COMMUNITY-LED AIDS RESPONSES

Final report based on the recommendations of the multistakeholder task team

Definition

Community-led responses

Actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

Contents

Executive summary

From 2020 to 2022, representatives of governments, civil society organizations and donors jointly deliberated on definitions and recommendations for scaling up and reporting on community-led AIDS responses and community-led organizations engaged in the AIDS response. This final report on community-led AIDS responses based on the recommendations from the Multistakeholder Task Team on community-led AIDS responses documents this work and the resulting recommendations.

In 2016, United Nations Member States made a series of commitments in the Political Declaration on Ending AIDS. In addition to recognizing the important leadership roles played by community organizations, Member States committed to ensure:

- “that at least 30% of all service delivery is community-led by 2030” through investment in human resources for health, as well as in the necessary equipment, tools and medicines, by promoting that such policies are based on a nondiscriminatory approach that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention and treatment services; and that
- “at least 6% of HIV resources are allocated for social enabling activities, including advocacy, community and political mobilization, community monitoring, public communication, and outreach programmes for rapid HIV tests and diagnosis, as well as for human rights programmes such as law and policy reform, and stigma and discrimination reduction”.

At the 43rd session of the Programme Coordinating Board, UNAIDS presented a report which highlighted that a key impediment to achieving the goals of the 2016 Political Declaration included the lack of a clear definition that would allow for differentiation between community-led AIDS responses and responses led by larger civil society organizations, including large international nongovernmental organizations.

In response, the PCB requested the Joint Programme to: “(10.4.b) convene a task team with diverse donors, implementing countries, and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, 'community-led AIDS response' and 'social enablers' and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks.”

Based on subsequent work done to implement these decisions and the terms of reference agreed to by the PCB, the Multistakeholder Task Team was convened with the expectation that it would:

- **reflect on relevant definitions**, including the reportability and measurability of the indicators, for consideration by the UNAIDS Monitoring Technical Advisory Group;
- **develop recommendations on the use of the definition of community-led AIDS responses**, for consideration by the Monitoring Technical Advisory Group; and
- **explore the feasibility and ways to enhance reporting** on community-led AIDS responses to assist Member States in fulfilling their commitments, as outlined in the 2016 Political Declaration on Ending AIDS.

The first Task Team meeting was held on 16 October 2020 and resulted in it outlining a set of recommendations in a progress report, which presented to the 47th meeting of the Programme Coordinating Board. A second meeting of the Task Team was held on 10 March 2021 to respond to the written comments, provide updates on the work of the Monitoring Technical Advisory Group, and fulfil the originally agreed-upon purpose of considering good practices in funding community-led AIDS responses. A third and final meeting was held on 12 October 2022

to address further written comments received after the second meeting and the consultative window agreed to by Task Team members. The third meeting was held to ensure that all stakeholders had sufficient space to share perspectives ahead of submission of a final report to the 51st PCB Meeting in December 2022.

The Multistakeholder Task team has met three times and has engaged in extensive discussions around definitions of community-led AIDS responses and community-led organizations, as well as on best practices in funding modalities and strategies to enable the achievement of the recommendations made across the three meetings, as outlined in this document. Adoption and implementation of definitions of 'community-led organizations' and 'community-led AIDS responses' to ensure consistent standards and the development of long-term funding strategies in support of community-led responses to ensure sustainability are critical for achieving the goals set out in the 2016 and 2021 Political Declarations and in the Global AIDS Strategy 2021–2026.

The Programme Coordinating Board is invited to acknowledge the work of the Multistakeholder Task Team and to take note of its final report on community-led AIDS responses based, including its recommendations.

Introduction

The Global AIDS Strategy 2021–2026 recognizes that communities living with and affected by HIV are central to ending AIDS by 2030. The Strategy calls for commitments to the expanded role of communities to ensure more effective responses, especially for people in need of HIV prevention and treatment services who are the most underserved. Community-led AIDS responses are vital for addressing stigma and discrimination; providing treatment education and adherence support and prevention interventions; supporting differentiated service delivery; and reaching all people who need those services. People living with and affected by HIV are fundamental to the AIDS response, and their leadership is essential for achieving transformational ways of reaching and serving people.

The final meeting of the Multistakeholder Task Team on community-led AIDS responses took place on 12 October 2022. As in previous meetings, the Joint Programme, represented by UNAIDS, UNDP and WHO, welcomed participants and thanked them for their continued engagement in the important work to advance global efforts to increase partnerships with communities, and to expand and sustain the AIDS response where it is most needed.

Participants were reminded of the UNAIDS analysis indicating that failure to make progress on HIV-related stigma and discrimination would undermine efforts to reach HIV testing, treatment and viral suppression targets, resulting in an additional 440 000 AIDS-related deaths between 2020 and 2030. Furthermore, failure to make progress across all societal enablers would undermine efforts to reach HIV prevention targets, resulting in as many as 2.6 million additional new HIV infections over the same period. Community action translates into results, and communities of people living with HIV and key populations have the HIV expertise (and current pandemic response experience) to close those gaps. The work of the Multistakeholder Task Team on community-led AIDS responses therefore would be crucial in uniting country and community experiences to accelerate this work and operationalize the Global AIDS Strategy in the years to come.

This report provides an update on the final meeting of the Task Team and summarizes its work across the three meetings.

Background

In 2016, United Nations (UN) Member States made a series of commitments in the Political Declaration on Ending AIDS. In addition to recognizing the important leadership roles played by community organizations, Member States committed to ensure:

- “that at least 30% of all service delivery is community-led by 2030” through investment in human resources for health, as well as in the necessary equipment, tools and medicines, by promoting that such policies are based on a nondiscriminatory approach that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention and treatment services; and that
- “at least 6% of HIV resources are allocated for social enabling activities, including advocacy, community and political mobilization, community monitoring, public communication, and outreach programmes for rapid HIV tests and diagnosis, as well as for human rights programmes such as law and policy reform, and stigma and discrimination reduction”.

Following the adoption of the 2016 Political Declaration on Ending AIDS, the Programme Coordinating Board (PCB) NGO Delegation provided a report for consideration at the 39th session of the PCB in December 2016, entitled *An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response*. The report identified barriers to fulfilling commitments on the financing of community-led AIDS responses.

At the 43rd session of the PCB, UNAIDS presented a report highlighting best practices for effective funding of community-led AIDS responses, noting the lack of existing data that could be used to monitor and report on such responses. Also identified as a key barrier to tracking progress against the 2016 Political Declaration on Ending AIDS commitment was the lack of a clear definition that would allow for differentiation between community-led AIDS responses and responses led by larger civil society organizations, including large international nongovernmental organizations.

In response, the PCB requested the Joint Programme to: “(10.4.b) convene a task team with diverse donors, implementing countries, and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, 'community-led AIDS response' and 'social enablers' and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks.”

Based on subsequent work done to implement these decisions, and the terms of reference agreed to by the PCB, the Multistakeholder Task Team was convened with the expectation that it would:

- **reflect on relevant definitions**, including the reportability and measurability of the indicators, for consideration by the UNAIDS Monitoring Technical Advisory Group;
- **develop recommendations on the use of the definition of community-led AIDS responses**, for consideration by the Monitoring Technical Advisory Group; and
- **explore the feasibility and ways to enhance reporting** on community-led AIDS responses to assist Member States in fulfilling their commitments, as outlined in the 2016 Political Declaration on Ending AIDS.

The work of the Multistakeholder Task Team was initially planned to take place in two meetings. However, a third meeting was added following the submission of written comments after the second meeting of the Task Team.

The first meeting was convened to develop recommendations on the use of the definition of community-led AIDS responses, while the second meeting would consider good practices in domestic funding of community-led AIDS responses. Held on 16 October 2020, the first meeting outlined a set of recommendations in a progress report[1] which was presented to the 47th meeting of the PCB.

The PCB subsequently determined that "(8.3) PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) to be transmitted to the Multistakeholder Task Team for consideration and possible revision as appropriate," noting that it "(8.4) Looks forward to receiving the final recommendations at a future PCB meeting."[2]

The second meeting of the Task Team was held on 10 March 2021 to respond to the written comments, in addition to providing updates on the work of the UNAIDS Monitoring Technical Advisory Group and fulfilling the originally agreed-upon task of considering good practices in the funding of community-led AIDS responses. A template email was also shared with participants after the meeting for submitting examples of good practices in domestic funding of community-led AIDS responses for which the work is ongoing.

In 2021, building on the 2016 Political Declaration, Member States made a series of further commitments in the 2021 Political Declaration on Ending Inequalities and Getting on Track to End AIDS by 2030,[3] including:

- committing to the **Greater Involvement of People Living with HIV/AIDS (GIPA)** principle and to ensuring that relevant global, regional, national and subnational networks and other affected communities are included in AIDS response decision-making, planning, implementing and monitoring, and are provided with sufficient technical and financial support; and
- ensuring that **community-generated data** is used to tailor AIDS responses to protect the rights and meet the needs of people living with, at risk of, and affected by HIV.

Member states also noted the need to:

- create and maintain **a safe, open and enabling environment** in which civil society can fully contribute to implementation of the 2021 Political Declaration on HIV and AIDS;
- adopt and implement laws and policies that enable the **sustainable financing** of people-centred and integrated community responses, including through social contracting and other public funding mechanisms; and
- encourage the strengthening of peer-led responses and the scaling-up of efforts to promote the recruitment and retention of competent, skilled and motivated community health workers, as well as to expand community-based health education and training in order to provide quality services to hard-to-reach populations.

Finally, the 2021 Political Declaration on HIV and AIDS reaffirmed and specified targets that ensure that:

- community-led organizations deliver 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy by 2025,

[1] https://www.unaids.org/en/resources/documents/2020/PCB47_Report_Task_Team_Community-led_AIDS_Responses
[2] https://www.unaids.org/en/resources/documents/2020/PCB47_Decisions
[3] Adopted by vote on 9 June 2021 (https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids).

- community-led organizations deliver 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations by 2025; and
- community-led organization deliver 60% of programmes to support the achievement of societal enablers by 2025.

A third and final meeting of the Task Team was held on 12 October 2022 to address written comments received from one member. This third meeting was held to ensure that all members had an opportunity to share perspectives ahead of submission of the final report to the 51st PCB Meeting in December 2022. The meeting also served "to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks."

Summary of feedback and insights from the first meeting of Multistakeholder Task Team on community-led AIDS responses: Discussion of reportability, measurability, feasibility and ways to enhance reporting on community-led AIDS responses

Ahead of the first meeting, participants were provided with draft definitions of “community-led responses” and "community-led organizations”, developed through technical expert consultations held prior to the establishment of the Multistakeholder Task Team. These were presented to be the basis of the Task Team's deliberations. The definitions stated that:

- community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them; and
- community-led organizations, groups and networks, irrespective of their legal status (alt: whether formally or informally organized), are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community-led.

It was explained that the alternative language in brackets (“whether formally or informally organized”) could be used instead of “irrespective of their legal status” to better conform with UN reporting practices if it was deemed more appropriate by the members of the Task Team.

Feedback on community-led definitions

Appreciation was expressed by some members to UNAIDS for addressing their concerns about the language used in the definition of community-led responses. They stressed that using “whether formally or informally organized” instead of “irrespective of their legal status” represented a constructive solution that was likely to facilitate future reporting. Members of the Task Team recognized that legal barriers impede funding to communities as well as the importance of working with communities to remove those barriers, keeping in mind the recognition of local legal contexts. No member of the Multistakeholder Task Team expressed opposition to the revision, and it was agreed to move forward with the revised language.

It was widely felt that the definitions should be as inclusive as possible, accommodating the diversity of communities and the varying composition, nature and operational capabilities of their organizational efforts across all contexts.

It was stressed that the work of communities of people living with and disproportionately affected by HIV should be included in monitoring of the community-led AIDS response, with attention to methods that can capture the diversity of responses. Whether community groups are organized or not, their activities occur across the continuum of care and should be documented.

It was also noted that this should include community-led interventions which may not take place directly under the HIV banner, but which nevertheless impact social determinants of health that are crucial to a successful AIDS response. Such interventions could include women’s and youth empowerment, prevention of and responses to gender-based violence, and other structural interventions that reduce stigma and promote human rights.

Challenges identified

Participants noted several challenges in measuring community-led AIDS responses. They highlighted the lack of tools available to gather these data; limitations in existing measurement systems, which do not allow for reporting the full extent of community-led responses; and emphasized the need for increased funding and capacity building to communities in order to enable them to report on their work.

There is currently no standardization across the few tools that are available for measuring community-led AIDS responses. Existing tools also do not capture the context-specific and diverse nature of community-led AIDS responses. One example given was that surveys measuring HIV testing often document the number of people tested, but do not capture the work done by communities to reach those numbers, such as awareness raising and peer-led outreach to create demand. Another example provided was that existing tools often measure work done at global, regional and national levels, but do not capture subnational work and therefore often miss much of the work done by communities. Participants further noted that existing tools often measure actions that are linked to immediate results, thereby excluding crucial community-led structural interventions that are associated with to slower processes of change and longer-term outcomes.

Communities may lack access to technology for reporting and some require capacity building and funding to systematically track their work. Participants agreed that this was a key barrier that would need to be addressed. They also agreed that shared definitions, appropriate indicators and standardized tools would be essential for measuring community-led responses, and that funders have an important role in supporting governments and communities in undertaking this work.

Support from the Joint Programme

It was highlighted that the Joint Programme has an important role to play in supporting community-led AIDS responses, particularly at country level. Members felt that UNAIDS should undertake stronger advocacy with governments in relation to the 2016 Political Declaration targets. UNAIDS should also play a more significant role in collecting information on and amplifying the achievements of community-led responses, so that these models can be replicated in other contexts and to ensure that they are integrated in national programmes.

Participants emphasized that UNAIDS has a key role to play as a convener, bringing together all national counterparts to ensure an enhanced understanding of properly funded and linked up community-led AIDS responses. They noted that clear guidance from technical partners such as UNAIDS is crucial for funders that are striving to allocate and track resources to community-led responses. They also noted that communities were an essential element of an effective response in every context, and that definitions and commitments in relation to that work were welcome and timely at a point when the Global Fund was also developing its new strategy and key performance indicators.

Recommendations

On the basis of its first meeting, following review and consideration, the Multistakeholder Task Team recommended that:

- UNAIDS should adopt the definition of community-led organizations and responses, as revised, and move forward rapidly to develop indicators and technical support for national AIDS programmes, funders and communities to measure, monitor and report on community-led AIDS responses.

The definitions were:

(a) **community-led organizations, groups and networks**, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community-led; and

(b) **community-led responses** are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.*

The Task Team further recommend that:

- UNAIDS should apply the definitions in the development of the new monitoring framework for 2021 and beyond;
- frameworks for measuring, monitoring, and reporting on community-led responses should:
  - capture activities led by communities most affected by HIV at national and subnational levels;
  - include process-level, output and impact indicators;
  - ensure inclusion of the diverse communities living with and disproportionately affected by HIV; and
  - be based on shorter, simplified and flexible reporting tools.
- when rolling out the new monitoring framework, UNAIDS should ensure an accompanying programme of capacity-building and mentorship to enable and ensure high-quality application of monitoring tools that feed into the Global AIDS Monitoring framework; and

* Following the final meeting of the Multistakeholder Task Team on community-led AIDS responses, the definitions were amended to: (a) **Community-led AIDS responses** are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them; (b) **Community-led organizations, groups and networks engaged in the AIDS response**, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups and networks engaged in the AIDS response are self-determining and autonomous, and not influenced by government, commercial or donor agendas. Not all community-based organizations are community led.

- UNAIDS should take the lead in developing standards for community-led data to be recognized and validated for use in national reporting and the Global AIDS Monitoring framework.

Summary of feedback and insights from the second meeting of Multistakeholder Task Team, part 1: Reflections on the written comments from the 47th PCB meeting

Members of the Multistakeholder Task Team on community-led AIDS responses were invited to provide reflections on feedback received from the 47th PCB meeting. In order to do this, Task Team members were provided with a consolidated set of comments from PCB members in advance of the second Task Team meeting.[4]

In their reflections, meeting participants reaffirmed the importance of community-led AIDS responses, emphasizing that they are the cornerstone of an effective AIDS response and essential for reaching our collective goals by 2030. A participant shared evidence on the comparative advantages of community-led AIDS responses, as shown in a study of peer-reviewed literature published from 1982 through 2021, including nearly 400 articles across three databases. The study revealed nearly 50 beneficial outcomes linked to community-led HIV prevention, treatment, care, support, monitoring and advocacy. Nearly one third were improvements in service-related outcomes, while one fifth described beneficial prevention and treatment outcomes when services were delivered by people living with and disproportionately affected by HIV. Beneficial outcomes ranged from reduced HIV incidence to viral suppression. In some cases, community-led services were coupled with monitoring, advocacy, or community mobilization, suggesting that comprehensive community-led AIDS responses, especially when combined with structural level interventions, may have synergistic and simultaneous effects.

Several members highlighted the centrality of human rights in community-led AIDS responses and for ensuring the right to health. It was recalled that human rights are indivisible and interdependent, meaning that the enjoyment and advancement of specific rights cannot be realized without the enjoyment and advancement of all rights. Examples were shared of the vulnerabilities that communities face when human rights and health are separated, such as in the case of gender-based violence and its impacts on women as well as on sexual and gender minorities. Communities of people living with and affected by HIV are survivors and witnesses of the consequences of human rights deficits and how they increase vulnerability to HIV, the meeting was told. Some participants recalled that most people living with HIV already come from communities that are marginalized, criminalized and persecuted—demonstrating how the absence of human rights directly harms health and highlighting the necessary role of human rights protections in ultimately ensuring the right to health.

Some participants further noted that the HIV epidemic is driven by inequalities that have profound human rights implications, particularly when it comes to ensuring service access and uptake. They emphasized that this was why community-led AIDS responses were so vital for delivering services to marginalized communities, as well as for creating safe and enabling environments, which are essential to increase the coverage and quality of health-care services. Enabling environments necessarily implied comprehensive human rights programming rather than addressing the right to health in isolation, participants said. Two country examples were shared in which amending criminal laws affecting people living with HIV and key populations had led to increases in uptake of testing and treatment, as well as improved treatment adherence. Several members emphasized that this was why human rights had to remain at the centre of community-led AIDS responses in order to reach the collective goal of ending AIDS by 2030. Continued support for community

[4] See Annex 3.

leadership and participation, including in addressing human rights barriers in comprehensive country responses, was needed to reach global targets.

A number of participants also expressed concerns that certain populations continue to be left behind in the AIDS response. They noted that adolescents and youth, as well as girls and women, continue to bear the brunt of the HIV epidemic, yet face barriers when accessing health-care services, including due to stigma and discrimination. Women living with HIV are particularly neglected even though they experience recurrent human rights violations. Members emphasized that community-led AIDS responses must prioritize these groups. Community-led responses must also include persons with disabilities and ensure that aging populations and rural communities are not excluded, since the technological divide contributes to widening gaps in access to information and services. Meaningful engagement of all of these groups is essential for an effective AIDS response. Some participants also recalled that mental health and quality of life for people living with HIV requires greater attention and investment, and that community-led organizations play a crucial role in providing psychosocial support.

Some members of the Task Team emphasized the importance of establishing better systems for financing community-led organizations, as well as reinforcing the capacity of community-led organizations to mobilize resources. They also noted that support for financing should be considered and adapted within individual country contexts.

Recalling the recommendations of the Task Team on the definitions of “community-led responses” and "community-led organizations”[5] emerging from the first meeting of the Task Team, members shared their reflections. Some members pointed out that the definitions of community-led AIDS organizations and responses should be inclusive and should be informed by principles of nondiscrimination. One Task Team member highlighted that the definition facilitates harmonization and enables a common overview of the work and needs of communities at regional and country levels. Another member said that the definitions would be adapted to specific country contexts, based on countries’ legal frameworks.

Referring to comments submitted in the context of the Global AIDS Strategy,[6] another member stated that “community-led responses should be defined within the UNAIDS mandate and aim at the HIV response exclusively, and that it should not go beyond the scope of medical and social tasks set out for the Joint Programme”. The member asked the co-conveners how this would be taken forward, again referring to comments submitted in writing requesting for “additional consultations with PCB members to agree on the fundamental definitions for further Joint Programme operation of '“community-led organizations' and 'community-led responses'”. Finally, the member requested that the consolidated summary of PCB comments shared with Task Team members be restructured to include the comments on the definitions in a consecutive manner. This has been done in Annex 3 (below).

[5] https://www.unaids.org/sites/default/files/media_asset/Report_Task_Team_Community_led_AIDS_Responses_EN.pdf, para 32: “UNAIDS should adopt the definition of community-led organizations and responses, as revised, and move forward rapidly to develop indicators and technical support for national AIDS programmes, funders, and communities to measure, monitor and report on community-led AIDS responses.” The revised definitions read as follows:
(a) Community-led organizations, groups and networks, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led; (b) Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

[6] After the meeting, this Task Team member clarified that reference was being made to the importance of considering written comments made by PCB members on Agenda item 6: Progress report on the establishment of the Multistakeholder Task Team on community-led AIDS responses after the 47th meeting of the PCB and following the request of the PCB Chair.

Summary of feedback and insights from the second meeting of Multistakeholder Task Team, part 2: Monitoring Technical Advisory Group process and development of indicators

The UNAIDS Strategic Information team provided background on the Global AIDS Monitoring framework, outlining the review process and the intersections with the Global AIDS Strategy and the 2021 Political Declaration on HIV and AIDS. Updates on the 2021–2026 target-setting process were shared, including four new targets on community-led AIDS responses:

- 80% of service delivery for HIV prevention programmes for key populations to be delivered by community-led organizations;
- 80% services for women[7], including prevention services for women at increased risk of acquiring HIV, as well as programmes and services for access to HIV testing, linkage to treatment, adherence and retention support, reduction or elimination of violence against women, reduction or elimination of HIV-related stigma and discrimination among women, legal literacy and legal services specific for women-related issues, to be delivered by community-led organizations that are women-led;
- 30% of testing and treatment services to be delivered by community-led organizations, with a focus on: enhanced access to testing; linkage to treatment, adherence and retention support; treatment literacy; and components of differentiated service delivery (e.g. distribution of antiretrovirals); and
- 60% of the programmes supporting the achievement of societal enablers, including programmes to reduce or eliminate HIV-related stigma and discrimination; advocacy to promote enabling legal environments; programmes for legal literacy and linkages to legal support; and the reduction or elimination of gender-based violence, to be delivered by community-led organizations.

The Strategic Information team noted that, going forward, it would be important to specify indicators to measure progress against these targets. It was highlighted that these indicators could eventually be quantitative (e.g. the share of services delivered by community-led organizations) or qualitative (e.g. laws, policies or strategies in place to enable the work of community-led organizations, or resource tracking of community-led AIDS responses). Task Team members were invited to consider which aspects of community-led services should be measured and how accountability could be established in that context.

Some meeting participants noted the need to address technical challenges in monitoring. Certain indicators could prove difficult to measure unless the numerators and denominators are known, such as determining the overall contribution of communities to programme implementation. Guidance would also be needed on suitable tools to collect such data. Additionally, concerns were raised regarding the feasibility of some of the targets in specific country contexts, where certain interventions could prove more challenging than others. An example shared was that the scale-up of community-led primary HIV prevention might be easier to achieve than community-led HIV testing and treatment.

Several members recalled the need to seize this opportunity to include populations that are being left behind, such as people with disabilities, young people and rural populations. Indicators should measure their contributions to the AIDS response. Broader indicators should also include sub-indicators to ensure that the contributions of community-led organizations are captured. The example of viral suppression was provided: psychosocial support is crucial for

[7] In their diversity, inclusive of women living with HIV, adolescent girls and young women, women key populations (transgender women, female sex workers, and women who use drugs), and other women at increased risk of HIV acquisition.

ensuring adherence and it is mostly delivered by community-led organizations. Any indicator on viral suppression would thus necessitate a sub-indicator on psychosocial support.

Some meeting participants also flagged a concern that, since Global AIDS Monitor reporting is heavily reliant on governments, the work of communities of people living with and affected by HIV could be missed entirely in countries where those communities are not recognized. It would be necessary to consider how to best capture the contributions of these communities through alternative initiatives.

Accountability was explored from multiple perspectives, ranging from who should be held accountable to how accountability could best be ensured. Some members highlighted that while government accountability remains relevant, it would be crucial to also ensure donor accountability for supporting community-led AIDS responses globally. It was repeatedly noted that community-led monitoring mechanisms held the potential for ensuring such accountability. In that regard, participants highlighted the importance of building the skills and capacity of community-led organizations to effectively undertake both monitoring and reporting on their work. It would be important to develop indicators to monitor the support that they receive to do this, as well as to track the work of community-led monitoring systems.

Summary of feedback and insights from the second meeting of Multistakeholder Task Team, part 3: Reflections on good practices in domestic funding of community-led AIDS responses

The UNAIDS Community Engagement team briefed meeting participants on the global HIV funding landscape at the second meeting of the Multistakeholder Task team in March 2021. They noted that diverse funding modalities existed, though only a minority were appropriate for community-led AIDS responses. Within these, domestic resources in particular were noted as being more limited, but having the potential to be more sustainable. Social contracting was a good example of domestic financing, as communities are well-positioned to deliver a diversity of services.

It was explained that social contracting is a financing option through which governments finance programmes, interventions and other activities which civil society actors implement—in this case, community-led organizations. This model reinforces links between communities and governments, making it possible to deliver services to under-served populations and communities. It represents a potentially more sustainable partnership model for communities and governments to work together towards shared goals. Social contacting is not simply a private contractual agreement, but a collaborative partnership which enhances health outcomes and equity, creates social value and advances a common public good.

Meeting participants were reminded that the remit of the Task Team included the development of recommendations for good practices and modalities to ensure access to funding for community-led AIDS responses. Accordingly, participants were asked to reflect on the following questions:

- Thinking of your local context, what are good practices in domestic funding/social contracting for communities that you are aware of?
- Beyond providing domestic funding, in which other ways can governments support community-led networks and organizations to conduct critical HIV activities?
- Are there other good practices by donors for getting funds to community-led organizations and networks that you would like to share?

Participants shared several country examples that included financial and technical support, such as:

- core and project funding from governments to networks of people living with HIV and key populations for service delivery;
- government funding for community-led organizations to organize capacity-building activities and meetings;
- government funding of community-led organizations to develop and lead advocacy campaigns on the needs of vulnerable groups;
- direct government provision of technical support to community-led organizations to ensure that they have the capacity to engage with stakeholders in international fora; and
- hiring people living with HIV as government employees who can join medical teams to provide counselling and referral support for people living with HIV.

Given the reliance of these initiatives on leadership, some participants highlighted the importance of sustained political will to ensure that domestic funding will successfully close gaps in support to community-led AIDS responses. In particular, core funding was emphasized as one of the most crucial forms of support to community-led organizations in order to guarantee their strength and sustainability.

It was noted that social contracting arrangements should recognize communities for their expertise and work, and should remunerate them fairly. Those arrangements should also maintain the independence of community-led organizations. Funding should not be conditional in any way that would limit the activities of community-led organizations. Good governance in health means sharing funding and responsibilities. Some members felt that social contracting arrangements should be inclusive, ensuring that marginalized groups are not left out. Transparency and accountability of all parties involved would also be important.

During the meeting and afterwards via follow-up emails, Task Team members raised the need for special consideration for countries that are transitioning from Global Fund support, as well as for middle-income countries that lack international funding. They also highlighted good donor practices for engaging community-led organizations in budget development processes and for funding community-led organizations to ensure continuity of services during emergencies. For example, members noted that, during the the COVID-19 pandemic, community-led organizations had been funded to maintain basic HIV service delivery and patient follow-up.

Alternative funding models were also suggested, including social enterprises and private sector funding.

Summary of feedback and insights from the third meeting of Multistakeholder Task Team: Reflections on the written comments from the second Multistakeholder Task Team meeting

Members of the Task Team were invited to provide feedback (in October 2022) on the Task Team's second meeting in March 2021. In order to do so, they were invited to a discussion of comments of support and concerns around community-led definitions in the context of the AIDS response.

Members attending the third meeting of the Task Team were updated on the process and on how the Task Team would ultimately feed into the Monitoring Technical Advisory Group process. Recommendations from the previous Task Team meetings were presented. Members

were then invited to reflect on the recommendations and to add comments or perspectives, as necessary.

The UNAIDS Secretariat explained that the Programme Coordinating Board, at its 43rd session, had requested the Joint Programme to: "(10.4.b) convene a task team with diverse donors, implementing countries and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, 'community-led AIDS response' and 'social enablers' and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks". The report to the Board on the work of the Task Team therefore would be a report of the UNAIDS Executive Director. The final report would include all points discussed at the meetings, including specific concerns or comments that had been shared. The report would reflect that there are nuances in views of Task team members.

A number of members shared their reflections on the previous recommendations. One raised a concern about the scope of the definitions and recommended that they be made more specific to the AIDS response. Concern was expressed about the recommendation from the second meeting of the Task Team that people living with HIV should be hired as government employees who would join medical teams to provide counselling and referral support for people living with HIV. The member stated that the priority in hiring processes should be the qualifications of candidates. Another member drew attention to the need to learn from COVID-19 experiences and build the capacity of groups to undertake community-led activities.[8] A third member noted the extensive multistakeholder and collaborative work to date, as well as the consensus that had been achieved, and urged UNAIDS to move forward rapidly with the definitions as drafted in the first meeting.

Specific additional recommendations from the third meeting of the Multistakeholder Task team included the need:

- for consistent use of language on "community-led AIDS responses" and "community-led organizations engaged in the AIDS response" to clarify that they are always from the perspective of HIV services.
- to prioritize empowerment and capacity building of community-led organizations to support the AIDS response at community level, particularly in support of people living with HIV;
- to learn from the COVID-19 response in order to adapt service provision and address future health emergencies; and
- to recognize the roles and contributions of communities in the AIDS response and secure their roles in the health architecture at country level.

In addition to the recommendations discussed by members, the meeting noted nuances from some Task Team members in relation to recommendations from prior meetings. It was agreed that these would be reflected and that part of Annex 4 (below) of this final report would include all the Task Team recommendations.

[8] The recent history of, and lessons from, the COVID-19 pandemic should be included in the discussion; the links between government and networks of people living with HIV and other organizations supporting the community response should be considered; and ways to empower these organizations, NGOs or other actors that are committed to supporting the AIDS response at community level, especially for people living with HIV, should be considered. They pointed to the missing link between the government, the affected people and the actors in between.

Concluding recommendations

The UNAIDS Executive Director has received and taken note of the recommendations of the Multistakeholder Task Team on community-led AIDS responses.

The Executive Director noted that the Task Team had met three times and had engaged in extensive discussions around definitions of community-led AIDS responses and community-led organizations engaged in the AIDS response. The Executive Director also noted that the Task Team had discussed best practices in modalities and strategies to enable the achievement of the recommendations made across the three meetings, as outlined in this document.

The Executive Director will ensure that, following her report to the PCB, the report with the recommendations of the Task team is sent to the Monitoring Technical Advisory Group with a view to ensuring consistent standards and the development of long-term funding strategies in support of community-led AIDS responses to ensure the sustainability that is critical for achieving the goals set out in the 2016 and 2021 Political Declarations and in the Global AIDS Strategy 2021–2026.

Proposed decision point

The Programme Coordinating Board is invited to:

- **Take note** of the final report on community-led AIDS responses on the basis of the recommendations of the Multistakeholder Task Team on community-led AIDS responses.

Annex 1

Consolidated summary of comments on Agenda item 6: Progress report on the establishment of the Multistakeholder Task Team on community-led AIDS responses

Decision point 8.3: *Recalls* that PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) to be transmitted to the Multistakeholder Task Team for consideration and possible revision, as appropriate.

Welcome and support the work of the Multistakeholder Task Team on community-led AIDS responses

PCB stakeholders:

- welcomed the establishment of the Multistakeholder Task Team on community-led AIDS responses and its diverse composition, which they considered an asset for achieving quality results;
- commended the Task Team for working effectively within the challenging context of operations during the ongoing COVID-19 pandemic;
- expressed support for the recommendations of the Task Team, including the revised definitions of community-led organizations and community-led AIDS responses, noting that the definitions are good and relevant;
- urged UNAIDS to quickly advance the process of guiding efforts for better measurement, monitoring and reporting on communities' contributions to the AIDS response, emphasizing that what gets measured, gets done;
- expressed support for efforts to ensure that the new monitoring framework for 2021 and beyond adopts the revised definitions, improves the monitoring and measuring of this work, and advocates for funding it;
- reiterated their commitments made in the context of the Political Declaration on HIV and AIDS emphasizing the important roles played by community-led organizations in the AIDS response, and noted the considerable contributions of communities in progress made in preventing HIV infections, reaching vulnerable people, and bringing a strong human rights and gender equality perspective to health and development;
- recalled that communities are a cornerstone of the AIDS response and are essential to ending the AIDS epidemic by 2030 and urged representatives of the global community, especially Member States, to review the lessons learned to support, strengthen and sustain community-led AIDS responses at all levels, including funding and mentoring of community leaders. This would further renew leadership in the AIDS response and mobilize sustainable domestic resources to end AIDS by 2030;
- called for the inclusion of communities in decision-making processes, highlighting that community-led organizations provide services that are crucial for making an impact on the epidemic; advocate on behalf of beneficiary populations; hold governments accountable; promote human rights to combat stigma and discrimination against key populations, people living with HIV, and other vulnerable groups; identify challenges to and gaps in health care delivery; support data collection and innovation; provide independent oversight of programming and processes; and promote transparency.

Further reflections on the work of the Multistakeholder Task Team and definitions

PCB stakeholders variously:

- requested clarification on why the representation of NGOs from western Europe on the Task Team was relatively low;
- noted that, whether formal or informal, community-led organizations have to operate "according to and under a country's legal and sociocultural norms, because communities have their own untouched beliefs and values";
- emphasized the role of traditional actors in the AIDS response as complementary to the work of communities, noting that this role should strengthen the framework for the work of community organizations within the legal limits of respective States and internationally recognized standards; and
- stressed that the definition of "community-led responses" should be defined within the UNAIDS mandate and aim at the AIDS response and that it should remain within the scope of the medical and social support of the Joint Programme. The definition should have greater focus on ensuring the right to health instead of mentioning human rights. Additional consultations with the Task Team members were requested to agree on the fundamental definitions of "community-led organizations" and "community-led responses".

Annex 2

Amended consolidated summary of comments on agenda item 6: Progress report on the establishment of the Multistakeholder Task Team on community-led AIDS responses

Decision point 8.3: *Recalls* that PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) to be transmitted to the Multistakeholder Task Team for consideration and possible revision, as appropriate.

Reflections on the work of the Multistakeholder Task Team on community-led AIDS responses

PCB stakeholders:

- welcomed the establishment of the Multistakeholder Task Team on community-led AIDS responses and its diverse composition, which they considered an asset for achieving quality results; and
- commended the Task Team for working effectively within the challenging context of the ongoing COVID-19 pandemic.

Regarding the definitions of community-led organizations and community-led AIDS responses, PCB stakeholders:

- expressed support for the recommendations of the Multistakeholder Task Team, including the revised definitions of community-led organizations and community-led AIDS responses, noting that the definitions are good and relevant; and
- stressed that the definition of “community-led responses” should be “defined within the UNAIDS mandate and aim at the AIDS response and should remain within the scope of the medical and social support of the Joint Programme”. The definition should have greater focus on ensuring the right to health instead of mentioning human rights. Additional consultations with the Task Team members were requested to agree on the fundamental definitions of “community-led organizations” and “community-led responses”.

Regarding the role of communities in the AIDS response, PCB stakeholders:

- reiterated their commitments made in the framework of the Political Declaration on HIV and AIDS, emphasizing the important roles played by community-led organizations in the AIDS response, and noted the considerable contributions of communities in progress made in preventing HIV infections, reaching vulnerable people, and bringing a strong human rights and gender equality perspective to health and development; and
- called for the inclusion of communities in decision-making processes, highlighting that community-led organizations provide services that are crucial for making an impact on the epidemic; advocate on behalf of beneficiary populations; hold governments accountable; promote human rights to combat stigma and discrimination against key populations, people living with HIV, and other vulnerable groups; identify challenges to and gaps in health care delivery; support data collection and innovation; provide independent oversight of programming and processes; and promote transparency.

Concerning country contexts, a PCB stakeholder:

- highlighted that, whether formal or informal, community-led organizations “have to be according to and under the country’s’ legal and sociocultural norms, because communities have their own untouched beliefs and values”; and

- emphasized the role of traditional actors in the AIDS response as complementary to the work of communities, noting that this role should strengthen the framework for the work of community organizations within the legal limits of respective States and internationally recognized standards.

Regarding the Monitoring Technical Advisory Group process, PCB stakeholders:

- expressed support for efforts to ensure that the new monitoring framework for 2021 and beyond adopts the revised definitions, improves the monitoring and measuring of this work, and advocates for funding it; and
- urged UNAIDS to quickly advance the process of guiding efforts for better measurement, monitoring and reporting on communities' contributions to the AIDS response, emphasizing that "what gets measured, gets done".

Concerning funding of community-led AIDS responses, PCB stakeholders:

- recalled that communities are a cornerstone of the AIDS response and are essential for ending the AIDS epidemic by 2030, and urged representatives of the global community, especially Member States, to review the lessons learned to support, strengthen and sustain community-led AIDS responses at all levels, including funding and mentoring of community leaders. This would further renew leadership in the response and mobilize sustainable domestic resources to end AIDS by 2030 in countries.

Regarding the Multistakeholder Task Team itself:

- there was a request for clarification regarding why representation of NGOs from western Europe on the task team was relatively low.

Annex 3

Comments reflecting positions of various members of the Multistakeholder Task Team on community-led AIDS responses regarding recommendations of the Multistakeholder Task Team

Meeting 1

The members of the Multistakeholder Task Team stated that:

- UNAIDS should adopt the definitions of "community-led organizations" and "community-led AIDS responses"[9], as revised, and move forward rapidly to develop indicators and technical support for national AIDS programmes, funders and communities to measure, monitor and report on community-led AIDS responses;
- UNAIDS should apply the definitions in the development of the new monitoring framework for 2021 and beyond;
- frameworks for measuring, monitoring and reporting on community-led responses should:
  - capture activities led by communities most affected by HIV at national and subnational levels;
  - include process-level, output and impact indicators;
  - ensure inclusion of the diverse communities living with and disproportionately affected by HIV; and
  - be based on shorter, simplified and flexible reporting tools;
- when rolling out the new monitoring framework, UNAIDS should ensure an accompanying programme of capacity-building and mentorship to enable and ensure high-quality application of monitoring tools that feed into the Global AIDS Monitoring system; and
- UNAIDS should take the lead in developing standards for community-led data to be recognized and validated for use in national reporting and the Global AIDS Monitoring system.

Meeting 2

The members of the Multistakeholder Task Team:

- Recommended emphasizing that community-led AIDS responses are the cornerstone of an effective HIV response and essential to reaching our collective goals by 2030.
- Reiterated that community-led AIDS responses must necessarily center on marginalized groups including persons with disabilities and ensure that aging populations and rural communities are not excluded as the technological divide contributes to widening gaps in access to information and services.

[9] Following the final meeting of the Multistakeholder Task Team on community-led AIDS responses, the definitions were revised to: (a) **Community-led AIDS responses** are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them. (b) **Community-led organizations, groups and networks engaged in the AIDS response**, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups, and networks engaged in the AIDS response are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led.

- Recommended establishing better systems for financing community-led organizations engaged in the AIDS response, as well as reinforcing the capacity of community-led organizations to mobilize resources.
- Suggested Governments and UNAIDS seize this opportunity to include populations that are being left behind, such as people with disabilities, young people, and rural populations.
- Proposed that accountability is explored from multiple perspectives, ranging from who should be held accountable to how accountability could best be ensured.

The Multistakeholder Task Team recommended:

- Core and project funding from governments to networks of people living with HIV and key populations for service delivery;
- Government funding for community-led organizations engaged in the AIDS response to organize capacity-building activities and meetings;
- Government funding of community-led organizations engaged in the AIDS response to develop and lead advocacy campaigns on the needs of vulnerable groups;
- Direct government provision of technical support to community-led organizations engaged in the AIDS response to ensure that they are capacitated to engage with stakeholders in international fora;
- Hiring people living with HIV as government employees among qualified candidates, who join medical teams to provide counselling and referral support for people living with HIV;
- Sustaining political will to ensure that domestic funding successfully closes gaps in support to community-led AIDS responses.

Meeting 3

Issues raised at the meeting included:

- the importance of consistent use of language on “community-led AIDS responses” and “community-led organizations engaged in the AIDS response” to clarify that they are always from the perspective of HIV services;
- the need to prioritize the empowerment and capacity building of community-led organizations to support the AIDS response at community level, particularly in support of people living with HIV;
- the need to learn from the COVID-19 response in order to adapt service provision and address future health emergencies;
- the importance of recognizing the roles and contributions of communities in the AIDS response and ensuring their role in the health architecture at country level;
- a request for clarification regarding the recommendation about hiring people living with HIV as government employees, noting that the priority in hiring processes should be the qualifications of the candidates;
- a request that the definitions of community-led AIDS responses and community-led organizations be reconsidered, ensuring that they are specific to the AIDS response;
- a proposal for broad adoption of the definition as agreed at the first meeting of the Multistakeholder Task Team and for prioritizing the engagement of people living with HIV and key and vulnerable populations whenever designing, implementing and evaluating programmes at country level;

- a reminder that the final report should reflect the recommendation to expand initiatives that strengthen technical and operational capacities and support community empowerment, peer support and social cohesion as part of the response to HIV; and
- a comment that the majority of HIV prevention programmes were recommended to be community-led and treatment programmes were proposed to aim to have at least two evidence-driven community-led components.

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org