



IAS 2021-2025 Organizational Strategy

International AIDS Society



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President's foreword

The year 2021 marks 40 years since AIDS was first reported and provides a time to reflect on the progress made and the challenges yet to overcome. In the face of seemingly insurmountable obstacles, the past four decades have created a resilient, global HIV community and a network of IAS Members who advocate and drive urgent action to reduce the impact of HIV in more than 170 countries.

Yet despite these advances and worldwide efforts, persistent challenges remain. The reality that faces the global HIV response is that around 38 million people are living with HIV and 690,000 people died from AIDS-related illnesses in just one year, 2019 [1]. Modelling the impact of the COVID-19 pandemic on the HIV response indicates that there could be 123,000 to 293,000 additional HIV infections and 69,000 to 148,000 additional AIDS-related deaths by 2022 [2].

Decades of viral pandemic experience have brought many of us in the HIV response to the front and centre of the COVID-19 response. Much of the speedy response to COVID-19 has been made possible by this vast experience with HIV and we will continue to make our experience and expertise available to future potential health emergencies, too. In the meantime, the impact of COVID-19 on HIV programmes will likely be felt for many years as other priorities divert attention, expertise and resources and as COVID-19 lockdowns interrupt access to vital HIV treatment and prevention services. We cannot afford to take our eye off the ball or we risk eroding the gains made.

In an interconnected world, only an interdisciplinary and cross-sectoral response will do. It has been said many times, but it bears repeating: global problems require global solutions that are adapted locally. The urgency of SARS-CoV-2 and other crises, such as climate change, further underlines this truth: without functioning multilateral instruments, institutions and cooperation, we will fail.

As is so often the case, it is the most marginalized people who are hardest hit. In the absence of an equitable and accessible HIV vaccine or cure, we stand little chance of living well with HIV unless we overcome systemic inequities, stigma and discrimination. Discrimination is not just a social challenge; it is a public health concern.

Disinformation and conspiracy theories threaten to accelerate the spread of COVID-19. As HIV activists, we have been raising our collective voice when we see progress threatened since the 1980s. In the face of the challenges today, we need to raise our collective voice even louder.

Through its programmes, IAS – the International AIDS Society – works to answer myth with fact and influence policy across the HIV prevention-to-care continuum. Through its global membership and conferences, the IAS pools the power of the world's foremost researchers, policy makers and peers in communities to promote a global, evidence-based HIV response.

At the IAS, our activities are geared to support the Joint United Nations Programme on HIV/AIDS (UNAIDS) targets for 2025 [3] and our strategy is designed with the ultimate objective in mind: eliminating AIDS as a public health threat by 2030. These targets are achievable, provided there is further scientific progress, political will and the joint commitment of all partners.

This will require: the global HIV response forging towards an HIV vaccine and cure; policies and strategies reflecting the latest scientific evidence and addressing structural determinants of health for all people living with and affected by HIV; and stakeholders collaborating to ensure that an evidence-based response – grounded in human rights, equity and social justice – remains a global priority.

The IAS 2021-2025 Organizational Strategy is our roadmap on that journey. The IAS will continue to contribute to the global response through five-year outcomes that amplify science, support research dissemination, inform policies and place the needs of people most affected at the centre.

As the world faces two parallel pandemics, this five-year strategy provides a clear vision that harnesses the wisdom of the past 40 years for a resilient and robust HIV response. None of this would be possible without the commitment of IAS Members – experts and professionals working in HIV in 170 countries – who continue to Promote Science, Support Action and Empower People.

Adeeba Kamarulzaman
IAS President



Executive summary

The IAS developed its 2021-2025 Organizational Strategy with the goal of achieving a resilient, science-based, adequately funded HIV response that respects human rights and responds to the varied needs of people living with and affected by HIV. The strategy retains and refines the three impact areas of the 2016-2020 strategy to focus on results: Promote Science; Support Action; and Empower People.

Within each impact area, the strategy outlines 10-year outcomes for the global HIV response that are required to end AIDS as a public health threat by 2030. Enablers for the achievement of these outcomes include advancing and protecting human rights, enacting and/or reforming non-discriminatory laws, and basing action on scientific evidence.

The strategy sets out five-year outcomes, which are the specific responsibility of the IAS, and guiding principles that underline their achievement. These principles centre on: strengthening collaborative research, policy making and practice; applying environmentally and socially responsible policies and practices across all IAS structures and activities; and continuing to treat HIV as a global priority as the IAS responds nimbly to emerging global health threats across all of its activity areas.

Promote Science

With science holding the key to progress in response to all aspects of HIV, the IAS has identified 10-year outcomes that it would like to see the global movement achieve. These are: ensuring that effective and acceptable prevention technologies are widely accessible; optimizing treatment; and forging towards an HIV cure.

For the IAS, five-year outcomes are:

- **Global research investment addresses key knowledge gaps based on updated research agendas to advance the most critical scientific issues, including biomedical HIV prevention, such as vaccines and long-acting technologies.**
- **Innovative methodological approaches are shared and utilized. This includes ethical engagement of stakeholders and meaningful community participation.**
- **The evidence base is strengthened through good-practice model analysis in priority areas, such as stigma reduction and a person-centred approach to living with HIV.**

Support Action

The IAS sees global 10-year outcomes as: policies and strategies reflecting the latest scientific evidence and addressing structural determinants of health, including effective measures against stigma and discrimination; decision makers utilizing sufficient resources to enable equitable access to healthcare for all; and prizing and mainstreaming innovation and improving data quality while the HIV field works closely with other sectors.

For the IAS, five-year outcomes are:

- **Uptake of evidence is improved to achieve specific evidence-based policy changes at the global, national and sub-national levels through tailored engagement, dialogues and advocacy on priority areas in the HIV response.**
- **Leaders and influencers in communities and media (traditional and new) are HIV literate and regularly access IAS leadership and members as trusted and responsive science and policy experts. This is particularly relevant in this era of disinformation. New partners include community leaders, with the IAS enabling them to disseminate clear and evidence-informed expert analysis.**
- **Lessons learned from the HIV response inform the global health agenda and ensure that health is a priority issue. Of note here is drawing from lessons learned through the meaningful engagement of key and vulnerable populations in the HIV response.**

Empower People

The global 10-year outcomes that the IAS outlines are: enabling actors in public, private and community health and related systems to deliver evidence-based, integrated services that recognize the needs and agency of each individual; stakeholders collaborating to ensure that an evidence-based response – grounded in human rights, equity and social justice – remains a global policy priority and that actors are held accountable; and a career in HIV science, services and advocacy remaining an attractive professional option for young people.

For the IAS, five-year outcomes are:

- **People and communities living with and affected by HIV are supported to effectively engage in the HIV response. This includes providing communities with access to cutting-edge science, education and experts for mentorship and networking.**
- **Health and social service providers, including at the community level, adapt their practices to the latest, context-specific evidence. Through conferences and mentoring, for example, the IAS offers opportunities for continued learning and exchange for those at the forefront of the HIV response.**
- **The capacity of researchers to lead and contribute to HIV science across all disciplines is strengthened. This is particularly targeted at resource-limited settings.**

It is through its members, partners and conference delegates that the IAS extends its reach to global, regional and local levels to roll out its strategy and realize its vision and mission. IAS Members are experts and professionals working in HIV in 170 countries, and strategic partnerships stretch across all fields and levels, representing communities, governments, international organizations, non-governmental organizations, foundations, academia and industry.

The IAS Secretariat will develop key performance indicators, targets and baselines for five-year outcomes to assess progress in strategy implementation.

Context: The HIV response today

We are at the four-decade milestone of the global response to HIV. It was a response born in a time of panic and fear about an unknown virus that led to AIDS. Today, we celebrate the advances that make HIV a treatable condition and allow people living with HIV to have long and healthy lives.

We also celebrate a collective experience and wisdom that provides a foundation and framework for responding to new and emerging public health threats, such as COVID-19. This foundation applies to addressing wider health and development challenges for attaining universal health coverage, ensuring sustainable financing for health and overcoming structural barriers to meet the Sustainable Development Goals (SDGs).

Life-saving breakthroughs A global movement

Scientific advances have drastically changed the HIV landscape. Breakthroughs in HIV prevention and treatment are saving lives. Treatment has become so effective that, if taken consistently, it can make HIV undetectable in the body, which means that HIV cannot be transmitted to sexual partners, nor transmitted during pregnancy and breastfeeding. Pre-exposure prophylaxis (PrEP) is entering a new era with long-acting injectables coming onto the market [4].

Scientists are marching towards the next frontiers: a cure and/or a vaccine. The possibility of a functional cure has been shown [5], and a rich pipeline of products and approaches is cause for renewed hope of achieving antiretroviral-free viral remission. A globally safe and effective vaccine, which has eluded researchers for so long, may be closer as several efficacy trials are ongoing [6].

The response to HIV brought widely divergent sectors of people together as never before: people living with and affected by HIV, scientists, governments, funders, healthcare providers, academics, civil society advocates and activists. This diversity is reflected in the profile of the large membership body of the IAS. It is largely due to these groups uniting that treatment reached 67% of all people living with HIV in 2019 [7]. Despite this figure falling behind targets, this was unimaginable in the 1990s when active antiretroviral therapy first became available.

Banding together brought change. But four decades on, the HIV response is competing with other priorities. "AIDS fatigue" is real. Now we – the IAS and the broader global movement – must draw on what we have learned and renew the sense of urgency that has driven the response to keep HIV relevant in the face of challenges that include climate change, misinformation, irregular migration, population displacement and other public health outbreaks, such as COVID-19.



People and communities at the centre

Stakeholders have learned that an effective HIV response starts with people and communities. We have also seen the power of peers to reach key and vulnerable populations, including men who have sex with men, people who inject drugs, sex workers, transgender people, young people, migrants, people in prisons and other closed settings, refugees, women and girls, pregnant and breastfeeding women and men. People and communities must be at the centre of the response.

The efforts of the global movement have led to a better appreciation of the social factors that drive vulnerability to HIV, such as poverty, inequities and lack of access to essential services – although these factors are still not adequately addressed. Communities have long advocated for better access to a full range of services to prevent and treat HIV, as well as co-morbidities and co-infections. It is essential that greater and more nuanced attention is paid to addressing different and complex health needs.

Facing the challenges

Certainly, challenges remain. The world has made measurable strides towards reaching the UNAIDS 90-90-90 targets for HIV. However, there are large gaps and uneven progress between regions and populations. Progress towards the global HIV targets in SDG 3.3 [8] are off track. In 2019, the estimated number of new infections was three times higher than the milestone set for 2020. Despite availability of highly effective treatment, there were 690,000 AIDS-related deaths in 2019. And obstacles remain in eliminating HIV-related stigma and discrimination, with 50% of adults in 25 countries having discriminatory attitudes towards people living with HIV [9].

At the same time, there is a risk of donors and governments reducing funding for the HIV response as other political and development priorities downgrade HIV on the agenda. From 2017 to 2019, there was a 7% decrease in funding for the HIV response in low- and middle-income countries [10]. Where there is spending, the majority is focused on HIV testing and antiretroviral therapy, leaving few resources for prevention.

Prevention remains a critical issue in the HIV response – and that is largely due to stigma, which remains a barrier for many people across the world in accessing HIV services. Punitive laws and criminalization formalize stigma and resulting discrimination. The 2020 Global HIV Policy Report shows that every country has at least one law criminalizing same-sex relationships, sex work, personal drug use or HIV exposure and/or transmission – often all four [11].

The challenges translate into unacceptably high numbers and they expose entrenched inequalities – by gender, age, population and region. Eastern and southern Africa, for example, are home to around 6.2% of the world's population and more than half (54%) of all people living with HIV [12]. HIV heavily affects adolescent girls and young women in sub-Saharan Africa, with 24% of new infections in the region in 2019 in this age group. Conversely, outside of sub-Saharan Africa, the majority of new adult HIV infections (57%) were among men. Further, HIV risk varies by populations, with 60% of global new infections in 2019 being among key populations and their sexual partners [13].

There has, however, been progress in eastern and southern Africa, with new HIV infections declining by 38% since 2010. However, new infections are rising in eastern Europe and central Asia (72% increase between 2010 and 2019), the Middle East and North Africa (up 22%) and Latin America (up 21%) [14].

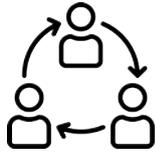
The HIV movement has made important contributions to gender equity, human rights and social justice. Many marginalized people, however, remain invisible. If we do not actively challenge and end stigma, inequalities and discrimination – across regions, populations, ages and genders – we will never end the HIV epidemic.

The vision, mission and roles of the IAS

IAS vision: To end the global HIV epidemic

IAS mission: To lead collective action on every front of the global HIV response through its membership base, scientific authority and convening power

The IAS sits at the heart of the global response:



As a convener, it is recognized as a trusted and responsive scientific authority that brings together the full range of stakeholders at the most important global health conferences. These include the International AIDS Conference, the IAS Conference on HIV Science and the HIV Research for Prevention Conference.



As an enabler, it works with partners to strengthen the capacity of HIV professionals – researchers, healthcare workers and activists – responding to the epidemic by providing training, networking and mentoring opportunities at its conferences and regionally, in even the most remote communities.



As an advocate, the IAS promotes implementation of evidence-informed and human rights-based strategies for improving the lives of people living with and most vulnerable to acquiring HIV.

The 2021-2025 IAS strategic framework

The IAS 2021-2025 Organizational Strategy sets out to achieve a resilient, science-based, adequately funded HIV response that respects human rights and responds to the diverse needs of people living with and affected by HIV.

The IAS retains the impact areas of its 2016-2020 strategy and refines them in its 2021-2025 Organizational Strategy to focus on results: Promote Science; Support Action; and Empower People.

Within the three impact areas, the IAS is guided by 10-year outcomes, which the wider HIV response must attain to end AIDS as a public health threat by 2030 by supporting the achievement of the UNAIDS 95-95-95 targets, reducing new infections among adults to 200,000 or less annually, and eliminating stigma and discrimination (SDG 3.3).





Enablers for the 10-year outcomes

The following enablers are necessary for the achievement of the 10-term outcomes for the global HIV response:

- Gender, youth and human rights considerations are mainstreamed across the HIV response.
- Laws are enacted and/or reformed that are non-discriminatory and human rights affirming for key populations and people living with and affected by HIV.
- Governance structures are in place that recognize human rights and scientific evidence as bases for action and facilitate collaboration across policy areas and national borders.

The IAS specifically focuses on the implementation of nine interrelated five-year outcomes. Each five-year outcome can contribute to one or more of the 10-year outcomes.

Guiding principles for the five-year outcomes

Across all activities, the IAS adheres to the following guiding principles:

- Collaborative research, policy making and practice are strengthened by establishing and promoting interdisciplinary and transdisciplinary principles and effective participation of involved communities at all IAS-organized conferences and other convenings.
- Environmentally and socially responsible policies and practices are modelled across all IAS structures and activities.
- We continue treating HIV as a global priority as the IAS responds nimbly to emerging global health threats across all of its activity areas.

PROMOTE SCIENCE

Ultimately, science holds the key to ending the HIV epidemic. A challenge is to move from a siloed approach towards integrating HIV science into a broader health and development response. Related to this is the need to package scientific knowledge and advances into language that all people understand.

10-year outcomes for the global HIV response

- Effective prevention technologies that are acceptable for people most vulnerable to HIV, including multipurpose and long-acting products and a preventive vaccine, are widely available.
- Treatment is optimized with different delivery options and therapies, including long-acting products, that improve health outcomes for all people living with HIV.
- Significant clinical progress is made towards an HIV cure, with pathways established towards licensure and roll-out strategies in place for different user groups.

Five-year outcomes for the IAS

Outcome 1: Global research investment addresses key knowledge gaps based on updated research agendas to advance the most critical scientific issues.

Scientific research in biomedical HIV prevention, including vaccines and long-acting technologies, remains at the top of the agenda as this is the only way to permanently end AIDS as a public health concern. A person-centred HIV response should also respond to co-infections and co-morbidities, and stakeholders must reduce the impact of structural barriers and improve delivery mechanisms. Urgent research gaps must be addressed for paediatric populations, women, transgender people and people who inject drugs.

Outcome 2: Innovative methodological approaches are shared and utilized.

The IAS convenes discussions focused on socio-behavioural and mixed-method approaches used by implementation science and applied research, as well as new sources of data in trial design and improved biostatistics to determine efficacy of new technologies. Stakeholders expected to use the technology tested in trial design and conduct must be ethically engaged and their consent secured. Community engagement and research approaches must be participatory.

Outcome 3: The evidence base is strengthened through good-practice model analysis in priority areas.

At the top of this agenda is fully understanding how to achieve service integration and differentiation, including what is needed for universal health coverage, and how to reduce stigma. Also critical is studying quality of life and a life-course, person-centred approach to living with HIV, as well as co-infections and co-morbidities.





SUPPORT ACTION

A foremost challenge is eliminating inequality, sexism, homophobia, racism, stigma and discrimination as these remain major structural barriers to accessing effective prevention and treatment. The response has to ensure that evidence is the basis of strategic planning and monitoring results of programmes and other innovations. This means bridging the gap between science, policy and action, and seeking new allies and new ways of working to strengthen the HIV response and its interconnectedness with global health.

10-year outcomes for the global HIV response

- Policies and strategies at the global, national and sub-national level reflect the latest scientific evidence and address structural determinants of health, including effective measures against stigma and discrimination.
- Global, national and sub-national decision makers utilize sufficient resources to enable equitable access to healthcare for all, including for the provision of comprehensive HIV and other services for people living with HIV and vulnerable to HIV, including key populations.
- Innovation is prized and mainstreamed and data quality is improved as the HIV field works closely with other sectors, including technology.

Five-year outcomes for the IAS

Outcome 4: Uptake of evidence is improved to achieve specific evidence-based policy changes at the global, national and sub-national levels.

The IAS will influence change through tailored engagement, dialogues between key stakeholders and policy advocacy on priority areas in the HIV response. One area of attention includes service integration and differentiated service delivery to improve access to timely testing, treatment, care and support, quality medical services, diagnostics and products. It will also be seen in enhanced surveillance systems, elimination of stigmatizing and discriminatory practices and legal barriers, roll out of a potential cure and/or vaccine, and scale up of PrEP.

Outcome 5: Leaders and influencers in communities and media (traditional and new) are HIV literate and regularly access IAS leadership and members as trusted and responsive science and policy experts.

Ensuring accountability in the HIV response relies on communities and media who are equipped with HIV knowledge to advocate for change and to accurately report on HIV-related science and research. In an era of disinformation, the IAS will work with community leaders to disseminate clear and evidence-informed expert analysis, and build the capacity of journalists worldwide to bring trustworthy and compelling information about HIV science, research and progress to a global audience.

Outcome 6: Lessons learned from the HIV response inform the global health agenda and ensure that health is a priority issue.

Applying lessons learned from the HIV community will be critical for global health, particularly the meaningful engagement of key and vulnerable populations that has propelled the HIV response. Beyond health, HIV has demonstrated the importance of rights-based approaches and addressing social justice issues. The IAS will promote learnings from the HIV response to inform future global health responses and as an advocacy tool to ensure that health remains an area of global concern.

EMPOWER PEOPLE

The challenge is understanding local needs to ensure that all communities participate meaningfully in their own health response. In this context, the task is to fully acknowledge and meaningfully engage diverse communities – including young people and people living with and affected by HIV – in the global movement.

10-year outcomes for the global HIV response

- Actors in public, private and community health and related systems are enabled to deliver evidence-based, integrated services that recognize the needs and agency of each individual. This includes community leaders, healthcare providers and others in promoting accountability in the HIV response.
- Key stakeholders in the HIV response collaborate closely to ensure that an evidence-based response – grounded in human rights, equity and social justice – remains a global policy priority and that relevant actors are held accountable.
- A career in HIV science, services and advocacy remains an attractive professional option for young people from a variety of backgrounds.

Five-year outcomes for the IAS

Outcome 7: People and communities living with and affected by HIV are supported to effectively engage in the HIV response.

People living with and affected by HIV must be front and centre of HIV science, research and policy. Critical to this is providing affected communities with access to the latest cutting-edge science, educational opportunities and world-renowned experts for mentorship and networking. The IAS will amplify, support and provide platforms to strengthen the individual and collective voices of people living with and affected by HIV to shape the future of the HIV response.

Outcome 8: Health and social service providers, including at the community level, adapt their practices to the latest, context-specific evidence.

Through conferences, targeted workshops, mentoring and training programmes, the IAS offers opportunities for continued learning and exchange for those working at the forefront of the HIV response. This supports them in delivering services that reflect the diverse needs of people and communities living with and affected by HIV.

Outcome 9: The capacity of researchers to lead and contribute to HIV science across all disciplines is strengthened.

The IAS offers targeted training, mentoring and networking opportunities to build the capacity of researchers, particularly in resource-limited settings, to advance the research agenda globally and guide the setting of policies, allocation of funds and political decision making.



IAS Members and partners

Every great movement is propelled by the people who are part of it. In the case of the IAS, members and partners from a wide range of disciplines and activities drive both the organization and the broader HIV response. It is through its members, partners and delegates that the IAS extends its reach to global, regional and local levels to realize its vision and mission.

IAS Members – experts and professionals working in HIV in 170 countries – are intricately involved in the progress towards achieving the outcomes of the IAS 2021-2025 Organizational Strategy. Members are deeply involved in the work of the organization through the IAS Governing Council, conference committees, working groups and fellowship programmes and as speakers and facilitators at IAS-convened events.

The IAS remains committed to supporting its members in their work, connecting them to each other and engaging them in advancing the implementation of an evidence-based response to HIV.

IAS partnerships bring together people and organizations from all fields and all levels to share financial and non-financial resources, skills and experience.

Our strategic partners represent communities, governments, international organizations, non-governmental organizations, foundations, academia and industry. These are formal relationships that are equitable, meaningful and beneficial to both parties and built on trust.

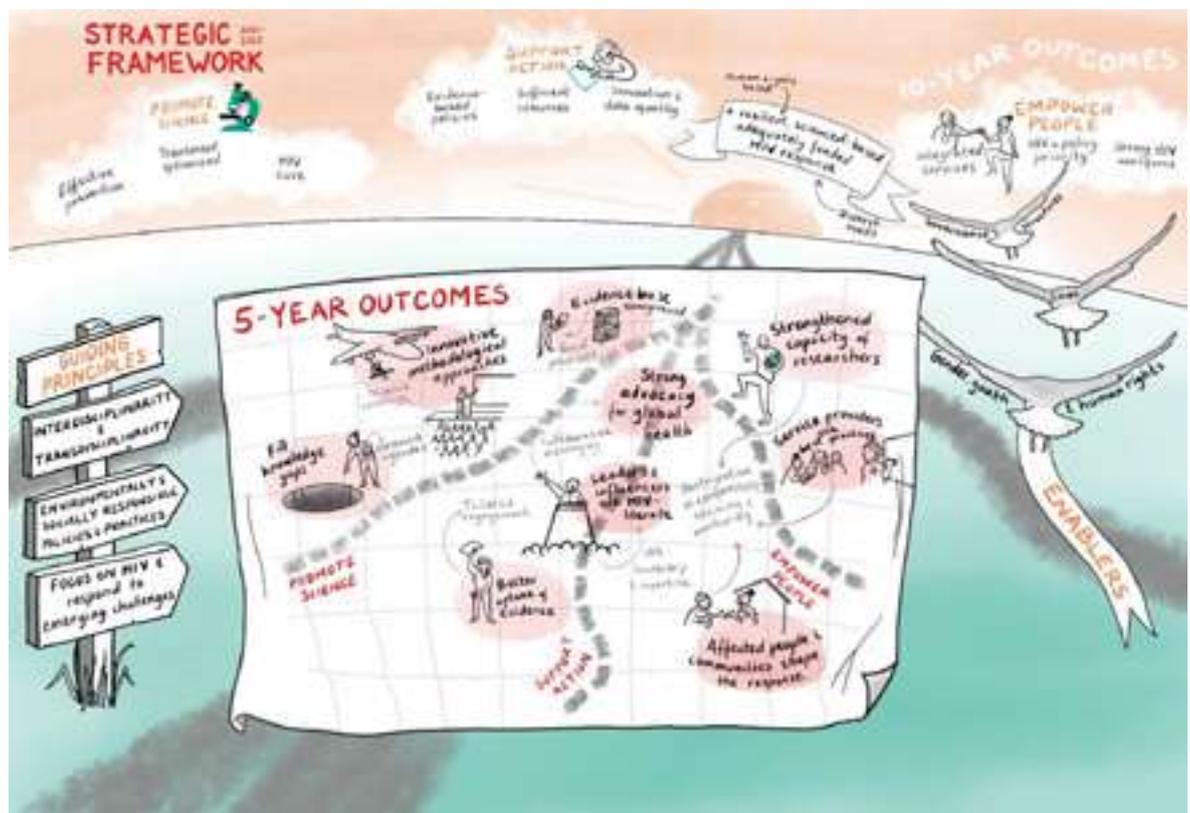
Through our conferences, IAS Members, partners and other delegates play a key role in shaping and informing the global HIV response by accessing, contributing and engaging with the latest HIV science, advocacy and knowledge. Participants also represent the diversity and the richness of the communities they come from, which nourishes the unique nature of the HIV response.

Monitoring and performance: Measuring outcomes

The IAS Secretariat will develop key performance indicators, targets and baselines for all five-year outcomes to assess quantitative progress in the implementation of the strategy. These will serve as a tool to inform decision making and planning against outcomes on an annual basis.



Annex



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