International HIV/AIDS Alliance

Together to end AIDS

Briefing

Our theory of change

For sustaining community action on HIV, health and rights

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

The Alliance is committed to a human rights-based approach to HIV programming and advocacy. We recognise that respect for, and the protection and promotion of, human rights is essential to preventing HIV and mitigating its social and economic impact. We are striving towards the fulfilment of the human rights of all people affected by HIV by addressing not just HIV but wider health and development issues.

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Introduction

The International HIV/AIDS Alliance's theory of change sets out the difference we want to see in the world, and defines the logical sequence of changes we believe are needed to achieve our desired outcomes. It describes the assumptions behind our chosen strategies (as set out in *HIV, Health and Rights: Sustaining Community Action*[1]), and the preconditions that need to be in place for these changes to occur. This theory of change is designed to help us better describe what we do, provide a tool for learning and reflection and evaluate our work.

More than 20 years of community action

As an alliance of national, civil society organisations (known as Linking Organisations) we have supported community mobilisation in response to the HIV epidemic for 20 years.

- We work in the knowledge that communities are critical to the success of the HIV response.
- We work alongside communities, community-based organisations and networks to ensure there is equitable access to effective HIV prevention, treatment and care for all those who need it.
- We work through the realisation of human rights and the empowerment of people living with HIV and other affected populations.
- We do this by demanding political accountability, and strengthening community and health systems.
- We adopt a person-centred approach, which places individuals at the centre, to create a holistic HIV response that is integrated with other concerns relating to health and well-being such as comprehensive sexual and reproductive health and rights (SRHR), harm reduction, tuberculosis (TB) and hepatitis C.

1. International HIV/AIDS Alliance (2016) *HIV, Health and Rights: Sustaining Community Action*. Available at: www.aidsalliance.org/resources/321-90626-hiv-health-and-rights-sustaining-community-action

Link Up peer educator Mark Tuhaise performs a condom demonstration to young men in Kampala, Uganda © Alliance

Panna is a sex worker and a beneficiary of the Link Up project in Bangladesh © Syed Latif Hossain/Alliance

Gladys Mosquera, an outreach worker, at home with her family in Esmeraldas, Ecuador © Alliance

The Alliance's theory of change

In brief

The Alliance's goal is to end AIDS and reduce the impact of the HIV epidemic. We believe that supporting community action and achieving the Sustainable Development Goals (SDGs) are the best way to make this happen. We know that supporting community action also has many other benefits that contribute to the wider SDGs.

In order to reduce the impact of HIV, we respect and promote the agency of those most affected by HIV to be able to make informed, healthy choices and exercise their rights. For empowered people to be able to make healthy choices they need access to affordable, high quality, person-centred interventions. These interventions include awareness raising and demand generation, combination prevention, testing, care and treatment. As well as HIV-related interventions, this includes interventions relating to sexual and reproductive health and rights (SRHR), sexually transmitted infections (STIs), tuberculosis (TB), harm reduction and hepatitis C.

Central to the Alliance's theory of change is the importance of community action on HIV. For HIV and other health interventions to be appropriate, accessible and affordable, communities should be at the centre of the response, with strong leadership from individuals. In practice, this translates into two key approaches: the principle of 'nothing about us without us' and supporting communities to exercise collective voice and active leadership.

For communities to be central to the HIV response, for people to be able to exercise their human rights, and for services and interventions to be high quality and accessible; enabling and inclusive environments are needed, as well as a strong civil society. This requires advocacy for both rights and funding. At both national and community level we need community and key population organisations that lead, deliver and innovate.

We believe that a global partnership is the best way to support community and key population organisations and to promote human rights. This is why the International HIV/AIDS Alliance is needed. The Alliance's secretariat contributes to the creation of a global partnership that is evidence-based, accountable to communities and advocates for HIV, health and human rights.

Our values are fundamental to achieving our goals. We believe the lives of all human beings are equal and everyone has the right to access the HIV information and services they need for a healthy life. We prioritise working with: key populations who are most vulnerable to, or affected by, HIV and those most at risk, and affected by, gender-based violence.

For our theory of change to be realised, there are a number of assumptions and preconditions. These are outlined in more detail in the following section.

In more detail

Our goal: to end aids

The Alliance's goal is to **end** AIDS. We believe that supporting community action and achieving the Sustainable Development Goals (SDGs) are the best way to make this happen. We know that supporting community action has many other benefits. This is why our work contributes to the following SDGs (see also page 13):

- SDG1: No poverty
- SDG 3: Good health and well-being
- SDG 5: Gender equality
- SDG 8: Decent work and economic growth
- SDG 10: Reduced inequalities
- SDG 16: Peace, justice and strong institutions
- SDG 17: Partnerships for the goals

In order to end AIDS the **impact of the HIV epidemic needs to be reduced**.

The precondition needed for this is:

- Effective, affordable, available and accessible HIV treatment.

To achieve this we assume that:

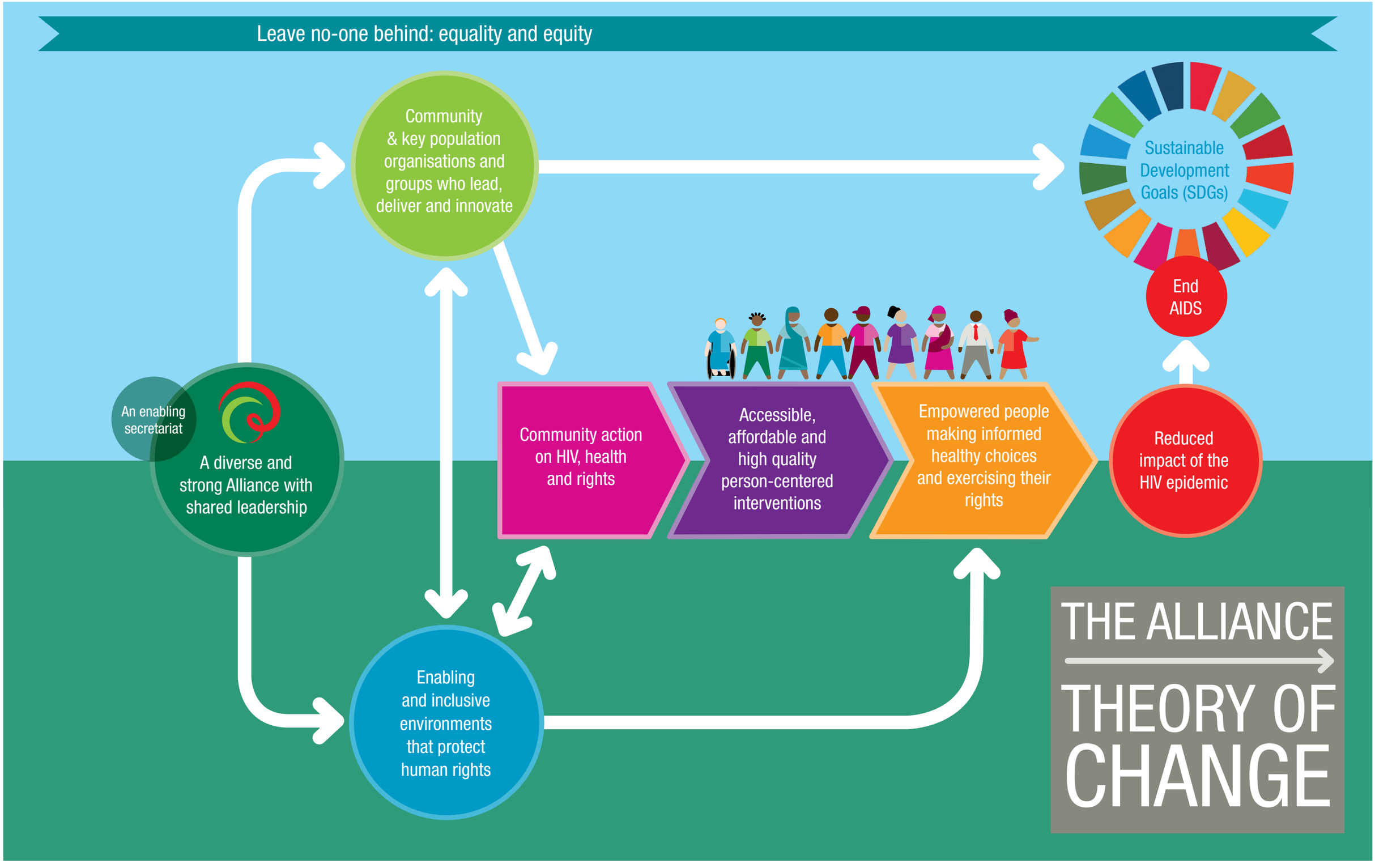
- There is a direct link between marginalisation, HIV and poverty
- Reducing the impact of the HIV epidemic also reduces health inequalities
- Building the capacity of communities to work on HIV means they also work on other issues of priority to them, which contributes to a broad range of SDGs.

Leaving no-one behind: equality and equity

We believe the lives of all human beings are equal and everyone has the right to access the HIV information and services they need for a healthy life. These values are fundamental to achieving our goals and mean we prioritise working with:

- Key populations: those who are most vulnerable to, or affected by, HIV
- Those most at risk, and affected by, gender-based violence

We treat people as individuals in all their diversity – taking into consideration the multiple, intersecting identities, realities, priorities, opportunities, vulnerabilities and risks they experience throughout their lives.


Leave no-one behind: equality and equity
Community & key population organisations and groups who lead, deliver and innovate
Sustainable Development Goals (SDGs)
End AIDS
An enabling secretariat
A diverse and strong Alliance with shared leadership
Community action on HIV, health and rights
Accessible, affordable and high quality person-centered interventions
Empowered people making informed healthy choices and exercising their rights
Reduced impact of the HIV epidemic
Enabling and inclusive environments that protect human rights
THE ALLIANCE
THEORY OF CHANGE

Empowered people making informed healthy choices and exercising their rights

In order to reduce the impact of HIV, we respect and promote the agency of those most affected to be able to make informed, healthy choices and exercise their rights.

We enhance community and social capital to strengthen people's individual power, self-esteem and drive to seek an improvement in their own lives so that they are:

- Aware of their HIV status
- On treatment, if they have been diagnosed with HIV
- Accessing care and support, including adherence support
- Achieving and maintaining viral suppression if they are on treatment
- Able to enjoy healthy and positive sex lives
- Using HIV and health services
- Having their holistic health needs met
- Living in safe and supportive families and communities
- Able to understand, demand and obtain their human rights.

The precondition needed for this is:

- Continued innovation in treatment and prevention technologies.

To achieve this we assume that:

- Knowledge, skills and resources help people make healthy choices.

Accessible, affordable and high quality person-centred interventions

If we are to see empowered people making healthy choices they need access to affordable, high quality, person-centred interventions. These interventions include awareness-raising and demand generation, combination prevention, testing, care and treatment.

As well as HIV-related interventions, this includes interventions relating to SRHR, STIs, TB, harm reduction and hepatitis C.

The people who deliver these interventions need the skills, resources and attitudes to ensure interventions and services are:

- Person centred, holistic and needs-based
- Evidence-based and quality assured
- Non-discriminatory
- Tailored, diverse and accessible
- Responsive to local needs and rooted in a diagnosis of the contexts and drivers of HIV and poverty
- Peer-led, when appropriate
- Integrated with, and connected to, public and private sector providers (i.e. connecting community and health systems).

The preconditions needed for this are:

- Accessible interventions that support other aspects of marginalised people's lives such as social protection and livelihoods opportunities
- Accessible services (such as SRHR, psychosocial support, nutrition, TB treatment, harm reduction and palliative care) which are tailored, affordable and of high quality, in order to improve access to, and use of, HIV services
- People who are criminalised and stigmatised need their safety and security assured so they can access services.

To achieve this we assume that:

- Providing integrated services (beyond HIV-only services) improves access and uptake of services and offers better value for money
- People's health will improve in other ways as a result of community action, improved services and strengthened health and community systems
- Community-based service delivery mechanisms help people navigate through services
- People accessing services are involved in designing, delivering, prioritising and monitoring these services so that they can meet their needs and are of high quality.

Community action on HIV, health and rights

Central to the Alliance's theory of change is the importance of community action on HIV. For HIV and other health interventions to be appropriate, accessible and affordable, communities should be at the centre of the response, with strong leadership from individuals. In practice, this translates into two key approaches:

Nothing about us without us:

- Communities identify their HIV, health and rights' needs
- Communities define and deliver services
- Communities most affected by HIV are meaningfully engaged with, and lead, the HIV response

Communities exercising collective voice and active leadership:

- Greater accountability to, and from, communities
- Communities and civil society have their voices heard and represent themselves in decision-making and policy spaces
- Community, national and global advocacy efforts are connected, informed and accountable

To achieve this we assume that:

- Communities have greater knowledge about their HIV related needs and solutions
- Communities have the power to tackle HIV, if recognised and supported to do so
- Locally driven and peer-led services are more effective and sustainable
- Communities have the time and motivation to participate in community action.

Enabling and inclusive environments; protecting human rights

For communities to be central to the HIV response, and for people to be able to exercise their human rights, enabling and inclusive environments are needed. This requires advocacy for both rights and funding.

Through advocacy for rights we want to see:

- Stigma mitigation strategies designed and implemented
- Discrimination and violence against people most affected recognised and addressed
- Removal of legal barriers that prevent access to health services, such as age-related restrictions and criminalisation of certain behaviours (for example, drug use, selling sex and same sex acts)
- Harmful social and gender norms addressed
- Safe and supportive communities created or strengthened
- Public policy that meets the needs of the most marginalised implemented
- Policy makers committed to effective and integrated HIV and health programmes with civil society involvement.

Through advocacy for funding we want to see:

- Increased funding for community responses and the most marginalised
- Key national, regional and global actors, institutions and donors continuing to advocate for, and fund, community and HIV health initiatives.

The preconditions needed for this are:

- Other stakeholders who are advocating for continued HIV funding and are part of the HIV response
- Advocacy that can protect the safety and security of vulnerable groups.

To achieve this we assume that:

- Decriminalisation of key populations makes it easier to deliver and access HIV interventions.
- Reducing discrimination increases access to HIV interventions.

Community and key population organisations and groups who lead, deliver and innovate

For communities to be central to the HIV response, for services and interventions to be high quality and accessible and for people to be able to exercise their human rights, there needs to be a strong civil society.

At both national and community level we need community and key population organisations that lead, deliver and innovate. To do this they need to be:

- Well-governed and managed, accountable, strategic and relevant
- Evidence-based: monitoring, evaluating, learning and communicating
- Promoting human rights and prioritising the needs of communities most affected by HIV

- Well-connected, with credibility and political voice, and able to hold decision-makers to account
- Financially sustainable and resilient
- Innovative and agile.

The preconditions community and key population organisations need for this are:

- Political space and freedom to organise and operate
- Supportive authentic leadership and skilled staff
- The ability to mobilise resources to cover core costs.

To achieve this we assume that:

- Community-based and key population organisations are most responsive to local needs and more sustainable in the long term.

A diverse and strong alliance with shared leadership

We believe that a global partnership is the best way to support community and key population organisations and to promote human rights.

The Alliance helps to do this through enabling:

- Effective evidence generation
- The sharing of good practice, knowledge and innovation
- High quality South-to-South technical support and capacity development where it is needed
- Technical leadership to strengthen country responses and influence global agendas
- Global joint action and diverse local responses
- Collective resource mobilisation
- Quality assurance, risk management and cost effective approaches
- The local, regional and global to be connected for a stronger collective voice
- Accountability to each other, donors and communities.

The preconditions needed for this are:

- Funding is available and accessible in the places where there is the greatest need
- Technical expertise and capacity is available in the South
- People are willing to share their knowledge.

To achieve this we assume that:

- Working as an alliance provides economies of scale and better value for money
- Knowledge can be usefully shared between countries
- Global standards do not inhibit organisations' abilities to operate and respond locally
- Being part of the Alliance gives credibility to national organisations
- A collective voice is stronger and has greater impact
- Community voices have credibility, authenticity and influence in national and global level policy spaces.

An enabling secretariat

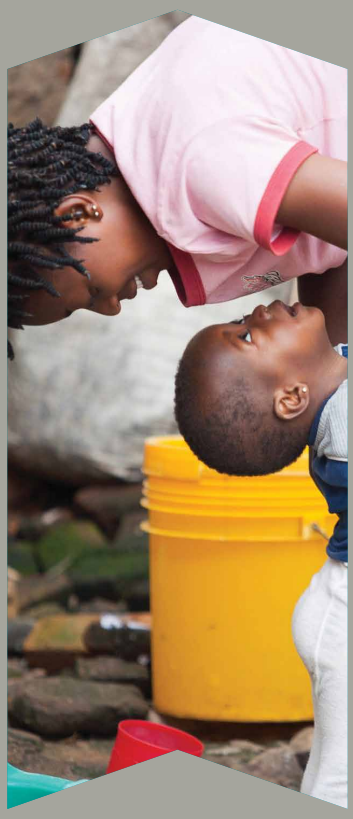
The Alliance's secretariat contributes to the creation of a global partnership that is evidence-based, accountable to communities and advocates for HIV, health and human rights.

This is done by:

- Leading projects that are high-quality, innovative, needs-based, cost effective, multi-country and community-led to reach those who need comprehensive HIV, health and rights services the most
- Generating income, and providing fund management, quality assurance and risk management services to strengthen community accountability (to ensure the efficient and effective use of funding for the HIV response)
- Assessing organisational and technical capacity, providing technical support and offering an internationally recognised accreditation process (to strengthen national civil society organisations and other community partners)
- Promoting and strengthening leadership, innovation and programme management by our Linking Organisations and Southern partners (to inspire Southern leadership and shared accountability)
- Mobilising people and strengthening civil society advocacy space around the world (to influence global and regional health policies, practice and funding)
- Connecting, convening and communicating the Alliance's collective knowledge, experience and community links (to make the case for community action).

A Link Up training session with young sex workers in Myanmar © Arkar Kyaw/Alliance

Anuar works on a plantation that employs people who use drugs, Malaysia © Alliance



Nahimana, a mother of two, regularly visits the RNJ+ youth centre – a stigma-free space for young people in Bujumbura, Burundi © Gemma Taylor/Alliance

Our contribution to the Sustainable Development Goals

The SDGs and the Alliance's goal to end AIDS are inextricably linked. There are three key dimensions to this relationship in our theory of change:

1. **Through our policy and advocacy work to ensure the SDG commitments are upheld and no-one is left behind:** The end of AIDS cannot happen without the SDGs being achieved. Our main advocacy focus is SDG 3. We want to ensure the universal health coverage target leaves no one behind, incorporates the connection between the right to health and all other human rights, and upholds the target of ending AIDS by 2030. Our work for the full financing of the global HIV response will contribute to end inequalities between countries.
2. **By supporting individuals, communities and community-based organisations to lead and take action to address to the SDGs:** Our model is based on community action and strengthening community-based organisations. Individuals and community organisations that lead, deliver and innovate do not just stop at HIV, they respond to the needs in their community. In this way, the work of the Alliance continues to benefit communities in the long term, not just by addressing HIV but also by addressing broader health, human rights and sustainable development issues. The Alliance and the broader HIV movement have many lessons to share in building inclusive societies, holding governments to account and ensuring full participation of most-affected communities in decision-making to enable the world to achieve the SDGs.
3. **Through our integrated programmes:** We believe in placing individuals at the centre of the HIV response so they can access services that respond to their holistic needs. By focusing on health, HIV and human rights our programmes not only contribute to SDG 3 (good health and well-being), but also to SDGs 5 (gender equality), 10 (reduced inequality) and 16 (peace, justice and strong institutions).

SDGs and relevant targets	The Alliance's contribution
 **SDG 1: No poverty** By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.	Our programmes target communities who do not have access to basic HIV and health services. We also address stigma and discrimination, which excludes and disempowers people economically.
 **SDG 3: Good health and well-being** ■ By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. ■ By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. ■ By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. ■ Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. ■ By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. ■ Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	Our programmes are delivered by community and key population organisations that implement essential HIV services across the continuum of care. They lead prevention efforts and contribute to universal health access through reaching the hard-to-reach and leaving no-one behind.
 **SDG 5: Gender equality** ■ Ensure universal access to SRHR. ■ End all forms of discrimination against all women and girls everywhere. ■ Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. ■ Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life. ■ Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.	Gender inequality is a key driver of the HIV epidemic. Our programmes are gender responsive, and our advocacy work promotes gender transformative approaches. We provide integrated HIV and SRHR services, and address the barriers to accessing those services, for key populations, adolescents affected by, and at risk of, HIV, women and girls in all their diversity, and people whose HIV vulnerability and health is impacted by gender-based violence.

SDGs and relevant targets	The Alliance's contribution
 **SDG 8: Decent work and economic growth** ■ By 2020, substantially reduce the proportion of youth not in employment, education or training. ■ Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.	Our programmes provide essential HIV services that help people to live healthy lives and be economically active and productive. Integrated HIV and human rights programmes also promote enabling and inclusive environments that protect people's rights. Some of our programmes seek to protect the rights of workers who may face increased risk of gender-based violence while other programmes, targeted at specific vulnerable groups, support alternative livelihoods and advocate for social protection.
 **SDG 10: Reduced inequalities** ■ By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status. ■ Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard. ■ Encourage official development assistance and financial flows, including foreign direct investment, to states where the need is greatest, in particular least-developed countries, African countries, small island developing states and landlocked developing countries, in accordance with their national plans and programmes.	By reaching those left behind (key populations, adolescents affected by, and at risk of, HIV and women and girls in all their diversity) we aim to reduce inequalities by improving access to HIV and other services, advocating for rights, challenging discriminatory laws and tackling stigma and discrimination.
 **SDG 16: Peace, justice and strong institutions** ■ Promote the rule of law at the national and international levels and ensure equal access to justice for all. ■ Develop effective, accountable and transparent institutions at all levels. ■ Ensure responsive, inclusive, participatory and representative decision-making at all levels. ■ By 2030, provide legal identity for all, including birth registration. ■ Promote and enforce non-discriminatory laws and policies for sustainable development.	We strengthen civil society by working to improve the accountability of institutions to communities, through the greater involvement and representation of communities within institutions, and by strengthening the governance of community and health systems. We run programmes that improve access to justice for those affected by HIV. We also work on legal reform and challenge gender identity laws.

SDGs and relevant targets	The Alliance's contribution
 **SDG 17: Partnerships for the goals** ■ Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7% of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20% of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20% of ODA/GNI to least developed countries. ■ Mobilise additional financial resources for developing countries from multiple sources. ■ Enhance North-South, South-South and triangular regional and international cooperation on, and access to, science, technology and innovation. ■ Enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism. ■ Encourage and promote effective public, private and civil society partnerships, building on the experience and resourcing strategies of partnerships. ■ By 2020, enhance capacity building support to developing countries, including for least developed countries and small island developing states, to increase significantly the availability of high quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.	Many of our programmes build strong partnerships between the public health system, civil society and community based organisations. Our advocacy work aims to ensure that national, regional and global actors, institutions and donors continue to fund community responses to HIV and health, as we believe this is essential to development sustainability. Building capacity, supporting knowledge sharing and enhancing South-to-South cooperation is fundamental to our global partnership of national independent civil society organisations.

We will seek to generate evidence that tests if our assumptions about, and contribution to, the SDGs are valid.

Evidence for our theory of change

In early 2012, we were commissioned by UNAIDS to carry out a qualitative review[2] of the Alliance approach to community mobilisation and provide some examples and costings from our programming. This review also communicates to other civil society organisations and international organisations how our commitment and approach to community mobilisation matches against the Investment Framework for HIV and AIDS.

As a follow on to this work, in late 2012 the Alliance engaged the London School of Economics and Political Science (LSE) to examine and document[3] the role of community mobilisation across Alliance HIV programming. The research team interviewed 39 people from Alliance Linking Organisations, implementing partners, networks and the international secretariat. In the words of the lead researcher, what emerges is "*a rich and fascinating record of community action and empowerment at a grassroots level*".

The LSE research acknowledges our role in creating and bolstering communities of people living with, and most affected by, HIV by amplifying their voices, giving credibility to their needs and demands, and representing their voices within higher-level decision-making spaces such as the board of The Global Fund to Fights AIDS, Malaria and Tuberculosis and World Health Organisation-led technical groups.

In 2013, the World Bank concluded a three-year evaluation of the impact of the community response to HIV and AIDS.[4] This large-scale research included country studies in Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa and Zimbabwe and provides strong evidence in support of our theory of change.

In some areas the evidence remains weak. For example, the World Bank study shows mixed evidence of the impact of community responses to HIV on social transformation,[5] with community groups found to be effective only in some settings.

A separate literature review[6] conducted by LSE finds much of the research and evaluation of community mobilisation to be qualitative and focused on processes rather than outcomes. The review concludes that: "*Such an appraisal is difficult ... given the diversity of definitions and operationalisation of community mobilisation, and the challenges of properly evaluating complex interventions. The authors therefore argue that the problem is not that community mobilisation is ineffective, but that it is poorly defined and evaluated.*"

2. Drew, R., Mclean, S., and Teltschik, A. (2012) *Discussion paper: community mobilisation and HIV/AIDS* (unpublished); International HIV/AIDS Alliance *(2012) Invest in Communities to Stop AIDS: Don't Stop Now*. Available at: www.aidsalliance.org/resources/355-dont-stop-now-invest-in-communities-to-stop-aids

3. Cornish, F., Dashtipour, P., Mannell, J., and Montenegro, C. (2012) 'Towards a theory of change: Report on an interview study of the International HIV/AIDS Alliance', Health, Community, Development Group, London School of Economics and Political Science.

4. Rodriguez-Garca, R., Wilson, D., York, N., Low, C., N'Della N'Jie and Bonnel, R. (2013) 'Evaluation of the community response to HIV and AIDS: Learning from a portfolio approach', *AIDS Care: Psychological and Sociomedical Aspects of AIDS/HIV*, 25:sup1, S7-S19. Available at: www.tandfonline.com/doi/full/10.1080/09540121.2013.764395.

5. www.unesco.org/new/en/social-and-human-sciences/themes/international-migration/glossary/social-transformation/

6. Cornish, F., Priego Hernández, J., Campbell, C., Mburu, G. and McLean, S. (2014). The impact of Community Mobilisation on HIV Prevention in Middle and Low Income Countries: A Systematic Review and Critique'. *AIDS Behaviour*, 18:2110–2134. Available at: www.ncbi.nlm.nih.gov/pubmed/24659360

Definitions

Community[7]

Communities consist of people who are connected to each other in distinct and varied ways. Community members may live in the same area or connected by shared experiences, challenges, interests, living situations, culture, religion, identities or values. Communities are both diverse and dynamic, and a person may be part of more than one.

For example, a person living with HIV might identify herself as part of the wider community where she lives, as a member of the community-based organisation she works with, as a sex worker, as a wife and as a mother. People living with HIV might form a community group to respond to their challenges or to socialise and spend time together.

New communities may form when people find themselves in new circumstances. It is important to understand how people identify themselves, rather than how others identify them. We also need to recognise how different sectors of communities overlap and interact.

Community mobilisation and community action[8]

Community mobilisation is a process that catalyses individuals, groups and organisations to plan, carry out and evaluate activities on a participatory and sustained basis to improve their health and lives. Communities can mobilise on their own initiative or be stimulated by others. It is both a means and an end in itself.

Community action is about:

- communities leading the response
- processes that lead to action
- a flexible approach rather than a rigid model
- an organisational process
- a communication and education process.

Community action can be both a major contributor and a barrier to an individual accessing their rights. We place great value on the positive impact of a community of peers and the strengthening of community-based organisations built by, for, and of these individuals.

For a comprehensive description of community action please see LSE (2013) *Unified in our diversity: 20 years of community mobilisation with the Alliance*.[9]

Person-centred approach

We consider health as much more than simply the 'absence of illness', rather we think holistically about an individual's health and human rights.

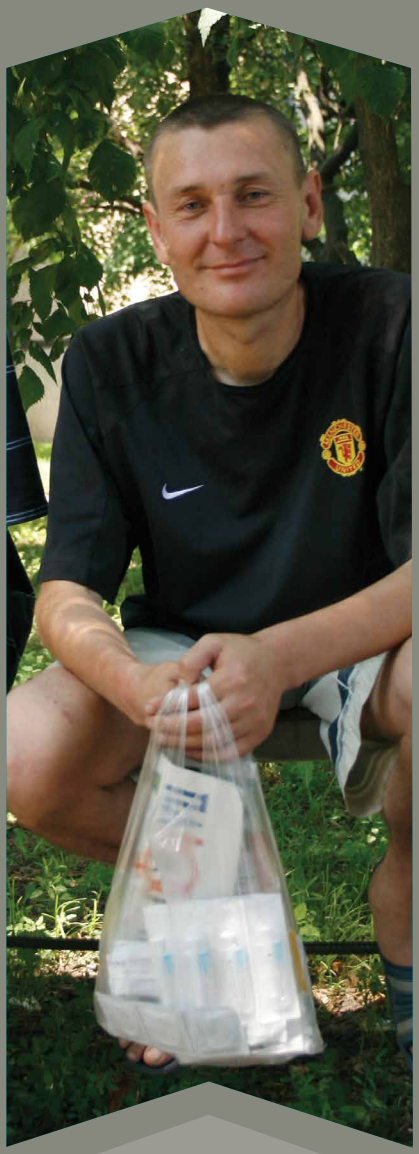
We take a person-centred approach, which means we look at health from an individual perspective, and view people as agents of change who can ensure their own health and well-being. Enabling people to understand their needs and growing their capacity and agency to make informed, healthy choices is essential to this approach.

This approach looks to enable people to navigate their own health journey through the provision of holistic services that are high quality, tailored and respectful, and are accessible in safe and secure community, legal and policy environments.

7. International HIV/AIDS Alliance (2016) *HIV, Health and Rights: Sustaining Community Action*. Available at: www.aidsalliance.org/resources/321-90626-hiv-health-and-rights-sustaining-community-action; International HIV/AIDS Alliance (2006) *All together now! Community mobilisation for HIV/AIDS*. Available at: www.aidsalliance.org/resources/271-all-together-now-community-mobilisation-for-hivaids

8. International HIV/AIDS Alliance (2006) *All together now! Community mobilisation for HIV/AIDS*.

9. www.aidsalliance.org/our-impact/making-it-happen-old/162-community-power-making-all-the-difference



A Link Up condom demonstration for young sex workers in Myanmar © Arkar Kyaw/Alliance

Young people meet for a workshop on sexual and reproductive health and rights in Kampala, Uganda © Alliance

A street outreach programme in Cherkassy, Ukraine © Alliance

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'George' and 'Michael' are members of the community-based organisation PEMA (Persons Marginalized and Aggrieved) in Mombasa, Kenya © Alliance