



Strengthening community systems.  
Advancing human rights.

# STRATEGIC PLAN 2015-2020

# FOREWORD

---

## APCASO In 2015 and Beyond

Twenty-three years since it was founded, APCASO moves forward with a re-oriented vision: from “Ending the AIDS epidemic” to “Just and inclusive societies that respect, fulfill and advance the rights of communities most in need – thereby hastening the end of the AIDS epidemic and other health challenges.”

APCASO's new mandate has been guided by three core beliefs: 1. That ending AIDS, tuberculosis, malaria and other health challenges is possible only through upholding the human rights of ALL people. 2. That even if we, as a global community, finally put an end to AIDS, this would not necessarily mean an end to stigma and discrimination against key affected communities. 3. That while we need to remain steadfast in our commitment to ending AIDS, we need to be cognisant of, and address, the other key health and social development issues faced by communities most in need – including those affected by tuberculosis and malaria. In the context of the post-2015 era, APCASO considers all three as critical to the realisation of the SDGs in Asia and the Pacific – without leaving anyone behind.

APCASO will operationalise this mandate across our programmes and in our engagements with various networks: including as host of the Coordination and Communications Communities, Rights & Gender (CRG) Platform Asia Pacific and as the host of Global Fund Advocates Network Asia-Pacific (GFAN AP).

It is with an immense sense of privilege and responsibility that APCASO adopts this significant mandate. We look ahead with renewed vigour and commitment – guided by a new Strategic Plan 2015 - 2020, steadfast in our core values and principles, grounded in the realities of communities we aim to serve; steered by our Council of Representatives, informed by our Focal Points, inspired by community partners, and supported but at the same time held accountable by our Board of Trustees, partners and broader stakeholders. Cheers to the next 5 years, and to strengthening community systems and advancing human rights!



**RD Marte**  
Executive Director

# FOREWORD

---

## APCASO: Our Network

The year 2015 marks key milestones for HIV/AIDS and other development movements. We have seen significant changes in levels of commitment and responses in the global, regional and national HIV and broader development landscapes. We have witnessed the transition from the Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs) wherein HIV, tuberculosis and malaria are now integrated into a much broader health agenda. This we witnessed as we noted too the fact that dealing with the unfinished business of the three diseases is critical to achieving aspirations for a more inclusive and equitable world.

Changes in the broader global development context have been seriously considered by APCASO during our strategic planning processes. This new Strategic Plan 2015-2020 reaffirms our commitment to “ending the AIDS epidemic.” However, we are also determined to broaden the scope of our work beyond our HIV foundations, with emphasis on building stronger community systems and advancing human rights for the communities in the region that are most in need.

In preparation for this transformative strategy, APCASO has gone through critical organizational changes. Over the past twelve months, we have shifted our office

base from Kuala Lumpur, Malaysia to Bangkok, Thailand in a move that has facilitated a closer working relationship with other regional networks and organisations. APCASO has also changed leadership, with the transition and transformation having been successfully managed by our new Executive Director Rodelyn (RD) Marte. Within just a year under RD's leadership, with support from numerous organisations and individuals, APCASO has grown significantly in strength, experience, and capacity. Our network is now ready to take on new challenges and journey new roads – to “just and inclusive societies that respect, fulfill and advance the rights of communities most in need – thereby hastening the end of the AIDS epidemic and other health challenges.”

The Council of Representatives (CoR) and Board of Trustees (BoT) are proud of our network. We are committed to support and guide our team in the implementation of this new strategy. We strongly believe that this strategy and the work of APCASO will meaningfully contribute to the achievement of the SDGs, particularly for communities in our region that are most in need.



**Oanh Khuat Thi Hai**

Chair  
Council of Representatives

**Don Baxter**

Chair  
Board of Trustees



# CONTENTS

---

## APCASO In 2015 and Beyond

PAGE 02

## APCASO: Our Network

PAGE 03

## Acknowledgements

PAGE 05

## Terms and Abbreviations

PAGE 06

## Introduction

PAGE 07

## Who We Are

PAGE 10

## What We Do

PAGE 10

## Our Vision

PAGE 10

## Our Mission

PAGE 10

## Our Core Values

PAGE 11

## Our Guiding Principles

PAGE 12

## The Strategic Plan: Key Outcome Areas

- ▶ **Key Outcome Area 1**  
Sustaining HIV Responses  
**PAGE 13**
- ▶ **Key Outcome Area 2**  
Enabling Environment and Advocacy  
**PAGE 14**
- ▶ **Key Outcome Area 3**  
Sustaining Community Leadership  
**PAGE 16**
- ▶ **Key Outcome Area 4**  
Strengthening APCASO Institutional Capacity  
**PAGE 17**

## Table: Key Outcome Areas 1 - 4

PAGE 18 - 19

## Background to the Strategic Plan

PAGE 20

## APCASO, Pre-2015

PAGE 21

## Governance and Management Structures

PAGE 22

## Rebranding APCASO

PAGE 23

## ACKNOWLEDGEMENTS

---

The development of APCASO's Strategic Plan 2015-2020 is an outcome of the efforts, generosity, and goodwill of APCASO stakeholder partners from within and outside the region.

APCASO acknowledges with deepest appreciation the following individuals and organisations who lent support – of various kinds and at various stages – towards the development of this Strategic Plan.

- ▶ APCASO Focal Points, Council of Representatives (CoR), Board of Trustees (BoT) and Secretariat especially the Strategic Plan development core team: Khuat Thi Hai Oanh, Cai Lingping, Daniel Marguari, Raymond Tai, Tim Vora, Don Baxter and Jen Ho, together with the APCASO E.D. Thanks to the CoR and BoT members for your strategic input and dedication. Oanh, heartfelt thank you for your leadership as Chair of the Council, and Don for your unwavering support as Chair of the Board.
- ▶ All the participants to the APCASO strategic assessment, and the April 2015 regional consultation: APCASO founding members Bai Bagasao and Dede Oetomo; APN+, APNSW, APCOM, APTN, ANPUD, YouthLEAD, YVC, 7 Sisters; UNAIDS RST, Global Fund Secretariat, Communities Delegation to the Board of the Global Fund. Malu Marin, Shiba Phurailatpam, Dave Traynor, Linda Mafu, Pauline Mazue, Rachel Ong – a special thanks to each of you.
- ▶ Individuals and organisations who provided funding and in-kind support: UNAIDS, TSF, OSF, Australian DFAT, AFAO, and SCDI. Tony Lisle, Heather Benjamin, Rob Lake and Chris Connelly, Yiga Josayma, Oanh, thanks for the generosity beyond the call of duty.
- ▶ Jen Ho, Kris Pakorn, An Nguyen, James Malar – members and volunteers to the APCASO Secretariat team, who put a lot of time, energy and effort behind all the seen and unseen work related to the strategic planning process. Jen - strategic planning, facilitator and rights activist extraordinaire, rights activist – thank you for all the work and for maintaining APCASO's integrity in the processes and outputs related to the Strategic Plan.
- ▶ Last but not least, to all our in-country partner CSOs and CBOs, to the members and leaders of various key affected communities who unflinchingly maintain the strength and grace to do the difficult work that needs to be done – thank you for inspiring APCASO and giving meaning to our work.

# TERMS and ABBREVIATIONS

---

<b>AIDS</b>	Acquired Immunodeficiency Syndrome	<b>HIV</b>	Human Immunodeficiency Virus
<b>ART</b>	Antiretroviral therapy	<b>MDG</b>	Millennium Development Goals
<b>BoT</b>	Board of Trustees	<b>NGO</b>	Non-government organisation
<b>CBO</b>	Community-based organisation	<b>PPTCT</b>	Prevention of parent to child transmission
<b>CoR</b>	Council of Representatives	<b>SDG</b>	Sustainable Development Goals
		<b>TA</b>	Technical assistance

## KEY POPULATIONS

Groups of people who experience a high epidemiological impact for HIV, tuberculosis or malaria combined with reduced access to services and/or being criminalised or otherwise marginalised. These populations vary across the different diseases, however, they can include women and girls, men who have sex with men, people who use drugs, transgender persons, sex workers, prisoners, miners, refugees and migrants, indigenous persons, people living with HIV, young key populations and people living in poverty. These are also the populations whose meaningful engagement is key to the responses to the three diseases.

## APCASO FOCAL POINTS

---

**Australia:** Australian Federation of AIDS Organisations (AFAO); **Cambodia:** HIV/AIDS Coordinating Committee (HACC); **China:** China HIV/AIDS Information Network (CHAIN) and Yunnan Daytop Drug Abuse Treatment and Rehabilitation Center (Daytop); **Indonesia:** GAYa NUSANTARA and Spiritia Foundation; **India:** Indian Network for People Living with HIV/AIDS (INP+); **Lao PDR:** Lao Positive Health Association (LaoPHA); **Malaysia:** PT Foundation; **Nepal:** Recovering Nepal; **Philippines:** Action for Health Initiatives (ACHIEVE); **Sri Lanka:** Alliance Lanka; **Vietnam:** Center for Supporting Community Development Initiatives (SCDI)

## PUBLICATIONS TEAM

---

<b>Jennifer Ho</b>	Strategic Planning Facilitator & Lead Writer	<b>RD Marte</b>	Content Contribution & Technical Input	<b>Nico Mallari</b>	Graphic Design
<b>James Malar</b>	Managing Editor & Technical Input	<b>Jonas Bagas</b>	Technical Input		
<b>Gabrielle Szabo</b>	Copy Editor	<b>Jeeraporn Pakornthadaphan</b>	Logistics Support		

# INTRODUCTION

---

**The Asia-Pacific region has made unprecedented progress** in responding to the devastating social, economic and political impacts associated with HIV. This progress provides the beginnings of a roadmap for those seeking new ways forward in the fight against tuberculosis and malaria. Most countries in the region have achieved a decrease in HIV infection rates,<sup>1</sup> and HIV related deaths have fallen over the last five years.<sup>2</sup> The highest number of people to date are benefiting from antiretroviral therapy,<sup>3</sup> and policies and laws to promote the rights of people living with HIV have been enacted in most of the countries. Civil society and community leadership, mobilisation, and engagement have been central to these achievements.<sup>4</sup>

We are at a crucial juncture of our response. Our ability to sustain and accelerate the progress made to-date – and possibly end the AIDS epidemic - will depend greatly on our ability to navigate and respond to the convergence of changes in the global and regional disease burden and development agenda. The complexity of this changing landscape is compounded by ever-evolving social, economic and political environments. It is poised to challenge communities and governments alike in profoundly new ways.

The HIV epidemic in the region is increasingly being driven by geographic localities, and within the key affected populations of HIV.<sup>5</sup> Efforts to expand ART treatment and prevention of parent to child transmission (PPTCT) programmes continue to lumber, with regional coverage rates in both areas remaining below the global average. PPTCT coverage is dismally low at 38%, compared to the global average of 73%.<sup>6</sup> Staggeringly low rates of HIV awareness and testing among key populations present a persistent challenge for the regional response.<sup>7</sup>

---

<sup>1</sup> UNAIDS (2013). AIDS in Asia and the Pacific: UNAIDS Report 2013. Available at: [http://www.unaids.org/sites/default/files/media\\_asset/2013\\_HIV-Asia-Pacific\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/2013_HIV-Asia-Pacific_en_0.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> <http://www.aidsdatahub.org/>

<sup>7</sup> Ibid.

The lack of political will and the absence of political leadership is an ongoing challenge to the regional HIV response (and equally for tuberculosis and malaria responses in the region). There is a need for an investment in strategic and sustainable HIV, tuberculosis and malaria interventions. It is critical that these responses work to remove punitive laws, policies and practices that currently violate rights and fuel stigma and discrimination of communities and key populations. Addressing these barriers will greatly contribute to delivering more effective health responses in the region.

This leadership failure is compounded by flat-lining and/or declining international donor funding. Ironically, economies in the region are growing as access to affordable medicines hangs in the balance. As national economies continue to grow, so has interest in these economies among multinational pharmaceutical companies. Specifically, as countries transition into middle-income status, they have become targets for trade negotiations by developed nations. These trade negotiations and the resulting trade agreements are being used as tools and channels by multinational pharmaceuticals to hinder countries' ability and right to procure, produce, and supply affordable medicines, namely generic drugs.

At the global level, medicalisation and pathologicalisation of HIV, tuberculosis and malaria have regained traction as a result of the progress

that has been made in biomedical science. The reconceptualisation of development at the global level, prompted by the end of the Millennium Development Goals (MDGs) and emergence of the Sustainable Development Goals (SDG) could accelerate or endanger gains made in the fields of the three diseases. Consequently, the integration of the three diseases into the broader health and social development agenda is critical. It guarantees that HIV, tuberculosis and malaria remain key political and funding priorities in the post 2015 development agenda.

In its 2015-2020 Strategy, APCASO commits to working with its members and partners to sustain and accelerate the regional response on HIV and other health concerns of communities most in need. More importantly, the Strategy provides a critical framework in which APCASO can effectively contribute to the vision of a world that is not just free of the burden of HIV and AIDS but one that is also just and inclusive, and respects, fulfils and advances the rights of communities most in need. This is the only way forward. This is the only way to truly leave no one behind.

## THE FOUR KEY OUTCOME AREAS

---

The **FOUR KEY AREAS** of the Strategy Build Upon APCASO's Institutional History, Capacity and Strength:

**1**

HIV responses are strategic, sustained, and strengthened;

**2**

Communities most in need are empowered to advance and protect their rights through an enabling and responsive environment;

**3**

Community and civil society have strengthened capacity to lead and effectively engage in the framing of the social development and health agenda;

**4**

APCASO is a stronger, more effective and sustainable network.

## WHO WE ARE

---

APCASO is a regional civil society network of community-based (CBOs) and non-governmental organisations (NGOs) on HIV, health, and social justice, with a focus on advocacy and community capacity development in Asia and the Pacific.

## WHAT WE DO

---

We support and promote the role of CBOs and NGOs, who work with and represent key populations and communities most in need, in advancing a rights-based social development and health agenda.

## OUR VISION

---

We envision just and inclusive societies that respect, fulfil and advance the rights of communities most in need – thereby hastening the end of the AIDS epidemic and other health challenges.

## OUR MISSION

---

We work to strengthen advocacy and community systems towards effective social development and health responses, inclusive of HIV in Asia and the Pacific.

## OUR CORE VALUES

---

APCASO's internal and external work, relations and operations are underpinned by seven values:

### **INTEGRITY.**

Having organisational credibility and trustworthiness. Having a strong sense of accountability and commitment to its principles and causes.

### **EFFECTIVENESS.**

Delivering on programme and project commitments. Achieving strategic objectives with impact and measurable results.

### **CONCERN FOR QUALITY.**

Consistently setting and adhering to high quality standards, processes, outputs and outcomes. Continuous aspiration towards improving work, processes and systems.

### **TRANSPARENCY.**

Practicing organisational accountability by being open about information and decisions.

### **EGALITARIANISM AND FAIRNESS.**

Practicing and asserting fair treatment of people, and according everyone equal inherent worth and rights. Using power and authority responsibly. Managing institutional hierarchies in a manner that respects everyone concerned.

### **PARTNERSHIP AND COLLABORATION.**

Striving to understand and address the real needs and issues of partners and constituents. Planning and implementing programmes in a participatory and collaborative manner. Respecting the autonomy and right to self-determination of each CBO or NGO with regard to their own priorities and methods of organisation.

### **GENEROSITY.**

Sharing information and resources, and providing technical assistance wholeheartedly and to the best of its abilities – all as part and parcel of its mandate to support community systems strengthening.

## OUR GUIDING PRINCIPLES

---

APCASO strongly believes that gender equality and the respect, promotion and fulfilment of the human rights of all persons are critical to advancing and sustaining a just and equitable health and social development agenda. In view of this, APCASO is committed to:

**The meaningful involvement of members of communities** most in need, "including people living with or affected by HIV, tuberculosis and malaria, in all aspects of social and health development responses.

**The central role of community and civil society organisations** in national programmes and policy formulation, financing, implementation and monitoring, especially in seeking accountability from state and non-state duty-bearers.

**Non-discrimination in all areas and on any grounds** including in relation to a person's HIV or other health status, sex, sexual orientation, gender identity and expression, religion, age, nationality, race, occupation, drug use status, physical ability, location, cultural or social class, or socioeconomic circumstances.



# THE STRATEGIC PLAN

---

## KEY OUTCOME AREA 1

**SUSTAINING HIV RESPONSES – HIV responses are strategic, sustained and strengthened.**

Strategic Objectives: Political will and investments

- 1.1 Promote the recognition and understanding of HIV as a crucial and integral issue in the social development and health agenda.

Strategies:

- 1.1.1 Engaging in key international, regional, and national political platforms and spaces to ensure integration of HIV in the social development and health agenda.
- 1.1.2 Enhancing community and civil society's capacity to articulate the impact of HIV within social and health development contexts.
- 1.1.3 Leveraging synergies in the HIV development sector with broader social and health development community and civil society movements.

- 1.2 Advocate for adequate, equitable, sustainable, and evidence-based investments in HIV responses.

Strategies:

- 1.2.1 Initiating and contributing to community analysis of national, regional, and international investments on HIV and AIDS.
- 1.2.2 Developing the capacity of communities and CBOs/NGOs to influence funding mechanisms and systems on HIV and AIDS.
- 1.2.3 Creating and facilitating opportunities for engagement between communities, civil society, government agencies, and development partners on HIV financing.

## KEY OUTCOME AREA 2

**ENABLING ENVIRONMENT AND ADVOCACY -  
Communities most in need are empowered to  
advance and protect their rights through an  
enabling and responsive environment.**

Strategic Objectives: Health, law and policy reforms,  
and community participation.

2.1 Contribute to the development,  
implementation and monitoring of rights-  
based and gender transformative social and  
health policies and programmes.

Strategies:

- 2.1.1 Initiating and supporting analysis of key  
social and health policies and  
programmes through a gender lens and  
human-rights framework by the  
communities most in need.
- 2.1.2 Engendering human rights principles  
and gender lens in key and relevant  
social development and health  
platforms.
- 2.1.3 Informing the development,  
implementation and monitoring of  
social and health policies and  
programmes with community-based  
experience.

2.2 Galvanise support for the review and repeal of  
discriminatory and punitive laws and practices  
that undermine the rights of the communities  
most in need, and enactment of protective  
legislation and policies for those populations.

Strategies:

- 2.2.1 Identifying, initiating, and collaborating  
with communities and relevant partners  
on analysis of laws, policies, and  
practices that impede access to  
essential health and social services for  
communities most in need.
- 2.2.2 Sharing and utilising policy analysis  
outcomes towards repeal of punitive  
laws and practices against communities  
most in need and enactment of  
protective legislation and policy-  
settings.
- 2.2.3 Contributing to the establishment,  
promotion, and utilisation of effective  
and functional legal monitoring and  
redress mechanisms.

2.3 Community participation - Incite activities and advocacy efforts that work toward empowering communities most in need to be the drivers and contributors of their social development and health outcomes.

Strategies:

2.3.1 Initiating, contributing to, and facilitating community mobilisation activities and efforts.

2.3.2 Advocating and supporting inclusion of community voices at key social development and health agenda setting platforms.

2.3.3 Developing the capacity of the community to effectively and meaningfully participate, contribute to, and influence the processes, decisions, and outcomes of key social and health development platforms.



## KEY OUTCOME AREA 3

### SUSTAINING COMMUNITY LEADERSHIPS -

**Community and civil society have strengthened capacity to lead and effectively engage in the framing of the social development and health agenda.**

Strategic Objectives: Partnership building, capacity building, and role as watchdog.

3.1 Partnership building - Advocate for meaningful and sustainable community and civil society engagement and mobilisation.

Strategies:

3.1.1 Linking and facilitating partnership building and collaborations between networks of communities most in need, key international, regional, and national CBOs/NGOs on social and health development, and other key development actors.

3.1.2 Leading in facilitating critical dialogues on crosscutting issues between communities most in need and other key development actors through a regional platform.

3.2 Capacity building - Lead in innovative approaches and strategies for delivering technical support to communities most in

need with an emphasis on strengthening their roles as key actors and enablers in setting the social development and health agenda.

Strategies:

3.2.1 Developing community-centred advocacy and information materials, methodologies, approaches and tools.

3.2.2 Informing and influencing TA providers, mechanisms, and platforms on elements of effective and responsive TA provision for communities and civil society.

3.2.3 Demonstrating and strengthening community expertise by prioritising community members as TA providers.

3.3 Role as watchdog - Enable the effective participation of community and civil society in the monitoring of key political commitments.

Strategies:

3.3.1 Developing capacity building activities and approaches that aim to enhance and strengthen community and civil society's understanding and knowledge of key political commitments and related processes.

3.3.2 Promoting and advocating in key social development and health platforms and spaces for the inclusion of community in the monitoring of key political commitments.

## KEY OUTCOME AREA 4

**APCASO INSTITUTIONAL STRENGTHENING - APCASO is a stronger, more effective, and sustainable network.**

Strategic Objectives: Secretariat capacity, governance, and membership engagement.

4.1 Secretariat capacity - Strengthen and sustain the capacity of the APCASO Secretariat to facilitate, engage and support the mission of the network.

Strategies:

- 4.1.1 Strengthening internal technical expertise in APCASO priority areas and issues.
- 4.1.2 Further developing effective and practical APCASO internal and external communication strategies.
- 4.1.3 Ensuring effective human and financial resourcing of APCASO and diversifying its funding base.
- 4.1.4 Developing and implementing operationally viable APCASO organisational and programmatic monitoring and evaluation (M&E) systems, including systematic documentation of APCASO's key achievements.

4.2 Governance - Invest in APCASO's governance and management structures and systems to be more fully operational, transparent and accountable.

Strategies:

- 4.2.1 Ensuring members of APCASO Board of Trustees, and Council of Representatives have a clear understanding their roles and the capacity to perform and fulfil their responsibilities.
- 4.2.2 Establishing and implementing an effective, transparent, and accountable governance system.
- 4.2.3 Establishing and implementing effective, transparent, and accountable management systems and procedures.

4.3 Membership engagement - Enhance the engagement and contribution of APCASO members toward achieving the collective mission and goals.

Strategies:

- 4.3.1 Identifying and implementing systematic, innovative, and participatory approaches and mechanisms for membership engagement.

	STRATEGIC OBJECTIVES	STRATEGIES
<p><b>KEY OUTCOME</b> <b>AREA 1:</b> <b>Sustaining HIV responses -</b> HIV responses are strategic, sustained and strengthened.</p>	<p>1.1 Political Will - Promote the recognition and understanding of HIV as a crucial and integral issue in the social development and health agenda.</p>	<p>1.1.1 Engaging in key international, regional, and national political platforms and spaces to ensure integration of HIV in the social development and health agenda.</p> <p>1.1.2 Enhancing community and civil society's capacity to articulate the impact of HIV within social and health development contexts.</p> <p>1.1.3 Leveraging synergies in the HIV development sector with broader social and health development community and civil society movements.</p>
	<p>1.2 Investments - Advocate for adequate, equitable, sustainable, and evidence-based investments in HIV responses.</p>	<p>1.2.1 Initiating and contributing to community analysis of national, regional, and international investments on HIV and AIDS and related health priorities.</p> <p>1.2.2 Developing the capacity of communities and CBOs/NGOs to influence national funding mechanisms and systems on HIV and AIDS and related health priorities.</p> <p>1.2.3 Creating and facilitating opportunities for engagement between communities, civil society, government agencies, and development partners on HIV financing.</p>
<p><b>KEY OUTCOME</b> <b>AREA 2:</b> <b>Enabling environment and advocacy -</b> Communities most in need are empowered to advance and protect their rights through an enabling and responsive environment.</p>	<p>2.1 Health - Contribute to the development, implementation and monitoring of rights-based and gender transformative social and health policies and programmes.</p>	<p>2.1.1 Initiating and supporting analysis of key social and health policies and programmes through a gender lens and human-rights framework by the communities most in need</p> <p>2.1.2 Engendering human rights principles and gender lens in key and relevant social development and health platforms.</p> <p>2.1.3 Informing the development, implementation and monitoring of social and health policies and programmes with community-based experience.</p>
	<p>2.2 Laws and policy reforms - Galvanise support for the review and repeal of discriminatory and punitive laws and practices that undermine the rights of the communities most in need, and enactment of protective legislation and policies for those populations.</p>	<p>2.2.1 Identifying, initiating, and collaborating with communities and relevant partners on analysis of laws, policies, and practices that impede access to essential health and social services for communities most in need.</p> <p>2.2.2 Sharing and utilising policy analysis outcomes towards repeal of punitive laws and practices against communities most in need and enactment of protective legislation and policy-settings.</p> <p>2.2.3 Contributing to the establishment, promotion, and utilisation of effective and functional legal monitoring and redress mechanisms</p>
	<p>2.3 Community participation - Incite activities and advocacy efforts that work toward empowering communities most in need to be the drivers and contributors of their social development and health outcomes.</p>	<p>2.3.1 Initiating, contributing to, and facilitating community mobilisation activities and efforts.</p> <p>2.3.2 Advocating and supporting inclusion of community voices at key social development and health agenda setting platforms.</p> <p>2.3.3 Developing the capacity of the community to effectively and meaningfully participate, contribute to, and influence the processes, decisions, and outcomes of key social and health development platforms.</p>

	STRATEGIC OBJECTIVES	STRATEGIES
<p><b>KEY OUTCOME AREA 3:</b>  <b>Sustaining Community Leaderships</b> - Community and civil society have strengthened capacity to lead and effectively engage in the framing of the social development and health agenda.</p>	<p>3.1 Partnership building - Advocate for meaningful and sustainable community and civil society engagement and mobilisation</p>	<p>3.1.1 Linking and facilitating partnership building and collaborations between networks of communities most in need, key international, regional, and national CBOs/NGOs on social and health development, and other key development actors.                      3.1.2 Leading in facilitating critical dialogues on crosscutting issues between communities most in need and other key development actors through a regional platform.</p>
	<p>3.2 Capacity building - Lead in innovative approaches and strategies for delivering technical support to communities most in need with an emphasis on strengthening their roles as key actors and enablers in setting the social development and health agenda.</p>	<p>3.2.1 Developing community-centred advocacy and information materials, methodologies, approaches and tools.                      3.2.2 Informing and influencing TA providers, mechanisms, and platforms on elements of effective and responsive TA provisions for communities and civil society.                      3.2.3 Demonstrating and strengthening community expertise by prioritizing community members as TA providers.</p>
	<p>3.3 Role as watchdog - Enable the effective participation of community and civil society in the monitoring of key political commitments.</p>	<p>3.3.1 Developing capacity building activities and approaches that aim to enhance and strengthen community and civil society's understanding and knowledge of key political commitments and related processes.                      3.3.2 Promoting and advocating in key social development and health platforms and spaces for the inclusion of community in the monitoring of key political commitments.</p>
<p><b>KEY OUTCOME AREA 4:</b>  <b>APCASO institutional strengthening</b> - APCASO is a stronger, more effective, and sustainable network.</p>	<p>4.1 Secretariat capacity - Strengthen and sustain the capacity of the APCASO Secretariat to facilitate, engage and support the mission of the network.</p>	<p>4.1.1 Strengthening internal technical expertise in APCASO priority areas and issues.                      4.1.2 Further developing effective and practical APCASO internal and external communication strategies.                      4.1.3 Ensuring effective human and financial resourcing of APCASO and diversifying its funding base.                      4.1.4 Developing and implementing operationally viable APCASO organisational and programmatic monitoring and evaluation (M&amp;E) systems, including systematic documentation of APCASO's key achievements.</p>
	<p>4.2 Governance - Invest in APCASO's governance and management structures and systems to be more fully operational, transparent and accountable.</p>	<p>4.2.1 Ensuring members of APCASO Board of Trustees, and Council of Representatives have a clear understanding their roles and the capacity to perform and fulfil their responsibilities.                      4.2.2 Establishing and implementing an effective, transparent, and accountable governance system.                      4.2.3 Establishing and implementing effective, transparent, and accountable management systems and procedures.</p>
	<p>4.3 Membership engagement - Enhance the engagement and contribution of APCASO members toward achieving the collective mission and goals.</p>	<p>4.3.1 Identifying and implementing systematic, innovative, and participatory approaches and mechanisms for membership engagement.</p>

## BACKGROUND TO THE STRATEGIC PLAN

---

The development of the Strategic Plan is based on a series of planning initiatives that took place in 2014 and 2015 and included the following set of activities:

- ▶ Strategic Plan development planning meetings of APCASO members of the Board of Trustees, Council of Representatives and Secretariat in Kuala Lumpur and Bangkok – August and November 2014, and January 2015;
- ▶ Strategic Plan Development Exploratory Meeting of APCASO Board of Trustees, Council of Representatives, Secretariat, key stakeholders and partners in Hanoi – February 2015;
- ▶ Stakeholder assessments via focus group discussions and informant interviews – Bangkok, February to March 2015; and
- ▶ Strategic Plan Development Consultation Meeting of APCASO members, partners, and stakeholders in Bangkok – April 2015.

**The aims of the strategic plan development process were to:**

- ▶ Re-evaluate and reflect on APCASO's work, contributions, and effectiveness in supporting the regional response to HIV between 2010-2014; and
- ▶ Identify APCASO's role and strategic position within the rapidly evolving HIV and health development landscapes in order to ensure its continual relevance and effectiveness in responding to the needs of communities most in need.



## APCASO, PRE-2015

---

APCASO was established in 1992 as a civil society network of CBOs and NGOs that provide HIV and AIDS related programmes and services within the Asia-Pacific region.

---

APCASO was formed by a group of concerned CBO and NGO representatives who saw the critical need for a platform for the voices of people most affected by the epidemic. Since its inception, APCASO has supported and continues to support, the central role of people living with HIV and other affected communities in the response, through advocacy, capacity building and networking across the Asia-Pacific region.

APCASO works in coordination with networks of key populations to ensure complementarity of objectives and outcomes. From 2009 to 2014, guided by its former Strategic Plan, APCASO's work

**APCASO** is the longest serving HIV and AIDS community support network in **Asia and the Pacific.**

focused on strengthening community systems, evidence and platforms to conduct more effective advocacy around HIV and AIDS, with a particular focus on three key programme areas: HIV investments, political commitments, and community systems strengthening.

Today APCASO is a network of CBOs and NGOs, including 13 Focal Points representing national coalitions of AIDS organisations in 11 countries, namely, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Nepal, Philippines, Sri Lanka, Vietnam and Australia.

# GOVERNANCE AND MANAGEMENT STRUCTURES

---

The governance and management structures of APCASO are comprised of the Board of Trustees, Council of Representatives, Focal Points, and the Secretariat.

## BOARD OF TRUSTEES

The governance structure of APCASO is comprised of the Board of Trustees and the Council of Representatives. The Board of Trustees delegates the strategic direction setting of APCASO to the Council of Representatives and daily management to the Secretariat.

## COUNCIL OF REPRESENTATIVES

The Council of Representatives plays the lead role in providing strategic direction for APCASO. The Council is comprised of key players at the country and regional level. Members are drawn from Focal Point organisations, whose individual and collective experiences of, and expertise in, issues related to HIV, health and social justice make them well-placed to guide APCASO in developing the necessary responses.

## FOCAL POINTS

At country level APCASO's partners, known as Focal Points, are mostly peak or leading HIV, health and social justice organisations that bring together organisations and communities for unified support and advocacy action in addressing issues of mutual concern, including community systems strengthening. Focal points provide the essential links between country and regional levels, elevating challenges and lessons learnt from within to the broader sphere.

## THE SECRETARIAT

This includes the Executive Director and full-time and part-time staff who ensure operational capacity and support to fulfil APCASO's goals, objectives, strategies and activities.

## REBRANDING APCASO

---



Between 1992 and 2014 APCASO was known as the Asia Pacific Council of AIDS Service Organizations. In 2015, APCASO completed a re-branding. This process has resulted in a change in name, logo and tagline.

APCASO's new logo draws upon the principles behind the Network's former logo and identity. The new logo represents APCASO's continuing commitment to peer based capacity building, partnership and advocacy in HIV, health and social justice. The logo and tagline together demonstrate APCASO's commitment to advancing the rights of communities most in need.



The flags in the logo represent activism, alliance-building and solidarity with other social movements. They also represent raising and championing issues guided by the principles of human rights and gender equality.

Adapted from the previous logo, the three shades of green colouring represent vitality, growth and resilience.

APCASO believes that community must be at the heart of effective HIV, tuberculosis, malaria and other health responses. This belief is encapsulated in the tagline: **Strengthening community systems. Advancing human rights.**

[www.apcaso.org](http://www.apcaso.org)

66/1 Sukhumvit 2 Soi, Klongtoey  
Bangkok 10110

**T** +662 255 4410

**F** +662 118 6313

**W** [www.apcaso.org](http://www.apcaso.org)

**f** Apcaso