HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

International Program Statement

Introduction

Health Equity Matters is committed to advancing health equity for all, with a particular focus on people living with, at risk of or affected by HIV. Our international programming is grounded in principles of locally led development, community ownership, rights-based approaches and inclusive systems strengthening.

International Policy Context

Health Equity Matters' International Program Statement is firmly aligned with the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities). It supports the global commitment to Universal Health Coverage and is grounded in principles outlined in the UNAIDS Global AIDS Statement and the GIPA (Greater Involvement of People Living with HIV/AIDS) principle.

Domestic Policy Context

The Statement also reflects the Australian Government's development priorities as articulated in Australia's International Development Policy the Partnerships for a Healthy Region strategy and the International Gender Equality Strategy advancing locally led development, gender equality, disability inclusion and rights-based, community-driven approaches to health equity across the Indo-Pacific.

Organisational Context

This International Program Statement operationalises Health Equity Matters' Strategic Plan Goal 3: strengthening HIV responses in the Indo-Pacific. This Statement identifies where we work and why, what we do and do not do, and how we determine new partnerships and programs.

Our Commitment to Locally Led Development

Health Equity Matters is guided by the belief that the most sustainable and effective responses are led by the people and communities most affected by HIV. We are committed to locally led development that:

- centres community knowledge, leadership and decision-making;
- strengthens the resilience, capacity and sustainability of local community-led organisations;
- fosters equitable partnerships built on mutual respect and accountability;
- shifts power and resources to local actors to drive change on their terms; and
- demonstrates value for money.

We do not substitute or override local leadership, we exist to amplify, strengthen and support it.

Who we work with

We work with and for:

- Key Populations[1] and priority groups, including:

    o People with HIV
    o Gay, bisexual and other men who have sex with men
    o Transgender, gender-diverse and non-binary people
    o Sex workers
    o People who use drugs
    o People in prisons and other closed settings
    o People with disabilities

- Community-led and civil society organisations (CSOs) grounded in lived experience and accountable to the communities they serve.
- Government stakeholders, especially national and sub-national health authorities, where collaboration supports enabling environments for locally led, community-driven responses.
- Regional and global partners, including the Australian Government's Department of Foreign Affairs & Trade (DFAT), the Global Fund, WHO, UNAIDS and other UN partners, with shared goals for health equity, local leadership and sustainable development.

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[1] In the HIV context, "Key Populations" refers to groups disproportionately affected by HIV due to higher exposure and structural barriers to services — including sex workers, gay men and other men who have sex with men, transgender people, people who use drugs, and people in prisons and other closed settings.

- Universities and research institutions
- Private sector health providers
- Trusts, foundations and corporate entities, as well as high-net worth individuals, as potential funders and supporters of Health Equity Matters.

Where We Work and Why

Since the start of this century, Health Equity Matters has worked in 22 countries in the Indo-Pacific.

At the time of writing, Health Equity Matters implements international programs across two interconnected streams:

1. *Pacific Programs*

- Papua New Guinea (PNG) – Home to the largest and most entrenched HIV epidemic in the Pacific, with key populations facing high levels of stigma, discrimination and systemic barriers to prevention and care.
- Fiji – Facing a newly emerging HIV epidemic, with a concerning increase in new infections and service gaps. The situation in Fiji has broader implications for the Pacific region, signalling the need for urgent investment in locally led, inclusive responses across the region.

As of 2025, PNG and Fiji are the only Pacific Island countries where Health Equity Matters has direct program engagement. We monitor developments elsewhere in the region, particularly in relation to emerging needs and opportunities for Pacific-wide collaboration and learning, and will respond to these as we are able.

2. *Asia Programs (via SKPA-2)*

- Health Equity Matters is the Principal Recipient for the Sustainability of HIV Services for Key Populations in Asia (SKPA-2) program, funded by the Global Fund from 2022 to 2027. This program has delivered activities with implementing partners in Bhutan, Malaysia, Mongolia, Sri Lanka and the Philippines to improve sustainable programming for key populations.

It is recognised that there are growing and changing epidemics across both Asia and the Pacific. Health Equity Matters maintains a watching brief across the Indo-Pacific, so that it is ready to respond to changes in the region.

How We Prioritise Our Engagement

Health Equity Matters has an independent set of guiding principles that informs where and how we allocate flexible or non-donor resources. These priorities allow us to:

- maintain our strategic focus on inclusion, rights and equity;
- respond to community-led needs and opportunities outside donor priorities and funding cycles;
- invest in emerging priorities and underfunded geographies;
- support long-term partnerships not tied to short-term project funding; and
- ensure that our programming represents value for money.

We are donor-aligned, but not donor-driven. Our programming reflects a balance of strategic funding alignment and independent values-based prioritisation.

Health Equity Matters is a trusted partner to major institutional donors including (but not limited to) DFAT and the Global Fund, and we actively support the implementation of their regional and global strategies. While some of our international work is donor-oriented, these donors share our commitment to health equity, community leadership and systems change.

When prioritising our work, it is essential to consider not only alignment with global health agendas but also where Health Equity Matters can have the greatest impact in advancing community-led HIV responses that reduce inequities and address the highest burdens of disease across the Indo-Pacific.

What We Do

Our international programs aim to strengthen the leadership, influence and impact of community-led organisations. Core areas include:

1. Strengthening Community Systems and Leadership

- Community systems strengthening
- Community-led monitoring
- Community capacity and leadership building
- Community engagement, linkages and coordination
- Community organisational development
- Community-led research and advocacy
- Advancing resource mobilisation and long-term sustainability strategies

2. Developing and Supporting Community-led HIV Responses

- Supporting community organisations and local governments to develop community-led HIV prevention outreach models
- Supporting the development and mobilisation of community-led outreach and peer support programs focused across the entire HIV prevention to care continuum

3. Advancing Human Rights, Equity and Inclusive Access

- Supporting human rights, gender equality and equity
- Eliminating HIV-related stigma and discrimination
- Supporting legal literacy and legal protections for marginalised communities
- Reforming policies and laws in partnership with local civil society and governments
- Ensuring non-discriminatory and equitable access to HIV testing, treatment, PrEP and other prevention services
- Reducing HIV-related gender and disability discrimination, harmful gender norms and violence against gender diverse and disabled individuals

4. Building Equitable and Sustainable Partnerships

- Linking community-led organisations with donors and health authorities
- Facilitating knowledge management, regional learning, South–South exchange[2] and peer support
- Strengthening national coordination and inclusive decision-making platforms

5. Driving Systems Change and Accountability

- Participating in strategic planning and policy reform
- Supporting local evidence generation and data use
- Embedding community voice and accountability in health governance structures

What We Do Not Do

Health Equity Matters does not:

- establish or lead programs without local demand and community leadership;
- duplicate or replace local actors or organisations;

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[2] **South–South exchange** refers to the sharing of knowledge, skills, resources, and experiences directly between countries of the Global South (low- and middle-income countries). It emphasizes mutual learning and collaboration on common challenges, often in areas such as health, education, governance, and development, without relying solely on traditional North–South aid or expertise.

- act as a long-term implementer in place of local systems;
- provide unrestricted core funding outside of capacity-building partnerships; or
- support programming that undermines environmental sustainability or violates local environmental regulations.

How We Determine New Partnerships and Programs

We pursue new opportunities only when they are:

1. Community-led, initiated or co-designed with local, key population-led organisations
2. Strategically Aligned – With our mission, values, and rights-based focus
3. Value-Adding – Where our role is supportive, not directive
4. Donor-Supported or Internally Prioritised – Aligning with key donor-supported strategies and our own principles-based guidance
5. Sustainable – With long-term pathways to local ownership and leadership.

We prioritise mutual accountability, co-creation and capacity sharing in all new partnerships.

When and How We Engage

Our phased model reflects best practice in locally led, inclusive development:

- Listening and Exploration – Understanding context, community priorities and readiness
- Co-Design and Partnership Development – Joint planning with local organisations and stakeholders
- Capacity Strengthening and Accompaniment – Tailored technical assistance, mentoring and peer exchange
- Learning and Accountability – Using Monitoring, Evaluation and Learning (MEL) frameworks that centre community-led data and evidence
- Transition and Sustainability – Ensuring local ownership, systems and resources are in place for long-term impact.

Cross-Cutting Commitments

Gender Equality, Disability and Social Inclusion (GEDSI), Safeguarding and Environmental Sustainability

Health Equity Matters integrates GEDSI, safeguarding and environmental sustainability throughout all international programs. These are core principles – not add-ons – that guide how we partner, design and measure impact.

We are committed to:

- Promoting gender-transformative and disability-inclusive approaches
- Ensuring safe, inclusive and accessible programming
- Supporting partners to uphold safeguarding standards
- Designing climate-aware, resilient programs
- Applying inclusive MEL practices that reflect these priorities.

All partners are expected to meet equivalent safeguarding and protection standards in line with our policies.

Environmental Sustainability and Climate Resilience

We recognise the increasing impact of climate change on health and equity, especially for marginalised communities.

Our commitments include:

- Recognising the impact of climate change on health outcomes, and designing programs with climate-related risks in mind
- Supporting partners to build organisational and community resilience
- Minimising environmental impact in our operations.

We acknowledge this is a shared responsibility and commit to ongoing learning and adaptation.

Transparency, Anti-Corruption and Accountability

Health Equity Matters upholds high standards of ethics, transparency and accountability to build trust with partners, communities and donors.

Our approach includes:

- Enforcing strong financial and anti-corruption policies
- Supporting partner governance and reporting systems
- Ensuring open, inclusive decision-making
- Promoting downward accountability through accessible complaints mechanisms.

We work to foster cultures of integrity and community trust across all engagements.

Power-Shifting in Development

We are committed to building and strengthening a model of international development which is led by the priorities of local and community-based leadership and builds the leadership and resilience of communities.

Our approach includes:

- Centring local leadership and lived experience
- Supporting equitable partnerships and shared decision-making
- Challenging exploitative, extractive and tokenistic practices
- Investing in long-term capacity, legitimacy and voice.

Centring local and community leadership in development, especially key population organisations and leaders, is part of our everyday practice. We will continue and expand this work with our partners.

Monitoring, Evaluating and Learning (MEL)

Health Equity Matters will apply a fit-for-purpose MEL approach to track alignment of our programs with this Statement, assess effectiveness, and ensure ongoing learning and improvement. Our MEL approach ensures that evidence is generated with and for communities and applied to strengthen our programs and inform the broader field.

At its core, our MEL is locally led and participatory. Communities most affected by HIV are engaged at all steps of the process. This ensures evidence reflects lived realities and informs meaningful change. Our Community-Led Monitoring (CLM) workstream is the best example where key population communities decide, generate, analyse and advocate for HIV service improvements.

Evidence is not collected for reporting alone. It is used to refine programs in real time, inform wider policy dialogue, and strengthen advocacy efforts at national, regional and global levels.

Our MEL approach is guided by a clear Theory of Change, which illustrates how our activities and partnerships contribute to sustainable HIV outcomes. The Theory of Change reflects our strategic priorities of strengthening community leadership, fostering equitable partnerships, advancing sustainability, influencing policy and aligning with key donors

Key features of our approach include:

- **Strategic Indicators** that track contribution to community leadership and partnerships, the sustainability of evidence-based HIV programs, and the use of community-generated evidence to influence policy and systems.
- **Reflection and Review:** our approach provides opportunity for reflection and review against strategies, objectives and indicators. These are also encouraged to be conducted in-country jointly with partner organisations.

- **Learning and Adaptation:** structured learning approach that brings together peer-to-peer exchange, webinars, case studies and technical briefs to capture, and translate, evidence into practical knowledge for partners and policymakers (for example, the SKPA-2 Learning Series[3]).
- **Accountability:** ensuring findings drive accountability to the communities we serve while also providing upward accountability to donors.

Looking Ahead

Emerging and re-emerging HIV epidemics across the Indo-Pacific, alongside a rapidly changing donor landscape reinforces the need for urgent, locally led action supported by flexible and responsive donors. Building strong, community-rooted systems in both Pacific and Asian contexts is essential to reversing current trends, upholding human rights and delivering on global health targets.

Health Equity Matters remains committed to standing alongside local partners – not in front of them – to deliver community-driven, regionally relevant, and globally aligned solutions for health equity.

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[3] The SKPA-2 Learning Series provides partners across Asia with capacity building, knowledge sharing, and peer-to-peer exchange through webinars, technical briefs, forums, and related resources.