



ashm

Global Division Strategic Plan

2026 –
2027



Acknowledgement of Country

ASHM acknowledges the Traditional Owners of Country across the various lands on which our staff live and work. We recognise Aboriginal and Torres Strait Islander peoples' continuing connection to land, water, and community and we pay our respects to Elders past and present. ASHM acknowledges Sovereignty in this country has never been ceded. It always was, and always will be, Aboriginal land.

Foreword

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Globally, there are an estimated 40.8 million people living with HIV¹, over 254 million living with chronic hepatitis B², 50 million living with hepatitis C³ and more than 1 million sexually transmitted infections (STIs) acquired every day. These STIs and blood-borne viruses (BBVs) impact on the health, wellbeing and productivity of individuals, families, communities and nations, especially in countries where access to, and quality of health services is limited. ASHM is committed to developing a sustainable HIV, viral hepatitis and sexual health workforce globally and to strengthening the systems that enable universal access to high quality health services.

Since 2003, ASHM has responded to requests for assistance in the BBV and sexual health responses from neighbouring countries and those further away. We draw on our large domestic programs, Australia's own progress and the latest international guidance to deliver locally-led, inclusive and evidence based projects. Our long-term partnerships with Ministries of Health and NGOs in the countries we work in, as well as those that are newer, demonstrate that ASHM is a trusted and valued partner.

In 2022, ASHM became a Department of Foreign Affairs and Trade (DFAT) Australian NGO Cooperation Program (ANCP) accredited organisation, achieving full accreditation in 2025. This puts ASHM in good stead for the duration of the two-year ASHM Global Division strategy, along with a commitment from ASHM's members and the ASHM Board.

[1] UNAIDS (2024). Global HIV and AIDS Statistics – Fact sheet.

[2] WHO. (2022). Hepatitis B Factsheet.

[3] WHO. (2022). Hepatitis C Factsheet.

Since the last Global Division Strategy, we have seen significant shifts in the international and regional HIV context and response. There has been an increase in HIV cases in the Pacific, particularly in Fiji, advancing technologies such as long-acting PrEP, and diminishing funding for international health. In this context, it is vital we ensure our work is impactful, cost effective and sustaining, while leaving no one behind.

The Global Division Strategy 2026 –2027 guides ASHM's approach to strengthening health systems to respond to HIV, BBVs and improve sexual and reproductive health. It focuses on delivering proven, cost-effective interventions based on the priorities and contexts of the countries we serve, maintaining and continuing to build collaborative partners and measuring our impact to continuously improve and grow. The effectiveness framework enables ASHM to measure our effectiveness against the strategy and remain agile and quality assurance focused.

I am excited to see our projects grow from strength to strength.

ASHM Global: Strategy on a Page

Vision: The virtual elimination of HIV and BBVs and securing the sexual and reproductive wellbeing for all.

GOALS

IMPROVED HEALTH & WELLBEING

People at risk of or living with HIV and BBVs have improved health outcomes and SRH health and wellbeing.

IMPROVED SERVICES

Increased and equitable access to high-quality, person-centred, integrated health services for SRH and the prevention, early identification and management of HIV and BBVs.

STRATEGIC PRIORITIES

EFFECTIVE AND SUSTAINABLE PROJECT DELIVERY

LONG-TERM PROJECT FUNDING SECURED

PROMOTION OF EQUITABLE AND PERSON CENTRED HEALTH SERVICES

TRUSTED AND EFFECTIVE PARTNERSHIPS AND COLLABORATION

IMPACTFUL PROJECTS SCALED TO OTHER COUNTRIES, PROVINCES OR AREAS

IMPACT EFFECTIVELY MEASURED, UNDERSTOOD AND COMMUNICATED TO STAKEHOLDERS

OUR EXPERTISE

HEALTH SYSTEM STRENGTHENING WITH A FOCUS ON THE HEALTH WORKFORCE

FACILITATION OF CROSS COUNTRY LEARNING AND KNOWLEDGE EXCHANGE

PERSON CENTRED, INCLUSIVE HEALTH PROGRAMMING

PARTNERS IN RESPONSE/ORGANISATIONAL CAPACITY STRENGTHENING

Background

ASHM is a trusted partner of Ministries of Health and in-country organisations, delivering projects and technical assistance in sexual health and BBV responses in low to middle income and low resource settings since the early 2000s. In addition to Ministries of Health, we work in close collaboration with INGOs, NGOs, civil society, multi-lateral organisations and academic institutions to translate evidence into action, contributing to sustainable health systems and reducing burden of disease. Our focus is on equitable and accessible health services for all.

Our geographical focus is Southeast Asia and the Pacific region, particularly considering rising HIV cases in Papua New Guinea and Pacific countries, a high burden of STIs and viral hepatitis, and inequities in the region.

The purpose of Global Strategic Plan 2026–2027 is to guide the focus and growth of ASHM's Global division, ensuring quality, sustainability and impact are at the forefront of our work. This document sets out the principles that guide ASHM's global programs, our strategic priorities and our expertise which will enable ASHM to achieve these.



Strategic Priorities

EXCELLENCE

Priority 1: Effective and sustainable project delivery

Effective and sustainable project delivery is paramount to our work. ASHM follows proven project management and monitoring, evaluation, accountability and learning approaches for our projects. Taking a locally-led approach for long-term sustainability, ASHM aligns with national priorities in the countries we work in, co-designs interventions with implementing partners and ensures clear exit strategies are in place. We will further standardise processes and build human resources to support sustainable growth.

EQUITY

Priority 2: Promotion of equitable and person-centred health services

Stigma, discrimination and a lack of accessible health services continue to lead to poor health outcomes amongst many populations. Building on our current projects and services, we will continue to embed and expand stigma and discrimination elimination approaches in our work. Employing a twin track approach, our work will prioritise supporting accessible and equitable health service delivery including for women, girls, people of diverse sexual orientations and genders, people who inject drugs, people with disability and people living with HIV and other blood borne viruses.

SCALE

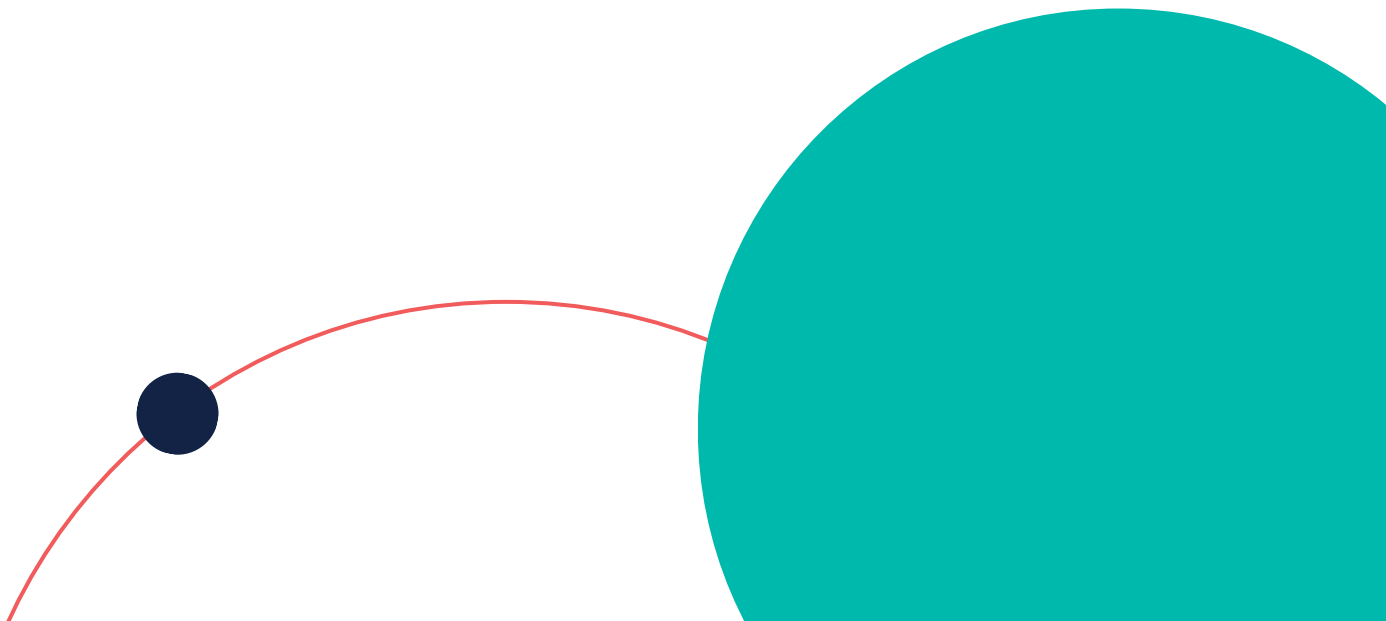
Priority 3: Impactful projects scaled to other countries, provinces or areas

Over the two-year period, we will draw on ASHM's impactful domestic and international trainings, resources and models of implementation to scale up and adapt to other country contexts. This includes the scale up of the Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) Project to other clinics, provinces and countries. Similarly, technical assistance in the Fiji and Papua New Guinea HIV outbreak responses will be expanded to other Pacific Island countries with emerging epidemics.

SUSTAINABILITY

Priority 4: Long- term project funding secured

Health systems are strengthened over time and long-term funding enables long lasting impact by taking a systems approach, with a strong and stable team. Sustainable funding also supports cost effective programming through economies of scale and cost sharing. ASHM will continue to seek further long-term funding opportunities with donors, collaborators and partnerships including a focus on government and philanthropic donors. We will also further explore opportunities for diversification of services.



PARTNERSHIP

Priority 5: Trusted and effective collaboration and partnerships

ASHM will continue to nurture existing relationships and build further strategic partnerships to drive action and deliver comprehensive projects.

IMPACT

Priority 6: Impact effectively measured, understood and communicated to stakeholders

Investment of time and resources in measuring impact, seeking feedback from stakeholders and applying lessons is a priority and essential for high quality effective project delivery. We will measure our impact both qualitatively and quantitatively, turning learning into action through regular project and division review discussions and workshops. We will work closely with the ASHM communications and marketing team to communicate our impact through annual impact reviews, conference engagement, workshops, webinars and other ASHM communication channels.

Our expertise

1

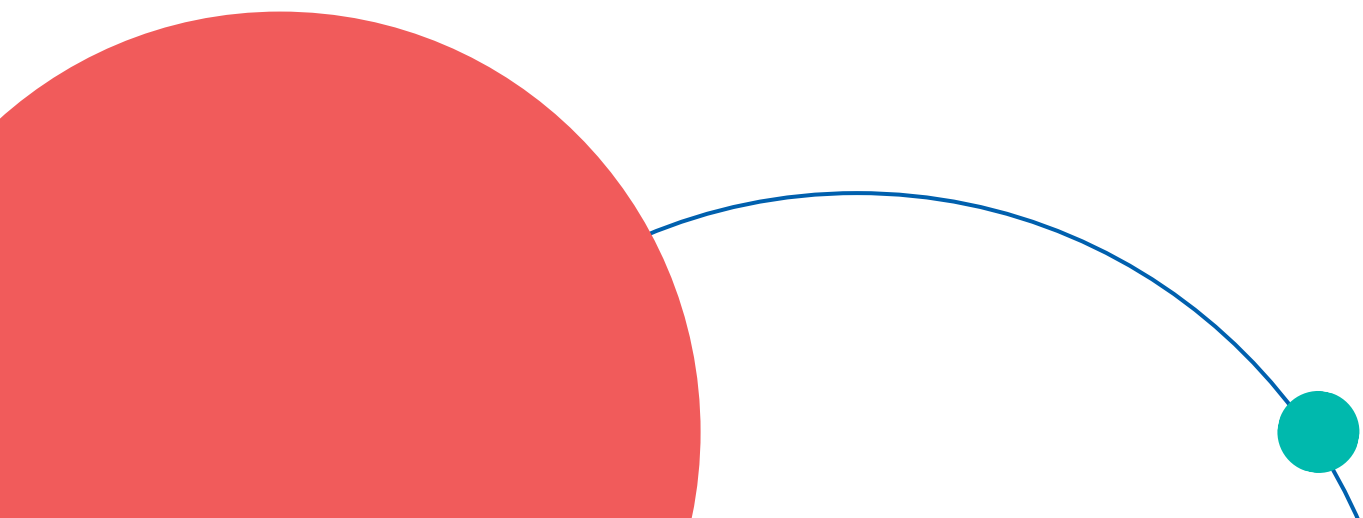
Health system strengthening with a focus on the health workforce

ASHM takes a health systems strengthening approach with a strong focus on workforce development and health system planning. We utilise the WHO Health System Strengthening Framework to design projects working closely with Ministries of Health, implementing partners and community. Our clinical training and mentoring approach is grounded in the local context through development of training packages based on national guidelines, establishing national communities of practice and delivering in-country training of trainers and clinical mentors. We provide planning and implementation assistance to Ministries of Health and partners.

2

Person-centred inclusive health programming

Health equity is at the core of ASHM's work. We collaborate with community organisations to support community voices to be heard by government personnel and health providers with the aim of ensuring that health services are designed to meet the needs of community. Stigma reduction is mainstreamed throughout all our training packages. We work closely with the ASHM Gender Equality, Disability and Social Inclusion (GEDSI) Committee and our work aligns with the ASHM GEDSI Strategic Plan.



**3**


Facilitation of cross-country learning and knowledge exchange

ASHM facilitates cross-country learning and knowledge exchange through our communities of practice, conferences and events, scholarship program and multi-country projects. We support governments and health providers to exchange knowledge and share evidence to strengthen health service delivery.

**4**

Partners in response and organisational capacity building

As partners in response, we undertake capacity strengthening activities to build the organisational capacity of our in-country partners. This includes conducting capacity assessments, developing capacity support plans and delivering training, mentoring and policy assistance on areas such as governance, risk management, financial management, safeguarding, operational practices, project design and management, monitoring and evaluation.



Guiding principles

Collaborative

We believe in and harness the power of collaboration to drive innovation and positive change. We work closely with our partners and colleagues to foster a culture of cooperation, teamwork, and mutual support. By collaborating with others, we can leverage our collective strengths and achieve more together than we could alone.

Inclusive

We create an inclusive environment that values diversity, equity, and belonging. We strive to create a workplace where everyone feels welcome, respected, and valued, regardless of their background, identity, or experience. By promoting inclusivity, we can unlock the full potential of a person-centred health workforce that fights stigma and discrimination.

Trustworthy

We operate with integrity, honesty, and transparency in all our interactions. We work hard to build trust and earn the confidence of our partners and colleagues by consistently delivering on our commitments and communicating openly and honestly. By being trustworthy, we can build strong and lasting relationships that are the foundation of our success.

Respectful

We treat all individuals with dignity, respect, and empathy. We are committed to creating a culture of civility and mutual respect, where everyone's contributions are valued and appreciated. Our commitment to being respectful builds trust and collaboration, creating a stigma-free health workforce that works together towards the common goal of improving the health of our communities.

Guiding principles

Dynamic

We are adaptable, innovative, and agile – embracing change, new technologies, and innovative approaches to teaching, learning, and healthcare that can respond to the ever-changing needs of patients and communities. By staying ahead of the curve, we can offer cutting-edge support to our communities, and continuously improve the quality of our services.

Locally-led approach and partnerships

We work with local partner organisations to co-design and co-deliver programs. Our work is aligned with in-country national strategies and plans and driven by requests from country organisations such as Ministries of Health.

Safeguarding of people and the environment

We put safeguarding and 'do no harm' principles at the centre of everything we do. This is guided by the ASHM Child Protection, Prevention of Sexual Exploitation, Abuse and Harassment, Gender Equality, Disability Inclusion and Environmental Management Policies. We mainstream safeguarding practices throughout our programs including in partnerships and delivery of specific safeguarding trainings to health workers.

Culturally and contextually sensitive and appropriate

We are adaptive in our approach to ensure our projects and services are culturally and contextually sensitive and appropriate. We do this by working closely with in-country partners.

Implementation and governance

The ASHM Global Strategic Plan 2026 – 2027 will be implemented by the Global Division Team and governed by the Global Division Director, who reports results to the Senior Management Team, Global Program Steering Committee and ASHM Board. Progress of the implementation of the Strategic Plan and the impact of ASHM's Global Programs will be shared with ASHM members and sector stakeholders including donors and implementing partners through the ASHM Annual Report and the ASHM Global Annual Impact Review.

Effectiveness Framework

ASHM's theory of change is that by strengthening health systems including the capacity of the health workforce, supporting the delivery of high-quality, person-centred and equitable services, and working in partnership with local stakeholders, we can improve access to integrated HIV, blood borne virus and sexual and reproductive health services.

When these approaches are scaled, sustainably funded and continuously improved through evidence and learning, they contribute to stronger health systems and improved health and wellbeing outcomes for people at risk of, or living with, HIV, STIs and BBVs.

Monitoring the effectiveness of the ASHM Global Strategic Plan is delivered through quarterly monitoring and reporting against the indicators outlined in the Effectiveness Framework on the following page. Progress is tracked and discussed at a minimum on a quarterly basis by the Global Team, lessons reflected upon and activities adapted accordingly to strengthen quality and impact. The Global Division Monitoring, Evaluation, Accountability and Learning (MEAL) Plan provides further details on MEAL activities.

Vision: The virtual elimination of HIV and BBVs and securing sexual and reproductive wellbeing for all

Goals (End of Program outcome)	Division indicators
Improved health and wellbeing: People at risk of or living with HIV and BBVs have improved health outcomes and SRH health and wellbeing.	# of people tested for HIV (due to testing through facilities and channels with ASHM supports)
	# of people living with HIV who are being treated (on ART) (due to accessing treatment through facilities and channels which ASHM supports)
	# of babies protected from potential HIV infection (because their mothers are tested for HIV during pregnancy)
	# of babies protected from potential syphilis infection (because their mothers are tested for syphilis during pregnancy)
	# of babies born to mothers with syphilis with increased protection from mother-to-child transmission of syphilis (because their mothers were treated)
	# of babies protected from hepatitis B infection through birth dose vaccination
Improved services: Increased and equitable access to high-quality, person-centred, integrated health services for SRH and the prevention, early identification and management of HIV and BBVs	# of health works that receive clinical or other training
	# of health workers that receive clinical mentoring by ASHM Global
	# of health workers that receive clinical mentoring through trained local mentors
	# of clinical guidelines or policies developed or contributed to by ASHM
	# and % of healthcare providers demonstrating improved clinical confidence and competence
Strategic Priorities	Division Indicators
Effective and sustainable project delivery	% of projects delivered on time, and within budget against agreed workplans
	% of projects aligned with national policies and guidelines and co-designed with in-country
Promotion of person-centred and equitable health services	% of training participants reporting an increased awareness of stigma, gender, disability or priority populations
	% of trainings and workshops co-designed or co-delivered with people with lived experience
Impactful projects scaled to other countries, provinces or areas	# of additional countries, provinces or areas where ASHM-supported project models, tools or approaches are implemented
Long-term project funding secured	Total value of Global Division funding secured annually
	% of grants that are multi-year (3+ years)
Trusted and effective partnerships and collaboration	% of partners reporting a high trust score (greater than 80%) in annual partnership health check
	Evidence of strengthened partner organisational practices or leadership capacity resulting from ASHM collaboration (qualitative)
Impact effectively measured, understood and communicated to stakeholders	% of Global Division projects with up-to-date results-based MEL frameworks
	Examples of evidence-based decision-making and adaptive management (e.g. documented decisions in MEAL meeting minutes or project reports).



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