ROBERT CARR FUND

For civil society networks

2025

ANNUAL REPORT

Summary

When systems fail,
communities forge ahead.

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When systems fail, communities forge ahead.

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 the full report.

The full report and annexes are available here.

Foreword

From the Foreword by the Co-Chairs of the International Steering Committee

« (...) 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. (...) »

Sushena Reza-Paul & Kate Thomson

Co-Chairs of the International Steering Committee

Read the full foreword here.

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1. Introduction

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.

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 supports the networks that these communities have built themselves by providing core, flexible, long-term funding.

Governance

RCF is governed by an International Steering Committee that brings donors and civil society together as equal partners in decision-making. Funding decisions are shaped by the Programme Advisory Panel, comprised entirely of expert community and civil society members representing the populations RCF serves. RCF is hosted by Aidsfonds as its Fund Management Agent, an established funder of HIV-related interventions in the Netherlands and globally.

Participatory Grant-making

Power over funding decisions sits with the people who understand the context and the issues faced on the ground. RCF uses a participatory grant-making model designed to place decision-making power close to the communities most affected. Grant selection is carried out through a three-stage review process involving external peer reviewers, the Programme Advisory Panel, and final approval by the International Steering Committee.

Core, flexible, long-term funding enables organisations to build institutional strength, respond to crises, and pursue the advocacy strategies their members define as priorities. **See more in section 4.**

2. RCF Portfolio at a glance

RCF's 2025-2027 grant cycle is designed as a three-year investment. Year 1 of this grant cycle – 2025 – was a year of foundation-building: strengthening the organisational infrastructure, relationships, and capacities that enable global and regional networks to support ISP-led movements. 2025 was also a year of learning, adaptation, and positioning. This meant capturing where the selected partners began, how networks responded to challenges, and how core flexible funding helped set the stage for the remainder of the grant cycle. Below are some key portfolio metrics:

A partnership of **72 partner networks**[1] across **167 countries.**

- **20** global networks
- **52** regional networks

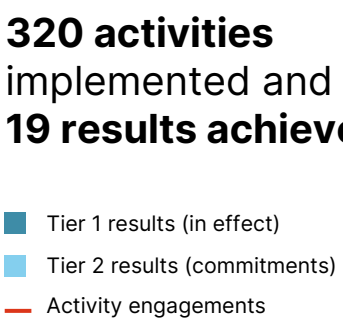
82% **ISP-led partners**[2]**.** These are networks governed and led by the communities most affected by HIV.

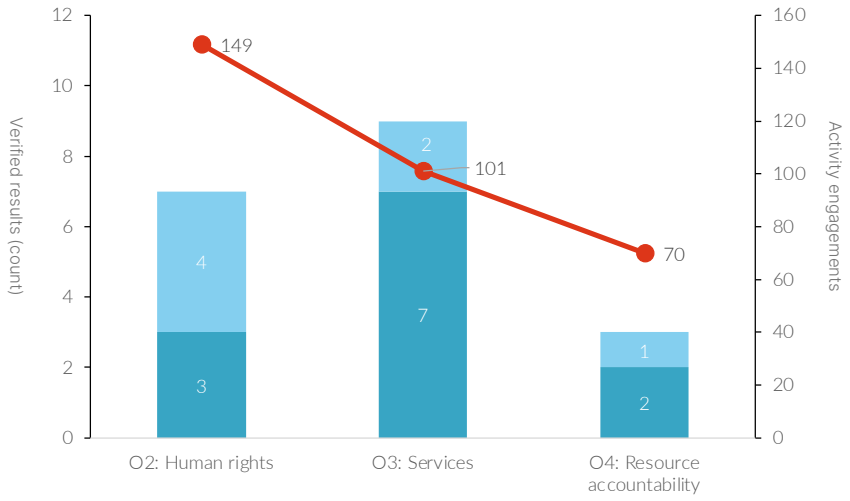
25
Grants Overall

- 11 grants across 41 Main grant partners
- 14 grants across 31 Extended Bridge partners
- $7.8 million in total expenditure – 24.5% of the 2025-2027 funding envelope

Figure 1: Verified results in Year 1 – 2025 — activity engagements → tiered results by outcome

320 activities implemented and **19 results achieved.**

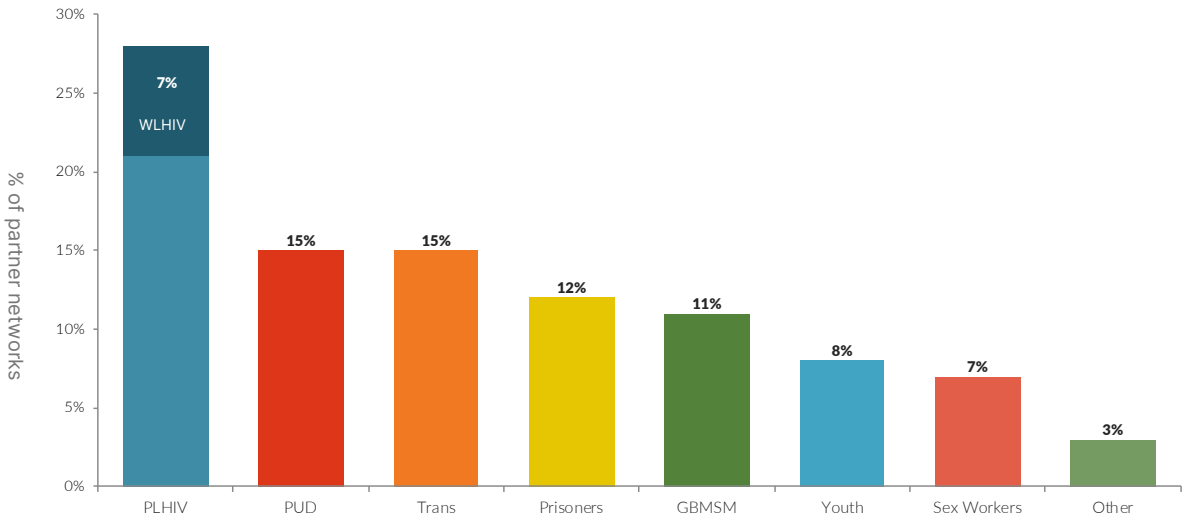




[1] Recipient partners and consortia are presented in the full report

[2] The remaining 18% are ISP-serving networks, including those working with people in prisons or other populations whose direct governance participation may be constrained.

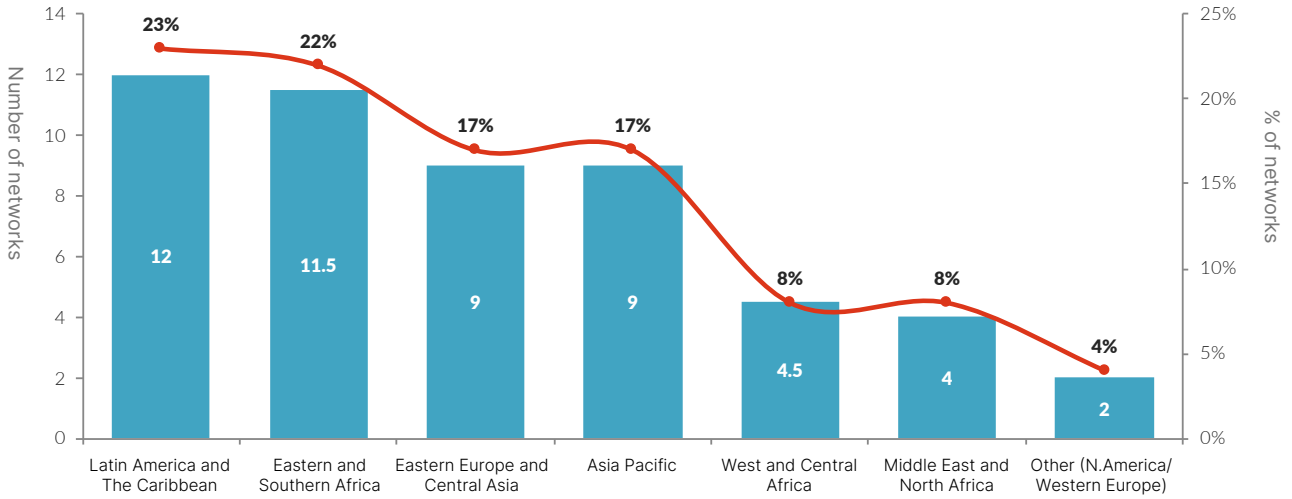
Figure 2: Primary ISPs represented and served among partners — Breakdown of all unique partner networks per Primary ISP served — 2025-2027 Complete Grant Cycle Cohort (N=72)



Networks primarily led by or serving people living with HIV (PLHIV) account for 28% of the portfolio, including 15 networks with a broader PLHIV focus and five networks specifically led by and serving women living with HIV (WLHIV). Other primary constituencies include people who use drugs (15%), transgender people (15%), people in prisons (12%), gay, bisexual, and other men who have sex with men (11%), young people (8%), sex workers (7%), and other populations (3%). These categories reflect partners' primary constituencies, but many networks work across overlapping identities and forms of exclusion. The portfolio is designed to reflect these intersecting realities.

Figure 3: Regional partners' distribution per region of programming*

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.



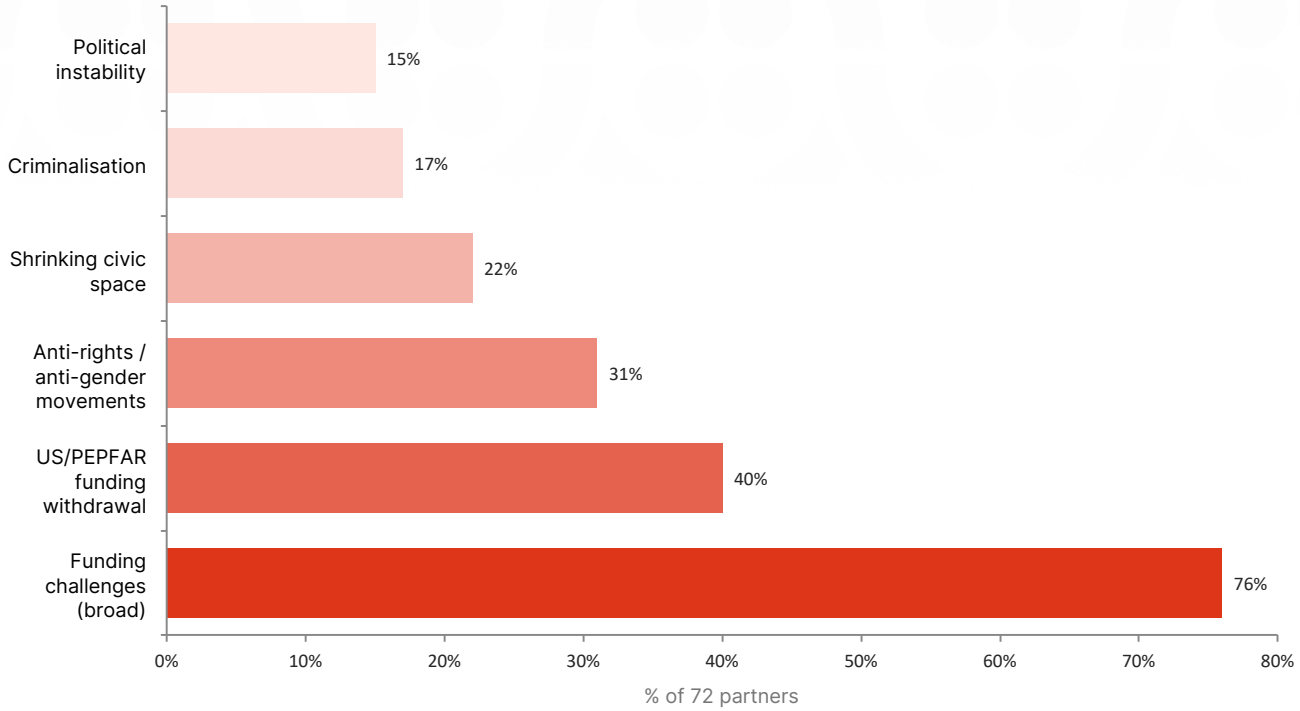
Among the 52 regional partners, Latin America and the Caribbean and Eastern and Southern Africa both hold the largest concentration, followed by Eastern Europe and Central Asia and Asia Pacific. West Central Africa and Middle East and North Africa are the least represented as well as other regions including North America and Western Europe.

The data in this report comes from partner responses to the 2025 RCF Annual Survey, completed in February and March 2026. All 72 partners completed the survey, a 100% response rate. The detailed methodology for this report is included in the full report.

3. Year 1 Context

The 2025-2027 grant cycle did not begin as planned. In January 2025, the United States Government suspended one of the largest sources of HIV funding globally, the President's Emergency Plan for AIDS Relief (PEPFAR). At the time, PEPFAR was RCF's largest donor. The resulting funding shock required urgent portfolio restructuring and emergency fundraising. RCF adapted by dividing the portfolio into two groups of partners. The Main grant group (41 partners) was maintained at full funding across all four RCF outcome areas. The Extended bridge group (31 partners) was supported at a reduced grant amount with a focus on Outcome 1. Together, the selected networks worked at the intersection of HIV, human rights, harm reduction, gender justice, and civic space. However, major pressure points shaped their experience in 2025:

Figure 4: External factors cited by partners in 2025 — External Factors Affecting RCF Partners in 2025 (% of 72 partners)



Funding pressure

More than three in four partners (55 of 72) reported funding challenges, and 29 specifically mentioned the withdrawal of US funding. Partners described the effects as immediate and structural, including service disruption, staff losses, unpaid peer work, commodity stock-outs, and intensified competition for shrinking HIV resources.

Rise of anti-rights and anti-gender movements

22 partners described coordinated efforts to roll back protections for LGBTQI+ people, people who use drugs, sex workers, transgender communities, and other key populations. These movements affected the legal, political, and funding environments in which networks operate, making advocacy more difficult and, in some cases, less safe.

> *"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)

Shrinking civic space, including criminalisation and political instability

16 partners reported growing restrictions on the legal and regulatory space in which community-led networks can operate. These pressures often overlapped, with partners reporting restrictive legislation, registration barriers, anti-LGBTQI+ laws, foreign-agent or anti-propaganda measures, state violence, community arrests, and direct threats to staff and communities. In some cases, networks had to adopt safety strategies, such as relocations. Some chose to continue advocacy despite high risk levels. One MENA-based partner faced a major security issue that forced it to cease operations entirely. RCF itself and its host were designated as undesirable organisations in 2025.

Despite those overlapping pressure points, network partners continued to be proactive. They documented violations, generated evidence, sustained coalitions, protected members, adapted operations, and pursued advocacy across rights, services, funding, and network influence. The year showed both the severity of the external pressures facing inadequately served populations and the importance of flexible funding that allowed community-led networks to keep working despite funding shocks, rising risks and operational complexity.

4. The Case for Core Flexible Funding

RCF is one of the few funders in the global HIV response providing core flexible support to community-led networks of inadequately served populations. Core flexible funding is unrestricted, multi-year support that networks can use according to their mission and priorities, within RCF's strategic framework, rather than against a specific project deliverable. RCF core flexible grants complement restricted project funding by sustaining the organisational infrastructure that makes project delivery possible. When partners describe how RCF funds are used, 82% reference core organisational functions such as staffing, administration, governance, and financial systems. The rest is spent on convening, coalition-building, evidence generation, and crisis response.

Figure 5: How RCF funds are used

This is especially important for community-led networks, whose mandate is to connect national organisations across borders, translate global advocacy into country-level action, and sustain long-term systems change. RCF funding flows overwhelmingly to the people who make everything else possible, sustaining the human capacity that underpins organisational stability and resilience.

Most HIV funding remains project-based, leaving networks responsible for sustaining staff, systems, compliance, and advocacy capacity with limited support for the core infrastructure that makes this work possible. Many partners explicitly named RCF's core funding as essential: it supports work that project grants would not have covered.

In 2025, RCF partner networks faced three structural vulnerabilities:

- **Donor concentration:** 50 partners, or 69% of the portfolio, depended on a single donor for more than 30% of their income, leaving them highly exposed to individual donor decisions.
- **Funding insecurity:** 61 partners, or 85%, did not have funding secured for two years or more, limiting their ability to retain staff, sustain institutional memory, and maintain the relationships needed for long-term advocacy.
- **Funding erosion:** 45 partners, or 63%, lost at least one funding source in 2025.

These vulnerabilities often overlap. 28 partners, or 39% of the portfolio, experienced all three at once in 2025. This left many networks structurally fragile, with a single donor decision able to trigger restructuring, staff layoffs, or programme suspension. Some partners secured new funding during the year, but much of it was short-term and restricted to specific project activities. Although this allowed some activities to continue, it did not replace the core flexible funding needed to sustain staff, governance, financial systems, advocacy strategy, convening, and the organisational infrastructure that makes community-led advocacy possible.

Importantly, RCF partners used core flexible funding to pursue resource diversification. With RCF support, 56 partners (78%) pursued new funding sources, 47 (65%) gained at least one, and 23 (32%) explored alternative income streams. This shows that core flexible funding can operate as a foundation for funding diversification rather than a substitute for it.

From community evidence to Parliament: core flexible funding in action

In 2025, Kenya reached an important advocacy milestone: the country's first stand-alone Harm Reduction Bill was introduced in Parliament.

The Bill was drafted with input from people who use drugs and the organisations that represent them. It sets out access to harm reduction services for people with substance use disorders, including needle and syringe commodities, medically assisted therapy, HIV-related healthcare, sexually transmitted infection (STI) prevention and treatment, counselling, and crisis management support. It frames harm reduction as part of the right to the highest attainable standard of health.

This milestone grew out of years of community-led organising. For years, RCF's partner Women in Response to HIV/AIDS and Drug Addiction (WRADA) worked with VOCAL Kenya and The Caucus on Harm Reduction and Drug Policy Reform at country level, 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), the Southern African Network of People who Use Drugs (SANPUD), and the Love Alliance. Together, they helped build the evidence base and policy arguments that the Bill formalised.

WRADA also carried this advocacy to the international level. Ahead of Kenya's Universal Periodic Review (UPR), WRADA spearheaded the drug-user delegation to the UPR Pre-Session in Geneva, alongside INPUD and AfricaNPUD. It submitted Kenya's first shadow report developed by and in consultation with people who use drugs. The report called for a community-anchored Harm Reduction Bill and the integration of harm reduction into Universal Health Coverage.

This story shows what core flexible funding makes possible. WRADA sustained legislative advocacy, engaged UN mechanisms, coordinated with national and global allies, and maintained internal operations during a period of severe funding pressure and contraction in Kenya's harm reduction service base.

5. What Partners Achieved in 2025

RCF funding supports partner networks across four interconnected outcome areas to strengthen their ability to influence change:

OUTCOME 1: NETWORK STRENGTH AND INFLUENCE

Core funding helps build and strengthen networks' organisational capacity so that strong community-led networks are able to organise, govern, and influence decisions.

OUTCOME 2: HUMAN RIGHTS

Core funding aims to advance legal, policy, and advocacy work to protect the rights of inadequately served populations.

OUTCOME 3: ACCESS TO AND QUALITY OF SERVICES

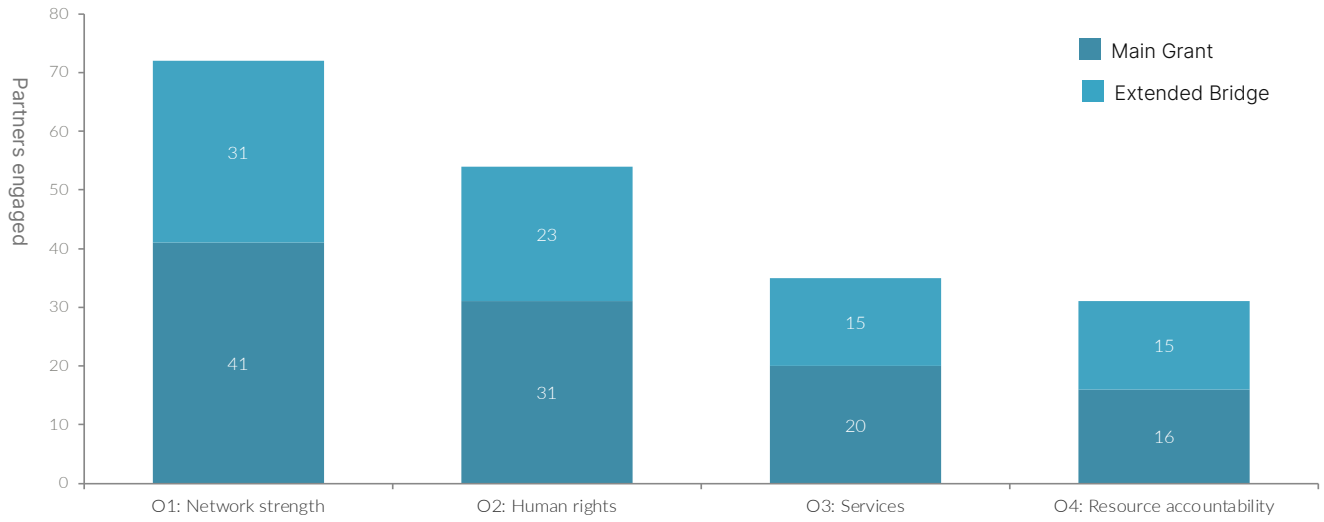
Core funding helps networks turn community evidence into service reform and better access to inclusive, rights-based, and community-responsive HIV and related health services.

OUTCOME 4: RESOURCE ACCOUNTABILITY

Core funding enables partners to track, influence, and protect funding flows and to stay in funding decision-making spaces, so that resources reach community-led HIV responses and the populations most affected.

Implementing activities under Outcome 1 is mandatory for every RCF-funded partner. Outcomes 2, 3 and 4 are mandatory for the Main grant partners and remain optional for the Extended bridge partners. Nevertheless, many Extended Bridge partners chose to report on their advocacy work, and their contributions are included in the results below. Others reported only on Outcome 1, as per their mandate.

Figure 6: Main grant & Extended bridge partners' participation across outcomes



5.1 Outcome 1
Network Strength and Influence

Outcome 1 is the foundation that makes all other outcomes possible. It tracks the institutional capacity ISP-led networks need to carry out the work they set for themselves. 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.

Network Strength and Influence is measured against 25 indicators across six dimensions, capturing what ISP-led networks need to function, sustain themselves, and lead: 1. Organisational Status; 2. Staff Structure; 3. Financial Capacity; 4. Financial Sustainability; 5. Governance; 6. Influence and Movement Building.

Each dimension is assessed across four stages: Foundational, Early Action, Advanced Action, and Results stages. A network can meet criteria at multiple stages within a single dimension at the same time, reflecting that institutional capacity is composite rather than sequential.

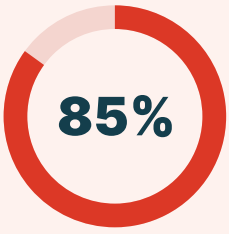
Outcome 1 at a Glance: Key Achievements in 2025

Governance and Representation

83%

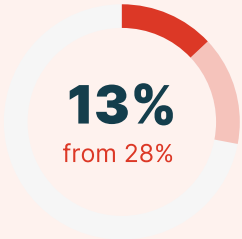
83% have boards where at least half of members come from the communities served.

Organisational Status



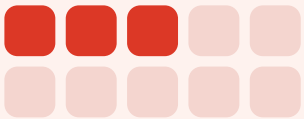
85% of partner networks are legally registered.

Staff Structure



13% had a core team funded for two years or more, down from 28% at baseline.*

Financial Sustainability



31%

31% have no single donor providing more than 30% of their budget.

58%

Hold formal seats on decision-making bodies

75%

75% produce audited financial statements.

* Baseline was N=69. Year 1's N=72. Therefore, the comparison is indicative, not precise.

Workforce: Together, RCF's 72 partner 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.

Outcome 1 key achievements show a portfolio that is institutionally stronger, more mature and politically legitimate, but financially exposed. RCF partners entered the 2025-2027 cycle with strong and maturing institutional foundations. Across 25 indicators, 18 held steady or strengthened between baseline and Year 1. Most networks are legally registered, governed by the communities they serve, and increasingly connected to coalitions, government, UN, and donor bodies. Networks built presence in the structures where decisions are made. At the same time, the data points to a serious funding constraint: only 13% of networks had core teams funded for two years or more, fewer partners held costed strategic plans than at baseline, and formal seats in decision-making bodies declined slightly. The portfolio is governed strongly and positioned for influence, but the financial base sustaining that influence remains fragile.

For nearly half of the networks (47%), strengthened membership, partnerships and advocacy reach are the single most important capacity result in 2025. For them, this meant extending their memberships to more countries, building strong alliances with relevant stakeholders, developing advocacy plans to guide their work, or expanding and actively engaging with their member base, among others.

A breakthrough for trans-led networks in Africa

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

In 2025, the African Trans Network (ATN) obtained legal registration in South Africa as an independent entity, marking a major step in its organisational development. Founded in 2020, ATN coordinates regional and national trans networks across East, West, and Southern Africa to advance trans rights, safety, health, and wellbeing.

Legal registration meant that ATN finally has the ability to raise and manage funds in its own name, build institutional systems, and engage directly with funders and partners. Importantly, legal registration meant ATN was able to disburse funds to other trans-led movements in Africa, thereby moving “from coordination into actively resourcing the movement it was built to serve”, according to Akani Shimange, former Regional Coordinator at ATN. With RCF support, ATN also continued its Innovation Small Grants Programme, supporting trans-led initiatives across Africa on healthcare access, outreach, peer support, advocacy, research, and emergency response.

The milestone shows how core flexible funding helps emerging community-led networks move from coordination toward greater autonomy, visibility, and sustainability, while also continuing to strengthen the movements they were built to serve.

Read the full story here.

The African Trans Network Steering Committee and secretariat pose for a group photograph during a week-long in-person meeting between the Steering Committee and Secretariat, Nairobi, Kenya.

5.2 Outcome 2
Human Rights Advocacy

Outcome 2 influences change in laws, policies and practices that protect the rights of inadequately served populations. Advocacy activities and results supported under this outcome target legal and policy change across two registers – domestic legal reform and international human rights mechanisms. Most engaged partners worked across both registers. Outcome 2 is assessed across five stages: Foundational, Early Action, Advanced Action Stage 1, Advanced Action Stage 2, and Results. Those stages correspond to distinct forms of advocacy work: evidence, strategy, campaigns, litigation, and legal or policy change. The stages are assessed independently and do not form a sequence. 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. More details in the full report.

Outcome 2 at a Glance: Key Achievements in 2025

Partners Engaging in Advocacy

54 partners reported engaging in human rights advocacy, 75% of the full portfolio*

Advocacy Pathway

45 partners generated credible evidence, 43 developed advocacy strategies, 38 implemented advocacy campaigns and 6 supported strategic litigation.

Advocacy Activities

149
activities implemented

149 human rights advocacy activities were implemented

Results Stage

3 changes already in effect
4 formal commitments

Advanced Stage 2

6 partners supported strategic litigation

*23 Extended Bridge partners reported voluntarily; figures therefore represent a minimum.

Focus areas: Most activity and result focus areas (70%) concentrated on the following: HIV-related criminalisation, sexual and reproductive health and rights (SRHR), and gender transformative approaches. Partners often worked on them together, because in practice they are closely connected.

Under Outcome 2, community-led networks turned evidence into rights advocacy, legal reform, policy commitments, and litigation, often in hostile legal and political environments. RCF partners worked across several advocacy stages at once: documenting violations, building community-led advocacy strategies, running advocacy campaigns and engaging national and international mechanisms, supporting strategic litigation, and translating evidence into legal or policy change.

Foundational Stage: 45 partners (83% of 54) produced documentation that became or will be used as evidence for advocacy across regions. This included documenting violence and cases of rights violations against LGBT+ people in Armenia, Kyrgyzstan, and Uzbekistan, as well as against transgender people across India, Nepal, Malaysia and Sri Lanka; aggregating prison health data across Ukraine, Kazakhstan, and Georgia; studying obstetric violence experienced by women living with HIV across 13 Eastern Europe and Central Asia (EECA) countries; and documenting systemic stigma, denial of treatment and care, and police violence, against people who use drugs as evidence used in UN engagement on drug policy law reform.

Early action Stage: 43 partners (80% of 54) developed advocacy strategies grounded in community evidence to respond to funding cuts, criminalisation, and gaps in service access. In East Africa, evidence from Kenya, Uganda, Tanzania, Rwanda, and Burundi was used to challenge anti-gender narratives and support global human rights advocacy. In Kenya, community consultations and civil society mobilisation informed advocacy around the Harm Reduction Bill. In Georgia, community-led documentation helped shape advocacy for improved transgender access to PrEP, despite its formal availability.

Advanced Action Stage 1: 38 partners (70% of 54) moved evidence into campaigns targeting governments, UN bodies, multilateral institutions, and national legislatures. Partners reported implementing protection strategies for human rights defenders in Uganda, regional mobilisation for equitable access to opioid agonist therapy in EECA, and global advocacy in Geneva on anti-rights rollbacks, foreign aid cuts, and the renewal of the Sexual Orientation and Gender Identity (SOGI) mandate. Other engagements brought sex worker voices into UN gender-equality spaces and supported rights-based prison health reform in Eswatini.

Advanced Action Stage 2: Six partners (11% of 54) took cases to court, which is both the most decisive and the most dangerous step: a successful judgment can compel governments to act in ways no campaign can, but it also costs more, takes longer, and a loss sets precedent against the movement. Partners supported strategic litigation to challenge legal and policy barriers affecting trans people, prison health, and harm reduction. In Europe, litigation advanced recognition of trans rights, while work in Ukraine focused on prison healthcare standards.

> *"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)

From the Cell to the Court: Turning Prison Evidence into 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

Since 2019, the European Prison Litigation Network (EPLN) and its Ukrainian member, Protection for Prisoners of Ukraine, have documented healthcare and human rights conditions in Ukrainian prisons with support from RCF core funding. This work continued even after the 2022 full-scale invasion. In 2025, Protection for Prisoners of Ukraine conducted seven prison monitoring visits, drawing on public records, statistical materials and direct observation. The evidence that was generated through this work is the foundation on which EPLN's advocacy was built in 2025. EPLN carried that evidence into every level of the European and UN human rights system.

This helped produce three major outcomes in 2025. The Council of Europe's Committee of Ministers integrated EPLN recommendations on prison healthcare reform in Ukraine, including transferring responsibility for prison healthcare to the Ministry of Health. The European Court of Human Rights recognised states' obligation to protect prisoners' dental health in Benyukh v. Ukraine. The UN Committee against Torture also reflected EPLN's concerns in its concluding observations on Ukraine.

This case study shows how long-term core support can turn community-led monitoring into coordinated legal advocacy. Sustained funding enabled EPLN to maintain specialist legal capacity with a full-time legal advisor, work closely with Ukrainian partners such as the Prison Health and Rights Consortium, and carry prisoner evidence into institutions capable of setting binding human rights standards beyond Ukraine.

Read the full story here.

A picture of the last Prison Health and Rights Consortium (PHRC) Board meeting.

5.3 Outcome 3
Access to and Quality of Services

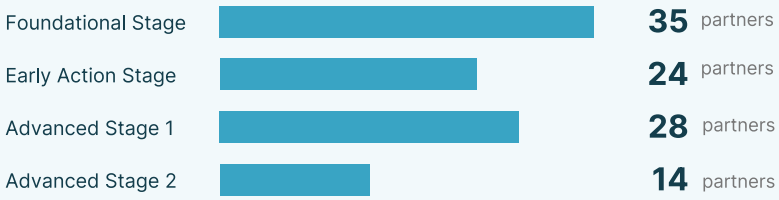
Outcome 3 shows partners using community evidence to make services more accessible, more inclusive, and more accountable – especially where stigma, criminalisation, gender norms, or exclusion keep people away from care.

Outcome 3 at a Glance: Key Achievements in 2025

Partners Engaging in Advocacy

35 partners reported engaging in services advocacy, 49% of the full portfolio*

Advocacy Pathway



35 partners generated evidence to support advocacy strategy or campaign to improve access to or quality of services for ISPs, 24 translated evidence into service advocacy strategies, 28 moved community evidence into provider standards, donor priorities, or national plans and 14 held seats in formal HIV or health planning processes.

Advocacy Activities

101 activities implemented

101 services advocacy activities were implemented

Results Stage

7 changes already in effect

2 formal commitments

Advanced Stage 2

14 partners held seats in formal HIV or health planning processes

* 15 Extended bridge partners reported on this outcome voluntarily.

Focus areas: Most activity and result focus areas (70%) concentrated on the following: SRHR in the context of HIV, gender transformative approaches, HIV-related criminalisation. Networks treat them as one integrated agenda: the same person often sits inside all of them at once.

Foundational Stage: 35 partners (100% of 35) gathered evidence on what health systems delivered – or not – for the populations RCF supports. Partners generated evidence on service-access barriers across trans health, SRHR, cancer screening, prison health, and violence in healthcare settings. Evidence from countries including Eswatini, Lesotho, Malawi, South Africa, Zambia, Zimbabwe, Georgia, Kyrgyzstan, Tajikistan, and Ukraine showed persistent gaps such as stock-outs, stigma, lack of privacy, exclusion of marginalised groups, and violence in public health services.

Early action Stage: 24 partners (69% of 35) translated evidence into specific service advocacy strategies. Partners translated community evidence into practical service improvement tools, including provider training on stigma-free SRHR services for sex workers, gender-responsive harm reduction guidance, micro-learning for paediatric and adolescent HIV healthcare providers, and youth-led advocacy in Cameroon. Engagements focused on improving service quality by changing provider attitudes, strengthening clinical practice, and bringing community priorities into health planning spaces.

Advanced Action Stage 1: 28 partners (80% of 35) advanced service-access advocacy by turning policy evidence into practical tools, campaigns, and institutional engagement. Activities covered guidance on trans men and HIV, advocacy to integrate prison healthcare into national health systems in Ukraine and Moldova, advocacy for harm reduction and hepatitis C services across Africa, trans health provider education on social media across nine Asia-Pacific countries, and community-led responses to chemsex and harm reduction in Latin America and the Caribbean (LAC). Thanks to those activities, health systems were better able to recognise communities whose needs are often overlooked in mainstream HIV programming.

Advanced Action Stage 2: 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 sitting at the table and using the seat to integrate community evidence into the institutional product. The work covered engagement in Global Fund grant reprogramming in the Caribbean, human rights and HIV technical working groups in Cameroon, harm reduction policy processes in Kenya, national HIV strategy review in Bangladesh, and district-level health councils across East and Southern Africa. Community priorities were brought to light inside the mechanisms that shape national and local health responses.

Results: Six partners contributed to nine concrete service-access results across prisons, community clinics, youth-friendly services, SRHR services, and community-led monitoring. Examples include the first PrEP pilot for prisoners in Moldova, protection of community-led services in Global Fund guidance, improved access to clinics and markets in Zimbabwe, decentralised anal health services in Burundi and Ecuador, non-discrimination commitments in Benin, stronger adolescent and youth access in Nigeria, Malawi, Zambia, and Southern Africa, and steps to integrate community monitoring into Malawi's national health information system.

These examples show how community-led networks help make health systems more responsive to the people they often fail to reach.

> *"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."*
>
> – Eurasian Movement for the Right to Health in Prisons (EMRHP)

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)

For years, Nepali migrants working in India were treated as informal workers, leaving many of them outside health referral systems, social protection, and Nepal's national welfare fund. This exclusion carried serious implications for seasonal labour migrants, who account for the largest share of HIV infections in Nepal. In 2025, the Government of Nepal approved the National Labour Migration Policy, formally recognising India-bound migration as official labour migration for the first time. The policy creates a pathway for cross-border workers to access protections and services and requires local authorities to collect migration data.

This change was the result of two decades of advocacy work implemented by POURAKHI Nepal, CARAM Asia, and civil society partners, grounded in evidence from returnee migrants themselves and informed by years of direct service provision. With RCF long-standing support, these organisations were able to absorb political risk, maintain institutional stability, and evolve from service providers into policy advocates. Long-term community-led advocacy can make excluded populations visible in law and policy – this is why sustained core support is needed to withstand funding constraints.

Read the full story here.

Migrant Forum members, including returnee migrant workers and their spouses, participate in a capacity-building session on migrant health rights, HIV/AIDS and STD awareness, and community advocacy at OKUP's (CARAM's partner organisation) Munshiganj Field Office in Bangladesh.

Stories in photos

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

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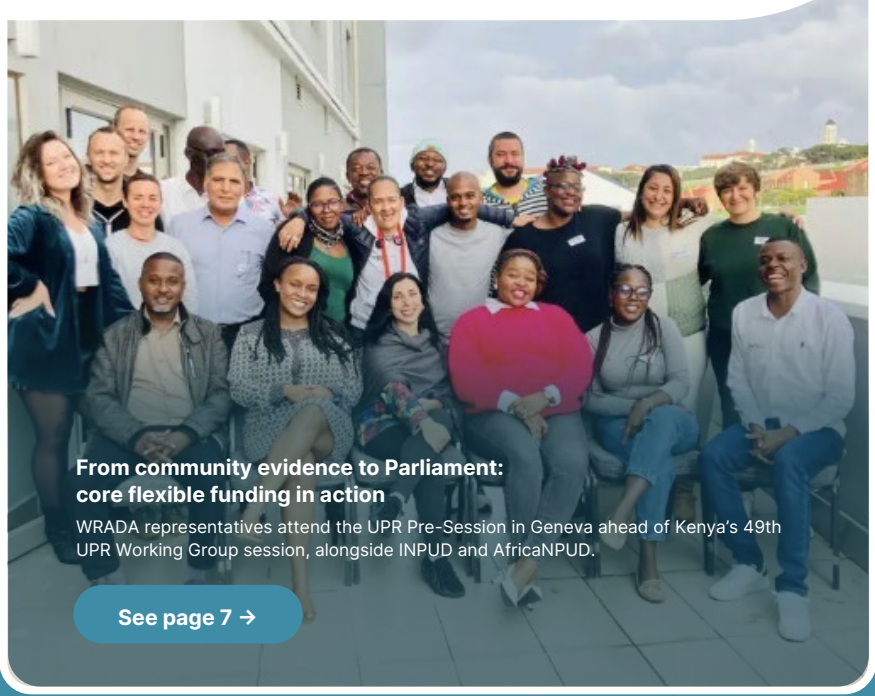

From community evidence to Parliament: core flexible funding in action

WRADA representatives attend the UPR Pre-Session in Geneva ahead of Kenya's 49th UPR Working Group session, alongside INPUD and AfricaNPUD.

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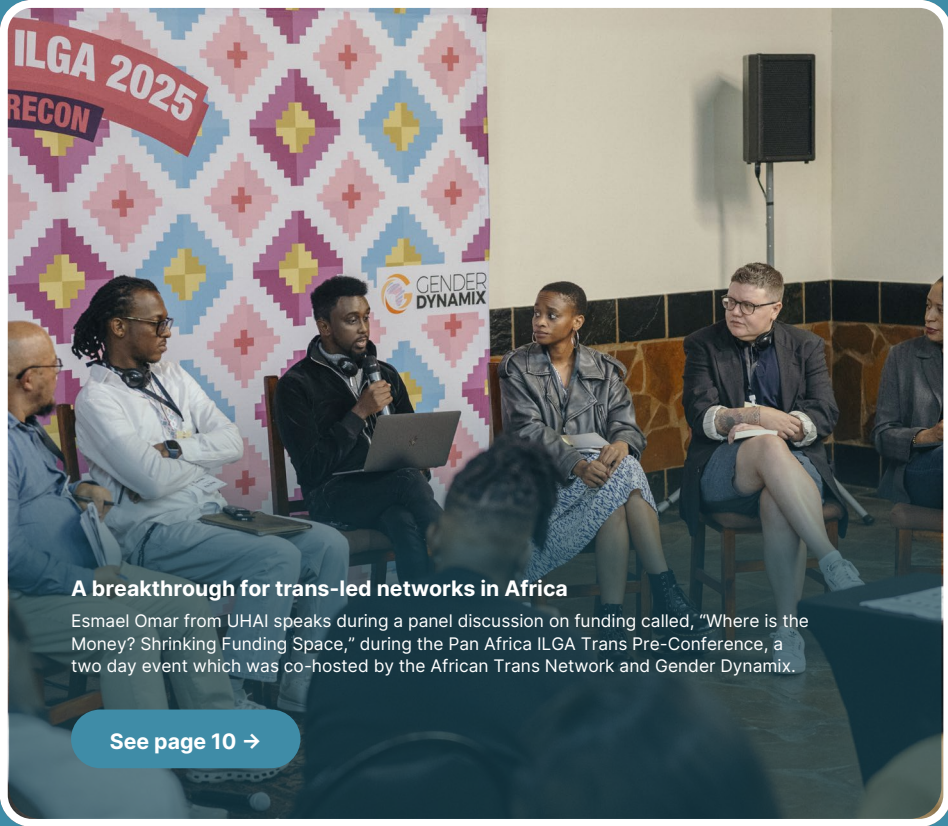

A breakthrough for trans-led networks in Africa

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.

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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

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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

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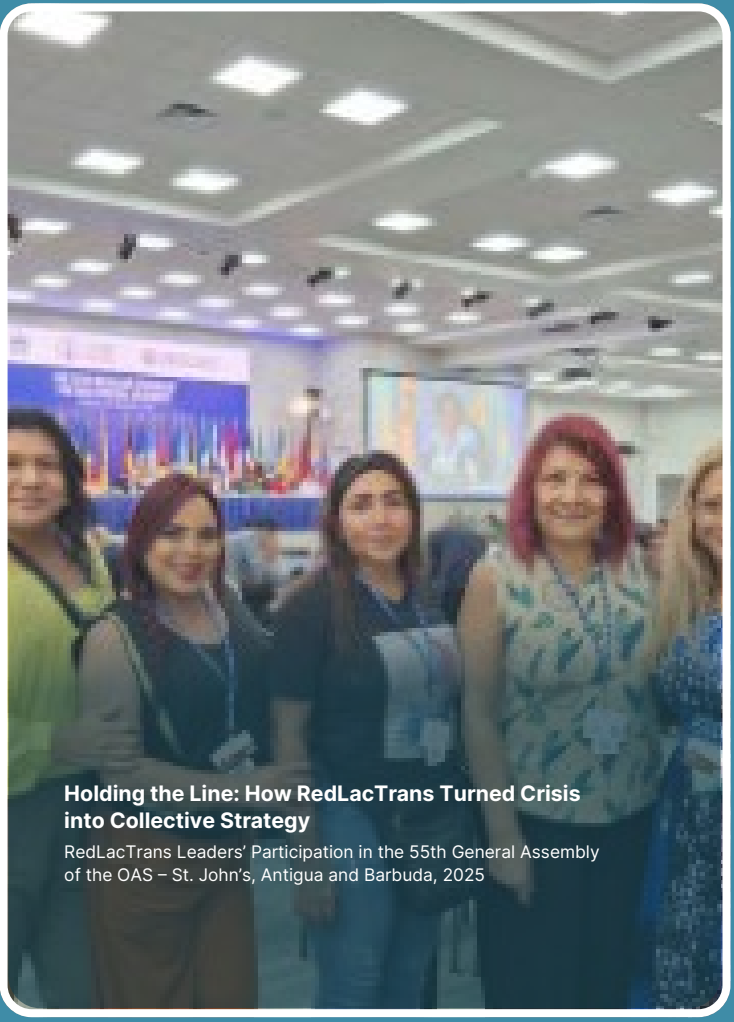

Holding the Line: How RedLacTrans Turned Crisis into Collective Strategy

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

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5.4 Outcome 4
Resource Accountability

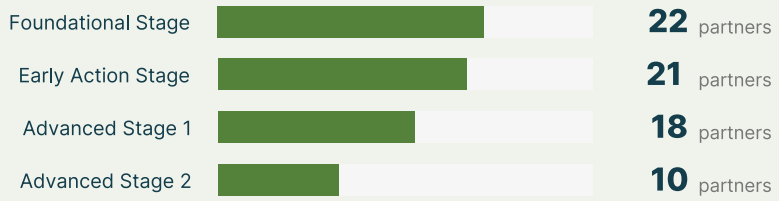
Resource accountability is the advocacy work networks do to track, analyse, and shape how HIV-response funding flows. Activities target resource flows to the HIV response across four donors: the Global Fund, PEPFAR/USG, national or sub-national governments, and other bilateral or international donors. Outcome 4 is assessed across the same five stages as Outcomes 2 and 3.

Outcome 4 at a Glance: Key Achievements in 2025

Partners Engaging in Advocacy

31 partners engaged in resource accountability advocacy, 43% of the full portfolio*

Advocacy Pathway



22 partners built evidence for engagement with donors and governments; 21 translated it into targeted advocacy; 18 brought community evidence into decision-making spaces; and 10 participated in budgeting decisions for inadequately served populations.

Advocacy Activities

70 activities implemented

70 resource accountability advocacy activities were implemented.

Results Stage

3 verified funding-flow results

3 verified funding-flow results across 3 countries and 1 global mechanism.

Advanced Stage 2

10 partners held seats in donor or government budgeting processes.

* 15 Extended Bridge partners reported on this outcome voluntarily.

Focus areas: Most activity and result focus areas (72%) concentrated on the following: gender transformative approaches, HIV-related criminalisation and sustainable rights-based funding for HIV and harm-reduction services.

Under Outcome 4, partners worked to turn funding challenges into resource accountability: documenting cuts, protecting community-led services, and urging donors and governments to keep ISP needs visible in funding decisions.

Foundational Stage: 22 partners (71% of 31) tracked donor flows, mapped service disruptions, and built the evidence base for engagement with donors and governments. Partners documented the impact of 2025 funding cuts on community-led HIV, harm reduction, and key population services, and used this evidence to inform donor and Global Fund advocacy. Evidence from organisations across 47 countries, as well as consultations in EECA, LAC, and MENA, showed major disruptions to services such as PrEP, harm reduction, gender-affirming care, legal support, peer education and community-led monitoring. This evidence helped define community priorities and "red lines" in funding reprioritisation processes, showing that resource accountability was not only about tracking cuts, but about protecting essential services from being deprioritised.

Early Action Stage: 21 partners (68% of 31) translated the funding-environment evidence into specific asks, target audiences, and timing. Partners used rapid community-led documentation to capture the effects of the US funding freeze on key populations in Asia-Pacific and Africa. Consultations included representatives from seven Asian countries, while community evidence from Kenya, Ghana, Mozambique, and Zimbabwe documented threats to service access and culturally competent care for gender-diverse and queer communities.

Advanced Stage 1: 18 partners (58% of 31) moved community evidence directly into donor and government decision-making spaces. Partners advanced resource mobilisation advocacy across global, regional, and donor spaces, using community evidence to keep inadequately served populations visible in funding decisions. Regional advocacy targeted Gulf-state donors ahead of the Global Fund 8th Replenishment. Other engagements also documented how funding cuts were affecting children, adolescents, and young people living with or affected by HIV across 12 Southern African countries. In Europe, lived-experience evidence from Poland, Czechia, and Lithuania informed advocacy on sustainable HIV and harm-reduction financing, including engagement with EU and UNAIDS processes.

Advanced Stage 2: 10 partners (32% of 31) held formal seats in 2025 in the budgeting processes where resource decisions for inadequately served populations are made. Partners used formal governance and budgeting spaces to influence how HIV and harm-reduction resources are allocated. Successes included bringing LGBT+ and women living with HIV perspectives from Eastern Europe and Central Asia into Global Fund Board and Communities Delegation processes, contributing to an approved regional Global Fund proposal for harm reduction in MENA, and using Zimbabwe's youth budget consultations to advocate for increased investment in health, education, and HIV prevention services for young people in detention.

Results Stage: Three partners (10% of 31) reported three changes in funding flows across 3 countries and 1 global mechanism. Two changes are already in effect, and a formal commitment was made for the last one. Partners contributed to verified resource-accountability results across Global Fund and UNAIDS processes. In Tanzania and Nigeria, Global Fund GC7 reprioritisation increased prevention funding for people who use drugs, expanding outreach, overdose prevention, and hepatitis C treatment. In Cameroon, youth-led advocacy helped secure the first formal Global Fund budget allocation for peer medication delivery and safe spaces. At global level, UNAIDS PCB57 adopted commitments on predictable financing for community-led organisations and funded community-led monitoring, while wider civil society mobilisation helped protect UNAIDS during the funding crisis.

Holding the Line: How RedLacTrans Turned Crisis into Collective Strategy

Partner: Red Latinoamericana y del Caribe de Personas Trans (Latin American and Caribbean Network of Trans People (RedLacTrans)), under the Trans Health and Rights Advocacy Network Consortium (THRIVE) Consortium
Scope: Latin America and the Caribbean (18 countries)

In 2025, RedLacTrans faced a severe funding crisis as cuts to USAID, Global Fund, and other funding streams reduced operating capacity and put advocacy work at risk. For the network, the impact was direct: operating costs were cut by half, 70% of activities were affected, and nine country affiliates lost advocacy funding. RedLacTrans members were also confronting intensified anti-gender rhetoric, closing civic space, and escalating violence.

Rather than retreat, RedLacTrans used the crisis as a moment for collective strategy. In August 2025, RedLacTrans convened trans leaders from 16 countries in Panama to develop a Regional Sustainability Plan for 2026-2028 and a Subregional Political Advocacy Plan for Central America and Mexico focused on violence against trans people. The convening itself was funded by AJWS, while RCF core support through the THRIVE Consortium sustained the staffing and coordination capacity that carried the work.

RCF's long-term flexible funding, through the THRIVE Consortium, helped build the organisational capacity and leadership base that allowed RedLacTrans to respond with coordination, strategy, and ambition at a moment of acute financial and political pressure.

Read the full story here.

RedLacTrans Leaders' Advocacy Meeting in Central America – Panama City, 2025

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5.5 Complementarity between RCF and other Global Health Donors

In 2025, RCF partners showed strong engagement with the global health financing and policy ecosystem. The Global Fund was the most widely engaged global health financing institution among RCF partners: 57% of partners (41 of 72) engaged with it directly and 15 received Global Fund resources as grant recipients, or as Community Engagement Strategic Initiative partners. Partners also engaged substantially with the institutions that shape global health structural design such as the World Health Organization (WHO) and UNAIDS, showing that RCF-supported networks are active not only in funding processes, but also in the normative and policy spaces that shape the global HIV response.

Partners used Global Fund roles to connect community priorities with funding, governance, and service delivery. Across the Caribbean, Nepal, Georgia, Kenya, Mozambique, Zimbabwe, Nigeria, Mongolia, Indonesia, India, and Mali, partners served as grant recipients, CCM members, Board or advisory-body representatives, technical assistance providers, and frontline community actors. Their work helped secure harm reduction commodities, protect local CSO funding, strengthen CCM engagement, influence national HIV strategies, expand youth and key-population representation, and support HIV-positive pregnant women through peer mentoring. The complementarity with RCF is clear: among partners receiving direct Global Fund resources, most reported using RCF core funding to cover staff or operational costs not covered by Global Fund grants.

This demonstrates RCF's catalytic role: its core funding helps partners access, influence, and implement larger funding streams while covering the staff, operations, and advocacy capacity that other grants often do not fund. 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)

In the Middle East and North Africa, rising HIV rates, low treatment coverage, punitive laws, stigma, and shrinking global funding make Global Fund financing a critical lifeline for the regional HIV response. Three RCF-supported networks – MENAHRA, MENA Rosa, and MENANPUD – are working together to ensure that affected communities can shape not only how resources are mobilised, but how they are allocated and spent.

In 2025, the networks strengthened community engagement in Global Fund processes through the MENA learning hub, sub-regional trainings, consultations, studies, and advocacy linked to the eighth replenishment and regional grant design. MENA Rosa, MENAHRA, and partners also mobilised civil society around Gulf donor contribution to the replenishment, while MENAHRA carried regional community priorities into Global Fund spaces.

Their work shows how community leadership can influence financing even in hostile environments. By linking resource mobilisation, grant design, drug policy reform, and regional solidarity, these networks are helping ensure that Global Fund investments remain responsive to the people most affected by HIV in MENA.

Read the full story here.

6. Gender Transformative Approaches

In 2025, gender transformative work was one of the strongest cross-cutting themes across the RCF portfolio, with 51 of 72 partners (71%) addressing gender norms, power imbalances, or discrimination in at least one outcome area. The work was most visible in human rights advocacy, but also shaped service access, resource accountability, and network influence. Across the portfolio, partners showed that gender is not a separate issue from HIV, but a structural condition shaping who is criminalised, who is funded, who can access services, and whose rights are protected.

Trans rights as a global fight over resources. Trans-led networks showed that exclusion from HIV financing is itself a gender justice issue. In 2025, partners documented evidence showing severe violence against trans people globally and the disproportionate impact of funding cuts on trans-led organisations, including in East Africa. The findings showed how gender identity can determine whether communities are funded, protected, and able to access services, making funding advocacy a core part of gender-transformative HIV work.

Women's lives at the intersection of HIV, drug policy, and migration. Partners showed how gender, criminalisation, migration, and economic precarity intersect in women's lives. Evidence from Asia and from opioid agonist therapy programmes in Poland, Czechia, and Lithuania documented gender-based exploitation, disproportionate punishment of women for low-level drug offences, and systemic barriers faced by women and gender-diverse people. This work showed that gender-responsive HIV and harm-reduction services must start from recognising how laws, services, and economic systems often treat male experience as the default.

Criminalisation as gendered economic injustice. Partners framed criminalisation as a driver of gendered economic injustice, showing how punitive laws undermine labour rights, income security, safety, and access to care for sex workers and LGBTQI+ communities. Evidence from Zambia, Asia-Pacific, and other regions documented violence, financial strain among sex worker-led organisations, and the impact of homophobia in healthcare on HIV outcomes.

Feminist practice as service-delivery design. Partners showed how feminist and gender-transformative practice can reshape service delivery. In Burundi and Ecuador, community-based care expanded access to proctological services for women living with HIV, female sex workers, and trans people, challenging narrow assumptions about who needs anorectal care. Other work linked strong clinical outcomes such as viral suppression with women's participation in district health councils, treating health results and political voice as connected goals. For adolescent girls and young women, evidence from Cameroon, Southern Africa, and Nigeria helped secure youth-led service funding and shift clinics toward Youth-Friendly Quality Standards, recognising that gender, age, and economic precarity shape HIV vulnerability together.

More broadly, 2025 evidence shows that gender transformative work is strongest where it is inseparable from partners' core missions. For trans-led, sex worker-led, and women-living-with-HIV-led networks, advocacy on rights, services, criminalisation and community-led care is already gender transformative, even when it is not always labelled as such. 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 Alliance Globale des Communautés pour la santé et les droits (AGCS PLUS) is Challenging Gender-Based Exclusion in francophone West and Central Africa.

Partner: AGCS PLUS
Scope: French-speaking West and Central Africa

Across Francophone West and Central Africa, sexual and gender minorities are facing rising anti-rights movements, restrictive laws, violence, and shrinking civic space. In response, AGCS PLUS brings together 21 organisations across 12 countries to generate community-led evidence, strengthen activists' capacities, and create spaces where communities can directly advocate for their rights before national, African, and international institutions.

In 2025, AGCS PLUS and its partners engaged the African Commission on Human and Peoples' Rights on dignity, equality, and protection for sexual and gender minorities and women, including in relation to Burkina Faso's Family and Persons Code. In Togo, the network supported community organisations to generate evidence on violence and discrimination to contribute to the Universal Periodic Review, which strengthened community stakeholders' capacity to influence national debates. AGCS PLUS challenges 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.

Read the full story here.

Activists meet in Benin at the Activism and Resistance symposium, strengthening solidarity and developing strategies to advance equality, dignity, and human rights.

7. Cross-Portfolio Learning: What 2025 reveals

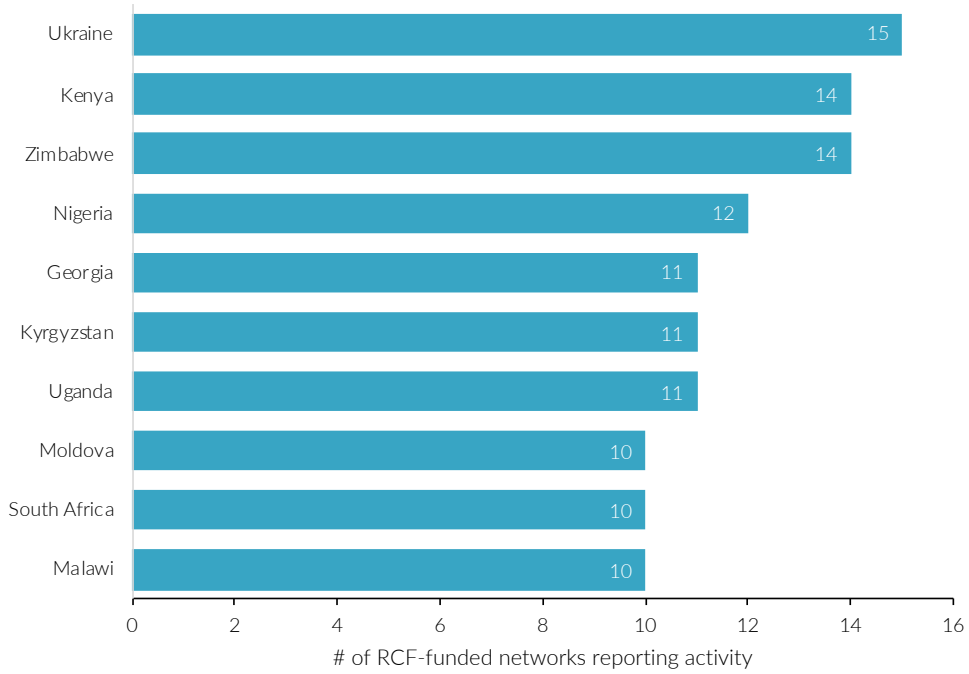
RCF's portfolio does not operate as a set of isolated organisations or separate outcome areas. It operates as a networked, interrelated system. Partners work across institutional strengthening, human rights, service access, and resource accountability at the same time, because in real life, these strands are inseparable.

Several cross-portfolio lessons emerged in Year 1.

Advocacy is long-horizon work. Across Outcomes 2, 3, and 4, partners were often active at several stages at once: generating evidence, building strategies, running campaigns, entering decision-making spaces, and, in some cases, securing documented legal, policy, service, or funding results. These stages should not be read as a linear pipeline. Partners run multiple stages of advocacy simultaneously and produce documented results where years of accumulated work come to ground in 2025. Most partners were already mid-way through advocacy arcs that began before the 2025-2027 cycle and will continue beyond it. The results documented in 2025 often reflect years of prior work coming to ground inside the reporting year.

The portfolio's strength lies in interdependence. Regional and global networks connect country-level realities to regional and multilateral spaces. Country-level partners contribute lived-experience evidence; regional and global networks add technical depth, cross-country analysis, and access to decision-making spaces. This pattern is visible in the Year 1 results: every national result documented in the report was produced by a regional or global network working with country-level members. It is also visible geographically: in 115 of the 167 countries where partners reported activity, several RCF-funded networks are active at the same time, often through their own affiliates and members, creating opportunities for shared evidence, aligned advocacy, and mutual reinforcement. Network reach is deepest in Ukraine, Kenya, Zimbabwe and Nigeria, with 12 to 15 networks in each country in 2025.

Figure 7: Countries with the widest reported RCF network reach 2025



The portfolio advanced its work under significant pressure. Funding contraction, anti-rights and anti-gender movements, shrinking civic space, criminalisation, and political instability all shaped the year. Yet partners continued to document harms, build coalitions, engage institutions, and produce results. This contrast is central to the 2025 story: the network model showed resilience under acute pressure, yet that resilience rests on foundations that are financially fragile. The advocacy capacity built over years cannot be sustained indefinitely without core, flexible, long-term investment.

Year 1 reporting surfaced a measurement priority for RCF. The monitoring, evaluation and learning (MEL) framework captures individual partner advocacy in detail, but some of the most important network effects sit between organisations: one partner's evidence used in another's submission, joint advocacy across countries, peer mentoring, shared platforms, and informal solidarity. These forms of collaboration appeared clearly in partners' narrative reporting. However, they are not yet fully captured by current indicators. Making this inter-network advocacy more visible, while maintaining high levels of partner granularity and also keeping reporting manageable for partners, is an important learning priority.

Finally, solidarity, connection, collaboration, and shared learning were major enabling factors in 2025. This took place at multiple levels: through the formal consortium structure, through informal regional and movement solidarity, and through the forms of inter-network exchange described above. Formal consortia helped networks coordinate across communities and regions, while informal peer support allowed partners to share evidence, strategies, and political space. Examples include regional women living with HIV networks coordinating rapid assessments on the impact of funding disruptions; trans, sex worker, youth, harm reduction, and migrant networks drawing strength from sister organisations; and partners using shared evidence, joint submissions, and common advocacy platforms to amplify each other's work.

RCF's network funding model sustains the connective infrastructure through which community evidence travels, advocacy is amplified, and results become possible across countries, regions, and global institutions.

Lessons from 2025

- **Long advocacy arcs**: results often reflect years of work. Advocacy at scale cannot be hurried.
- **Interdependence**: country evidence, regional coordination, and global advocacy reinforce each other.
- **Solidarity under pressure**: partners kept working through shared evidence, consortia, and peer support.
- **A measurement lesson**: collaboration between networks needs to be better captured and made more visible.

8. Looking Ahead: From Year 1 Foundations to Year 2 Choices

At the close of Year 1 of the 2025-2027 grant cycle, the RCF portfolio is in a paradoxical position: it is simultaneously institutionally stronger, politically better connected and more visible in advocacy spaces, yet financially more fragile than when the cycle began.

As RCF and its partners enter Year 2, the landscape remains difficult. The funding pressure documented throughout this report had not eased by the close of 2025, and RCF's own resource mobilisation will continue to operate within a contracted and uncertain donor environment. Year 2 will therefore be shaped by which commitments donors maintain, where reductions deepen, and whether new sources of support emerge. At the same time, the political and legal pressures facing partners – including anti-rights and anti-gender movements, shrinking civic space, and punitive laws – are unlikely to recede quickly.

However, partners' own position is strong. Community-led networks grew more capable across 2025, even as the conditions around them hardened, and RCF's model showed its value. Country networks, regional bodies, and global advocates work as one system, each carrying what it can: lived evidence, cross-border reach, and a voice in the rooms where decisions are made. Partners enter Year 2 with that machinery intact and proven.

Furthermore, the funding crisis also creates an opening. As external funding contracts, questions of who pays for the HIV response, how resources are allocated, and which communities remain protected are being reopened. RCF-supported networks have spent years building the legitimacy, relationships, and lived authority needed to influence those conversations. The shift toward domestic financing and new sustainability models creates a table at which community-led networks must have a seat. Core flexible funding is what allows them to take that seat with the staffing, stability, and staying power required to use it effectively.

Year 2 will also require careful framing of what advocacy targets mean. RCF's MEL framework sets targets for the end of 2027, but advocacy does not move according to grant-cycle timelines. Many of the results documented in 2025 reflect work that began before this cycle and will continue beyond it. Annual reporting should therefore be understood as a snapshot of long-term advocacy in motion. RCF's task is to report transparently while resisting the temptation to interpret single-year movements as either success or failure against timelines that advocacy itself does not follow.

Several strategic questions will shape the rest of the cycle:

Depth versus Breadth: In a contracted funding environment, RCF will decide how to best use finite resources – expanding to new partners or deepening support to existing ones. The Year 1 evidence points strongly toward deepening before broadening, given that 85% of existing partners still lack funding secured for two years or more, and 63% lost a funding source in 2025.

Monitoring & Evaluation for Learning: RCF will refine its MEL approach to better capture inter-network collaboration, including shared evidence, joint submissions, peer mentoring, and coordinated advocacy, while reducing reporting burden.

RCF's Year 2 priorities follow directly from this landscape: The fund will continue to sustain core flexible funding as the modality that holds organisational capacity in place through contraction. It will convene partners around the long arc of advocacy, strengthen evidence for resource mobilisation, consult partners on how RCF funds and convenes, support partners to defend existing funding and pursue domestic financing, and help partners hold their seats in Global Fund, UNAIDS, and national decision-making processes.

Year 1 showed that the network model works under pressure. Year 2 will test whether that model can be resourced strongly enough to keep shaping the future of the response. The ask to donors is clear: sustain flexible funding, extend funding horizons beyond single grant cycles, and protect the community-led infrastructure that carries the HIV response.

From the Closing word by 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?

(...) 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. (...) 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. (...)

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
Civil Society Members, International Steering Committee

Ola Szubert, Shatyam Issur, Andrew Spieldenner
Alternate Civil Society Members, International Steering Committee

Read the full closing word here.

Acronyms

AJWS	American Jewish World Service
CCM	Country Coordinating Mechanism
CSO	Civil Society Organisation
EECA	Eastern Europe and Central Asia
ESA	Eastern and Southern Africa
EU	European Union
GBMSM	Gay, Bisexual and other Men who have Sex with Men
GC7	Grant Cycle 7
HIV	Human Immunodeficiency Virus
ISP	Inadequately Served Populations
LAC	Latin America and the Caribbean
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
MEL	Monitoring, Evaluation and Learning
MENA	Middle East and North Africa
NGO	Non-Governmental Organisation
PCB	Programme Coordinating Board (UNAIDS)
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RCF	Robert Carr Fund
SOGI	Sexual Orientation and Gender Identity
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UPR	Universal Periodic Review
USAID	United States Agency for International Development
USG	United States Government
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.

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