

UNAIDS 2023

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# Result Area 4: Community-led responses

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2022 Results report



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## Result Area 4: Community-led responses

### Budget and expenditures for all Cosponsors (in US\$)

Core central and country envelopes		Non-core		Total	
Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances	Budget	Expenditures and encumbrances
\$1,791,900	\$2,520,597	\$8,113,800	\$10,021,865	\$9,905,700	\$12,542,461

### Joint Programme 2022 results

*Normative guidance developed and promoted, with communities, for community-led responses with focus on network strengthening, community-led monitoring and service delivery.*

The first international definition of a community-led response to a pandemic was published after a two-year consultative process led by the Multistakeholder Task Team,<sup>1</sup> which brought together representatives from 11 governments and 11 civil society with support of the UNAIDS Secretariat. In addition to defining community-led organizations and responses, it recommended the development of improved systems for financing community-led organizations, which often face legal, capacity and eligibility barriers when seeking to access national and international financing mechanisms. Also recommended were improvements in monitoring community-led capacity and integrating data generated by community groups into response management.

**Community-led monitoring.** The UNAIDS Secretariat supported community-led monitoring through quarterly community-of-practice meetings (averaging 150 participants), as well as by partnering with the Global Fund to consolidate learning on community-led monitoring. The Secretariat developed a self-administered community-led monitoring progression matrix methodology to review progress and minimum standards. Priority areas for advancing community-led monitoring are clearer after a meeting of technical assistance providers. Guidelines for the roll out of resource tracking of HIV community-led responses is under development, based on lessons learned from a piloting project in six countries (Kyrgyzstan, Brazil, Burkina Faso, Nepal, Malawi and South Africa).

#### Indicator progress on community-led responses (RA 4)

In **77 countries**, the Joint Programme provided **technical support and guidance to community-led organizations** in the HIV response<sup>2</sup> from at least three of the most significantly affected communities.

In **84 countries** the Joint, Programme supported national and/or subnational government and other stakeholders for the **incorporation and expansion of community-led HIV responses**.

**Key population networks.** Collaboration with four key populations networks informed the development of 2022 WHO key population guidelines. Joint work between the community of

<sup>1</sup> In 2020, the Joint Programme convened a Multistakeholder Task Team on community-led responses pursuant to Decision 10.4b of the PCB at its 43rd meeting in December 2018. Its final report, including the definition of community-led responses, is available at: [Community-led AIDS responses — Final report based on the recommendations of the multistakeholder task team \(unaids.org\)](https://www.unaids.org/en/resources/press-material/20201215_community-led-aid-responses-final-report).

<sup>2</sup> Focus on organizations led by people living with HIV (in 80 countries), women from key populations (67 countries), and young key populations (62 countries).

women living with HIV, WHO, UNICEF and the UNAIDS Secretariat and other partners resulted in a revision of EMTCT guidance. The aim is to improve rights-based and integrated approaches for optimizing services for women, children and adolescents, while preparing for validation, with country support to assess and address gaps and challenges for validation in all regions. WHO also drew on established community networks in planning and implementing the response to the multicountry mpox outbreak, which built on its extensive HIV leadership and the experience of community networks.

UNODC provided support to the International Network of People Who Use Drugs to build the capacity of community-led organizations to evaluate the impact of the criminalization of drug use on people who use drugs, and to develop new skills for data-informed advocacy. This led to a five-year advocacy road map towards the fulfilment of human rights for people who use drugs.

**Humanitarian settings.** To ensure humanitarian assistance reaches people in need, WFP and UNHCR established partnerships with community-led organizations in many conflict and other emergency situations. UNHCR developed an [operational guidance for community health in refugee settings](#), which provides practical orientation for the provision of community health services for refugees, including active and substantive engagement of people living with HIV. It consolidates guidance on effective community health interventions and covers essential components of community health programming in refugee contexts, including programme design, human resources, referral systems, financing, equipment and supplies, monitoring, and service delivery.

*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).*

Recognizing that community-led responses remain inadequately resourced and often are insufficiently elevated and integrated in national responses, the Joint Programme prioritized support for community-led responses across the HIV response.

**Community-led monitoring and accountability.** Support from the Joint Programme continued to build momentum towards greater emphasis on community-led monitoring. The UNAIDS Secretariat directly supported more than 106 community and youth-led accountability and advocacy projects, including on community-led monitoring, the People Living with HIV Stigma Index, youth-led scorecards, key population policy advocacy, resource tracking, and women-led SRHR campaigns in 52 countries and in four regions. The Secretariat supported implementation of community-led monitoring projects in 17 countries,<sup>3</sup> delivered technical assistance for community systems strengthening in 11 countries,<sup>4</sup> and supported regional community-led monitoring mapping efforts in Asia and in eastern Europe and central Asia.

**Strategic information for action on community-led responses.** Knowledge sharing on community-led response and monitoring across countries significantly expanded. For example, the Secretariat convened over 500 community-led monitoring implementers, donors and technical assistance providers to share best practices, foster continuous learning and support understanding of how community-led monitoring is evolving. The Secretariat further supported the Civil Society Institute for HIV and Health in West and Central Africa, the only initiative of its kind and scale in that region. More than a third of countries in western and central Africa now have a national civil society platform supported by the Institute. The World

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<sup>3</sup> Botswana, Cameroon, Côte d'Ivoire, Haiti, India, Jamaica, Kenya, Malawi, Mozambique, Myanmar, Namibia, Nepal, Rwanda, South Africa, Uganda, Ukraine, United Republic of Tanzania and Zimbabwe.

<sup>4</sup> Botswana, Dominican Republic, Haiti, Jamaica, Kenya Malawi, Myanmar, Pakistan, Rwanda, Uganda, United Republic of Tanzania and Zimbabwe.

Bank supported the first South-to-South Learning Exchange platform on community-led development, convening over 100 participants from eight countries in western and central Africa.

**Building the capacity of women living with HIV.** Investment in the institutional capacities of networks of women living with HIV remained at the core of the Joint Programme's work. UN Women's support to organizations and networks led by women living with HIV in Cambodia, El Salvador, Nepal, Nigeria, Papua New Guinea, Senegal, Viet Nam and Zimbabwe enabled them to remain powerful forces for gender equality and women's empowerment in the HIV response. In Zimbabwe, institutional strengthening of the networks of women living with HIV resulted in a social accountability toolkit for promoting women's participation in the HIV response and monitoring of HIV services. In Cambodia and Viet Nam, UN Women invested in increasing the leadership skills, institutional capacities of and safe spaces for LGBTQI+ and women living with HIV.

Networks of women living with HIV in 15 countries<sup>5</sup> also received technical support from the UNAIDS Secretariat to identify cases of human rights violations, stigma and discrimination, and to engage in country-level processes for the validation of EMTCT. ILO, the UNAIDS Secretariat and Women Fighting AIDS in Kenya strengthened the capacities of women living with HIV with business skills through training in the ILO Gender and Enterprise Together Ahead tool. In China, ILO and the Women's Network Against AIDS-China to launch a Start Your On-line Business training programming for people living with HIV. In many countries the Joint Programme collaborated with communities to advance access to HIV services, as well as gender equality and human rights. This included development of a new app, "DeLiLa" (Listen, Protect, Report), created by the National Network of Women Living with HIV in Indonesia with support from UN Women. It enables women experiencing violence to access peer legal and psychosocial counselling, referrals to health services and the police, drawing on UN [Women's essential services package for women and girls subject to violence](#).

**Support for community engagement in policy-making.** Important progress was made in promoting community engagement in policy-making and policy reform. For example, the UNAIDS Secretariat and UNDOC supported communities of people who use drugs in six countries (Indonesia, Kazakhstan, Kyrgyzstan, Nigeria, South Africa and Tajikistan) to engage in drug policy reform and/or planning of harm reduction services. ILO partnered with the three largest trade union federations in South Africa to convene a national strategic planning and capacity building initiative on the labour sector response to HIV and TB in the world of work. ILO, UNAIDS Secretariat and partners trained 150 civil society organizations on inclusive social protection systems for vulnerable groups. Youth communities in ten countries (Burundi, Ghana, Indonesia, Kyrgyzstan, Madagascar, Nigeria, Philippines, Uganda, Viet Nam and Zimbabwe) were supported to implement #UPROOT scorecards, which generated evidence for advocacy for changes in HIV policy and resource allocation affecting young people.

Networks of people living with HIV in ten countries (Belarus, Côte d'Ivoire, Iran, Kazakhstan, Kyrgyzstan, Mauritania, Morocco, Nepal, Russia and the United Republic of Tanzania) were supported to complete implementation of the PLHIV Stigma Index. UNAIDS Secretariat supported eight national networks to conduct advocacy campaigns based on Stigma Index results, and networks in 19 other countries to initiate Stigma Index processes. The Praia Process, hosted by the Government of Cape Verde, brought together more than 200 delegates across 23 countries to refashion programme designs and funding mechanisms for a new generation of high-impact key population programmes in western and central Africa.

**Community leadership on behavioural and social change.** UNICEF reinvigorated and empowered community platforms to anchor social and behaviour change, such as U-Report,

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<sup>5</sup> Botswana, Cambodia, Eswatini, Jamaica, Indonesia, Kazakhstan, Kenya, Laos, Malawi, Namibia, Papua New Guinea, Rwanda, Thailand, Ukraine and Zimbabwe.

a UNICEF-created social platform for young people to express their opinions and be positive agents of change in their communities. In Central African Republic, this led to an increase of 28% in the number of U-Reporters in 2018–2022 and to the convening of more than 9,000 educational talks on birth registration, vaccination, schooling and retention of children, HIV, social cohesion and peace. UNICEF collaborated with and co-created the *Ground Up!* initiative with Y+ Global. Following a rapid survey, *Ground Up!* networks in Eswatini, Kenya, Namibia, United Republic of Tanzania, Zambia and Zimbabwe identified gaps for targeted support in strategic planning, resource mobilization, partnerships, communications and youth-led advocacy.

**Community-led service delivery.** Thanks to the Joint Programme's advocacy and capacity building support, communities are playing a critical role in delivering services. For example, UNFPA, together with the UNAIDS Secretariat, UNICEF and WHO reinforced community-led responses in HIV prevention through the [2gether 4SRHR joint programme](#). The work included strengthening the capacities of seven youth-led civil society organizations to provide information, education and advice to adolescents and young people on SRH, gender-based violence and HIV prevention. UNFPA strengthened services to prevent vertical HIV transmission by building the capacity of health providers at community-level facilities in nine high-prevalence districts in India.

ILO, UNICEF and UNDP supported the National Council of People Living with HIV in the United Republic of Tanzania to implement HIV combination prevention policies and programmes. ILO provided technical and financial support to the Indonesian Women Positive Network for integrating HIV workplace, harassment and violence issues, and provided access to reporting systems on gender-based violence and HIV. The Movement for Treatment in Mozambique and "Associação Avante Mulher" implemented a social mobilization campaign on HIV, cancer testing and treatment, with ILO and the UNAIDS Secretariat support. UNHCR worked with authorities in supporting community-led approaches, such as 15 community sensitization sessions on SRH and HIV engaged more than 1,500 participants in Malawi. The WFP community-led initiative with the All-Ukrainian Network of People Living with HIV resulted in food assistance to nearly 60 000 people living with HIV (accounting for 40% of all people on HIV treatment in Ukraine) and support to over 11 000 TB clients.

**Community engagement to improve the quality and inclusivity of services.** Close collaboration with communities led to more inclusive services in several countries. In Moldova, Montenegro, Serbia and Ukraine, UNODC supported 13 local civil society organizations in providing HIV services to people who use drugs, internally displaced populations, refugees and prison populations and people in humanitarian crisis. In Mozambique, UNODC co-designed and -led trainings for community health workers on community outreach for diagnostic and counselling, prevention and referral to health care for people who use and inject drugs. ILO and the UNAIDS Secretariat supported the provision of identity cards for transgender people in Indonesia, and access to cash transfers for networks of people living with HIV by in Malawi.

**Mobilization of critical resources for community-led responses.** The Joint Programme's collaboration with community organizations led to increased engagement in Global Fund decision-making and a greater focus on other possible sources of resources, including the private sector. For example, UNDP and PEPFAR launched the SCALE two-year partnership, which, among other objectives, promotes community-led HIV responses with people living with HIV and key populations, including small grants to community and key-populations-led organizations.

ILO partnered with GNP+ and the Global Fund to organize an African region-wide interactive trainer-of-trainers programme to build capacity among world-of-work actors to mobilize resources for HIV interventions focused on vulnerable working populations. UNODC and the

International Network of People Who Use Drugs facilitated and empowered community-led organizations, especially from Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe to engage in Global Fund Country Coordinating Mechanisms, as well as in harm reduction interventions for people who use drugs and for people in prisons. The Secretariat piloted tools for advocacy on mobilizing domestic resources for harm reduction in Nepal, Uganda and South Africa. ILO partnered with civil society actors in multiple countries, including Indonesia, Mozambique, United Republic of Tanzania and Zimbabwe, including through business coalitions on AIDS.

The World Bank supported governments in designing, implementing and evaluating community-led developments programmes across a range of low- and middle-income countries. As of June 2022, the World Bank had supported 373 active community-led development projects in 96 countries—for a total lending of US\$ 42.4 billion (69% of which was International Development Association or IDA/blend funding). In fiscal year 2022, US\$ 6.4 million in new lending was approved community-led development, with 9% of overall lending channelled to community-led projects. In the Horn of Africa, the World Bank, using a community-driven approach, is scaling up emergency essential services, including to improve HIV outcomes for 4.3 million people, including refugees and host communities.

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