sexual Health (APCOM) and MPact Global (MPact) made the parallel case for gay and bisexual men, framing homophobia in healthcare as a form of gender-based discrimination that shapes HIV outcomes.

Feminist practice as service-delivery design. Two examples stand out. Coalition PLUS's Test and Treat programme in Burundi and Ecuador rewrote a clinical assumption. Staff are now instructed to systematically offer proctological care to women living with HIV, female sex workers, and trans people, dismantling the long-standing equation of anorectal care with gay and bisexual men. The International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+)'s Young Mentor Mothers programme reached 94% viral suppression among participants while placing women on district health councils, treating clinical outcomes and political voice as one connected goal.

Adolescent girls and young women (AGYW) at the intersection of HIV, gender, and economic precarity. Networks led by and working with AGYW treat gender as a defining condition shaping HIV vulnerability, access to services, and the funding environment. The Global Network of Young People Living with HIV (Y+ Global) linked grassroots Have Your Say! evidence to high-level technical advocacy that secured the first formal budget allocation for youth-led peer medication delivery within the Cameroon Global Fund GC8 grant and shifted clinics in Southern Africa and Nigeria from biomedical-only targets to Youth-Friendly Quality Standards. Across these examples, AGYW work treats gender, age, and economic position as a single intersecting condition rather than separate categories.

What 2025 reveals is that gender transformative work is strongest in the parts of the portfolio where it sits inseparable from the core mission. In trans-led, sex worker-led, and women-living-with-HIV-led networks, every advocacy action is a gender action by definition. Engagement in gender transformative approaches reads lower in routine service delivery, prison-health work, and country-level financing advocacy — partly because a specific gendered focus is generally less common there, and partly because partners doing gender transformative work in those areas describe it in other language: rights, dignity, criminalisation, community-led care.

7.2. Partner voices: intersectionality and feminist practice

> *"Our financing advocacy work centers on the needs and priorities of trans and gender diverse communities, structurally excluded from HIV funding decisions. The challenges our communities face are rooted in gender-based issues: the criminalisation of trans and gender diverse people worldwide, the escalating attacks of the anti-gender movement in regard to resource allocation, and the underinvestment in community-led responses."*
>
> – Global Action for Trans Equality (GATE)

> *"In 2025, EATHAN collaborated with the United Nations Population Fund (UNFPA) and regional activists through the 2GETHER 4 SRHR initiative to co-create a strategic policy brief addressing how harmful social norms obstruct sexual and reproductive health and rights. We advocated for an intersectional lens to dismantle 'purity culture' and 'cishet-centric' narratives that exclude trans individuals from healthcare discussions."*
>
> – East Africa Trans Health and Advocacy Network (EATHAN)

> *"In 2025, HRI addressed the gendered impacts of punitive drug policies, including the disproportionate sentencing of women for low-level drug offences, cases of women sentenced to death, and the structural factors, poverty, coercion and caregiving responsibilities, that shape women's criminalisation. Through documentation, legal analysis and sustained engagement at the UN level, we consistently framed drug policy as a gender and human rights issue."*
>
> – Harm Reduction International (HRI)

The networks doing this work do not see gender as a separate strand to report on. They see it as the ground their communities stand on, and the frame their advocacy is built around.

From Criminalisation to Recognition: How AGCS PLUS is Challenging Gender-Based Exclusion in francophone West and Central Africa.

Partner: Alliance Globale des Communautés pour la santé et les droits (AGCS Plus)
Scope: French-speaking West and Central Africa

What does it mean to live in a society where who you are can be treated as a crime?

Across Francophone West and Central Africa, sexual and gender minorities are increasingly confronted with anti-rights movements, restrictive legislation, targeted violence, and a shrinking civic space. In several countries, sexual orientation and gender identity have become tools of political mobilization, often at the expense of fundamental human rights principles.

In response to this reality, AGCS PLUS goes beyond documenting violations. The network works to transform the power structures that institutionalize the exclusion and marginalization of communities.

By bringing together 21 organisations across 12 Francophone African countries, AGCS PLUS generates community-led evidence, strengthens activists' capacities, and creates spaces where communities can directly advocate for their rights before national, African, and international institutions.

This approach has enabled the network to strengthen the presence of community-based organisations within the African Commission on Human and Peoples' Rights (ACHPR). During the ACHPR's 85th Ordinary Session, AGCS PLUS and its partners brought attention to the implications of Burkina Faso's Family and Persons Code, helping to place issues of dignity, equality, and protection of sexual and gender minorities and women at the center of regional human rights discussions.

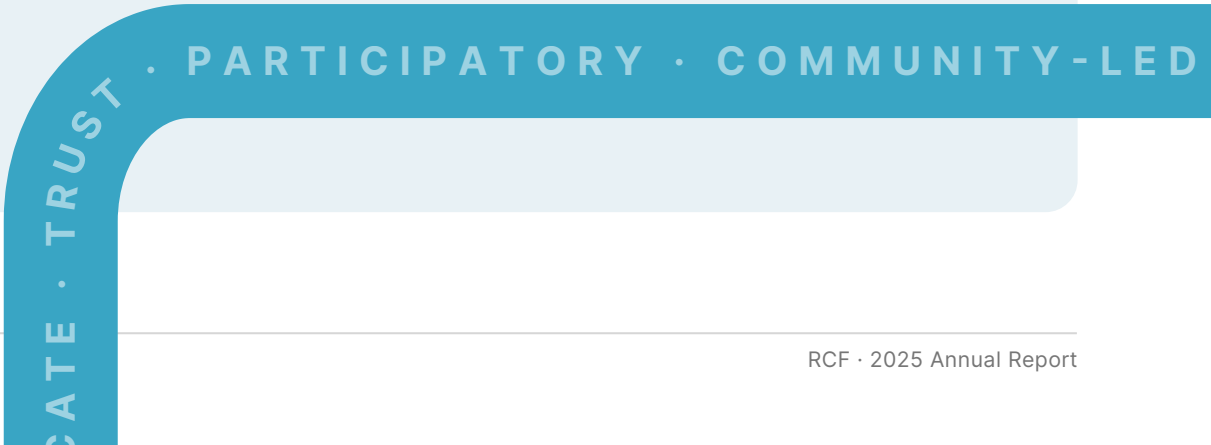
In Togo, AGCS PLUS supported community organisations in the framework of the Universal Periodic Review (UPR), helping to generate previously undocumented evidence on violence and discrimination affecting communities. This information has contributed to international accountability mechanisms and strengthened the capacity of community actors to influence national debates.

AGCS PLUS has also developed strategic alliances with National Human Rights Institutions, National AIDS Councils, feminist movements, and African human rights mechanisms to ensure that issues affecting sexual and gender minorities are recognised as matters of citizenship, public health, and democracy.

For AGCS PLUS, transformative change is not limited to reforming laws. It also means challenging the social, political, and institutional norms that determine whose identities are recognised, whose voices are heard, and whose rights are protected.

Thanks to the flexible support of the Robert Carr Fund, the network has strengthened its regional influence, consolidated strategic partnerships, and helped build a collective Francophone voice capable of responding to anti-rights offensives.

At a time when hard-won rights are increasingly under threat, AGCS PLUS stands by a simple conviction: sexual and gender minorities are not asking for special rights. They are claiming access to the same rights, dignity, and protection as everyone else. This is the vision of a more just, inclusive, and democratic society that the network continues to advance across Francophone Africa.



8. Cross-Portfolio Analysis

Section 8 reads across the four outcome sections of this report to surface the patterns the portfolio shows when taken as a whole. It does not repeat the per-outcome findings already presented in Sections 3 to 6, or the gender analysis in Section 7. This section synthesises three things: what the 2025 reporting reveals about how this networked portfolio operates, what RCF is learning about advocacy at scale across the four outcomes, and how partners themselves are supporting one another through a year of acute external pressure.

8.1. Portfolio-Wide Patterns and Themes

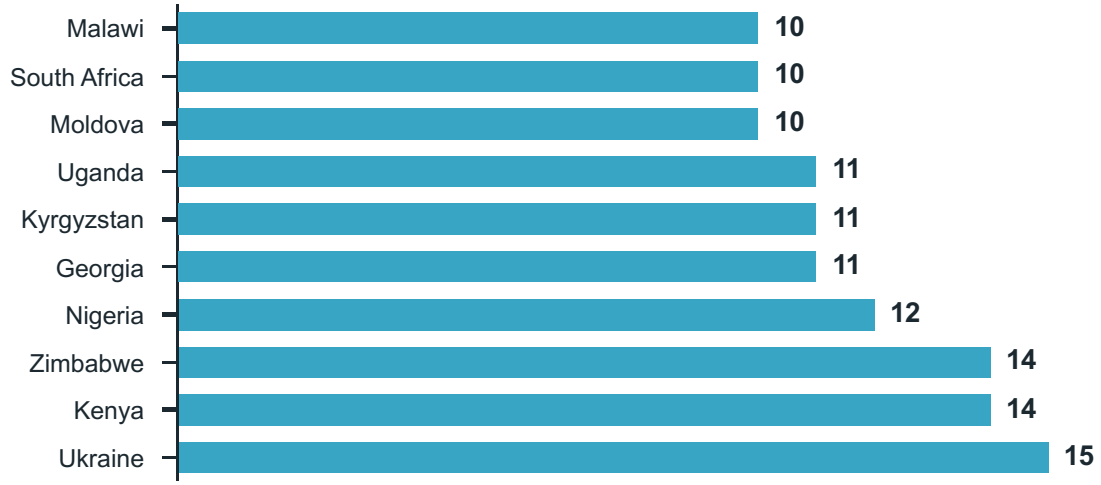
Three patterns come out of the 2025 data when read across the full cohort of 72 networks.

The first pattern is structural. The five-tier advocacy model repeats its shape across Outcomes 2, 3, and 4. Evidence generation and strategy development sit at the top, sustained campaigns sit in the middle, formal seats in decision-making processes thin out, and documented legal or policy change is the rarest tier in any single year. This is not a hierarchy or a pipeline; the cohort is not progressing through it. It is the texture of long-horizon advocacy seen at one point along its arc. Most networks in this portfolio have been doing this work for years. The cycle catches them mid-stream rather than at a starting line. Evidence and strategy are continuous activities because the policy environments these networks advocate in keep shifting. Documented results land when years of work happen to conclude inside the reporting window. The shape of the curve is what sustained advocacy looks like when 72 networks are measured against the same framework in the same year.

The second pattern is interdependence. The portfolio's regional and global networks operate inside a connected system that runs across all four outcomes simultaneously. A regional trans network's institutional strength (Outcome 1) is the platform from which it carries community evidence to UN mechanisms (Outcome 2), supports national affiliates on service-access advocacy (Outcome 3), and intervenes in Global Fund and UNAIDS processes (Outcome 4). The outcome areas describe distinct strands of work for measurement purposes. In partners' own descriptions, those strands are inseparable. The 19 verified Year 1 results were produced through this kind of integrated network capacity, with country-level partners, regional networks, and global networks each contributing what they are uniquely positioned to provide: lived-experience evidence, cross-country reach, and access to multilateral decision-making, amongst many other varied contributions.

That interdependence is visible geographically. In 115 of the 167 countries where RCF-funded networks report activity (68.9%), two or more are present in the same country, often through their own affiliates and members. Presence concentrates in a number of countries: in Ukraine, 15 RCF-funded networks report activity, with 14 each in Kenya and Zimbabwe and 12 in Nigeria. This is the network model made visible at country level: globally and regionally organised networks reaching into the same places, where their affiliates and members can reinforce one another's work.

Figure 30: A portfolio-wide pattern: where RCF network reach is deepest, top 10 of 115 countries where more than one partner reports reach (2025)



Note. Country reach expands region-wide work to every country in the region, so 115 countries with 2 or more networks describes coverage/reach rather than country-specific activity.

The third pattern is the contrast between two opposing pressures (with & against). The conditions partners worked inside hardened across 2025: funding pressure cited by 76% of partners, anti-rights and anti-gender movements by 31%, shrinking civic space by 22%, and the cumulative effect of all three on planning horizons. The advocacy curves moved in the other direction. Foundational and early-stage activity ran at high rates across all three optional outcome areas. Coalition-building rose from 57% at baseline to 76% at Year 1. Intersectional engagement deepened. The cohort produced 19 verified results in conditions that might well have produced none. What the contrast describes is the resilience of the network model under acute pressure, with the caveat that resilience built on eroding foundations is not sustainable. Moving forward, the funding base will need to urgently catch up with the advocacy capacity it is meant to sustain.

These three patterns describe the operating basis of the portfolio in Year 1. The work is too varied for any single advocacy frame to hold yet structured enough that networks find their collaborators within and across clusters of shared identity and targets. Partners run multiple stages of advocacy simultaneously and produce documented results where years of accumulated work come to ground in 2025. The portfolio does not reflect a sequence; it is the year-on-year visible pathway of long-horizon networked advocacy under sustained pressure.

8.2. What RCF Is Learning: Year 1 MEL Reflections

Two learning questions anchor the 2025–2027 grant cycle. (1) How does collective advocacy by interconnected ISP-led networks at national, regional, and global levels produce policy and normative change? And (2) how does sustained, flexible investment support the multi-layered, interdependent community-built infrastructure that makes that advocacy possible?

Year 1 has produced three early answers.

First, the long arc of advocacy. Advocacy outcomes maintain their own schedule; they don't align with grant-cycle timelines. The 2025 documented results reflect work that began before this grant cycle and will continue past it. Coordination of Action Research on AIDS and Mobility (CARAM Asia)'s Nepal migration policy amendments build on cross-border research developed across years of regional membership work. The European Prison Litigation Network (EPLN)'s three concurrent Council of Europe and UN decisions on Ukrainian prison healthcare rest on six years of documentation sustained through a full-scale invasion. Year 1 is the baseline year for Outcomes 2,

3, and 4. The advocacy outcome cycle targets (planned areas of work) are set by our partners for 2027, on the principle that advocacy at this scale cannot be hurried.

Second, the interdependence across levels. Every national result documented in this report was produced by a regional or global network working with country-level members. The network-of-networks design is what allowed grassroots evidence to travel into multilateral decision-making spaces and global normative shifts to translate into national policy entry points. This is what the learning question is asking about, and the 2025 reporting suggests the mechanism is functioning. It also confirms that the mechanism is not a substitute for direct funding to country-level community organisations, and it is not infinitely scalable in the absence of sustained core investment in the connective infrastructure that holds it together.

Third, what the framework captures clearly and what stays at the edges. RCF's MEL framework captures partner-led advocacy at the individual network level with high resolution. It captures less of the collaborative work that travels between networks: one partner's evidence used in another's submission, joint advocacy at country level, peer mentoring across regions. That work shows up clearly in partners' open-text descriptions but has no dedicated indicator. Making this inter-network advocacy visible, without losing the partner-by-partner resolution that makes the rest of the data useful, is one of the intentions carried into the next iteration of the RCF MEL framework.

A note on data limits. The framework uses yes/no gateway questions to determine counts, with open-text descriptions giving the texture. Some partners under-claim, some over-claim, and the qualitative read of all 72 responses was used to validate where the count and the description pulled in different directions. The 2025 numbers are a high-confidence read on what partners explicitly named, with the qualitative texture filling in what the gateway questions do not capture.

8.3. Solidarity and Peer Learning

The clearest expression of cross-network collaboration in the portfolio is the consortium structure described in Section 1.2 above: 88% of partners hold either consortium membership or leadership across ISP-led communities, with the remaining minority funded as single networks. Consortia span community lines as well as geography. For example, the MENA Consortium on HIV and Harm Reduction brings harm reduction, HIV, and women living with HIV networks together for collaborative programming across the region, anchored by the Middle East and North Africa Harm Reduction Association (MENAHRA), MENA Rosa, and the Regional Arab Network Against AIDS (RANAA). The International Community of Women Living with HIV (ICWLHIV) consortium illustrates the cross-regional pattern: it connects 5 regional ICW bodies under one structure (ICWEA, ICWSA, ICWWA, ICWCA, and ICWAP). In a year when external pressures might have pushed networks toward operating in isolation, the consortium model held.

The International Community of Women Living with HIV East Africa (ICWEA) shows how the consortium structure converts regional coordination into shared evidence. When the 2025 United States stop-work order disrupted HIV services, ICWEA coordinated a rapid assessment of the impact on women and girls living with HIV, with its country chapters (ICW-Kenya, Dignity and Wellbeing in Tanzania, ICW-Rwanda, CBF+ in Burundi, and the ICW Uganda Chapter) administering it to their memberships. ICWEA anchored the analysis and carried the findings into regional advocacy, calling on African leaders ahead of the African Union Summit to prioritise health financing under Agenda 2063 and engaging Ministries of Health on sustainability planning.

Beyond the formal consortia, regional and movement solidarity was the factor partners cited most often as enabling their continued advocacy through 2025. United Caribbean Trans Network (UCTrans) described Community Liaison Officers placed with partner organisations in the Bahamas and Jamaica as the practical mechanism for Caribbean trans solidarity. The Pacific Sexual and Gender Diversity Network (PSGDN) pointed to its 33 National Member Organisations across 14 Pacific countries as the basis for collective advocacy in a region where individual organisations work at significant distance from one another. Sex Workers' Rights Advocacy Network (SWAN) cited regional sex worker solidarity across Central and Eastern Europe and Central

Asia as the support that allowed it to keep operating through proposed NGO legislation in Hungary, where it is legally registered. Youth LEAD, Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), and CARAM Asia each named solidarity with sister networks as the factor that allowed them to continue working through the year's funding shocks.

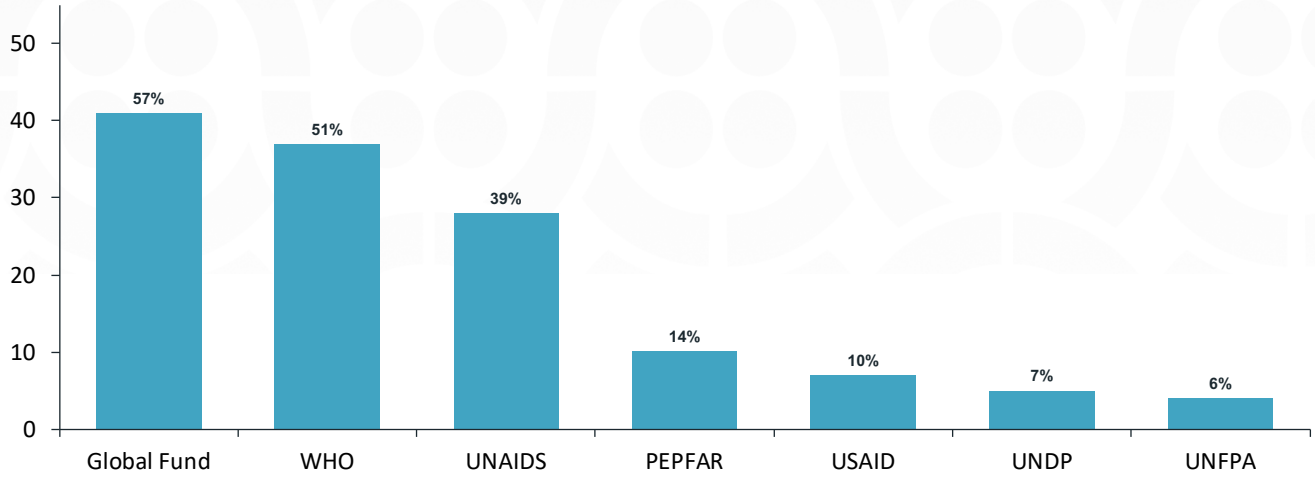
Inter-network collaboration takes several recognisable forms in the 2025 reporting. The most common is shared evidence. Research, monitoring, and analytical work produced by one network is used by others to support advocacy in their own contexts. Multi-country intelligence on priority health products, criminalisation tracking systems, monitoring tools for human rights violations, and joint research repositories all circulate this way. Joint submissions to UN treaty bodies, regional human rights mechanisms, and national policy processes are co-authored across networks. Country-level partner organisations often contribute lived-experience evidence; global or regional networks often anchor the analytical and political framing. Several networks host ongoing platforms that others feed into and draw from, including global databases tracking HIV criminalisation and rights violations against ISP communities. A smaller number of partners with deeper country presence provide the operational base for service-delivery work, training, and coordination on behalf of partners working at narrower geographic scale.

What the 2025 reporting shows about the network-of-networks model is how it worked in a year of pressure. The portfolio collaborated at multiple levels: through the formal consortium structure, through informal regional and movement solidarity, and through the forms of inter-network exchange described above. RCF's network funding model supports this collaborative work alongside individual organisational outputs. This allows partners to invest in connective work without trading it off against their own programmatic priorities. Partners themselves named these connections as central to their continued operation through 2025.

9. RCF & Other Global Health Investors

In 2025, RCF partners demonstrated substantial reach across global health investors. This section maps partner engagement with multilateral and bilateral funders, explores the significance of these relationships, and considers what the portfolio's investor footprint means for RCF's role as a catalytic funder.

Figure 31: Share of RCF partners engaging each global health investor in 2025.



Across the RCF portfolio in 2025, 41 of 72 partners (57%) engaged directly with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and 15 partners (21%) received Global Fund resources as Principal Recipients (PRs), Sub-Recipients (SRs), Sub-Sub-Recipients (SSRs), or Community Engagement Strategic Initiative (CESI) partners.

Engagement with other multilateral investors is substantial: 37 partners (51%) reference WHO in their advocacy or operating-environment reporting, 28 partners (39%) cite UNAIDS engagement through PCB interventions or Global Alliance pillar leadership, and 10 partners (14%) report a PEPFAR relationship though this engagement is mixed, combining forward-looking technical partnerships with disruptions from the 2025 US stop-work order. Other engaged investors USAID (7 partners; 10%), UNDP (5; 7%), UNFPA (4; 6%), and Unitaid (2; 3%) appear in smaller clusters.

The Global Fund remains the most important external funder of community-led HIV work across the RCF portfolio. Over half of RCF partners (57%) engage with the Global Fund directly, and one in five holds direct funding relationships. Equally important is the portfolio's reach into normative and policy spaces: more than half of RCF partners engage WHO, and four in ten engage UNAIDS, signalling deep presence in the institutions that shape global health structural design.

Figure 32: Reported modes of Global Fund Engagements among RCF Partners

9.1. Global Fund: Partner Spotlights

Several partners demonstrate the depth and specificity of RCF's Global Fund reach.

- Caribbean Vulnerable Communities (CVC) holds dual roles as PR on the OECS grant and SR on a multi-country Caribbean grant (2025–2028), anchoring regional community systems for HIV/TB across 10 Caribbean states.
- Coalition PLUS accompanied member organisations to strategic meetings in Geneva and successfully advocated for flexibilities that allowed ARCAD Santé PLUS (Mali) to use management fees, enabling local CSOs to survive donor withdrawals.
- The Network of Asian People who Use Drugs (NAPUD)'s Regional Coordinator serves as Vice-Chair of Nepal's CCM and led the entire GC7 mid-cycle reprioritisation, securing harm reduction commodity allocations.
- The Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM) sits on the Global Fund Board and Youth Council while implementing as an SR of a multi-country grant and providing Community, Rights and Gender (CRG) technical assistance to inadequately served population (ISP) NGOs in Georgia.
- MPact Global (MPact) supported gay community organisations in Kenya, Mozambique, and Zimbabwe to develop CCM engagement plans. Partner Gays and Lesbians of Zimbabwe (GALZ) analysed community-generated evidence that informed Zimbabwe's next national HIV strategy.
- The International Community of Women Living with HIV West Africa (ICWWA) extended this reach to frontline delivery: its members served as Mentor Mothers through Global Fund GC7 sub-recipients in Nigeria, and across five facilities in the Federal Capital Territory (FCT), Abuja and Nasarawa State, 278 of 280 HIV-positive pregnant women they mentored delivered HIV-negative babies in 2025, as confirmed at Early Infant Diagnosis and recorded through ICWWA member follow-up and facility registers.
- Youth LEAD secured CCM seats for young key-population representatives in Mongolia, Indonesia, Nepal, and India, materially shifting who is in the room when HIV programming priorities are set.

The complementarity is evident. Of the 15 partners receiving direct Global Fund resources, 13 (87%) explicitly report dedicating RCF core funding to staff or operational costs not covered by the Global Fund.

9.2. What This Means

The portfolio demonstrates strong complementarity. In 2025, 57% of partners used RCF core funding to access, influence, and implement Global Fund resources at country, regional, and global levels, while more than half engaged the WHO and four in ten engaged UNAIDS in the normative and policy spaces. Partners are building power as policy actors and technical experts within the multilateral and bilateral institutions that shape global HIV response, and RCF core support is experienced and reported as an enabler and amplifier of those engagements.

Persistence in Hard Times: MENA Networks Holding Ground in the Global Fund

Partners: MENA Harm Reduction Association (MENAHRA), the MENA Rosa network of women living with HIV, and the MENA Network of People who Use Drugs (MENANPUD).
Scope: Middle East and North Africa (Regional)

How three RCF-supported networks turned community leadership into influence over Global Fund resource mobilisation, from the eighth replenishment to regional grant design, in one of the world's most hostile environments for the HIV response.

HIV rates are rising in the Middle East and North Africa, the region with the lowest HIV treatment coverage in the world. Stigma, punitive laws, and affordability barriers obstruct access to care, ISPs are disproportionately affected, and a globally connected anti-rights movement intensifies the pressure as global HIV funding contracts. In that climate, the resources the Global Fund mobilises and how they are allocated decide whether the regional response holds. Three RCF-supported networks have taken on that task together: MENAHRA, MENA Rosa, and MENANPUD, who treat influence over Global Fund financing as a shared objective rather than a series of separate projects. As Amjad Malaeb, MENAHRA Programs Coordinator, puts it, meaningful community participation in resource mobilisation helps ensure investments are responsive, equitable, and reach those most affected.

Building community leadership came first. Under the Community Engagement Strategic Initiative (2024–2026), MENAHRA and MENA Rosa co-hosted the Global Fund MENA learning hub, strengthening the engagement of affected communities in Global Fund and national processes through webinars, communications, a case study on the technical assistance provided to Egypt, and a seed fund to El Hayet, a CSO based in Algeria, to conduct a resource mobilisation workshop. The two also developed a training module and ran sub-regional trainings in Morocco and Lebanon, building solidarity across a harm reduction network and an organisation of women living with HIV, a movement that better includes intersectionally affected communities such as women who use drugs. With support from the Global Fund-financed NADOUM project (2022–2025), MENANPUD brought community members into studies, consultations, and workshops. MENAHRA's seat on the Developing Country NGO Delegation to the Global Fund Board carries this regional voice directly into global governance.

Mobilising resources means little without influence over how they are allocated. MENA Rosa worked with the Global Fund Advocates Network, the International Treatment Preparedness Coalition – MENA and MENAHRA on a civil society campaign for Gulf donor contributions to the Global Fund's eighth replenishment, producing a policy brief and mobilising 46 organisations behind a common position. As applicant for the multi-country MENA 3 grant, the MENA H Coalition leadership committee, composed of Coalition PLUS Plateforme MENA, MENAHRA, and MENA Rosa, shaped the grant application. Although the regional network members were excluded from the formal implementation plan, a recurring pattern in Global Fund grants, MENAHRA will still steer implementation through the coalition leadership committee and a service agreement on regional resource mobilisation and drug policy reform.

Sustaining these gains also means engaging governments so that mobilised resources are not undercut by punitive law. With the Lebanese Coalition for Drug Policy Reform, MENAHRA held consultations with parliamentary committees and ministries on a draft law to decriminalise drug use in Lebanon, where dialogue continues despite resistance. Within a UNITAID-funded grant led by Frontline AIDS in Egypt, MENAHRA contributes harm reduction expertise and coordinates between civil society and the Ministry of Health and Population. That relationship produced an in-kind donation of locally produced hepatitis medicines from Egypt to Lebanon, a tangible mark of community advocacy and regional solidarity. In difficult environments, these three networks have strengthened MENA community leadership in the regional HIV response and in global HIV financing.

10. Looking Forward

10.1. Where the cohort stands at the close of Year 1

The 2025–2027 cohort was selected in 2024 through RCF's Participatory Grant Making process. The MEL framework that produced the data in this report is the same approach RCF has used across prior cycles (with maintained changes from a participatory review in 2023), and with new cycle adjustments for consistency across the framework. What 2024 could not anticipate was the operating environment the cohort would work in from January 2025 onward. The 2025 reporting is the first read on how this portfolio responds under those conditions.

Three observations from the year sit at the centre of that read.

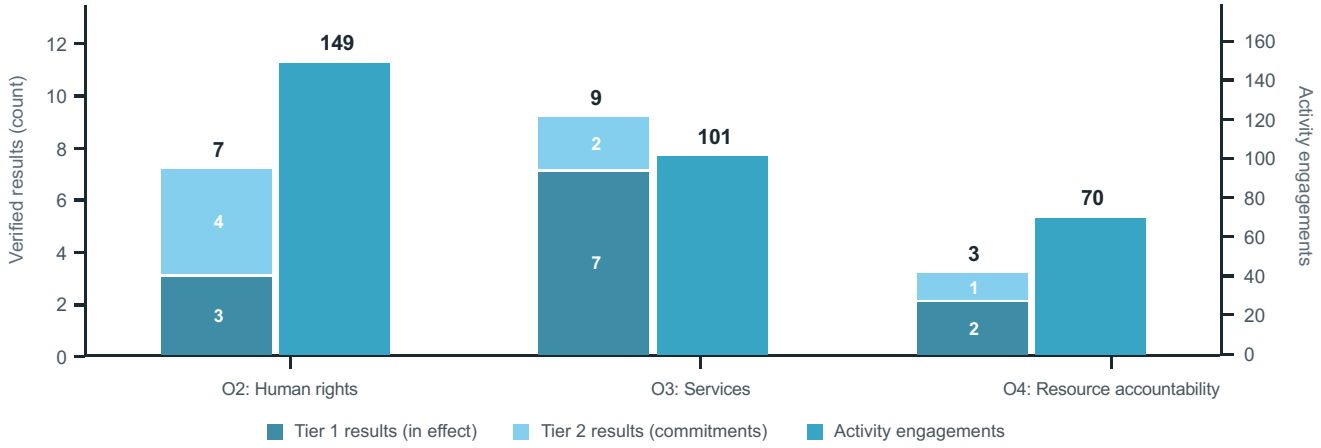
Governance and positioning held. 83% of partners have boards where at least half the members come from the communities they serve. Community-led decision-making, board accountability, rotation and diversity all moved upward from baseline. Intersectional coalition-building grew from 57% to 76%. Partnerships with government, UN, and donor bodies grew from 80% to 88%. The cohort enters the rest of the cycle with its institutional legitimacy and political access in better shape than when it entered the year.

The funding base eroded. The share of partners with a costed strategic plan fell from 65% at baseline to 58% at Year 1. Multi-year funding security moved from 10% to 15%, a gain from a low base but well short of stability. 69% of partners depend on a single donor for more than 30% of their income. 63% lost at least one funding source in 2025. Of new funding secured during the year, 64% is restricted and 64% is for one year or less. The structural conditions under which advocacy in this portfolio is sustained have weakened across the year, even as the advocacy itself has continued.

Figure 33: % of GF-funded partners reporting on RCF funding complementarity (n=15)

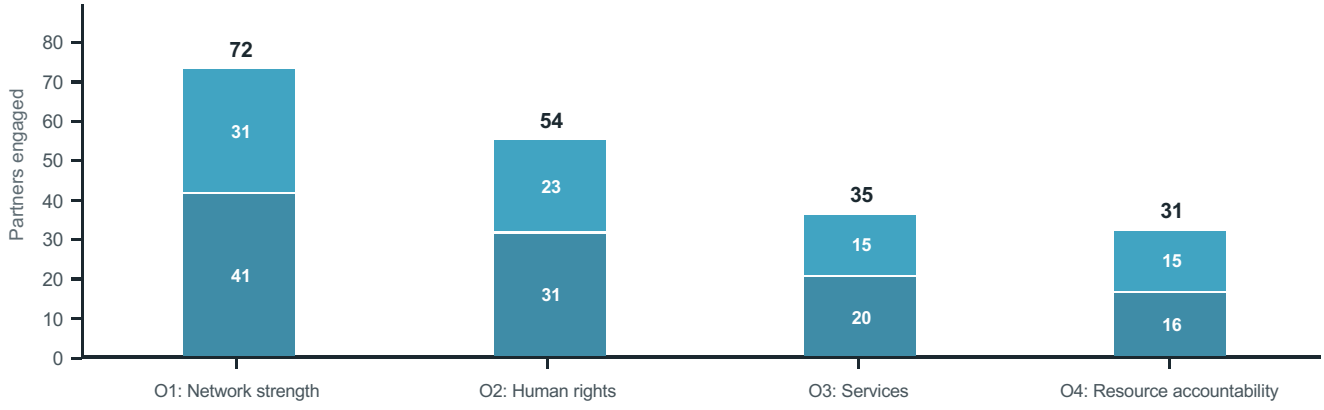
Advocacy proceeded across all four outcomes. Across the three optional advocacy outcomes, 54 of 72 partners (75%) reported human rights work, 35 (49%) reported services advocacy, and 31 (43%) reported resource accountability work; together delivering 320 activity engagements and 19 verified results (12 changes already in effect and 7 formal commitments).

Figure 34: The advocacy funnel in Year 1: 320 activity engagements yielded 19 verified results (12 in effect, 7 commitments)



Activity engagements are counted on an activity-entry basis: each engagement is one discrete partner-reported activity tagged to an advocacy tier, and entries screened as not applicable to the outcome's continuum are excluded. Counts on this basis are not directly comparable with partner-tier counts, which count each partner once per tier. These figures should also be read with the cycle's two-cohort structure in mind: the advocacy outcome targets (O2, O3, O4) were set by and for the Main Grant cohort, whose mandate runs across all four outcomes. The Extended Bridge cohort's formal mandate is scoped to Outcome 1 (organisational strength), and reporting on the three advocacy outcomes was not required of them.

Figure 35: Outcome 1 is universal; advocacy outcomes are voluntary for Extended Bridge — Year 1 reporting (N = 72)



Many Extended Bridge partners chose to report on advocacy work anyway, and their contributions are included in the totals above; others reported only on Outcome 1, as their mandate allows. The 75% / 49% / 43% participation rates therefore reflect a mix of mandatory Main Grant reporting and voluntary Extended Bridge engagement, and they do not capture the full advocacy footprint of the cohort; some Extended Bridge networks are doing this work but did not report it under the 2025 cycle.

Overall, the report describes the state of the cohort at the close of Year 1: institutionally stronger and financially weaker than at the cycle's start, advocating at scale across the outcome areas, and producing documented results where multi-year work has concluded in 2025. None of these are predictions about Year 2. They are the starting position for the next year of reporting, against the same framework, with the same cohort, working in conditions that have so far not eased.

10.2. The landscape RCF is navigating into Year 2

The conditions inside which the 2025–2027 grant cycle operates are in constant motion. This subsection names the parts of the landscape RCF and its partners are working through into Year 2, the risks ahead and the openings to build on, and the strategic choices RCF is actively making about how to operate inside them.

The funding landscape. The funding pressure documented across this report has not eased at the close of 2025. The United States bilateral aid freeze has shifted into a longer-term contraction in support for global HIV programming, the Global Fund's eighth replenishment summit in November 2025 raised US$11.34 billion in initial pledges against an US$18 billion target, with the result still partial and several donors yet to confirm, and several European donors have reduced development assistance, with further cuts signalled. RCF's own resource mobilisation operates inside this contracted environment, and Year 2 will be shaped by what donors hold, what they reduce, and where new sources emerge.

The political and legal landscape. Anti-rights and anti-gender movements escalated across 2025. At least 31% of partners named them as a major pressure; partners describe coordinated, well-funded campaigns rather than isolated incidents. Civic space contracted through foreign-agent legislation, anti-LGBTQI+ laws, and undesirable-organisation designations. The number of countries criminalising same-sex sexual activity and gender expression rose in 2025, for the first time since UNAIDS began monitoring punitive laws in 2008[85]. Partners across parts of East Africa, EECA, MENA, and LAC reported these conditions directly constrained their advocacy during the year.

The cohort's own position is strong. Community-led networks grew more capable across 2025, even as the conditions around them hardened. Coalition-building rose from 57% to 76% of partners and partnerships with government, UN, and donor bodies from 80% to 88%, even as the funding base eroded beneath them. The portfolio produced nineteen verified results in a year built to produce none, twelve already in effect. This is what the model is for. Country networks, regional bodies, and global advocates work as one system, each carrying what only it can: lived evidence, cross-border reach, and a voice in the rooms where decisions are made. The cohort enters Year 2 with that machinery intact and proven.

The funding crisis is also an opening. As bilateral aid recedes, the questions of who pays for the response, and how, are being reopened for the first time in a generation, and those decisions will be made in the coming period. Community-led networks have spent years earning the legitimacy, the relationships, and the lived authority those conversations now demand, and few other actors hold all three. The shift toward domestic financing and new sustainability models opens a table the cohort has the standing to claim a seat at. Taking that seat is a question of resourcing. Core flexible funding is what turns the cohort's hard-won standing into the staffing, stability, and staying power to use it, and a modest, sustained investment now secures a crucial opening.

The trade-off between targets as plans vs. as deliverables. RCF's MEL framework sets advocacy targets for end of 2027, but these are not deliverables expected to land on cycle end. They are stated intentions about the areas of work the cohort is investing in across the cycle. The actual rhythm of advocacy change does not respect grant-cycle boundaries. The 19 verified results documented in this report illustrate work that began before this cycle and will continue past it, with some campaigns spanning decade-long arcs. RCF's annual reports are snapshots of motion along those arcs in a single year. The trade-off RCF is navigating is between framing this honestly with partners and stakeholders and operating inside donor reporting conventions that

85. Joint United Nations Programme on HIV/AIDS. Overcoming Disruption, Transforming the AIDS Response. UNAIDS, 25 Nov. 2025, www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/november/wad-2025-report

read targets as deliverables and annual reports as year-on-year progress. RCF's posture for the rest of the cycle is to hold the honest framing open: name the targets for what they are, report transparently each year, and resist reading single-year movements as either failure or success against a timeline advocacy does not actually run on.

The strategic questions RCF will work through in the next two years. The choices below sit with RCF as funder: how it deploys finite resources, sets its expectations, and times its support.

- **New and established partners.** As budgets contract, the question is where finite resources should flow: toward onboarding newer and emerging networks, or toward deepening multi-year support for those already in the cohort. The Year 1 data tilts toward the latter. With 85% of existing partners lacking multi-year staff funding and 63% having lost at least one funding source in 2025, the primary risk is not a gap in who is funded but instability in what already exists. The case for deepening before broadening is strong given the current environment. A related question, whether the route in for future partners should run through an open call or a closed one, will be shaped by how RCF's participatory grant-making principles fit with a contracted funding base.
- **Monitoring and Evaluation for Learning: Refine, not simplify.** The question of whether to lighten monitoring demands has a partial answer in the Year 1 evidence itself. The framework performed well at capturing individual network advocacy but left inter-network collaborative work invisible: joint evidence use, co-authored submissions, peer mentoring across regions. That gap is structural. RCF's current read is that the framework should be targeted refinement toward making collaborative advocacy visible, while decreasing reporting burden. Longitudinal comparability adds major value to monitor the movement.
- **Learning and breathing room.** How hard RCF presses shared learning and evidence-building across Year 2 depends on what partners say they can carry. In a year where 76% cited funding pressure as a dominant factor and 63% lost a funding source, the learning demand cannot grow. RCF's posture going into Year 2 consultations is that convening and shared learning should serve partners' own evidence needs for advocacy and resource mobilisation and should not add to the reporting load they carry.

RCF's will further work these questions through with the cohort across Year 2, reaching answers together with partners over the course of the cycle, so that those answers lay firm ground for the next grant cycle.

Year 2 priorities. RCF's priorities for Year 2 follow from this landscape and stay within what RCF directly controls: how it funds, convenes, and learns.

- Sustain core flexible funding as the modality that holds organisational capacity in place through contraction.
- Convene and learn across the cohort around the long arc of advocacy, strengthening the evidence base for advocacy and for resource mobilisation toward core, flexible, long-term funding.
- Consult the cohort on how RCF operationalises its funding and convening, testing fit for purpose ahead of the coming cycle.
- Resource partners to defend existing funding and pursue domestic financing, rather than carry that shift alone.
- Support partners to hold their seats in Global Fund, UNAIDS, and national decision-making processes.

The ask to donors follows directly: sustain flexible funding, extend funding horizons beyond single grant cycles, and protect the community-led infrastructure that carries the response.

Closing word

From the Civil Society Members of the International Steering Committee

As civil society representatives serving on the Robert Carr Fund International Steering Committee, we read this report through a simple lens: what happened when the system came under pressure?

In 2025, pressure arrived early and hard. The freezing and disruption of major funding streams, including PEPFAR-supported programmes, sent shockwaves across the HIV response. Across the world, organisations faced uncertainty, staff losses, service disruptions, and difficult questions about survival. For many communities, these were not abstract policy decisions. They were immediate threats to access, dignity, safety, and health.

What stands out in this report is not the crisis itself. It is who responded.

Once again, community-led networks became the infrastructure that held. They mobilised information when rumours spread. They documented harms when systems failed. They coordinated responses across borders. They defended rights when political space narrowed. They supported members, adapted programmes, and continued advocating even as the ground shifted beneath them.

This report provides evidence for something communities have understood for decades: networks are not an optional addition to the response. We are part of the response itself.

Too often, community organisations are viewed as implementing partners, service delivery channels, or stakeholders to be consulted. The experience of 2025 reminds us that they are something far more fundamental. We are systems of protection, accountability, solidarity, and collective action. When crises emerge, communities do not have the option of leaving. We remain. We organise. We respond.

The findings presented here reinforce a second lesson. Community leadership cannot be switched on during a crisis. It must be built, organised, resourced, and trusted long before the emergency arrives. That is what long-term, flexible funding makes possible. The ability of many partners across this portfolio to withstand the pressures of 2025 was not accidental but the result of years of investment in organised community power.

For donors and decision-makers, the message is clear. If the global HIV response is serious about equity, then it must stop treating community leadership as something to fund when convenient and start recognising it as an indispensable part of public health itself. The evidence presented here leaves little room for debate. Community-led networks create value. The challenge now is whether funding models, political institutions, and global health architecture are willing to recognise that reality and adapt accordingly.

At a time when many are asking what comes next for the HIV response, this report offers a clear answer.

Community-led networks are not the last mile of the HIV response. They are the foundation on which it stands. Communities have demonstrated their ability to lead. What remains uncertain is whether the wider system is prepared to invest in that leadership with the trust, resources, and authority it requires.

That is what the Robert Carr Fund exists to support, and this report shows why that mission is not only relevant today but indispensable.

Tian Johnson, Hannah Lewis, Erika Castellanos, Gloria Nawanyaga
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Annex A: Methodology

A.1 Purpose and Scope

This annex documents how the 2025 RCF Annual Report was produced. It covers the reporting cohort, data sources, survey design, the analytical framework, indicator design, the verification process for results, limitations, and how Year 1 data relates to baseline and to prior reporting cycles. The annex is intended for readers who look to understand how the figures and findings in Sections 1 to 8 were generated, and for evaluators, donors, and partners who use the report for accountability or comparative analysis.

A.2 Reporting Cohort

The 2025–2027 Grant Cycle was originally awarded to 73 unique partner networks across 25 grants. One network, a MENA-regional partner, ceased operations during 2025 following a security crisis. The active reporting cohort for the 2025 Annual Report is therefore 72 unique partner networks across 25 grants. All 72 are included in the data presented across Sections 1 to 8.

The cohort operates in two sub-cohorts with different programming mandates. The Main Grant Cohort comprises 41 networks across 11 grants, with full programming across all four RCF outcome areas: Network Strength and Influence (O1), Human Rights (O2), Access to and Quality of Services (O3), and Resource Accountability (O4). The Extended Bridge Cohort comprises 31 networks across 14 grants, with formal programming focused on O1. Reporting on O1 is mandatory for all 72 networks. Reporting on O2, O3, and O4 is mandatory for Main Grant partners and voluntary for Extended Bridge partners. Many Extended Bridge partners chose to report on advocacy outcomes anyway, and their contributions are included in the totals. This is the structure behind every cohort-level participation figure in the report.

The portfolio is 52 regional networks and 20 global networks. 59 of 72 networks (82%) are ISP-led, with community governance embedded in their organisational structures. The remaining 13 are ISP-serving networks working with populations whose direct governance participation is restricted, principally people in prison.

A.3 Approach to Data Collection

The report uses a mixed-methods approach, combining quantitative indicators with narrative descriptions and partner-submitted case examples. The approach is consistent with the methodology used for the 2022–2024 grant cycle, with updates to reflect the revised 2025–2027 MEL Framework and the addition of gender transformative approaches as a cross-cutting theme.

The 2025 RCF Annual Survey was the primary instrument. The survey was hosted on Survio and administered to all 72 active partner networks. Data collection ran from 1 February to 30 March 2026. All 72 partners submitted, a 100% response rate. The survey combines structured indicator questions (yes/no gateway items and multiple-choice items aligned to the MEL Framework) with open-text fields for narrative description, qualifying detail, and partner-submitted examples.

Where partners participate in consortia, every network receiving RCF funding submits its own survey response. This applies to consortium leads and consortium members alike. Consortium-level results are constructed from the underlying network-level responses rather than reported separately.

A.4 Data Sources

Four data sources sit behind the report.

01 **Annual Partner Survey (primary).**

Self-completed responses from all 72 networks, covering indicators across the four outcome areas, the gender transformative approaches cross-cutting theme, organisational and funding-base profiles, and partner reflections on the 2025 operating environment.

02 **Baseline and targets.**

Baseline data was collected at the start of the 2025–2027 Grant Cycle and applies specifically to Outcome 1 (Network Strength and Influence), where it covered 69 of the 72 current partners; three partners were unable to submit baseline surveys. Year 1 O1 results cover the full cohort of 72, so baseline-to-Year-1 comparisons are indicative rather than precise and are flagged as such in the text where they appear. For Outcomes 2, 3, and 4, no quantitative baseline was set at the start of the cycle. What was set instead were end-of-cycle targets describing the areas of work and the tiers of the advocacy continuum that partners intend to engage across the three years. These targets are intentions, not deliverables. Advocacy does not progress on a linear schedule, and the targets should not be read as fixed numerical thresholds to be met by 2027. Year 1 establishes the within-cycle starting position for O2, O3, and O4, against which Year 2 and Year 3 movement will be read, alongside the broader cycle-end target framing.

03 **Partner case examples and narrative reflections.**

Submitted alongside the survey response, these provide the qualitative texture that the structured indicators alone cannot capture. They are the primary source for the partner voices quoted throughout the report and for the featured partner stories in Sections 3 to 7.

04 **External verification sources.**

Used to triangulate reported results against publicly available evidence. Sources drawn on for the 2025 results include: national government and parliamentary records (for example, the Kenya National Assembly Hansard for the Harm Reduction Bill 2025 First Reading, and the Nepal National Migration Policy 2025 text); UN Human Rights Council resolutions and Universal Periodic Review outcomes (Kenya 49th UPR session, Panama UPR commitments, Armenia UPR acceptance on anti-discrimination); UN treaty body decisions (Committee Against Torture rulings on Ukrainian prison healthcare); European Court of Human Rights judgments and interim measures (Logvinenko v. Ukraine, Cosovan v. Moldova); Council of Europe Committee of Ministers decisions; Global Fund Board and reprioritisation documentation (GC7 mid-cycle reprioritisation for Tanzania and Nigeria, GC8 country allocation records); UNAIDS Programme Coordinating Board decision points (PCB57 commitments on community-led financing); and institutionally published sources cited in partner submissions (Kaiser Family Foundation PEPFAR tracker, CIVICUS Monitor, ILGA World and ILGA-Europe legal trend reports, Harm Reduction International Global State of Harm Reduction). The full list of sources cited in support of specific results sits in the footnotes of the relevant sections.

A.5 Analytical Framework

The analysis examines four interconnected outcome areas using a developmental assessment approach. Four principles anchor the framework.

Non-linear development.

Progress in network strengthening and advocacy rarely follows a straight line. Networks advance in some areas, consolidate in others, and may temporarily regress in still others as conditions change. Year-on-year movement is read in this light rather than as linear progression.

Contextual adaptation.

Success looks different across the political, legal, and cultural environments in which RCF partners work. The framework does not impose a single definition of progress across a portfolio spanning more than 160 countries.

Strategic autonomy.

Networks make deliberate choices about institutional development based on their own circumstances and constituencies. The framework reports what partners chose to pursue.

Community-defined progress.

Measurement prioritises networks' own assessments of meaningful change, while also fulfilling donor information needs. The MEL framework was revised through participatory processes involving community partners in 2023.

A.6 Framework Design

The framework uses two indicator structures: a four-tier progress model for O1 and a five-stage advocacy continuum for O2, O3, and O4.

Outcome 1: four-tier model. Network Strength and Influence is measured against six dimensions: Organisational Status, Staff Structure, Financial Capacity, Financial Sustainability, Governance, and Influence and Movement Building. Each dimension is assessed across four tiers: Foundational, Early Action, Advanced Action, and Results. A network can meet criteria at multiple tiers within a single dimension at the same time, reflecting that institutional capacity is composite rather than sequential. Section 3.1 and Annex B provide the full indicator list and the criteria for each tier.

Outcomes 2, 3, and 4: five-stage advocacy continuum. Advocacy work is assessed across five stages: Foundational (evidence generation), Early Action (strategy development with community involvement), Advanced Action 1 (implementation of campaigns), Advanced Action 2 (strategic litigation for O2, or formal representation in planning and budgeting processes for O3 and O4), and Results (verified legal, policy, service, or funding change). Stages overlap. A partner may be generating evidence on one issue, running a campaign on a second, and pursuing litigation on a third within the same reporting year. Stage figures in this report describe the breadth of activity visible in 2025 across the cohort; they are observational, not directional, and do not imply that partners are moving sequentially from one stage to the next.

Cross-cutting theme: gender transformative approaches. Gender is treated as a cross-cutting theme across all four outcome areas, captured through a newly integrated dedicated set of survey items and through qualitative reading of narrative responses. The 2025 framework introduced gender as a formal measurable cross-cutting theme.

Thematic focus areas. Activity and results across O2, O3, and O4 are also tagged against five thematic focus areas: HIV-related criminalisation, sexual and reproductive health and rights in the context of HIV, gender transformative approaches, youth health, rights and leadership, and climate change impact. Partners can tag multiple themes per activity. Section figures show total mentions, including results.

A.7 Results Verification

Results reported in Section 5 are classified into two tiers.

Tier 1: changes already in effect.

Legal reforms enacted, policies adopted, services implemented, court rulings issued, funding allocations approved and operationalised, or institutional commitments translated into measurable change within 2025.

Tier 2: formal commitments.

Documented commitments by governments, multilateral bodies, or institutions to specific actions, where the substantive change is expected to follow within a defined timeframe. UPR commitments accepted by states, decision points adopted by governing bodies, and ministerial commitments to specific reforms sit in this tier.

The classification distinguishes between results that have already taken effect and results that position partners to convert words into practice in subsequent reporting periods. Both tiers are documented; only Tier 1 is counted as a change already enacted.

Verification draws on partner-submitted documentation triangulated against the external sources listed in A.4. Where a partner reports a result that cannot be independently verified within the reporting window, the result is held for confirmation in the following year's report. The 19 verified Year 1 results across the three advocacy outcomes (12 Tier 1 and 7 Tier 2) are those that met the verification standard.

For results produced through coalition work involving multiple partners or non-RCF actors, the report describes the contribution of the RCF partner rather than claiming single-organisation authorship. Where the same result is relevant to more than one outcome area, it is counted under a single outcome to avoid double-counting; the cross-cuts are flagged in the data notes of the relevant section.

A.8 Limitations

Eight limitations apply to the data in this report.

1. **Self-reporting.** All indicators are self-reported by partners. The framework does not include independent verification of organisational indicators (governance composition, staff numbers, financial systems). Standardised indicator definitions, reporting guidance, and one-to-one partner support are used to promote consistency.

2. **Baseline coverage.** Baseline data covers 69 of the 72 current partners. Baseline-to-Year-1 comparisons are indicative rather than precise, and are noted as such throughout the report.

3. **First reporting year for advocacy outcomes.** Year 1 is the first reporting year for O2, O3, and O4 under this grant cycle. There is no prior-year trend within the 2025–2027 cycle against which to read this cohort. Comparisons to the 2022–2024 cycle are made where the underlying indicators are continuous; the framework changes introduced in 2025 limit the comparability of some figures.

4. **Cohort-mandate asymmetry.** Reporting on O2, O3, and O4 is mandatory for the Main Grant cohort and voluntary for the Extended Bridge cohort. Participation rates on these outcomes reflect a mix of required and voluntary engagement, and do not capture the full advocacy footprint of the cohort. Some Extended Bridge partners are doing this work but have not reported it under the 2025 cycle.

5. **Attribution.** Organisational strengthening and advocacy results follow from multiple factors beyond RCF funding alone, including other donor support, partner own resources, and the wider operating environment. The framework reports partner contribution and the role of RCF funding within it; it does not attempt single-funder attribution.

6. **Gateway-question structure.** The survey uses yes/no gateway items to determine indicator counts, with open-text descriptions providing the qualifying detail. This structure can produce under-counting in areas where partners describe a practice without recognising it under the indicator language used, most notably gender transformative practice (Section 6). Qualitative validation of all 72 responses was used to identify and address such cases.

7. **Data collection technical issue.** A technical issue with the survey platform during the data collection window required a number of partners to resubmit their responses. The issue was identified and resolved during the collection period, and all affected partners completed resubmission before the 30 March 2026 closing date. The 100% response rate held, and no partner data was lost. However, the issue extended the effective collection burden on the partners affected and may have shaped the level of narrative detail in some of the resubmitted responses.

8. **Limited verification with partners.** The volume of partner responses, combined with the staffing capacity of the RCF Secretariat across the reporting window, meant that it was not possible to verify every reported figure, claim, or narrative detail directly with the submitting partner. Substantive follow-up questions were sent to partners wherever ambiguity, internal inconsistency, or unclear attribution was identified during analysis, and the responses received were used to refine the figures and narrative in this report. A meaningful share of the underlying detail nonetheless remains unverified beyond partner self-reporting and external triangulation against publicly available sources (A.4 and A.7). The figures presented across Sections 1 to 8 should be read with this in mind.

A.9 Framework Changes and Continuity with the 2022–2024 Cycle

The 2025–2027 MEL Framework introduces several changes from the framework used in the 2022–2024 cycle, while retaining the core structure that allows comparison across cycles where indicators are continuous.

What has changed. Three shifts apply to Year 1 reporting. First, gender transformative approaches are now a formal cross-cutting theme, captured through dedicated survey items and a portfolio-wide read (Section 6), rather than absorbed into other outcome areas. Second, indicator language across O1 has been refined for greater consistency and clarity, including more precise criteria for the Advanced Action and Results tiers. Third,

the survey instrument migrated to Survio in 2025, with updated question structures and response formats. These changes reflect lessons from the participatory MEL review conducted in 2023 and from partner feedback across the prior cycle.

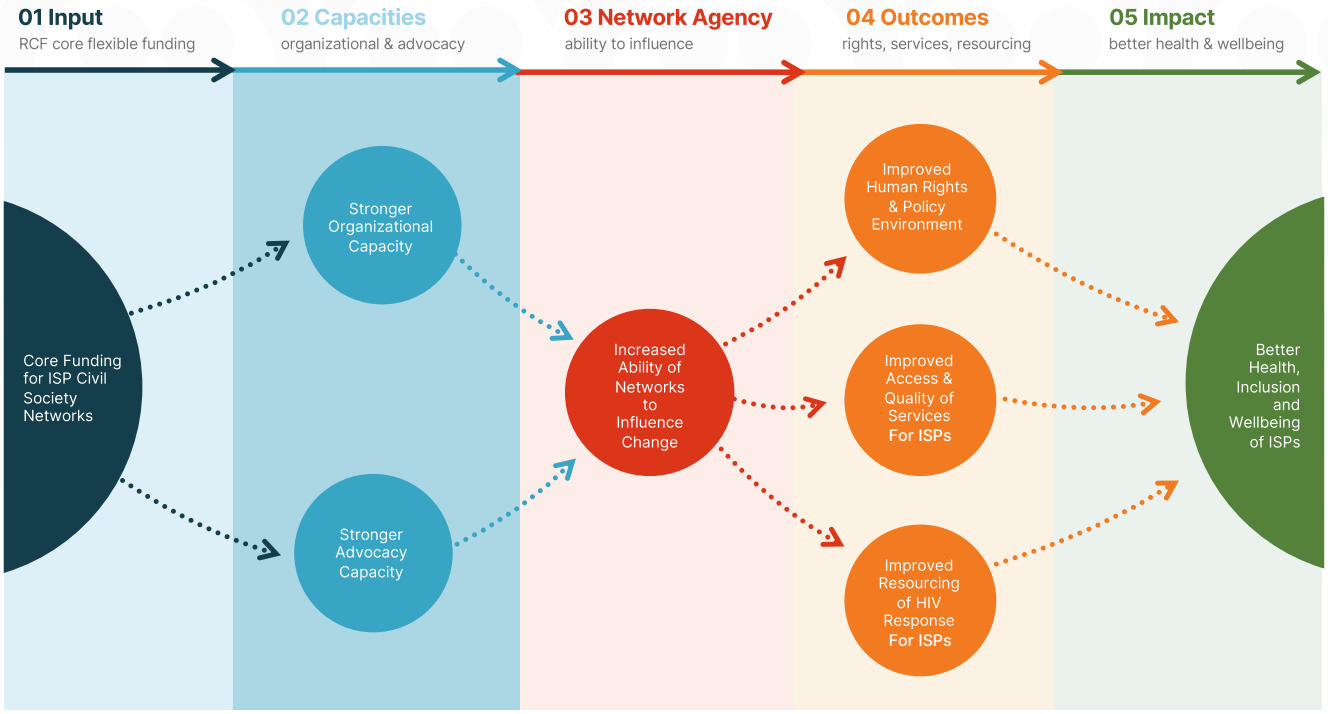
What this means for comparability. Comparisons to the 2022–2024 cycle remain valid where the underlying indicators are continuous, principally on cohort composition, organisational status, governance, and funding-base structure.

What is coming next. RCF will continue to learn from and refine the MEL Framework across the cycle, so that the framework stays grounded in the priorities of the ISP-led movement and continues to document its work with the rigour the movement deserves. RCF views its partners as major key informants of the global ISP-led movement, and the framework exists to surface, capture, and credit that knowledge. Refinements will be guided by partner reflection, by what the Year 2 and Year 3 data surfaces about what the current framework reads well and what it reads quietly, and by ongoing dialogue with the Programme Advisory Panel and the International Steering Committee.

Annex B: Theory of Change & 2025 MEL Framework

1. Theory of Change

Core flexible funding for ISP-led networks drives better health, inclusion, and wellbeing.



Strong, autonomous, community-led networks are the most effective vehicle for change for inadequately served populations (ISPs) most affected by HIV. Core flexible funding builds the organisational and advocacy capacity these networks need to influence change — which in turn drives improved rights environments, services, and resourcing, and ultimately better health and wellbeing for ISPs.

2. The 2025 MEL Framework

Four outcomes. Networks that function, defend, deliver, and secure.

The MEL Framework operationalises the Theory of Change into four measurable outcomes. Outcome 1 measures the organisational and advocacy foundations every network needs. Outcomes 2, 3 and 4 measure programmatic advocacy progress through a shared stages-of-action logic: evidence → strategy → implementation → seat at the decision-making table → documented change.

Main Grant Cohort — 41 networks

Report against all four outcomes. Full programmatic engagement across human rights, services and resourcing.

Extended Bridge Cohort — 31 networks

Report exclusively against Outcome 1. Focus on foundational strengthening and resource mobilisation.

3. Outcome 1 — Network Strength & Influence

Who we are. How we lead. The foundation beneath Outcomes 2, 3 and 4.

01 Network Strength & Influence

Six dimensions measured along four stages: Foundational → Early Action → Advanced Action → Results.

1 STATUS & STAFF	**1A. Organisational Status:** Fiscal host → intention to register → in process → fully registered.
	1B. Core Staff Structure: Volunteers only → one paid staff → more than one → core team sustained 2+ years.
2 FINANCIAL	**2A. Financial Capacity & Accountability:** Fiscal host accounts → paid finance staff → Treasurer review → external audits.
	2B. Financial Sustainability: Multiple funding sources → resource-mobilisation strategy → 2+ years funding secured → no donor >30%.
3 GOVERNANCE	**3. Democratic Governance & Representation:** Democratic elections → rotating diverse leadership → board accountable to members → 50%+ board from constituencies served.
4 INFLUENCE	**4. Influence & Advocacy Capacity:** Members developing strategy → intersectional coalitions → cross-sector partnerships → coordination role for ISPs.

4. Outcomes 2, 3, 4 — Programmatic Advocacy

A shared stages-of-action logic across human rights, services, and resourcing.

02 Human Rights

1 FOUNDATIONAL	**Evidence:** Network generates credible evidence for an advocacy strategy or campaign.
2 EARLY ACTION	**Strategy:** Network develops an advocacy strategy or campaign for the human rights of ISPs, with meaningful community involvement.
3 ADVANCED	**Implement:** Network implements the strategy (national, UN, or funding-agency mechanisms; influencing national program planning).
4 ADVANCED	**Litigate:** Network has supported strategic litigation on an ISP human rights issue.
5 RESULTS	**Change:** Advocacy or strategic litigation has resulted in a legal or policy change.

03 Access & Quality of Services

1 FOUNDATIONAL	**Evidence:** Network generates credible evidence on access or quality of services for ISPs.
2 EARLY ACTION	**Initiative:** Network develops an initiative, campaign or strategy to increase access or quality, with meaningful community involvement.
3 ADVANCED	**Implement:** Network implements the initiative (national, UN, or funding-agency mechanisms).
4 ADVANCED	**Seat at the Table:** Network gains access to, or representation in, a multilateral donor's or state's HIV/health program planning or review process.
5 RESULTS	**Change:** Advocacy has resulted in a legal or policy change related to access or quality of services.

04 Funding Environment

1 FOUNDATIONAL	**Budget Watch:** Network has monitored state or donor expenditure against commitments, or generated evidence of a funding gap.
2 EARLY ACTION	**Campaign Plan:** Network developed an advocacy plan to push for increased sustainable financing, with meaningful community involvement.
3 ADVANCED	**Campaign:** Network implemented advocacy activities to push for increased sustainable financing.
4 ADVANCED	**At the Table:** Network gained access to, or representation in, a donor's or state's budgeting process.
5 RESULTS	**Commitments:** Advocacy contributed to an increase in financial commitments to HIV response and ISP programming.

Annex C: 2025 RCF MEL Framework Results

C.1. Introduction: Measurement approach and key considerations

This annex presents the 2025 results of the RCF's Monitoring, Evaluation for Learning (MEL) Framework. The framework reports against the RCF Theory of Change four outcomes. Outcome 1 covers network strength and organisational maturity. Outcomes 2, 3, and 4 cover three advocacy outcome areas: human rights, services, and the funding environment.

Cohort and denominators. Results draw on the 2025 partner survey. The Outcome 1 denominator is N = 72 partner networks. This includes all partners that responded to the gateway question on network status and excludes non-submitters where applicable. Baseline values for Outcome 1 indicators were measured against a slightly smaller cohort of 69 partners. Three networks from the cohort were unable to complete and submit baseline surveys and are thus not included in the baseline measurements, so 2025 percentages and Baseline percentages are computed against slightly different denominators (72 versus 69). The cumulative change figures should be read with this in mind. The difference is small and does not affect the direction of movement at any tier.

Outcomes 2, 3, and 4 use programmatic-area-specific denominators. Only partners working in each advocacy area are counted. The Outcome 2 denominator is N = 54 for human rights advocacy. Outcome 3 is N = 35 for services advocacy. Outcome 4 is N = 31 for funding-environment advocacy. Each denominator is shown at the top of the relevant indicator block.

Cycle targets for the advocacy outcome areas (Outcomes 2, 3, and 4) were set at the start of the strategic period against the main grant-cycle cohort only. The 2025 measurement extends to a broader cohort that includes partners outside the main grant cycle who chose to report against these indicators on a voluntary basis. The 2025 numerator therefore reflects a wider population than the one used to set the target. Progress-to-target values are conservative as a result: the same level of achievement would appear higher if measured against the original target-setting cohort alone. This widening of the measurement base is a deliberate choice to capture advocacy results across the full Consortium reach, not only the partners against whom targets were originally calibrated.

Reading the tables. Each indicator is measured along a common progression of tiers: Foundational, Early Action, Advanced Action, and Results. Some indicators report two Advanced Action levels (Advanced Action 1 and Advanced Action 2) where the underlying capacity has two distinct developed forms worth tracking separately. As a result, some indicators are reported across four tiers and others across five. The progression itself is the same in every case, moving from the most basic capacity at Foundational to the most developed form at Results. For each tier, the table reports the percentage of networks in the relevant denominator that satisfied the tier definition in 2025. Alongside the 2025 percentage, the table shows either a Baseline value (Outcome 1) or a Cycle Target (Outcomes 2 to 4).

Two measurement logics are used. For Outcome 1, results appear as Cumulative progress from Baseline. This is the percentage-point change between the 2025 result and the Baseline (2025 % minus Baseline %). A positive value means more networks reached the tier than at baseline. A negative value means fewer. For most Outcome 1 indicators (1.A, 2.A, 2.B, 3, and 4), tiers are independent. A single network can satisfy several tiers at once, so tier percentages within an indicator do not sum to 100%. Indicator 1.B (Staff Structure) is the exception. Its tiers are mutually exclusive, so each network sits in exactly one staffing level, and directional interpretation differs (see the methodological note below).

For Outcomes 2, 3, and 4, results appear as Progress to Target. This is the 2025 percentage divided by the Cycle Target percentage (2025 % divided by Target %). A value of 100% means the cycle target has been met for that tier. Values above 100% mean the target has been exceeded. Results-tier rows show “N/A” where no cycle target was set.

Color coding

Cumulative columns are coded green where tier-level change is directionally positive, and light red where it is directionally negative. For Indicator 1.B, the direction-of-positive logic inverts at the lower tiers. A decrease at Foundational or Early Action indicates networks graduating upward into stronger staffing arrangements, and is therefore coded green. Progress to Target columns use a three-band scheme. Green indicates 2025 progress at or above 90% of the cycle target (on track or exceeded). Amber indicates progress between 60% and 89% (substantial progress, but a gap remains). Light red indicates progress below 60% (significantly behind target). N/A cells remain uncolored.

+14.3%	74%	41%	N/A

C2. Outcome 1: Network Strength and Influence

Outcome 1 measures the organisational strength and influence of partner networks. It draws on six indicators that together describe the foundations of a functioning network: legal status, staffing, financial capacity, financial sustainability, democratic governance, and movement-building practice. Each indicator is broken down into four tiers, from the most basic capacity (Foundational) through to the most developed form (Results).

Results in this section are reported as Cumulative progress from Baseline. This is the percentage-point change at each tier between the 2025 measurement and the Baseline that was set at the start of the strategic period. The Outcome 1 cohort is the full set of partner networks (N = 72 in 2025, N = 69 at Baseline). All Outcome 1 indicators apply to this cohort regardless of programmatic focus.

Five of the six indicators (1.A, 2.A, 2.B, 3, and 4) use independent tier definitions. A network can satisfy more than one tier of the same indicator at once, so the four tier percentages within these indicators do not sum to 100%. For these indicators, an increase at any tier is read as positive progress. Indicator 1.B (Staff Structure) is the exception. Its tiers are mutually exclusive, with each network sitting in exactly one staffing level, so the four tier percentages sum to roughly 100%. For Indicator 1.B, the four tiers must be read together: movement between adjacent tiers reveals whether networks are graduating upward into stronger staffing arrangements or sliding downward. The directional interpretation and color coding for Indicator 1.B are explained in the introduction above.

The six indicators are presented in the order they appear in the MEL Framework, beginning with the most foundational capacities (legal status, staffing) and moving toward the most strategic (governance, movement building).

1.A. Organisational Status

INDICATOR		BASELINE · N=69		2025 · N=72		CUMULATIVE
TIER	DEFINITION	#	%	#	%	from Baseline
FOUNDATIONAL	Network operates with a fiscal host	26	**38%**	24	**33%**	**-4.3%**
EARLY ACTION	Network intends to register during this grant cycle	2	**3%**	3	**4%**	**+1.3%**
ADVANCED ACTION	Network is in the process of registering	9	**13%**	7	**10%**	**-3.3%**
RESULTS	Network is registered	57	**83%**	61	**85%**	**+2.1%**

1.B. Staff Structure

INDICATOR		BASELINE · N=69[1]		2025 · N=72		CUMULATIVE
TIER	DEFINITION	#	%	#	%	from Baseline
FOUNDATIONAL	Network only uses volunteers to carry out a defined scope of work and has no paid staff members	3	**4%**	0	**0%**	**-4.3%**
EARLY ACTION	Network has one full time paid staff member and may have volunteers to carry out a defined scope of work	15	**22%**	11	**15%**	**-6.5%**
ADVANCED ACTION	Network has more than one paid full-time staff member and may have volunteers to carry out a defined scope of work	40	**58%**	52	**72%**	**+14.3%**
RESULTS	Network has a core team of full-time paid staff to carry out scope of work for at least 2 years	19	**28%**	9	**13%**	**-15.0%**

1 The tier definitions for this indicator changed between baseline and 2025. At baseline, the Early Action and Advanced Action tiers were measured as thresholds, so a network could meet more than one, and the baseline column records more responses than there are networks. From 2025 the tiers are exclusive, and each network is recorded at a single staffing level. The definitions shown in this table are the 2025 definitions. Tier-level comparisons between the two columns should be read as indicating direction of movement rather than precise change.

2.A. Financial Capacity and Accountability

INDICATOR		BASELINE · N=69		2025 · N=72		CUMULATIVE
TIER	DEFINITION	#	%	#	%	from Baseline
FOUNDATIONAL	Network has a fiscal host which manages accounting	18	**26%**	24	**33%**	**+7.2%**
EARLY ACTION	Network has at least one paid dedicated finance staff member to manage accounting	46	**67%**	55	**76%**	**+9.7%**
ADVANCED ACTION	Board Treasurer regularly monitors financial reports	57	**83%**	59	**82%**	**-0.7%**
RESULTS	Network conducts its own regular organisational and project audits	54	**78%**	54	**75%**	**-3.3%**

2.B. Financial Sustainability

INDICATOR		BASELINE · N=69		2025 · N=72		CUMULATIVE
TIER	DEFINITION	#	%	#	%	from Baseline
FOUNDATIONAL	Network has more than one source of funding	55	**80%**	63	**88%**	**+7.8%**
EARLY ACTION	Network has a costed strategic plan or resource mobilisation strategy in place	45	**65%**	42	**58%**	**-6.9%**
ADVANCED ACTION	Network has secured funding to implement its strategic plan or to support its essential operations for at least two more years	7	**10%**	11	**15%**	**+5.1%**
RESULTS	No single donor accounts for more than 30% of network's funding	19	**28%**	22	**31%**	**+3.0%**

3. Democratic Governance and Representative Constituency

INDICATOR		BASELINE · N=69		2025 · N=72		CUMULATIVE
TIER	DEFINITION	#	%	#	%	from Baseline
FOUNDATIONAL	Network has a process in place to democratically elect a governance body (e.g. Board of Directors)	54	**78%**	57	**79%**	**+0.9%**
	The network has open membership, whose members participate in governance elections in line with its membership statute	32	**46%**	43	**60%**	**+13.3%**
EARLY ACTION	Board leadership regularly rotates and adheres to principles of diversity in selecting new leadership	54	**78%**	66	**92%**	**+13.4%**
ADVANCED ACTION	Board of Directors actively engages in governance of the network and is accountable to its constituents from among the members of the network	46	**67%**	66	**92%**	**+25.0%**
RESULTS	At least 50% of Board is comprised of members from the communities and regions served by the network	48	**70%**	60	**83%**	**+13.8%**

4. Influence and Capacity to Mobilize Movements

INDICATOR		BASELINE · N=69		2025 · N=72		CUMULATIVE
TIER	DEFINITION	#	%	#	%	from Baseline
FOUNDATIONAL	Network has engaged its network or community members in developing an advocacy strategy or initiative	52	**75%**	58	**81%**	**+5.2%**
EARLY ACTION	Network actively engaged in an intersectional coalition with existing or new allies beyond its target ISP or HIV-related issue to influence change for ISPs	39	**57%**	55	**76%**	**+19.9%**
ADVANCED ACTION	Network engages in cross-sector partnership or working relationships with government or UN agencies, bilateral or multi-lateral donors	55	**80%**	63	**88%**	**+7.8%**
RESULTS	Network plays a role in a coordination council or board delegation on a topic for its constituent ISP(s)	43	**62%**	42	**58%**	**-4.0%**

C.3. Outcome 2: Human Rights of ISPs

Outcome 2 measures partners' work on human rights advocacy. The indicator captures whether networks are engaging in policy and advocacy processes, building coalitions with rights-based actors, mobilizing public constituencies, and influencing legislation, regulation, or practice on rights issues affecting the communities they serve. As with Outcome 1, the indicator is structured across four tiers from Foundational through Results, representing progressively deeper forms of advocacy engagement.

The cohort for Outcome 2 is the subset of partner networks that work on human rights advocacy. The 2025 measurement cohort is N = 54. This figure is drawn from the gateway question on human rights advocacy activity and excludes networks that reported no work in this area. The denominator is shown at the top of the indicator block.

Results appear as Progress to Target. Each tier shows the 2025 percentage as a share of the cycle target set at the start of the strategic period. A value of 100% means the cycle target has been met for that tier. A value above 100% means the target has been exceeded. As noted in the introduction, cycle targets were calibrated against the main grant-cycle cohort only, while the 2025 measurement extends to a broader set of partners that includes voluntary reporters from outside the main cycle. Progress-to-target values for Outcome 2 should therefore be read as conservative estimates of achievement against the original targeting baseline. The Results tier shows "N/A" where no cycle target was set for that level.

▶ Outcome 2. Human Rights of ISPs

INDICATOR		CYCLE TARGET · N=36		2025 · N=54		PROGRESS
TIER	DEFINITION	#	%	#	%	to Target
FOUNDATIONAL ACTION	Network generated credible evidence for advocacy strategy or campaign	35	**97%**	45	**83%**	**86%**
EARLY ACTION	Network developed an advocacy strategy or campaign for the human rights of ISPs with meaningful involvement of communities served	32	**89%**	43	**80%**	**90%**
ADVANCED ACTION	Network implemented an advocacy strategy or campaign for the human rights of ISPs (including utilizing national, the UN, or funding agency mechanisms; or influencing national program planning processes)	31	**86%**	38	**70%**	**82%**
	Network has supported strategic litigation for an ISP human rights issue	13	**36%**	6	**11%**	**31%**
RESULTS[1]	Advocacy activities or strategic litigation related to human rights of ISP(s) resulted in a legal or policy change	N/A	**N/A**	7	**13%**	N/A

1 This row counts networks, not results. Seven networks reported a legal or policy change in 2025, and those networks account for seven of the 19 verified results set out in Annex A.

C.4. Outcome 3. Access to & Quality of Services

Outcome 3 measures partners' advocacy on services. The indicator captures whether networks are working to influence the design, financing, accessibility, and quality of services provided to the communities they serve. This includes advocacy with service providers and with public authorities, efforts to remove barriers to access, work on the inclusion of inadequately served populations in service delivery, and engagement with the budgets and policies that shape what services exist and how they function. The indicator is structured across four tiers from Foundational through Results, representing progressively deeper forms of services advocacy.

The cohort for Outcome 3 is the subset of partner networks that work on services advocacy. The 2025 measurement cohort is N = 35. This figure is drawn from the gateway question on services advocacy activity and excludes networks that reported no work in this area. The denominator is shown at the top of the indicator block.

Results appear as Progress to Target. Each tier shows the 2025 percentage as a share of the cycle target set at the start of the strategic period. A value of 100% means the cycle target has been met for that tier. A value above 100% means the target has been exceeded. Cycle targets were calibrated against the main grant-cycle cohort only, while the 2025 measurement extends to a broader set of partners that includes voluntary reporters from outside the main cycle. Progress-to-target values for Outcome 3 should therefore be read as conservative estimates of achievement against the original targeting baseline. The Results tier shows "N/A" where no cycle target was set for that level.

▶ Outcome 3. Access or Quality of Services

INDICATOR		CYCLE TARGET · N=23		2025 · N=35		PROGRESS
TIER	DEFINITION	#	%	#	%	to Target
FOUNDATIONAL ACTION	Network has generated credible evidence to support advocacy strategy or campaign to improve access/quality to services for ISPs.	23	**100%**	35	**100%**	**100%**
EARLY ACTION	Network has developed an advocacy initiative, campaign or strategy to increase access to or enhance quality of services – with meaningful involvement of communities served	23	**100%**	24	**69%**	**69%**
ADVANCED ACTION	Network has implemented an advocacy initiative, campaign or strategy to increase access to or enhance quality of services (including utilizing national, the UN, or funding agency mechanisms; and influencing national program planning processes)	22	**96%**	28	**80%**	**84%**
	Network has gained access to or representation in a multilateral donor's or state's HIV and/or health program planning or review process	20	**87%**	14	**40%**	**46%**
RESULTS[1]	Advocacy activities related increased access to or quality of services resulted in a legal or policy change	N/A	**N/A**	6	**17%**	N/A

1 This row counts networks, not results. Six networks reported a change in access to or quality of services in 2025, and those networks account for nine of the 19 verified results set out in Annex A. A single network may contribute more than one result.

C5. Outcome 4: Resource Accountability & Funding Environment

Outcome 4 measures partners' advocacy on resource accountability and the funding environment. The indicator captures whether networks are working to expand, sustain, and diversify the resources available to civil society and to the communities they serve, and whether they are holding funders and public-sector resource flows to account. This includes advocacy for increased or more equitable public funding, engagement on donor practice and accountability, work to defend civic space and the operating conditions for funded organizations, and efforts to shift how resources reach the communities at the front line of partners' work. The indicator is structured across four tiers from Foundational through Results, representing progressively deeper forms of resource and funding-environment advocacy.

The cohort for Outcome 4 is the subset of partner networks that work on resource accountability and funding-environment advocacy. The 2025 measurement cohort is N = 31. This figure is drawn from the gateway question on funding-environment advocacy activity and excludes networks that reported no work in this area. The denominator is shown at the top of the indicator block.

Results appear as Progress to Target. Each tier shows the 2025 percentage as a share of the cycle target set at the start of the strategic period. A value of 100% means the cycle target has been met for that tier. A value above 100% means the target has been exceeded. Cycle targets were calibrated against the main grant-cycle cohort only, while the 2025 measurement extends to a broader set of partners that includes voluntary reporters from outside the main cycle. Progress-to-target values for Outcome 4 should therefore be read as conservative estimates of achievement against the original targeting baseline. The Results tier shows "N/A" where no cycle target was set for that level.

▶ O4. Resource Accountability & Funding Environment

INDICATOR		CYCLE TARGET · N=22		2025 · N=31		PROGRESS
TIER	DEFINITION	#	%	#	%	to Target
FOUNDATIONAL ACTION	Network has conducted budget monitoring of state or donor expenditure against their commitments or generated evidence of a gap between available funding and need	15	**68%**	22	**71%**	**104%**
EARLY ACTION	Network developed a campaign or other advocacy plans to push for increased sustainable financing, with meaningful involvement of communities served	17	**77%**	21	**68%**	**88%**
ADVANCED ACTION	Network implemented a campaign or other advocacy activities to push for increased sustainable financing	16	**73%**	18	**58%**	**80%**
	Network gained access to, or representation in, a donor's or state's budgeting process	13	**59%**	10	**32%**	**55%**
RESULTS[1]	Network's advocacy contributed to an increase in financial commitments to HIV response and ISP programming	N/A	**N/A**	3	**10%**	N/A

1 This row counts networks, not results. Three networks reported a change in financial commitments in 2025, and those networks account for three of the 19 verified results set out in Annex A.

Annex D: Financial Report

Financial position, expenditure profile, and grant-making activity for the 2025 reporting year, within the 2025–2027 financial framework.

The 2025 Financial Report Annex presents RCF's financial position, expenditure profile, and grant-making activity for the 2025 reporting year, within the broader 2025–2027 financial framework. Over this three-year period, RCF secured $31.8 million in funders' contributions to the RCF Pool, providing a strong multi-year funding base and demonstrating continued confidence from funders in RCF's mission, operating model, and strategic direction.

In 2025, total RCF expenditure amounted to $7.8 million, representing approximately 24.5% of the 2025–2027 funding envelope, leaving approximately $24.0 million, or 75.5% of the funding envelope, available for future commitments and activities across 2026 and 2027.

Of the total 2025 expenditure, $5.6 million was disbursed directly to grantees, equivalent to approximately 72% of total expenditure. This confirms that the majority of RCF's resources continued to be directed towards partner organisations and mission delivery. The remaining $2.2 million, or 28% of total expenditure, related to non-grantee expenditure, including the costs required to manage, support, monitor, and administer the fund effectively.

A defining feature of the 2025 grant portfolio is the strong emphasis on core support. Of the $5.6 million in grantee expenditure, $4.7 million was allocated to core expenditures, representing approximately 83% of total grantee expenditure. Activity-based expenditure accounted for $0.9 million, or approximately 17% of total grantee expenditure. This results in a core-to-activity funding ratio of approximately 5.2:1, underlining RCF's deliberate commitment to strengthening grantee resilience, institutional stability, and long-term organisational capacity.

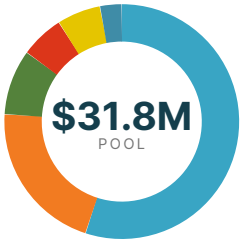
Activity funding of $0.9 million was deployed across Inadequately Served Populations, regions, outcome areas, results areas, and categories of activity. While this represented a smaller share of total grantee expenditure, it played an important role in supporting targeted interventions aligned with RCF's strategic priorities and results framework.

Overall, the 2025 financial results show that RCF entered the 2025–2027 cycle from a position of funding strength and exercised disciplined financial stewardship during the first year of implementation. The combination of a solid multi-year contribution base, a high proportion of expenditure directed to grantees, and a strong emphasis on core funding reflects a financial strategy designed to maximise impact, sustain partner organisations, and preserve flexibility for future years.

In summary, RCF's 2025 financial performance reflects a prudent and impact-oriented use of resources. Expenditure remained well within the available multi-year funding envelope, while the majority of resources were directed to grantees. The strong weighting towards core funding demonstrates RCF's continued commitment to strengthening partner organisations, not only through project delivery but also by investing in the institutional capacity required for sustainable long-term impact.

Note: The 2025 figures are based on rounded expenditure figures reported in millions of USD. Similarly, differences between grant commitments, disbursements, and grantee-reported expenditure reflect the normal timing of transactions across the grant cycle rather than under-delivery of the grant portfolio. All figures have been audited by BDO Audit & Assurance B.V. in Amstelveen.

Figure 1: Funders' Contributions to the RCF Pool, 2025–2027 ($31.8 million)



FUNDER	CONTRIBUTION	%
UK Foreign, Commonwealth & Development Office (FCDO)	$17,528,236	55%
US Government via UNAIDS	$6,600,865	21%
Norwegian Agency for Development Cooperation (Norad)	$2,934,011	9%
Gates Foundation (BMGF)	$2,000,000	6%
Children's Investment Fund Foundation (CIFF)	$2,000,000	6%
ViiV Healthcare Positive Action	$736,793	2%
TOTAL	**$31,799,905**	**100%**

Figure 2: Total RCF Expenditure 2025 ($7.77 million)

BUDGET LINE	EXPENDITURE ($)	%
Grants	$5,842,304	75%
Fund governance & management	$1,856,776	24%
Monitoring, evaluation & learning (MEL)	$72,867	1%
TOTALS	**$7,771,947**	**100%**

Figure 3: Total RCF Grantee Expenditure 2025 ($5.8 million)

GRANTS	EXPENDITURE ($)	%
Grantee expenditure	$5,612,126	96%
Remaining balance on grant commitments	$230,178	4%
TOTAL	**$5,842,304**	**100%**

Figure 4: RCF Grants 2025: Core vs. Activity Expenditure ($5.6 million)

YEAR / CATEGORY	EXPENDITURE ($)	%
Core expenditure	$4,669,869	83%
Activity expenditure	$942,257	17%
TOTAL 2025	**$5,612,126**	**100%**

Figure 5: RCF Grants 2025: Core Expenditures ($4.7 million)

CATEGORY	EXPENDITURE ($)	%
Human resources	$3,858,430	83%
Financial management	$398,429	9%
Office and communications	$413,011	9%
TOTAL	**$4,669,869**	**100%**

Figure 6: RCF Grants 2025: Activity Expenditure per Inadequately Served Population ($0.9 million)

INADEQUATELY SERVED POPULATION	EXPENDITURE ($)	%
People living with HIV	$71,198	8%
Sex workers	$114,564	12%
People who use drugs	$212,585	23%
Lesbian, Gay, Bisexual, MSM, Queer	$149,849	16%
Transgender and Intersex	$212,501	23%
Prisoners	$128,758	14%
Women and Girls who are ISP	$0	0%
Youth who are ISP	$48,926	5%
Migrants who are ISP	$3,875	0%
People living in rural areas	$0	0%
Other	$0	0%
TOTAL	**$942,257**	**100%**

Figure 7: RCF Grants 2025: Activity Expenditure per Region ($0.9 million)

REGION	EXPENDITURE ($)	%
Eastern and Southern Africa	$165,711	18%
West and Central Africa	$138,253	15%
Asia and Pacific	$205,493	22%
Eastern Europe and Central Asia	$175,959	19%
Latin America and the Caribbean	$156,459	17%
Middle East and North Africa	$30,664	3%
Other (N. America / Canada / Western Europe)	$69,717	7%
TOTAL	**$942,257**	**100%**

Figure 8: RCF Grants 2025: Activity Expenditure per Outcome Area ($0.9 million)

OUTCOME AREA	EXPENDITURE ($)	%
Networks strength and influence	$795,517	**84%**
Human rights	$94,475	**10%**
Access to and Quality of Services	$46,853	**5%**
Resource accountability	$5,412	**1%**
TOTAL	**$942,257**	**100%**

Within Networks strength and influence (O1), $484,613 supported institutional strengthening of networks and consortia and $310,904 supported advocacy capacity. Extended Bridge partners report against O1 only.

Figure 9: RCF Grants 2025: Activity Expenditure per Category of Activity ($0.9 million)

CATEGORY OF ACTIVITY	EXPENDITURE ($)	%
Organisational / Consortium Strengthening	$327,848	**35%**
Tools and/or Capacity Building	$237,136	**25%**
Uniting and Mobilisation	$176,950	**19%**
Advocacy	$117,488	**12%**
Service Delivery	$3,600	**0%**
Information and Dissemination	$79,234	**8%**
TOTAL	**$942,257**	**100%**

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