UNAIDS 2026

Result Area 4: Community-led responses

2025 Performance Monitoring Report

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Joint Programme specific outputs in 2024-2025

4.1 Promote normative guidance, with communities, for community-led responses with a focus on network strengthening, community-led monitoring and service delivery.

4.2 Advocacy and technical support to countries for the incorporation and expansion of community-led responses (GIPA and engagement in decision-making, advocacy, service delivery and monitoring) in national HIV responses (including policies, planning, budgeting and reporting).

In 2025, the Joint Programme continued to support the strengthening of community-led HIV responses, advancing meaningful community engagement and leadership to ensure that communities are empowered and have the resources to address the specific needs of people living with and affected by HIV, even during times of crisis. These were achieved through sustained regional coordination and rights-based advocacy, expanded community-led service delivery models in different settings and scaling up of evidence generation and communications initiatives to advance inclusive, stigma-free HIV services.

In consultation with community and other civil society partners, the Secretariat developed annexes to the HIV Response Sustainability Roadmap-Part B: Companion guide, which complement and strengthen the HIV sustainability and transition roadmap. The annexes included policy documents and guidance briefs on ensuring a rights-based, and community-led approach to HIV response sustainability planning and implementation. UNDP also worked with partners to strengthen the meaningful participation of communities in HIV governance and financing processes, improving engagement of civil society and key populations in national dialogue platforms and Country Coordinating Mechanisms in multiple regions. UNDP and partners launched the Power of Prevention initiative in Malawi, South Africa and Zimbabwe focusing on community-led advocacy for greater inclusion of HIV prevention for key populations in national policies and budgets, including through the introduction of new prevention technologies such as lenacapavir.

34 countries received direct support from the Joint Programme to strengthen community-led monitoring.

The Joint Programme worked to explore possibilities for enhanced integration of community systems including community-led monitoring (CLM) data in national monitoring and programme review processes, including through a Progression Matrix self-assessment tool, specific insights on costing of CLM and documentation of its integration opportunities and avenues at country level. In Latin America and the Caribbean, structured evidence was gathered, through regional and national consultations which engaged more than 90 organizations from over 25 countries in the region, with the support of the Secretariat. Community and broader civil society dialogues and a systematic review identified the structural barriers to integration of community systems, drawing on lessons western and central Africa. The findings contributed to clearer understandings of integration opportunities and risks from the perspective of community actors.

Results in countries included the formal integration of CLM data into the work of the National TB and HIV/AIDS Council in Ukraine, following support provided by UNDP and the Secretariat. Those efforts mobilized community leadership to gather data and

define priorities such as community participation in governance, sustainable public financing, and legal/policy reforms. In Namibia, UN Women built community capacity to engage with health care facilities on integrated services for HIV and GBV. Communities now track the availability of essential health services across 109 facilities, including provision of ARVs and family planning commodities, which has contributed to improved service availability and quality of care.

Community-led service delivery approaches gained strength with Joint Programme support in 2025. The Secretariat partnered with key global and LGBTQI+ networks and supported 66 local LGBTQI+-led organizations in 32 countries. This resulted in increased community capacities for community-led monitoring of human rights violations, related submissions to UN Treaty bodies, local advocacy, legal assistance and support for GBV survivors in 15 trans-led groups in 11 countries. The Secretariat also organized demand-driven emergency support funds that delivered direct assistance to 43 LGBTQI+ groups facing human rights-related crises in the context of HIV.

In Moldova, UNHCR and the Secretariat provided support for the implementation of a community-led model which strengthened refugees and community systems to reach underserved key populations with integrated HIV, SRH, mental health and GBV services, using mobile outreach and trained peer navigators to overcome stigma and displacement-related barriers. This was led by Initiativa Pozitiva, the Union for Equity and Health, Genderdoc M, Pas cu Pas Center and the Public Health Alliance. UNHCR launched a new dashboard on refugee- and community-led organizations to strengthen engagement, coordination and visibility of their contributions across responses.

UNDP supported community-led service delivery to expand access in highly stigmatized contexts, as seen in Bolivia, where peer-led Casas Trans supported over 2500 transgender people with integrated health, legal and psychosocial services across four cities, facilitating HIV testing, diagnosis and treatment initiation. This approach shows how sustained support to civil society organizations can institutionalize community-led service delivery within national health responses.

In 2025, UNICEF's focus on adolescent-responsive, community-led service delivery was reinforced through data-driven strategies that prioritized adolescent girls and young women. The interventions empowered communities to lead advocacy and social accountability efforts, implement anti-discrimination campaigns and shift harmful social and gender norms. For instance, community-led mapping and mentor-mother programmes enhanced identification of adolescent girls and young women who are at high risk, particularly in eastern and southern Africa, where they account for one quarter of new HIV infections, and where adolescent pregnancy rates are as high as 92 births per 1000 girls[1]. Engagement with caregivers and local leaders improved the uptake of layered HIV and SRH services and ensured a supportive environment for adherence and prevention.

Through its community-based SRH platforms, UNFPA strengthened community leadership and addressed structural drivers of HIV by advancing youth empowerment, gender equality and human rights, including through youth-friendly services and peer-led approaches. In eastern and southern Africa, large-scale adolescent and youth SRH programmes integrated HIV prevention and testing reached millions, including through initiatives such as Safeguard Young People. In eastern Europe and central Asia, UNFPA expanded digital and peer-led approaches to reach LGBTQI+ youth and key populations, including through partnerships in countries such as Georgia and

[1] UNICEF implementation brief, Reaching Adolescent Girls and Young Women Most in Need of HIV and SRHR Services, 2025.

Kazakhstan. In Latin America and the Caribbean, UNFPA advanced rights-based approaches for women living with HIV, including through a regional study to address stigma and by supporting informed decision-making around breastfeeding. In addition, UNFPA continued to consolidate regional youth platforms and movements to drive demand, accountability and community-led action in the HIV response.

UNODC strengthened community-led initiatives aimed at scaling up harm reduction, and reinforced partnerships with civil society organizations to improve outreach, referral, reintegration and social protection for people who use drugs. In West Jakarta, Indonesia, five community organizations piloted an integrated outreach and referral model in West Jakarta, producing a context-adapted module and digital tools, strengthening coordination with primary healthcare services and improving responses to stimulant use and chemsex-related risks. In Kenya, support to a grassroots organization in Lamu County enhanced peer-led outreach, increased referrals to OAMT and HIV testing services and improved collaboration between communities and law enforcement.

UNODC provided support in Afghanistan for capacity-building of community-based organizations and procurement of essential medicines for voluntary counselling and testing centres, which reinforced local ownership and service sustainability. In Kyrgyzstan, a community-led, gender-responsive case management programme for incarcerated women living with HIV was supported. Through integrated psychosocial counselling, adherence support, legal assistance and coordinated pre-release planning with probation authorities, the programme restored treatment adherence, secured documentation and strengthened continuity of care and social reintegration.

The Secretariat and UNODC provided support to community-led organizations and the International Network for People who Use Drugs[2] to strengthen coordination of this multisectoral platform and enhance information sharing, strategic dialogue and collaboration among key stakeholders working on the global HIV, health and human rights response to drug use.

The Secretariat also partnered with women-led organizations to support community-led responses in eight countries towards eliminating gender-based discrimination and violence. UN Women provided support to communities of women and girls living with or affected by HIV in 22 countries, such as in Cambodia, where the training of 143 women, commune councillors and village leaders on feminism, positive masculinity, patriarchy and women's rights equipped them to better deliver gender-responsive support to women living with HIV.

These efforts and improvements in community-led HIV responses show the enormous potential of communities to bring HIV and other services with well-tailored and innovative approaches to populations with the greatest needs, especially key populations. However, limited resources have seriously constrained their full expansion. Empowering communities clearly remains a top priority for the global HIV response.

[2] The International Network for People who Use Drugs served as the Secretariat of the Strategic Coordination Group on Drug Use, HIV, Health and Human Rights, and helped advance progress toward the targets of the 2021 Political Declaration on HIV and AIDS and the Global AIDS Strategy 2021–2026.

2025 Expenditures and Encumbrances under Result Area 4 for all Cosponsors against allocated funds (in US$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
2 381 340	1 807 995	11 172 600	6 568 871	13 553 940	8 376 866

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