Organisational Capacity Strengthening for Community-Led HIV Responses in Asia and the Pacific

HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

Contents

ABOUT

Background and Context

The HIV epidemic across the Indo-Pacific is rapidly evolving due to rising infection rates and a high concentration among key populations (including men who have sex with men, transgender individuals, female sex workers and people who inject drugs). These groups face barriers to prevention and treatment options through traditional health care because of social stigma, varying forms of discrimination and the criminalisation of sex work and drug use. HIV responses are increasingly shifting towards locally owned, community-led models, which offer trust, cultural competence and accessibility that can better reach key populations.

Health Equity Matters is working to empower and enable community-based organisations (CBOs) and key population-led organisations (KPLOs) in the region to address current HIV challenges and create a resilient and sustainable high standard of care. Health Equity Matters' initiatives leverage the organisation's experience as Australia's national peak body partner1 for community-led HIV response, ensuring investments translate into stronger and more effective local leadership.

Bhutan, Mongolia, Sri Lanka	Papua New Guinea	Fiji
Low-prevalence countries with concentrated epidemics	Government-declared national HIV crisis in 2025	Government-declared national HIV outbreak in 2025
HIV response supported by		
Sustainability of HIV Services for Key Populations in Southeast Asia-2 (SKPA-2) Funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria *Phase 1: 2022–2025* *Phase 2 Program Continuation: 2026–2027*	**Indo-Pacific HIV Partnership** Funded by Australia's Department of Foreign Affairs and Trade, delivered in partnership with the Joint United Nations Programme on HIV/AIDS *2024–2028*	**Australian Government Department of Foreign Affairs and Trade** Under the Australian Government's Fiji HIV surge response *2025–2026*
Objectives: – Accelerate financial sustainability – Improve strategic information availability and use – Promote programmatic sustainability – Remove human rights- and gender-related barriers to services	**Objectives:** – Strengthen national HIV response to reduce the burden of HIV in Cambodia, Fiji, Indonesia, Papua New Guinea and the Philippines by 2028, along with targeted regional activities *Note: Health Equity Matters will deliver one component of this larger program and strengthen the leadership, advocacy and management capacities of regional partners to foster inclusive and diversified HIV response*	**Objectives:** – Assist the Fijian Government and other Pacific governments in containing the spread of HIV – Provide technical assistance and help with disease surveillance

1 "Peak body" is an organisation that represents an entire sector of industry or the community to the government, often incorporating other organisations in that area.

Organisational Capacity Strengthening in the Asia-Pacific Region

In concentrated epidemics, effective epidemic control depends on overcoming the barriers of stigma, criminalisation and distrust to reach key populations across the UNAIDS 95-95-95 cascade. Government-led, facility-based models have struggled to overcome such challenges, but a scoping review has shown that community-led models can improve viral suppression outcomes, HIV service access, linkage and retention.[2] Thailand is a regional example, where a key population-led pre-exposure prophylaxis delivery model demonstrated the strongest epidemiological impact among the assessed models and proved the most cost-effective when institutionalised nationally.[3]

Organisational capacity strengthening directs the HIV response to key populations through the transformation of informal CBOs and KPLOs into legally recognised, accountable national actors. This strategy is critical to the long-term effectiveness and continuity of HIV responses across the Indo-Pacific region. With professionalisation, service providers can then lead the community response at scale, continue work beyond standard donor-funding cycles and engage constructively with governments and donors.

The strengthening of CBOs and KPLOs is foundational to closing the gap to the 95-95-95 targets.

2 George Ayala and others, "Peer- and community-led responses to HIV: A scoping review", *PLoS One*, vol. 16. No. 12 (December 2021).
3 Lisbeth Versteegh and others, "The epidemiological impact and cost-effectiveness of key population-led PrEP delivery to prevent HIV among men who have sex with men in Thailand: A modelling study", *The Lancet Regional Health - Southeast Asia*, vol. 7 (December 2022).

ABOUT

Background and Context

Health Equity Matters' Approach to Organisational Capacity Strengthening

- Use a systems-based organisational capacity strengthening approach to enable CBOs and KPLOs to transition from informal or project-dependent groups to accountable, sustainable national actors.
- Focus on professionalising organisational systems, strengthening governance and financial accountability and building the institutional foundations required for long-term service delivery, policy engagement and eligibility for diversified funding, including domestic financing mechanisms.
- Adapt strategies to national legal frameworks, political conditions and health system structures, supporting tailored pathways, such as legal registration, formal recognition, accreditation, coalition governance strengthening and regulatory compliance.
- Operationalise the approach through a set of core organisational strengthening pillars that guide implementation across programs and countries.

THE FIVE PILLARS OF HEALTH EQUITY

1

OPERATIONAL STABILITY

Health Equity Matters works with governments, ministries, CBOs and KPLOs to support measures that stabilise and strengthen organisations, creating the foundation for long-term resilience and focused development. This includes:

- Workforce professionalisation
- Legal registration
- Clinical licensing
- Placement of local advisers
- Ongoing remote technical support and quality assurance
- Targeted in-country technical visits

2

DATA-DRIVEN ADVOCACY

Health Equity Matters helps create frameworks and structured assessments to understand the epidemic at both the CBO/KPLO and government levels, guiding social advocacy and accountability with real-time data. This includes:

- Delivery of comprehensive organisational capacity assessments and sequenced tailored capacity development plans
- Mentorship in understanding data to implement road maps and policies

Y MATTERS' ORGANISATIONAL CAPACITY STRENGTHENING WORK

3

ADAPTIVE MANAGEMENT AND CRISIS RESILIENCE

With varying levels of instability, uncertainty and risks throughout the region, Health Equity Matters maintains a structured risk management approach to respond to major disruptions, crises and emergencies as needed. This includes:

- Focus on immediate organisational stabilisation, leadership mentoring and governance support
- Prioritisation to stabilise core organisational functions
- Consolidation of visibility, partnerships and resource mobilisation
- Regular review and documentation of risks

4

FINANCIAL SUSTAINABILITY

To support CBOs and KPLOs in the transition from external funding to majority or only domestic funding, Health Equity Matters employs a multisectoral and multifaceted approach. This includes:

- Generating data and cost evidence to inform advocacy
- Budget advocacy and policy/ systems improvement
- Focus on social contracting
- Development of resource mobilisation strategies

5

EMBEDDING GENDER EQUALITY, DISABILITY AND SOCIAL INCLUSION (GEDSI) AND SAFEGUARDING

Health Equity Matters applies a GEDSI analysis to organisational systems for meaningful discussions and equitable decisions, providing important nuances and context. This includes:

- Development of GEDSI policies
- Reinforcement of gender-diverse leadership
- Ensuring inclusive service delivery by facilitating engagement between HIV organisations and organisations of persons with disabilities

CASE STUDY

Bhutan: Advancing Legal Recognition and Community Workforce Development

In May 2024, the Bhutanese Government deferred the social contracting proposal review until 2029, creating uncertainty for community-led service providers and limiting near-term pathways to financial sustainability. Civil society registration pathways are highly restricted due to government concerns about sector saturation, leaving many community organisations without legal status, independent banking access or eligibility to receive and manage funds.

Health Equity Matters adapted its organisational capacity strengthening approach to Bhutan's regulatory environment by prioritising phased legal recognition and institutional readiness and supported the formal recognition of Pride Bhutan, the country's primary LGBTQI+ community organisation focused on mobilisation and empowerment. While recognition is not equivalent to registration, it enabled the organisation to open a bank account, receive and manage small grants and operate more independently.

Support included resourcing a dedicated operations officer to stabilise day-to-day management, enabling the leadership to focus on compliance requirements and institutional processes. Health Equity Matters also facilitated engagement with the Ministry of Health and established partners to strengthen institutional backing.

2014

Pride Bhutan founded

MAY 2024

Bhutanese Government deferred domestic funding planning until 2029

JULY 2025

CBO recognition from Thimphu Dzongkhag Administration

AUGUST 2025

Full legal registration secured

In parallel, Health Equity Matters strengthened outreach systems for Pride Bhutan and sex worker communities by supporting the Red Purse Network, Bhutan's only network dedicated to female sex workers. A community needs assessment conducted in early 2025 identified demand for integrated support services combining health care, mental health counselling, legal assistance, vocational training and social advocacy. Planned organisational capacity strengthening measures include using volunteer recruitment and training to develop peer outreach workforce capacities, delivering training for legal literacy, livelihood and leadership and conducting sensitisation programs with law enforcement to improve the safety of outreach workers.

Pride Bhutan received formal recognition from the Thimphu Dzongkhag Administration in July 2025 and was subsequently recognised as a Community-Based Organisation (CBO) in August of the same year, becoming the first LGBTQI+ community-based organisation in Bhutan to obtain this status. This recognition enables Pride Bhutan to operate formally, including managing organisational finances and receiving funding, while strengthening its ability to participate in national HIV and health-related processes and providing a foundation for sustainable community-led service delivery.

CASE STUDY

Fiji: Stabilising Community-Based Organisations and Building Institutional Foundations

Fiji's CBOs and KPLOs have experienced a destabilising cycle of institutional collapse during funding shortages followed by rapid, high-risk expansion during crisis periods. These fluctuations have undermined the continuity and effectiveness of the community-led HIV response, particularly amid rising HIV infections, making organisational stabilisation a priority for long-term resilience.

From late 2024 to 2026, Health Equity Matters conducted a series of organisational capacity assessments to establish baselines and guide the transition of five informal CBOs towards more structured institutional development. The Pacific Sexual and Gender Diversity Network, which serves as the sub-granting agency for local organisations, underwent the first assessment. The remaining four were frontline CBOs that included the Rainbow Pride Foundation, the Fiji Network for Positive People, the Strumphet Alliance Network and the Survivor Advocacy Network.

The assessments were conducted using the Health Equity Matters assessment tool covering seven core standards: governance, financial management, administration, human resource systems, program management, project performance and organisational management. Each assessment included a structured one-day workshop with organisational leadership, followed by validation workshops to confirm findings and priorities.

Health Equity Matters used the results to develop customised organisational capacity strengthening plans tailored to each CBO's needs. Priority areas focused on stabilising core institutional functions so organisations could remain operational during emergencies as well as periods of limited funding. Key measures included legal legitimisation through government registration and re-registration, establishing financial infrastructure, strengthening workforce stability and diversifying funding sources.

With the Pacific Sexual and Gender Diversity Network and the Australian Government, Health Equity Matters also rolled out two more streams of work to respond to the surge in HIV cases. These include the development of a unified community-led HIV prevention and outreach model and the embedding of community participation within national HIV governance mechanisms.

STREAM 1: STRENGTHENING NETWORKS OF KEY POPULATIONS AND PEOPLE LIVING WITH HIV

Identify, resource and strengthen key community-led organisations and informal networks to enable full participation in Fiji's HIV response.

Some key activities include:

- Mapping of key populations/ people living with HIV organisations and representation
- Rapid OCAs and tailored support packages
- Mentoring, training and structural support (e.g., registration, governance)

STREAM 2: COMMUNITY-LED PREVENTION MODEL

Develop, formalise and support a national rollout of a new, unified, community-led HIV prevention and outreach model in Fiji.

Some key activities include:

- Co-designing prevention model with communities and providers Developing and rolling out training guides
- Engaging, training and mobilising a team of key population-led peer outreach workers and peer counsellors
- Developing and rolling out training guides

STREAM 3: NATIONAL COORDINATION

Ensure that community voices are embedded in national HIV prevention coordination and that the outreach model is well-integrated into government structures.

Some key activities include:

- Facilitating ongoing engagement between key population communities and the HIV Board Promoting community voices into strategy and monitoring

CASE STUDY

Mongolia: Advancing Clinical Accreditation and Health System Integration

The CBO Youth for Health has operated the Solongo Clinic for more than two decades, delivering community-based HIV and sexually transmitted infection services, education and outreach that built strong trust and recognition among key populations. Formalisation efforts for the clinic began in 2024 when the Government of Mongolia encouraged organisations to transition towards domestic financing mechanisms.

This legal recognition would be essential for the clinic to join the national health insurance provider network – the Health Insurance Fund – which would then enable reimbursement for HIV services and long-term financial sustainability. However, Mongolia's health system is structured around formally recognised medical institutions, creating barriers for a community-based clinic seeking legitimacy as a certified health service provider. Health Equity Matters supported an adaptive institutional pathway that enabled compliance with national regulatory requirements.

To strengthen the CBO, Health Equity Matters helped Youth for Health develop a strategic business plan with methods to identify funding diversification opportunities and create institutional capacity through developmental processes. Youth for Health could then form an intermediary entity, Zemblar LLC, established in late 2024, to meet formal legal and administrative criteria. Specialised training was also arranged through the national Center for Health Development to ensure clinic staff understood the technical and procedural standards required for accreditation.

With this support, Zemblar LLC obtained a special health licence in January 2025, allowing formal registration of the Solongo Clinic as a private medical facility and initiating the two-year qualification period required before applying for national accreditation. To strengthen institutional readiness, a technical adviser was engaged in May 2025 to provide ongoing technical assistance, ensuring the clinic could meet the standards of the Health Insurance Fund and prepare a strong accreditation application.

Because Youth for Health's capacity was strengthened before Zemblar LLC was established, the CBO was able to quickly create the intermediary entity. From that foothold, the Solongo Clinic progressed from a long-standing community service provider to a formally recognised medical institution positioned for integration into Mongolia's national health financing system.

CASE STUDY

Papua New Guinea: Strengthening Institutional Maturity and National Leadership Capacity

In 2017, the Australian Government stopped funding some KPLOs in Papua New Guinea due to the high risks associated with supporting entities that did not meet the required institutional standards. In response, the Key Populations Advocacy Consortium (KPAC) was established a year later as a coalition of six national member organisations representing diverse key population communities, each at different stages of formalisation and working collectively to access resources and reinforce coordination.

With funding from the Australian Government through the Partnerships for a Healthy Region initiative, delivered in collaboration with UNAIDS, Health Equity Matters began delivering a structured organisational capacity strengthening plan running from January 2025 to June 2028, aimed at developing KPAC's organisational maturity and leadership capacity as a credible national umbrella body. The program framework is guided by an organisational capacity assessment based on the same tool used in Fiji.

In 2025, in parallel with the assessment process, Health Equity Matters embedded three local experts within KPAC to provide ongoing mentoring and operational continuity. It also conducted regular in-country technical visits while maintaining continuous remote technical assistance.

The baseline assessment carried out in late 2024 evaluated KPAC across the seven core standards and identified foundational gaps across all areas, with particularly critical weaknesses in governance, financial management and human resource systems. The coalition received an overall score of 64 out of 176. A two-and-a-half-year work plan was developed to prioritise reforms and sequence organisational improvements based on the assessment findings.

Despite significant pressures caused by the rapid rise in HIV infections and the national HIV emergency declaration in late June 2025, a 12-month review conducted in November showed substantial institutional progress. KPAC's overall organisational capacity assessment score increased to 122 out of 176 – a 90 per cent improvement – with gains recorded across all seven core standards.

KPAC is now recognised by the National Department of Health, the National AIDS Council Secretariat and development partners as a key national actor, reflecting strengthened institutional credibility and enabling new funding and partnership opportunities.

CASE STUDY

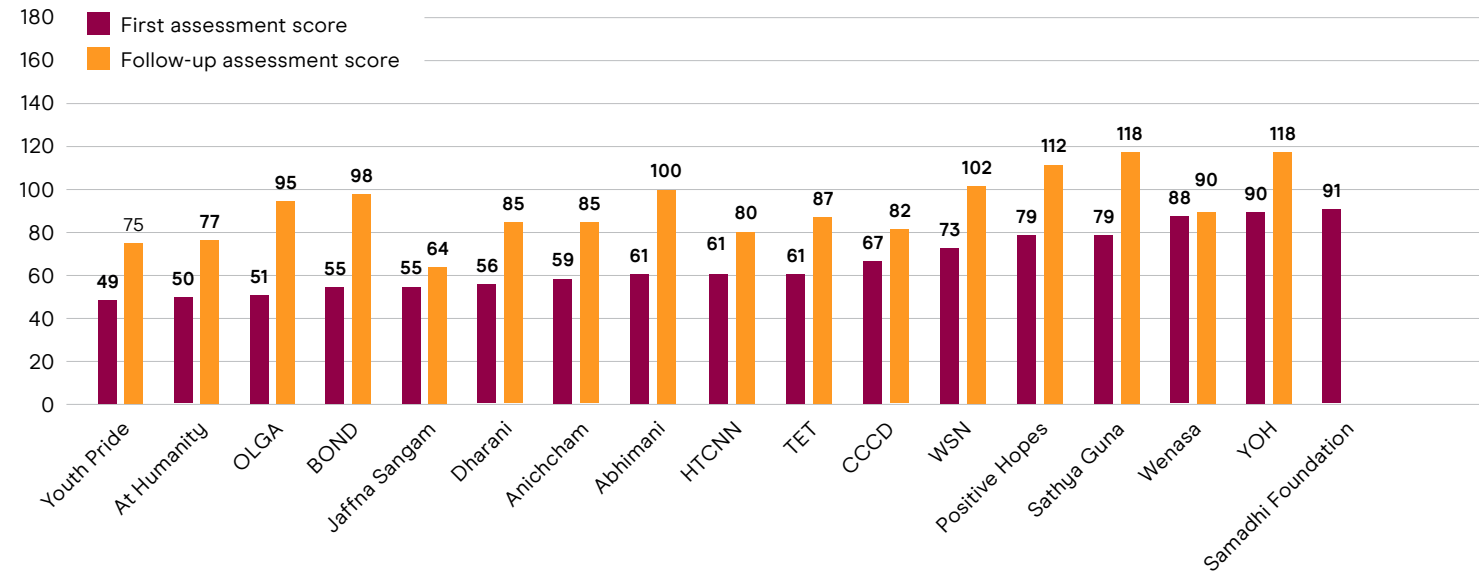
Sri Lanka: Supporting Regulatory Compliance and Organisational Capacity Development

In July 2024, Health Equity Matters supported the Family Planning Association of Sri Lanka in commissioning the community-led organisation Diversity and Solidarity Trust to conduct a baseline capacity assessment of organisations that address HIV, tuberculosis and LGBTQI+ issues. Thirty-two organisations agreed to participate in the assessment, which evaluated capacity across nine thematic areas and identified organisational strengths and gaps. Additional funding from private and philanthropic donors was made available to strengthen the capacity of organisations led by LGBTQI+ communities and not involving HIV service delivery (subject to change).

Assessment findings informed tailored recommendations across governance, financial management, organisational management and technical capacity. Critical gaps included limited succession planning across organisations, weak internal financial control systems and minimal resource mobilisation strategies.

For the second phase, Health Equity Matters supported the delivery of targeted organisational capacity strengthening programs implemented by the Diversity and Solidarity Trust for the 32 assessed organisations, along with three additional organisations that joined after the initial assessment. However, as the work continues, the number of organisations, funding sources and other details will change. The initiative is designed to ensure inclusivity, contextual relevance and long-term institutional impact. Delivery is supported by a diverse team of women and queer professionals alongside six expert consultants. A follow-up assessment measured organisational progress against baseline scores and analysed changes in performance levels.

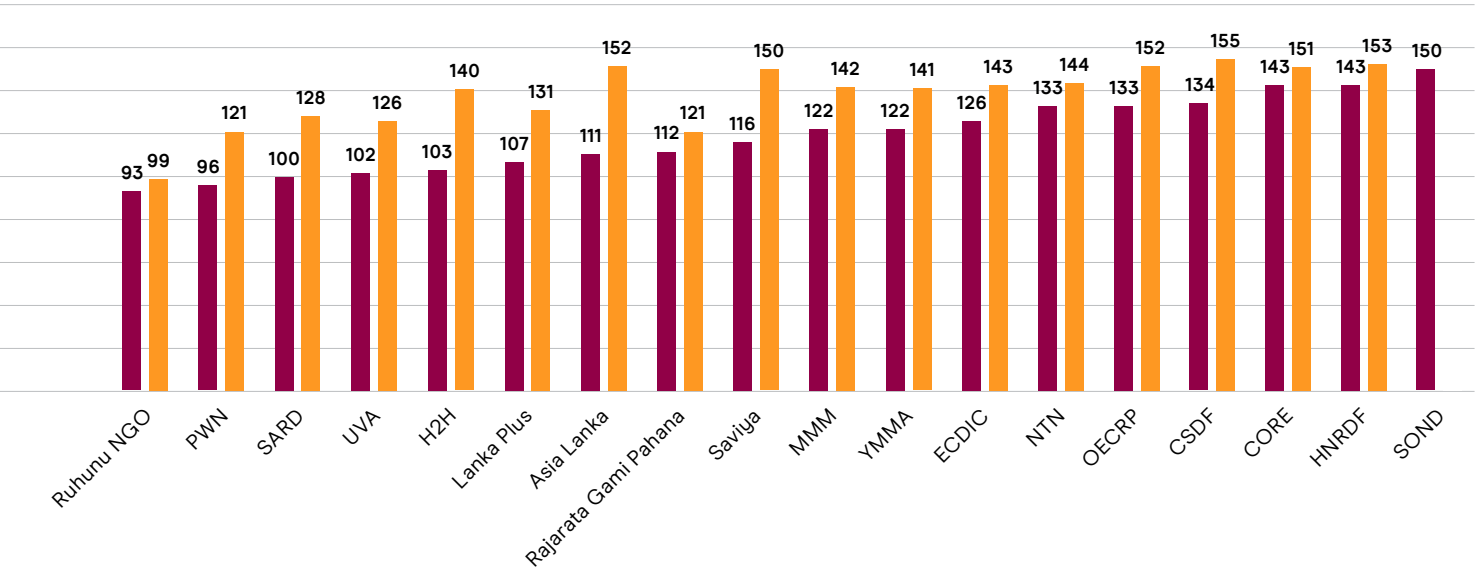
CHANGES IN CAPACITY GAPS BETWEEN THE FIRST AND



Note: Samadhi Foundation and SOND did not join the follow-up organisational capacity assessment.

Progress on registration has been gradual due to administrative timelines, with processes typically taking about one year. As of October 2025, 14 of the 35 participating organisations submitted online registration applications to the National Secretariat for Non-Governmental Organizations, and 13 of those organisations received registration confirmation. The program aims to support the registration of ten additional organisations by early 2026.

FOLLOW-UP ORGANISATIONAL CAPACITY ASSESSMENTS



THE IMPACT

Institutional Impact Across Contexts

TRANSFORMATION OF INFORMAL GROUPS INTO ACCOUNTABLE NATIONAL ACTORS

- Legal recognition enables organisations to manage grants, qualify for diversified financing opportunities and access domestic and international funding.
- Formal status strengthens credibility and trust with government institutions and development partners.
- Structured organisations are better positioned to scale proven community-led service models.
- Registration enables participation in national policy processes and decision-making platforms.
- Institutional systems preserve knowledge and continuity during periods of leadership or staff transition.

ORGANISATIONAL RESILIENCE IN REGIONAL CRISIS AND INSTABILITY

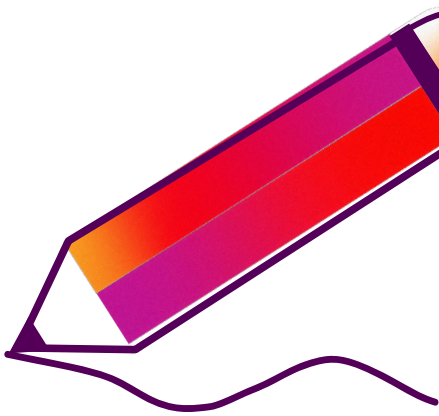
- Organisations sustain operations during epidemic surges, climate-related disruptions and emergency situations.
- Institutional systems reduce vulnerability to political transitions and economic shocks.
- Strengthened structures enable rapid coordination, adaptation and response to evolving needs.
- Stable organisational foundations prevent regression during funding gaps and low-resource periods.

DATA AND EVIDENCE AS DRIVERS OF GOVERNANCE AND ADVOCACY

- Community perspectives inform governance and strengthen accountability mechanisms.
- Baseline assessments enable structured organisational growth and measurable progress over time.
- Evidence-based planning strengthens investment cases and policy alignment with priority populations.
- Organisational readiness created from a foundation of evidence and data improves eligibility and provides justification for direct funding and social contracting mechanisms.

IMPLICATIONS FOR HIV PROGRAMMING AND PARTNERSHIPS

- Organisational capacity strengthening advances national ownership and creates a diverse and more resilient HIV response model.
- Institutional investments generate long-term value beyond individual projects and funding cycles.
- Community-led organisations become more effective and accountable partners for governments and donors.
- Equity-focused and disability-inclusive approaches expand reach to underserved populations and strengthen service quality.



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