



STRONGER TOGETHER: CIVIL SOCIETY AT THE CROSSROADS

STRATEGIC PLAN

2017

2020

Interagency
Coalition on AIDS
and Development



Coalition
interagence sida
et développement



TABLE OF CONTENTS

01

Who is ICAD?

02

Introduction and Context

05

SWOT Analysis: An Overview of Challenges and Opportunities

08

Strategic Directions

11

Theory of Change Model

12

Acknowledgments



WHO IS ICAD?

The Interagency Coalition on AIDS and Development (ICAD) is a Canadian consortium of over 100 AIDS Service organizations (ASOs), international development non-governmental organizations (INGOS), faith-based organizations, labour unions, educational

institutions and community advocates. ICAD's leadership brings together members and partners to address the domestic and global HIV epidemic and the many intersections with related health and development issues. ICAD helps Canadians contribute to international HIV work and

ensures that the lessons learned from the global response to HIV are utilized by Canadian organizations to improve prevention, care, treatment and support work at home and abroad. ICAD does this by influencing public policy, providing information and analysis, and sharing lessons learned.



GET IN TOUCH

PO BOX 4612 STN E | OTTAWA ON K1S 5H8

FACEBOOK: ICADCISD | TWITTER: ICADCISD

ICAD-CISD.COM

INTRODUCTION AND CONTEXT

Since ICAD's previous strategic plan (2014–2017), there have been significant socio-economic, biomedical and political changes in the fields of HIV and development. ICAD recognizes that these significant shifts at global and national levels require the Coalition to create a feasible and visionary blueprint for advancing its vision and mandate within this new landscape. ICAD is therefore renewing its strategic plan in order to prepare itself for a robust future in this context, and to determine the role it will play in shaping that future.

The following provides an overview of key developments since the last strategic plan:

Globally:

- The Millennium Development Goals (MDGs) have been replaced by the **Global Goals for Sustainable Development (the Sustainable Development Goals, or SDGs)** where HIV and its related issues no longer have a stand-alone goal but are implicated across many of the 17 new SDGs. Keeping HIV as a forefront issue with commensurate resources is a continuing challenge in this new global health and development architecture.
- **Significant medical advancements** have led to improved health and well-being of people living with and affected by HIV and HIV

co-infection, as well as significant progress towards universal access to antiretroviral (ARV) treatment.

- **Scientific consensus behind the U=U campaign** (undetectable viral load means that HIV is untransmittable) has marked a turning point in the world's understanding of the role of ARV treatment in averting new HIV infections, reducing HIV-related stigma, promoting improved individual health outcomes and public health, and amplifying the argument for greater treatment access to all in need.
- The year 2016 ushered in a renewed **UN Political Declaration on HIV**, touting a Fast-Track to Ending AIDS. Endorsed by the UN General Assembly, the document reaffirms country-level commitment and provides an accountability framework for governments' pledges and commitments.
- There has been **greater emphasis on community responses** as a critical driver to meeting the SDGs and leading the end of AIDS as a public health threat by 2030. Strong civil society systems and engagement are seen by leading multilateral organizations as critical to the successful implementation of their renewed strategies and widely promoted as a "global public good" in the AIDS response (Lancet Commission; the Global Fund Strategy, 2017; UNAIDS Strategy,

2016). The role of civil society and community systems are widely recognized as critical to achieving gender and human rights agendas, particularly for the poorest and most marginalized such as key populations affected by HIV.

- Despite the growing understanding of the role of advocacy and civil society capacity in responding to epidemics, there are ever fewer resources available for this work. **Erosion of civil society space** and voice is reported in countries around the world.
- **Aspirational messages** such as the calls for an "AIDS-free generation" and the "end of AIDS" have galvanized the global community toward progress on HIV prevention and treatment, but at the same time may misleadingly contribute to **growing public apathy** towards and de-prioritization of HIV.

In Canada:

- The 2015 change in Canadian government ushered in a thawing of relationships with civil society, renewed Canadian commitments to the principles of global leadership and multilateralism, and the development and release of the **first-ever feminist international assistance policy**. The policy articulates a vision of positive social transformation for the world's poorest and most marginalized

through gender equality, and the empowerment of women and girls with emphasis on the principles of community development, human rights, and a deep commitment to diseases of poverty including, HIV, TB and malaria. Regrettably, the new policy is not accompanied by an increase in funding for overseas development assistance.

- The Public Health Agency of Canada—a key funder for many Canadian HIV organizations—embraced a **new funding model for community-based programs** and services that integrates issues relating to HIV, hepatitis C and sexually transmitted infections. The model includes a significant departure from the government’s traditional funding delivery mechanism with serious and challenging implications for Canada’s HIV community response.
- Canada’s commitment to the full implementation of the **Truth and Reconciliation Commission’s Call to Action and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP)** underscore the need to demonstrate commitment to social justice, equity and inclusion and uphold the health and human rights of Indigenous people. For Indigenous people living with HIV, this includes improving access to culturally safe and culturally relevant health and social care, combatting pervasive stigma and discrimination, and redressing a legacy of systemic and gender-based violence.

Looking forward:

- We are witnessing serious **disconnects between global commitments** made over recent years and country policies that promulgate **repressive legislation** that criminalizes and/or discriminates on the grounds of gender, sexual orientation, religion, ethnic background, health status and violates the right to privacy and freedom from discrimination.
- We are facing a steady decline or **de-investment in the global HIV response** despite a history of unprecedented mobilization of resources since the early days of the HIV epidemic. Regressive funding trends follow years of flat-lined funding since the 2008 economic crisis. In the face of fiscal shortfalls, the future of the global HIV response is uncertain. This comes at a time when the 2016 *Political Declaration on HIV and AIDS: on the Fast-Track to End AIDS by 2030* calls on UN Member States to increase and front-load their HIV investment to 2020 in order to reduce rising costs downstream.¹
- We are observing an increasing number of **countries in various stages of transition from low to middle income status**. This transition occurs simultaneously with a shift away from previous levels of international financial support, with programs being handed over to national governments and domestic health budgets. While there is uncertainty about what is required for these countries’

HIV response to transition successfully to domestic resources, there are numerous and disturbing reports of weak political will, **de-prioritization of HIV** and population health more broadly, and **repression of key affected populations and civil society**, leading to resurgence in epidemics of HIV, TB and malaria.

- There are a growing number of **humanitarian emergencies** as a result of armed conflict in fragile states, natural disasters as a result of climate change leading to **mass migration of refugee populations**, the destruction of state infrastructure, and growing numbers of people in extreme poverty.
- A continued spread around the world of the **‘shrinking’ or ‘closing space’ for civil society**, with multiple forms of repressive restrictions against the democratic space of civil society.

It is indeed a dynamic, fast-moving and complex health and development landscape. The work and convening power of the Coalition is more important than ever and is key to achieving ICAD’s strategy over the next three years.

As a result, a strategic planning process was undertaken in early 2017. This comprehensive process included broad consultation with ICAD members, partners, Board and staff through the following means:

- Review of relevant documents relating to the international development and HIV/AIDS context,

¹ Avert. (15 August 2017). Funding for HIV and AIDS. Accessed at: <https://www.avert.org/professionals/hiv-around-world/global-response/funding>

including strategic plans of key partner agencies and donor organizations, and international papers and reports.

- Review of relevant documents relating to the domestic international development and HIV/AIDS context, including ICAD's vision and mission statements, existing strategic plan, funding proposals and reports, and key project documents.

- Online survey completed by ICAD members and non-member stakeholders (n=35, 35% response rate from 100 ICAD members).

- Individual interviews with 16 key partners and stakeholders.

- A full-day consultation with the Board and staff.

Through a detailed analysis of the data collected through these means, we developed a SWOT

analysis (Strengths, Weaknesses, Opportunities and Threats), generated key strategic directions and identified indicators of success. A Theory of Change model was developed to articulate how ICAD will achieve these results; it provides an easily understood visual representation of the Strategic Plan.

SWOT ANALYSIS: AN OVERVIEW OF CHALLENGES AND OPPORTUNITIES

SWOT analysis involves looking at both internal and external factors which provide a full awareness of our situation—both our capacities and the challenges—in order to inform ICAD’s strategic planning and decision-making processes. Internal factors (strengths and weaknesses) may include human resources, physical resources, financial resources, activities and processes, and past experiences. External factors (opportunities and threats) may include future trends, the economy, funding sources, demographics and epidemiology, the physical environment, legislation, and local, national or international events. This section summarizes main findings from the

SWOT analysis, conducted through a review of relevant Canadian and international documents, a survey of the ICAD membership and interviews with key informants and ICAD partners.

ICAD’s role as a civil society convenor is highly valued by its members and key partners in Canada and globally. ICAD facilitates opportunities for Canadian civil society to engage and to provide input into strategically important global processes and policy discussions, such as through the UNAIDS Programme Coordinating Board (PCB), the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, UN High

Level Meetings, and International AIDS Conferences. These processes can seem complex, abstract, and opaque to members of civil society. Through consultative webinars, meetings, factsheets and newsletter updates, ICAD helps to translate and demystify these global processes, allowing Canadian civil society to keep abreast of emerging issues, “connect the dots” by highlighting how Canada’s national response to HIV contributes to the global response and vice versa, and ensure accountability for Canada’s commitments nationally and internationally.

ICAD occupies a unique space at the intersection of national and international perspectives, and bridges HIV, sexual and reproductive health and rights (SRHR), determinants of health, and sustainable development. This intersectional vantage point underpins its support of key population networks, such as the International Indigenous Working Group on HIV & AIDS (IIWGH), the Canadian HIV/AIDS Black, African, Caribbean Network (CHABAC), the Canadian Positive Peoples Network (CPPN), and the African, Black Diaspora Global Network (ABDGN).

While many members and key partners commended ICAD’s role in



IN ADDITION TO HIGHLIGHTING THE LINKAGES BETWEEN LOCAL AND INTERNATIONAL HIV RESPONSES, ICAD HAS SHOWN ITSELF TO BE SMART, SAVVY, AND EXCELLENT STEWARDS OF THEIR LIMITED FUNDING. ITS PUBLICATIONS, COMMUNICATIONS, AND WRITING OVERALL HAVE BECOME NOTICEABLY SHARP AND SOPHISTICATED.

convening Canadian civil society participation in global processes and in supporting key population networks, others questioned ICAD's role in both of these regards. As a result, both challenges and opportunities were identified for the Coalition.

Convening Canadian civil society participation in global processes and supporting key population networks: Conflicting perspectives from ICAD'S membership. For some, engagement in global processes and policy formulation were seen as hugely time-consuming for a small organization such as ICAD, and largely irrelevant for Canadians. For others, there is undeniable value in ensuring civil society voices are mobilized and well represented when setting and shaping global and domestic policy agendas. In order to mitigate the impression that it is 'spreading itself too thin', ICAD must engage in such activities with a laser focus, careful priority setting, and strategic investment in order to have greatest impact in an era of eroding resources. Likewise, some stakeholders felt that support of priority population networks is not aligned with ICAD's mandate.

From a communications perspective, this presents an opportunity for ICAD to articulate more clearly the thread that runs through its varied set of activities, at the nexus of HIV and development, national and international. From the perspective of engaging its membership, ICAD must continue to demonstrate how its work is relevant for more locally-focused

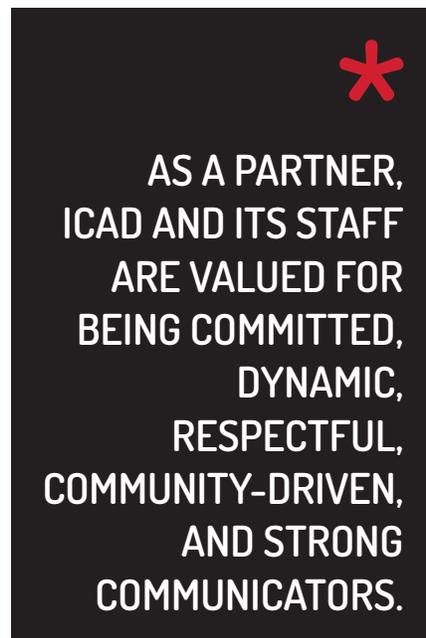
members. It can do this by identifying and acting on innovative strategies that amplify the inter-relationship between global policy developments and their impact on the daily efforts of more locally focused members—and likewise, how the results, expertise and experiences from the frontlines guide and influence good rights-based decision-making on the global stage.

Harnessing the power of the Sustainable Development Goals (SDGs) to meet ICAD's goals. The SDGs provide a framework that can be leveraged to achieve the communications and member engagement goals mentioned above: articulating more clearly the thread that runs through ICAD's activities (at the nexus of HIV and development, national and international) and demonstrating how its work is relevant for more locally focused members. As the world moves to the SDGs as a main lens and reference point for health (including

HIV) and development, ICAD can build on its existing intersectoral approach, facilitate partnership building across sectors, and emphasize the linkages between Canadian and global responses. More than ever, ICAD has a critical role to play in documenting and sharing lessons learned between Canadian and international initiatives to addressing HIV, health and development, and to build the capacity of Canadian civil society to adapt and implement innovative approaches. This dovetails nicely with ICAD's work of convening civil society, building networks, and operating as a coalition.

The SDGs and the latest UNAIDS Strategy are ICAD's vision come to life—at the intersection of HIV and development, of the global and local. Many felt ICAD can use this opportunity to cement further its expertise to develop training and resources and establish itself as a Centre of Excellence in the areas of advocacy and policy, HIV and determinants of health, or civil society engagement. ICAD can thereby advocate to maintain a strong focus on HIV within Canadian and global contexts, ensuring we reach the ambitious targets to which Canada has committed, within a context of integration and inter-sectional approaches. This includes ensuring appropriate funding levels and accountability.

ICAD's work could further leverage Canada's interest and commitment—at a policy and funding level—in sexual and reproductive human rights by applying a feminist lens and



gender-based analysis to HIV, health and development responses. In doing so, ICAD could contribute to work that recognizes the multiple and intersecting dimensions of discrimination and marginalization based on a variety of factors including gender, race, disability and sexual orientation. This can then serve as a strong backbone to ICAD's human rights-based support for concentrated efforts around the most affected key populations, including women and girls, gay and bisexual men, transgender men and women, sex workers, people who use drugs, prisoners, migrants, Indigenous communities, and African, Black and Caribbean communities.



STRATEGIC DIRECTIONS

Given the results of the SWOT analysis, and the Canadian and international context and pressures within which ICAD operates, ICAD will focus its resources and efforts on four Strategic Directions over the next three years:

- **Strength in numbers:** Sharpening the focus on key populations and their networks in Canada and internationally
- **A place at the table:** Engaging meaningfully in strategic global processes
- **All together now:** Leveraging the Sustainable Development Goals
- **Seize the Moment:** Embodying the intersection between HIV and Sexual and Reproductive Human Rights

Across each of these Strategic Directions run three core action areas, which broadly define the type of activities ICAD will pursue:

- Convening civil society, networking, and coalition building
- Communication, education and capacity building
- (Re-)engaging member organizations

1. STRENGTH IN NUMBERS: Sharpening the focus on key populations and their networks in Canada and internationally

HIV in Canada is largely concentrated among specific groups: gay, bisexual and other men who have sex with men,

people who use drugs, Indigenous communities, African, Black and Caribbean communities, transgender men and women, sex workers, prisoners, migrants, and women from these groups. This is not a coincidence. A range of biological, legal, cultural, political, historical, and social factors—which we call determinants of health—act in well-documented and predictable ways to put certain individuals, families, and communities at greater risk than others. At an international level, these mechanisms—which we call development issues—largely operate in the same way. While the specific local or regional context varies across the globe, HIV affects certain groups more than others. As such, efforts should be concentrated around the most affected key populations, where HIV/development issues and domestic/global perspectives intersect. Building on the perspective HIV brings, the gains the movement has made, and the lessons that have been learned, HIV provides a lens through which it becomes clear how determinants of health, vulnerabilities, and development issues coalesce to create disproportionate burdens for certain key populations, within Canada and globally.

In a context where civil society's place at decision-making tables continues

to erode and where important gains in the respect of human rights for key populations must be defended more than ever, ICAD will support key populations and civil society partners both within Canada and in international fora.

- **Convening civil society, networking, coalition building.** ICAD will support the mechanisms through which key populations within Canada and their organizations convene—to strategize, share lessons learned, network, develop partnerships, advance and mutually support common agendas—as well as link to key population networks operating in other countries and at the global level.
- **Communication, education and capacity building.** ICAD will develop education and capacity-building tools such as policy papers and case studies that highlight how key populations face similar and inter-related conditions, as a mechanism to stimulate collaboration.
- **(Re-)Engaging member organizations.** ICAD will actively engage its members through capacity-building activities, networking opportunities, and the development of resources that focus on the key populations with which ICAD members work most closely.

2. A PLACE AT THE TABLE: Engaging meaningfully in strategic global processes

Canada has a long history of engaging in multilateralism. We have been active participants in United Nations processes since its inception, including the United Nations Joint Programme on HIV/AIDS (UNAIDS). We are a proud signatory and ardent promoter of the Sustainable Development Goals (SDGs) and the *2016 United Nations Political Declaration on Ending AIDS*. We have made significant contributions—both financially and as a host for replenishment conferences—to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other global multilateral leaders in areas of health policy, financing and programming. Countless Canadian community-based organizations are engaged in the fields of HIV and development, both within Canada and globally. ICAD is a leading partner, committed to ensuring Canadian civil society voices have a place ‘at these tables’.

- **Convening civil society, networking, coalition building.** ICAD will continue to provide space and opportunities for Canadian organizations working in the fields of HIV and development to participate in, and to provide meaningful, action-oriented input into, these processes and to advocate on issues of critical importance for Canadians.

- **(Re-)Engaging member organizations.** Not only will we use this input to represent Canadian civil society voices in international fora, on advocacy issues that matter to our members, but we will also amplify the voices of our civil society partners who engage with these processes. Further, we will articulate clearly how these global processes have tangible and immediate relevance for efforts within Canada. Indeed, by signing on to the SDGs and the Political Declaration, Canada has made commitments to addressing HIV and development issues *within Canada*. These are first and foremost commitments to which we can hold our own government accountable.
- **Communication, education and capacity building.** ICAD will develop the education and capacity-building tools necessary for our members to leverage these commitments and Canada’s larger engagement in global processes to advance their own work.

3. ALL TOGETHER NOW: Leveraging the Sustainable Development Goals

The 17 Sustainable Development Goals (SDGs) weave together health, environmental, social and economic well-being into a single, integrated global framework. Introduced in 2015, the SDGs replace the Millennium Development Goals (MDGs). Unlike the MDGs, which included an HIV/

AIDS-specific goal², the SDGs are more cross-cutting and necessitate intersectoral approaches. Given that HIV takes a less explicitly visible role in the Sustainable Development Agenda, it is ever more important for advocacy to continue protecting and promoting the rights of people living with HIV as we work towards the achievement of the 2030 Agenda for Sustainable Development.³ Like our efforts to end the HIV epidemic, achieving the SDGs requires action both in Canada and around the world. ICAD recognizes the need to root the HIV response in the 2030 Agenda, recognizing the interdependence between HIV and the SDGs, from ending poverty (SDG 1) to promoting inclusive societies (SDG 16) and strengthening partnerships (SDG 17).

- **Convening civil society, networking, coalition building.** ICAD is ideally placed to convene civil society and to contribute to the building of multisectoral networks that collectively work to challenge social, economic and gender inequalities using rights-based approaches. ICAD is a leader in bringing together civil society players to engage in intersectoral analysis, capacity building, program development, and “watchdog” monitoring, all to champion the development approach both in Canada and globally.

- **(Re-)Engaging member organizations.** ICAD will lead its member organizations in framing sustainable

² Millennium Development Goal #6: Combat HIV/AIDS, malaria, and other diseases.

³ Known as Agenda 2030, this is a plan of action for people, planet and prosperity. The 17 Sustainable Development Goals and 169 targets which were announced in 2015 to stimulate action over the next fifteen years in areas of critical importance for humanity and the planet.

development approaches as relevant to Canada. ICAD will lead analyses that bring an intersectional perspective that connects HIV to issues such as gender equity, housing, education, migration, food security and nutrition, and climate change.

- **Communication, education and capacity building.** The SDGs provide a key opportunity to address the structural drivers that underlie the HIV epidemic. Through case studies and policy papers, ICAD will identify, draw out and build concrete examples of how the HIV response could help to influence the profound structural, social and economic changes needed to end AIDS and to make the SDGs a reality. ICAD will build the capacity of its members and partners to meaningfully and tangibly adopt core principles of the SDGs: grassroots alliances with communities acting as agents of change; challenging inequality, stigma and marginalization so that no one is left behind; and, promoting accountability.

4. SEIZE THE MOMENT: Embodying the intersection between HIV and Sexual and Reproductive Human Rights

Action to address the HIV epidemic has always laid at the intersection between sexual health, sexual rights, reproductive health and reproductive

rights. Universal access to sexual and reproductive health is essential to achieve sustainable development and to address the HIV epidemic. With renewed political (and funding) commitment to Sexual and Reproductive Human Rights (SRHR) in Canada, the time is right for ICAD, its members and its partners to situate HIV within efforts to promote gender equity and women's rights. ICAD will add its voice and expertise to ensure quality sexual and reproductive health services, including contraceptive services, prevention and treatment of other sexually transmitted infections (STI), to eliminate violence against women and girls and sexual minorities, and to advance the sexual and reproductive health and rights needs of all, including adolescents, women and girls, and key populations.

- **Convening civil society, networking, coalition building.** ICAD will work in partnership and collaboration with allied organizations, and will convene its diverse membership base. Together with its partners, ICAD can make common cause of HIV prevention, treatment and care within a broader SRHR agenda, emphasizing shared goals such as universal health coverage, gender equity, and elimination of discrimination, sexual violence and exploitation, which perpetuate the spread of HIV and its negative effects. ICAD will help

to forge new partnerships between SRHR organizations, and other civil society organizations working on issues of universal health coverage and the SDGs.

- **Communication, education and capacity building.** ICAD will provide leadership through capacity building that helps member organizations and partners make the link between HIV and a broader SRHR agenda. This will include the development of case studies, toolkits and twinning opportunities between organizations in Canada and in other countries—all of which will build the capacity of ICAD members to work in partnerships and coalitions to address common priorities related to HIV, SRHR and development.
- **(Re-)Engaging member organizations.** ICAD will lead its member organizations in pushing our governments to keep HIV and sexual health as a central part of a women's empowerment and rights agenda. ICAD will also engage with its members and partners in modeling how to apply a feminist lens and gender-based analysis to international assistance efforts, recognizing the multiple and intersecting dimensions of discrimination and marginalization based on a variety of factors including gender, race, disability, age, income and sexual orientation.

THEORY OF CHANGE MODEL

A Theory of Change is an organization's "theory", or story, of how it will make change in the world. A theory explains the group's beliefs about how

change will unfold. The fundamental component of a Theory of Change is the pathway of change diagram of our intended impact on the world, and

how communities will be different because of our work. ICAD's Theory of Change model is depicted below:





ACKNOWLEDGMENTS

ICAD would like to thank all of the members and partners who provided input through interviews and the online survey. Your perspectives and ideas were instrumental to the development of this Strategic Plan.

The research and writing of this Strategic Plan was led by San Patten and Marc-André LeBlanc.