NGO REPORT 2024

Breaking the chains: supporting community leadership and human rights for a sustainable HIV response

UNAIDS

Additional documents for this item: N/A

Action required at this meeting—the Programme Coordinating Board is invited to:

- *Take note* of the report by the NGO representative;

- *Affirm* the unique role of communities as essential service providers, researchers, advocates and leaders and the fundamental contribution of community leadership to the HIV response over more than four decades and to the delivery of the current Global AIDS Strategy and UBRAF indicators;

- Noting with concern the barriers posed to community leadership and the goal of ending AIDS as a public health threat by the impact of declining HIV funding, civic space restrictions and the mobilization of anti-rights and anti-gender movements, *call on* Member States to:

  a) Recall decision point 5.3c from the 53rd meeting of the Programme Coordinating Board, requesting Member States, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, and with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2025 targets to: increase the proportion of community-led services for HIV prevention, testing and treatment and for societal enablers to reach the 30–80–60 targets, including through mechanisms to increase and facilitate sustainable financing for community-led HIV organizations;

  b) In particular, fully fund UNAIDS, the Global Fund and the Robert Carr Fund, and increase flexible long-term and core funding to community-led organizations, especially those led by key populations and facing safety, security and human rights threats;

  c) Work collaboratively across government sectors, with UNAIDS and its Cosponsors and with communities themselves to support the removal of civic space and human rights restrictions and prevent the introduction of further measures;

- *Request* the Joint Programme to:

  a) Continue to work closely with Member States and donors, including PEPFAR and the Global Fund, to increase financing for community-led organizations, including for human rights, and strengthen community-led accountability, particularly through disaggregated reporting on donor and government investments in community-led and human rights initiatives;

  b) Recalling decision point 4.4 of the 49th PCB meeting, reiterate commitment to prioritizing the meaningful involvement of communities, including key and marginalized populations, people living with HIV, adolescent girls and young women, and people most at risk of and most affected by HIV, including in the Global AIDS Strategy 2026–2031, the 2026 High-Level Meeting on HIV and AIDS, and the drafting of the next Political Declaration on AIDS;

  c) Retain and reinforce the 30–80–60 targets by developing an operational monitoring and accountability framework, linked to a prioritized, *accelerated* action agenda, and supported by a clear narrative linking the 30–80–60 targets to the 95–95–95, 10–10–10 and other relevant targets, in order to highlight the centrality of community leadership in achieving *all* global targets;

  d) Strengthen collaboration and capacity across the Joint Programme to support countries in preparing for and resisting anti-rights mobilization, including by allocating increased budget to human rights work, recommitting to the Global Partnership to eliminate all forms of HIV-related stigma and discrimination as a platform for international partnership, collaboration, exchange and mentorship to advance human rights and gender equality, and maximizing linkages with key United Nations institutions, in particular the Office of the High Commissioner on Human Rights;

Cost implications for the implementation of the decisions: *none*

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Executive summary

1. The Global AIDS Strategy 2021–2026 recognizes the central roles of communities most affected by HIV, including people living with HIV, key populations[i] and other priority populations (including adolescent girls and young women, displaced people and migrants, indigenous people, people living with disabilities, and LGBTQI people) in the HIV response, at all levels.

2. Advances to HIV prevention and treatment medicines have transformed the response and made "the end of AIDS as a public health threat" an achievable goal. At the same time, community leadership remains a vital ingredient in HIV prevention education, linkage to testing and care, access to treatment and retention in care, psychosocial support, health service and human rights monitoring and advocacy, preventing and responding to violence against women and gender based violence, addressing HIV-related stigma and discrimination, and driving a decriminalization agenda.

3. As such, community leadership is central to achieving the targets of the Political Declaration on HIV and AIDS, and the 2021–20206 Global AIDS Strategy. In addition, the 30–80–60 targets commit countries to ensure that:
   o 30% of testing and treatment services are delivered by community-led organizations[ii] by 2025;
   o 80% of delivery for HIV prevention for key populations and women are delivered by community-, key population- and women-led organizations by 2025; and
   o 60% of programmes to support the achievement of societal enablers are delivered by community-led organizations by 2025.

4. The latest data from UNAIDS show that, while there has been progress in these areas, the targets remain out of reach. Moreover, data relating to the 30–80–60 targets are currently limited. A monitoring framework is being developed with the participation of representatives from global networks of people living with HIV and key populations on an expert advisory group.

5. The 2024 report of the NGO Delegation to the 55th UNAIDS Programme Coordinating Board presents evidence and analysis from an extensive literature review and qualitative community consultation on the topic of community leadership. This research revealed three major obstacles which stand in the way of community leadership and threaten to undermine progress towards achieving the goal of ending AIDS as a public health threat.

6. Firstly, shrinking civic space in all regions of the world is creating an increasingly challenging environment for community-led organizations. Secondly, the rise of a well-coordinated and well-funded movement of state and non-state actors opposed to "gender ideology" is driving a backlash on gender equality, sexual and reproductive health and rights, and the rights of LGBTQI+ people, as well as pushing for regressive drug policies. And thirdly, the level and model of funding going to community-led

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[i] Defined by UNAIDS as gay men and other men who have sex with men; sex workers; people who inject drugs; transgender people; and prisoners and other incarcerated people.

[ii] Defined as groups and networks engaged in the HIV 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 (see: https:// www.unaids.org/sites/default/files/media_asset/community -led-aids-responses_en.pdf).

organizations is inadequate to support their core work (including staffing, overheads, administration, and safety and security), especially in the current climate of hostility towards the communities they represent.

7. In the face of these threats, the report highlights the need to build the resilience of communities and offers good practice examples and opportunities for the joint programme to provide solidarity and allyship. In particular, the report makes several overarching recommendations to PCB members and the Joint Programme Cosponsors.

8. The report calls for **ensuring sustainable and equitable financing for communities**, specifically by:
   - Shifting the way funding for communities is delivered (via governments and international organizations) towards strategic funding models that are flexible and long term, that cover core costs, and that actively support communities to identify new sources of funding that adopt those approaches.
   - Recognizing the exceptional circumstances that shape the HIV response and retaining ring-fenced funding for key and vulnerable populations while transitioning to more integrated approaches to universal health coverage.
   - Increasing the availability of flexible and emergency funding to support community-led organizations that face safety, security and other threats, and strengthening support for, or enabling the creation and operation of, regional-level community-led mechanisms to provide safety nets for community-led responses in countries where community leadership and engagement is under threat.
   - Supporting full funding of UNAIDS and the replenishment of the Global Fund, recognizing their vital roles in supporting the work of communities and strengthening resistance to anti-rights actors and narratives.
   - Promoting the replenishment of the Robert Carr Civil Society Networks Fund among relevant stakeholders, recognizing the unique role it plays in providing core and strategic funding to community-led and -serving networks.
   - Continuing to work closely with Member States and donors, including PEPFAR and the Global Fund, to significantly increase financing for community-led organizations and networks and for human rights monitoring, response and advocacy, as well as to strengthen accountability to community-led organizations, including through disaggregated reporting on the proportions of donor and national HIV budgets allocated to community-led responses and human rights programming.

9. The report calls for **centering community leadership in global and national AIDS strategies**, specifically by:
   - Strengthening accountability frameworks that monitor the level of community leadership and participation at national and global levels to promote learning and investment in community leaders, and to hold countries and global health institutions to account.
   - Recognizing and supporting the meaningful involvement of communities—including key and priority populations, people living with HIV, and people most at risk of and most affected by the AIDS pandemic—as an integral part of HIV responses. Doing so by using Global Fund guidance to ensure their safe and meaningful participation and leadership in national HIV strategic plans and policies and funding request development, and by supporting their wider engagement in planning, decision-making, implementation and monitoring related to HIV responses.

- Committing to the meaningful involvement of communities in the development of the next Global AIDS Strategy and the 2030 targets, and ensuring civil society and community priorities are represented at the 2026 High-Level Meeting on HIV and AIDS and in the language of the next Political Declaration on HIV.
- Retaining and reinforcing the 30–80–60 targets by developing an operational monitoring and accountability framework that is linked to a prioritized, *accelerated* action agenda. In support, developing a clear narrative that links the 30–80–60 targets for community-led interventions to the 95–95–95 targets for treatment access and adherence, and the 10–10–10 social enabler global targets (as well as other relevant targets agreed to in the Political Declaration) to highlight the centrality of community leadership in achieving *all* global targets.
- Ensuring that the expertise, leadership and research of communities of people living with and most affected by HIV are consistently valued in all aspects of decision making, planning, strategy and implementation of the HIV response.
- Ensuring that organizations and governments which work at a distance from communities regularly convene listening spaces to learn from communities and hear about their priorities.
- Supporting community-led monitoring to ensure health services are available, accessible, acceptable, affordable, and to monitor human rights.

10. The report calls for **building communities' resilience to counter the anti-gender and anti-rights movement**, specifically by:
    - Pledging concrete actions to remove the barriers that stand in the way of communities' leadership, including civic space and human rights barriers.
    - Ensuring that UNAIDS and Cosponsors collaborate closely with national AIDS councils and commissions, and other key national government stakeholders, to anticipate and prepare for anti-rights, anti-gender and anti-civil society mobilization, and to prevent the introduction of further restrictive measures.
    - Taking effective action against the deliberate use of disinformation tactics by anti-rights, anti-gender and anti-civil society actors, and resourcing communities to develop and disseminate strong, shared counter-narratives that prioritize ending AIDS and promote human rights- and evidence-based responses to HIV.
    - Ensuring the mainstreaming of gender-transformative approaches and self-care for marginalized communities, as a matter of policy.
    - Promoting person-centred, rights-respecting and inclusive language at all levels, including in UN normative frameworks and high-level processes.
    - Recommitting to the Global Partnership to eliminate all forms of HIV-related stigma and discrimination as a platform for partnership, collaboration, exchange and mentorship between countries to advance human rights and gender equality and resist anti-rights mobilization.
    - Strengthening linkages between the Global Partnership and key institutions, in particular the Office of the High Commissioner on Human Rights.
    - Supporting communities of people living with and most affected by HIV to work collaboratively both within HIV movement and across other social justice movements, and to adopt an intersectional approach.
    - Investing in the mentorship of new leaders, particularly young people, to encourage (among other things) the use of digital technology and innovation, and to ensure succession planning across generations of leaders.

Introduction and background

We should not be seen as a target of interventions, but as the principal intervention. We should not be seen as the problem, but as the key to the solution.
- World AIDS Day report 2023: Let communities lead[1]

Purpose and context of this report

11. Every year the NGO Delegation to the UNAIDS Programme Coordinating Board (PCB) presents a report on a topic of critical concern to civil society and communities affected by HIV. The report includes recommended decision points.

12. The topic selected for the 55th meeting of the PCB in December 2024 is "Supporting community leadership and human rights for a sustainable HIV response". Community leadership is widely considered critical to ending AIDS as a public health threat by 2030 as per the Sustainable Development Goal (SDG) 3.3.

13. Community-led responses are the cornerstone of an effective HIV response. Communities provide invaluable insights, mobilize local resources and foster trust with the people who are most affected. Their leadership ensures that interventions are grounded in lived realities, tailored to specific needs and capable of addressing inequalities that perpetuate the epidemic. By championing human rights, combating stigma and advocating for equitable access to services, community-led initiatives drive innovation and resilience, helping ensure that no one is left behind. These efforts are not just complementary but are essential for achieving global AIDS goals.

14. Its importance is evident in the [2021 Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030](#), and the [Global AIDS Strategy 2021–2026](#), in which the "30–80–60" targets were agreed. They require that, by 2025, communities most affected by HIV will deliver:
    - 30% of testing and treatment services, with a focus on HIV testing, linkages to treatment, adherence and retention support, and treatment literacy;
    - 80% of HIV prevention services for people from populations at high risk of HIV infection, including for women within those populations; and
    - 60% of programmes to support the achievement of societal enablers.

15. As we approach 2025, however, none of these targets are within reach and data to monitor progress are incomplete.[2] [iii]

16. On World AIDS Day 2023, UNAIDS launched the "Let communities lead" report and campaign. It identified five areas of inadequacy, namely that communities are under-acknowledged, under-resourced, under-remunerated, under-supported and under attack.[3] A year later, communities around the world continue to come up against these barriers in their day-to-day work and in the pursuit of their longer-term goals. In some contexts, the challenges they deal with have intensified significantly.

[iii] An expert advisory group with participation from global networks representing people living with HIV and key populations has been convened to guide the development of a monitoring framework and the identification of relevant proxy measures or development of new metrics for monitoring progress towards the 30-80-60 targets. The proposed framework will include questions on three areas: monitoring of laws and policies related to the operating environment for community-led service delivery; monitoring finance data; and monitoring service delivery. The first phase has been concluded and questions were integrated in the National Commitments and Policy Instrument (NCPI) questionnaire for 2024 Global AIDS Monitoring.

17. The 2024 progress assessment of the SDGs shows that the world is off-track to realize the 2030 agenda.[4] As we move closer to 2030, we face a situation where there is a greater expectation on countries to resource their own national HIV responses. Yet while no country has achieved the elimination of HIV-related stigma and discrimination, no country has achieved gender equality, no country has decriminalized all aspects of sex work or drug use, and no country has eliminated transphobia and homophobia, this horizon spells potential disaster for people living with and most at risk of HIV.[5]

18. While significant progress has been made towards "ending AIDS as a public health threat by 2030" (SDG 3.3), the HIV response is falling short of addressing prevention among key populations and their sexual partners, ensuring that the most marginalized have access to HIV testing and treatment, and in eliminating HIV-related stigma.[6] These are some of the areas where community leadership can made the biggest contributions.

19. A major paradox in the HIV response becomes apparent: in the places where community leadership is most needed, it faces the greatest obstacles.

20. We cannot overcome or end the AIDS epidemic without strong and systematic community leadership in HIV responses. Every major leap forward in the 40-year struggle against AIDS has had its roots in community leadership, but its full potential is being held back.

21. This report presents evidence and analysis of how the leadership of communities most affected by HIV and their vital contributions to ending AIDS as a public health threat are being impacted by a range of issues, including: shrinking civic space; growing attacks by the anti-gender and anti-rights movements; ongoing failures to respect and protect the human rights of communities most affected by HIV; and inadequate funding for networks and organizations representing these communities.

22. With the UNAIDS PCB as its primary audience, this report urges Board members and the Joint Programme to commit to and take immediate, urgent action to increase its recognition of and support for community leadership in order to safeguard the gains made in the global HIV response and to uphold human rights in the face of current threats.

Methodology and limitations

23. This report was developed using a qualitative, mixed-methodology approach between July and October 2024, including: an extensive literature review; a community survey (with 90 responses); and 19 key information interviews or dialogues (including eight regional dialogues) with 62 representatives from different communities. The latter included adolescent girls and young women, women living with HIV, young people living with HIV, LGBTQI+ persons, people who use drugs, sex workers, and other stakeholders (including technical agencies, donors, civil society, global health institutions, and government representatives). The report underwent a peer review process by a nine-member civil society expert panel comprising individuals with diverse geographic and technical areas of expertise.

24. A full list of participants in the interviews, dialogues, survey, regional dialogues and civil society expert groups is available in Annex 3.

25. The report builds on a number of previous NGO Delegation reports. The issue of community leadership and human rights being so central to an effective HIV response, almost all recent reports of the NGO Delegation include relevant decision points.[iv]

26. A challenge for this report and consultations with key stakeholders was the limited time available for research and writing. That process was scheduled to start in March 2024. Unfortunately, the UNAIDS PCB NGO Delegation was unable to secure funding for the report until July 2024. As a result, work started four months later than anticipated and was completed within four instead of eight months. This situation speaks to one of the core themes of the report: communities are struggling to keep doing their work in the face of insecure and ever-shrinking funding for the HIV response.

What is community leadership?

If we're still asking ourselves these questions, we're doing something wrong.
- Eastern Europe and central Asia regional dialogue

27. Throughout the report, the term "community" refers to the groups, constituencies and populations most impacted by HIV. They are diverse and intersectional, and they include: people living with HIV; key populations;[v] and other priority populations (including adolescent girls and young women, displaced people and migrants, indigenous people, people living with disabilities, and LGBTQI people).

28. A multistakeholder task team was convened by the PCB to "bring clarity to efforts to achieve global commitments to strengthen the community-led response to AIDS",[7] with representatives from governments, civil society and donors. Building on an earlier technical consultation of experts comprising people living with HIV and key populations from global networks, treatment activists and women's organizations, the task team proposed the following definitions:[8]
   - **Community-led HIV responses** are actions and strategies that seek to improve the health and human rights of their constituencies and that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them;
   - **Community-led organizations**, groups and networks engaged in the HIV 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 response are self-determining and autonomous, and are not influenced by government, commercial or donor agendas. Not all community-based organizations are community-led.

[iv] Among the most relevant are the NGO Delegation report to the 39th PCB in 2016, An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response. More recently, decision points 5.3 (c) and 5.4 (a), (b), and (c) from the 53rd PCB meeting (in follow up to the thematic segment at the 52nd), and 7.4 (c) (under agenda item 5: update on the Global Partnership to eliminate all forms of HIV-related stigma and discrimination), also at the 53rd PCB; and decision points 4.2 and 4.4 under agenda item 1.4 (report by the NGO representative: Left Out: The HIV Community and Societal Enablers in the HIV response) at the 49th PCB meeting.

[v] Defined by UNAIDS as gay men and other men who have sex with men; sex workers; people who inject drugs; transgender people; and prisoners and other incarcerated people.

29. A definition for **community leadership** remains a work in progress. In preparing this report, the question "what is community leadership?" elicited a range of responses, including:

    - "Giv[ing] voice to the people who can't reach the policy-makers and donors" (Asia-Pacific regional dialogue);
    - "Having people involved in responses that impact their lives and helping to shape those responses because we are the ones that know how the issue affects us. Not having external people make decisions on our behalf without our input" (western Europe and North America regional dialogue); and
    - "[Being] listened to. Having the power to sit at the table, not just be consulted." (Latin America and Caribbean regional dialogue).

30. Community leadership implies trust, knowledge borne from experience that goes beyond (or fills gaps in) empirical data, linguistic and cultural sensitivity, and inclusion. It also speaks to the issues of decision-making, reach, collective efforts and movement building, self-determination, bodily autonomy and integrity, and the realization of human rights. Essentially, community leadership is about the power to effect positive change *by and for* individuals and groups most impacted by HIV.

    Community leadership means not just putting people in a position to lead, but also giving people the resources they need and the power they need … Without responsibility and authority change isn't going to happen.
    - Western Europe and North America regional dialogue

31. Community leadership therefore goes beyond representing community members on decision-making bodies; it assumes that communities most affected by HIV have access to both the resources they need and the necessary independence to use them that will enable them to organize and to carry out work, and the accountability for this work.

    How has community leadership shaped the global AIDS response?

    It has been people living with HIV, sex workers, people who use drugs, trans and gender diverse people and gay men and our closest allies that have led the most impactful advocacy, research and programming. The HIV movement has crafted proven solutions that have been central to informing broader HIV strategy and policy. This is arguably the biggest lesson that the HIV movement can share with other movements and what we need to keep central to our work beyond 2030.
    - GNP+, Future of the AIDS Movement report[9]

32. The Alma Ata Declaration of 1978[10] promotes the principle of community and individual engagement in health responses.[vi] However, the global HIV response is arguably the first public health movement to be founded on the activism of those living with or most affected by a single, specific health condition. Both the United Nations Joint Programme on HIV and AIDS (UNAIDS) and the Global Fund, were partly catalyzed and inspired by this global movement of AIDS activism. As a result, community leadership is built into the governance and decision-making architecture of both entities.

33. The NGO Delegation plays a unique role in ensuring the meaningful engagement of civil society—including people living with HIV and key populations—in the governance of

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[vi] "*People have the right and duty to participate individually and collectively in the planning and implementation of their health care*" – Alma Ata Declaration in World Health Organization, 1978, Section IV, available at [Declaration of Alma-Ata](#).

UNAIDS. This allows for the inclusion of community voices and leadership in policy spaces where key decisions are taken for the global HIV response. The role of the NGO Delegation is to advocate with UNAIDS members and Cosponsors to achieve improvements in the global response that reflect civil society priorities and the lived reality of affected communities.[11]

34. Community leadership over the past 40 years has changed the shape of the HIV response and contributed to improved service uptake and health outcomes for people living with and most affected by HIV. Community activism and solidarity with people most impacted by HIV and AIDS have been the mainstay of the HIV response.

35. The activists who took to the streets in the 1980s and 1990s were literally fighting for their lives. Movements like the Treatment Action Campaign in South Africa forced governments to assume political leadership in the HIV response and changed the concept of the right to health. Other activist movements, such as Junkiebund in the Netherlands,[12] spearheaded the early adoption of needle-and-syringe exchange programmes,[vii] while sex worker collectives enabled sex workers to sustain and implement the use of condoms in their professional and personal lives, giving rise to new forms of community empowerment.[13]

36. The media coverage of the AIDS epidemic in the early 1980s was dominated by doom-laden public health campaigns[14] which reinforced deeply-entrenched homophobia and the denigration of drug use and sex work as purely criminal activities. In contrast, community actions emphasized solidarity in the face of fear, rejection and stigma, and they focused on protecting human rights, upholding the dignity for people living with HIV, and saving lives.

37. Early in the AIDS epidemic, "The Denver Principles" (1983) rejected the positioning of people living with HIV as "victims" or "patients" and advocated for their involvement in decision-making that affected their lives. The Principles highlighted enshrined basic human rights that would guide the global HIV response: people living with HIV have the right to a full and satisfying sex life; the right to quality health care and informed choice in respect of their medical treatment; to privacy, confidentiality and non-disclosure of their HIV status; and to live and die with dignity.[15]

38. In 1994, at the Paris Summit on HIV and AIDS,[16] the principle of the Greater Involvement of People Living with HIV and AIDS (the "GIPA principle") was articulated. UNAIDS soon adopted it as a cornerstone of the HIV response. The principle "aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. In these efforts, GIPA also aims to enhance the quality and effectiveness of the AIDS response."[17] The GIPA principle is widely expressed across the HIV movement. Activists and advocates have used it as a foundation for achieving evermore meaningful involvement, engagement, leadership and participation in the HIV response.

39. Community leadership is evident in a wide range of interventions, including (but not means limited to):
   ▪ peer-led activities, such as prevention education, treatment adherence support, treatment literacy, and mentor mothers;
   ▪ treatment activism;

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vii For other examples of early harm reduction activism, see: https://inpud.net/wp-content/uploads/2022/01/Taking-back-whats-ours-interactive.pdf.

- human rights advocacy including stigma reduction, legal support and access to justice, documenting rights violations and advocating for rights, decriminalization advocacy;
- sexual and reproductive health and rights (SRHR) awareness, empowerment, advocacy and policy changes;
- harm reduction development, innovation and advocacy;
- preventing and addressing violence against women and gender-based violence in the context of HIV;
- sex worker (and other key population-led) activism; and,
- responding to COVID-19 and other emerging challenges from Mpox and ebola to malaria, tuberculosis, viral hepatitis, and sexually transmitted infections (STIs).

40. With the advent of effective treatment for HIV, the concept of community leadership evolved further. However, communities still play a vital role in connecting people to services and in creating environments where human rights are protected and barriers preventing access to quality, equitable services are removed. Further, peer support groups still fill gaps in health systems, especially for mental health and psychosocial support. The work of communities is far from over.

41. Further, there is a risk that, as donor governments and global health actors retire prematurely from the HIV space[18] [19] and as the HIV response is absorbed into broader, integrated health systems, community leadership might end up being the only aspect of the HIV response that is genuinely tailored to and safe for marginalized people most affected by HIV.

    When everyone is ready to pretend everything is over, we will still be here—we will be the ones dealing with what is left.
    - Eastern Europe and central Asia regional dialogue

    How do current global frameworks support community leadership?

42. The centrality of community leadership for ending AIDS as a public health threat is reflected in several of the global policy frameworks that underpin the global HIV response.

    The Global AIDS Strategy, 2021–2026

43. Result area 4 in the Global AIDS Strategy 2021–2026 emphasizes the importance of "fully recognized, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response". It recognizes the actual and potential contribution of community leadership to the three pillars of the strategy and it acknowledges the history of community leadership, advocacy and activism in the HIV response at all levels.

44. Specifically, the Strategy calls for implementation of the GIPA principle; support for community-led monitoring; the scale-up of community-led service delivery in line with the 30–80–60 targets; the integration of community-led interventions into national responses; and the mobilization of funds for community-led organizations.

> **Community leadership targets (30–80–60)**
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> The 30–80–60 targets commit to ensuring that by 2025, communities most affected by HIV will deliver:
> - 30% of testing and treatment services, with a focus on HIV testing, linkages to treatment, adherence and retention support, and treatment literacy;
> - 80% of HIV prevention services for people from populations at high risk of HIV infection, including for women within those populations; and
> - 60% of programmes to support the achievement of societal enablers.

45. The Strategy also recognizes that substantial obstacles stand in the way of realizing the full potential of community leadership, including: shrinking civic space; increasing restrictions on funding for community-led organizations and activities; and mounting attacks from the anti-gender and anti-rights movements. These are discussed in Part 2.

46. The Global AIDS Strategy and the 2021 Political Declaration on HIV and AIDS[20] also set targets for societal enablers that are critical for an effective HIV response. By highlighting the structural factors that hinder HIV prevention, treatment and care, the targets are also a proxy measure of communities' abilities to fully participate in the decision-making that affects their lives.

> **Societal enabler targets (10–10–10)**
> - Reduce to no more than 10% the number of women, girls, and people living with, at risk of or affected by HIV who experience gender-based inequalities and sexual or gender-based violence;
> - Ensure less than 10% of countries have restrictive legal and policy frameworks that unfairly target people living with, at risk of or affected by HIV, such as age of consent laws; laws related to HIV non-disclosure, exposure and transmission; laws that impose HIV-related travel restrictions; and mandatory testing and laws that lead to denial or limitation of access to services;
> - Ensure less than 10% of people living with, at risk of or affected by HIV experience stigma and discrimination, including by leveraging the potential of Undetectable = Untransmittable (U = U).

47. While there has been progress in some of these areas, it has been slow, uneven and increasingly subject to backlash. Progress on HIV prevention and treatment, or reductions in HIV-related stigma and discrimination, are vulnerable to reversal—as seen in the disruption or shutdown of essential HIV services during the COVID-19 pandemic[21] [22] and during conflict and war.

The Global Fund and the United States President's Emergency Plan for AIDS Relief (PEPFAR)

48. The Global Fund's current strategy[23] has also elevated community leadership to the level of a strategic objective for the first time. To reach SDG 3.3—ending AIDS, tuberculosis and malaria—four mutually reinforcing "contributory objectives" have been identified. One of them is "maximizing the engagement and leadership of most-affected communities to ensure no-one is left behind" (alongside maximizing people-centred, integrated health systems, and maximizing health equity, gender equality and human rights; underpinned by mobilizing increased resources).[24]

49. The Strategy highlights the strengthening community systems and amplifying the voice and role of communities most impacted by the three diseases. It commits to placing these affected communities at the centre of all efforts and acknowledges their unique role in achieving epidemic control and in fostering resilience and sustainability in disease responses.

50. Similarly, under the current strategy of the US President's Emergency Plan for AIDS Relief (PEPFAR), community leadership is one of three key enablers.[25] Emphasis is placed on increasing the role of community leadership within PEPFAR; sustaining community leadership within partner government programmes; and elevating a next generation of community leadership.

51. However, both PEPFAR and the Global Fund look to country governments as the principal partner and implementer of HIV programmes, which can have troubling implications for communities in terms of funding and leadership opportunities, and with regard to programmes aimed at reducing discrimination and improving social norms.

The World Health Organization's Global Health Sector Strategies on HIV, viral hepatitis and sexually transmitted infections, 2020–2030

52. These Strategies highlight that "[c]ommunities must be empowered and resourced to enhance their indispensable role in delivering people-centred services with strong linkages to health services, and in promoting accountability". They state that "[t]his is an unprecedented time to build resilient and adaptable health and community systems to promote health security, uphold human rights, protect people from future pandemics and other challenges, and advance human health and well-being."[26]

53. The engagement of empowered communities and civil society–-including key and other affected populations—constitutes one of the strategic directions for each of the disease responses. This is to occur by supporting community and civil leadership in advocacy, service delivery and policy-making, and by capacitating community health workers. Underpinning the Strategies are three drivers of progress: gender equality and human rights, financing, and leadership and partnership. They recognize the role of communities in designing interventions that are culturally appropriate and responsive to community needs and necessary for reducing stigma and discrimination and for tackling other social and structural barriers.[27]

Shifting health landscape: the Lusaka Agenda

54. In the context of a shifting landscape for global health, the recent Lusaka Agenda outlines a roadmap for multilateral funding from global health initiatives and institutions such as the Global Fund, GAVI and the Global Financing Facility "towards a joint long-term vision of domestically-financed health systems and universal health coverage that leaves no one behind".[28]

55. The Agenda identifies five key shifts for global health initiatives: (1) stronger contributions to primary health care through integration and health system strengthening; (2) support for transitioning from global health initiatives to domestic financing; (3) joint approaches for supporting and reaching marginalized communities, including through community-led organizations; (4) strategic and operational coherence; and (5) promoting affordable prices for quality health products.

56. While it is encouraging to see acknowledgment of the role of community-led organizations in seeking health equity for marginalized communities, there has been criticism of the limited involvement of civil society in the Lusaka Agenda process.[29]

What is standing in our way? Obstacles and challenges to community leadership

[The] erosion of democracies around the globe and emergence of extreme anti-rights movement [is] threatening human rights and progress in the governance of the AIDS response; a whole set of experiences and best practice and progress is threatened by adverse sociopolitical and economic climate.
- Survey response

A nexus of threats

57. During the community consultation underpinning this report, a nexus of overlapping and recurring threats and obstacles to community leadership emerged:
   - the increasing difficulties and dangers of operating in countries where civic space is restricted;
   - the rise of anti-gender and anti-rights movements, and how this is contributing to:
     o increasingly punitive anti-LGBTQI+ laws and campaigns, alongside wider threats to LGBTQI+ people's human rights and their access to HIV services and information;
     o increasingly regressive drug policies, affecting harm reduction programmes and the health and rights of people who use drugs;
     o a rollback against women's rights and empowerment;
     o entrenching HIV, gender and key population-related stigma, discrimination and violence;
   - lack of funding for community leadership.

58. These areas are closely linked and create embattled conditions for community-led organizations, leaving them unable to serve their constituencies.

All of that actually created a situation where we're sort of like, you know, "deer [in the] headlights", like … What just happened? We're all severely shocked, but we ought not to be. This has been cooking for a very long time.
- Eastern Europe and central Asia regional dialogue.

<u>Shrinking civic space</u>

The rapid deterioration of civic space is a global crisis that requires a comprehensive and collective response
- Rights reversed: A downward shift in civic space, CIVICUS, 2023

59. The CIVICUS Monitor[30] is a real-time research tool that tracks the state of civil society and civic space in 198 countries. In 2023, 118 of 198 countries had obstructed, repressed or closed civic space—the highest number since monitoring began—with 31% of the world's population living in countries with closed civic space. Only 2.1% people, the smallest proportion since monitoring began, were living in countries with open civic space, down from 4% in 2018.

> **Civic space ratings**
>
> The CIVICUS Monitor tracks the freedom of association, freedom to peacefully protest, and freedom of expression in any given country. It informs a country's civic space rating as closed, repressed, obstructed, narrowed or open.
>
> In countries with an "open" rating: citizens are free to form associations, demonstrate/protest without fear of arrest or reprisals, and receive and impart information freely. Authorities are tolerant of criticism, the police protect protestors, and the media (including social media) is independent and uncensored.
>
> In contrast, countries with a "closed" rating are characterized by: a prevailing atmosphere of fear and violence, where people may be imprisoned, seriously injured or killed for attempting to exercise their rights to associate, peacefully assemble and express themselves. Criticism of ruling authorities is punished and there is control and censorship of information.

60. The implications of this downward trajectory have been reverberating through the HIV movement everywhere.[31] One of the trends recorded by CIVICUS across regions is that restrictive laws are being used as tools to limit the activities of civil society. In sub-Saharan Africa, this has had a particular impact on the ability of LGBTQI+ groups to organize, for example.

61. Same-sex relations are criminalized in at least 27 African countries and LGBTQI+ organizations face widespread bans on the publication of information on LGBTQI+ rights across the continent, as well as increasing barriers to registration. In Malawi, the Nyasa Rainbow Alliance's request to be registered as a trust, made in 2016, has been repeatedly denied. The first LGBTQI+ community centre in Accra, Ghana was forced to close after security forces raided it.[32]

62. In Uganda, the CSO Sexual Minorities Uganda was suspended in 2022 for failing to register, even though the organization had attempted to register and its application had been denied. The Non-Governmental Organizations Bureau black-listed and halted organizations (many of which serve the LGBTQ+ community) for promoting what they termed as un-African values.[33] [34] This led to a stall in service (legal, health and others) delivery as the staff of these organizations live in fear of arrest.

    In an environment where there is a lot of anti-gay sentiment and populism is at its highest, we saw a lot of fear—organizations' accounts were being frozen or shut down, under the premise of compliance issues. We need to push for programming and look at the regulatory environment they are working in.
    - *Eastern and southern Africa regional dialogue.*

63. Frontline AIDS partners in eastern and southern Africa have indicated that organizations working with other key and marginalized populations such as sex workers and adolescent girls and young women-led organizations are also struggling with being overburdened and at risk of closing down.[viii]

64. Zimbabwe's Private Voluntary Organizations Amendment Bill (2021) and Kenya's Public Benefits Act in May (2024) require registered civil society organizations (including community-led one) to re-register under restricted parameters, which is raising concerns among human rights observers[35] and fears of scrutiny among human right activists.

[viii] Leora Pillay, Frontline AIDS, unpublished data (https://frontlineaids.org/).

If you are doing work that goes against cultural or religious values—what are the chances that you will be able to re-register?
- Eastern and southern Africa regional dialogue

65. Nicaragua too has seen a crackdown on community-led and other civil society organizations, which has led to the rescindment of organizations' registrations and permits to work. This has disrupted the ability of, among others, communities affected by HIV to organize and coordinate, both in the country and across the region.

66. In Bangladesh, political turmoil and a caretaker government since August 2024 have resulted in community-led organizations losing the support of police and law enforcement agencies with whom they previously had good working relationships.

67. In eastern Europe and central Asia, community-led and other civil society organizations and partners are facing backlashes in several countries. Civic space is already restricted in several countries and it is becoming more restrictive in some others. "Foreign agent" laws (whereby organizations receiving external funding can be regarded as "foreign agents") have been adopted in Kyrgyzstan (March 2024), and Georgia (May 2024) and are being used to monitor, control and restrict the activities of some community-led organizations, including LGBTQI+ organizations.[36] The introduction of Georgia's "Law on Transparency of Foreign Influence" has created registration challenges for some members of the Eurasian Network of People who Use Drugs, and there has been a roll-back of harm reduction programmes and opioid agonist treatment.

68. In countries experiencing conflict or a state of emergency, community-led and other civil society organizations and partners are essential for ensuring that HIV services continue to reach those in greatest need. The COVID-19 crisis and response illustrated how essential community leadership was for sustaining HIV response.[37] Similarly, the war in Ukraine has showcased the abilities of community-led organizations like 100% Life to maintain HIV services in very difficult circumstances. Those contributions confirm the value of local, community-led and other civil society organizations as key partners in humanitarian response.[38]

> **Case study: Communities hold the line**
>
> The war in Ukraine is an example of the extraordinary power of communities to respond in times of crisis and sustain the HIV response: contrary to expectations, HIV prevalence has not risen in the two years since the Russian invasion, thanks to civil society and community-led efforts.
>
> After an initial loss of contact with people on ART, communities stepped in, re-established contact and mobilized community-led service delivery—including on the frontline. Organizations like 100% Life are maintaining contact with some 250 000 people, performing case finding and linkage to treatment linkage, sustaining opioid agonist treatment services, and using innovations such as digital technological and long-acting HIV medicines. The number of people accessing opioid agonist treatment has increased since the start of the war and distribution of pre-exposure prophylaxis has also expanded, while 24-hour hotlines are being used to provide information and link people to mental health and psychosocial support.
>
> The incorporation of a humanitarian component—including linking HIV and humanitarian donors —has enabled civil society organizations to provide food and shelter, as well as HIV services, to people on the move. Beyond service provision, it is important to continue to address other barriers by advocating for more liberal drug policies, the decriminalization of sex work and same-sex relations, and by monitoring and responding to human rights violations. [39] [40] [41]

69. In a context of shrinking civic space, communities' capacities to do their core work are being undermined—even though most community-led organizations are ultimately working to achieve goals they share with the government of their countries, like ending AIDS as a public health threat.

Anti-gender and anti-rights mobilization

70. The anti-gender and anti-rights[ix] movements refer to the backlash or pushback against human rights and gender justice (which is sometimes derogatively referred to as "gender ideology") by conservative forces that include state and non-state actors.[42] [43] Frequently targeted are gender-normative ideology; efforts to decriminalize LGBTQI+ people, sex work and personal drug use; the legalization of gay marriage, and the provision of sexual and reproductive health and rights services and information, particularly relating to abortion. These movements are generally well-funded and -coordinated and they operate across a variety of sectors, education, labour, law and the media.

71. Their rising influence is visible in regressive policies in the political sphere, including in moves that target efforts to uphold human rights, reduce gender inequality, and remove discrimination. It is also evident in attacks on human rights-based language in UN processes, such as the Commission on the Status of Women.[44] Active in every region, anti-rights groups have become increasingly vociferous opponents of key population communities and, consequently, community-led organizations, often branding them as a danger to children, "the family" and society itself.

72. These trends also pose challenges to community leadership in the HIV response.[45] The movements are opposing or undermining core, evidence-based components of effective HIV responses, from condoms and pre-exposure prophylaxis to comprehensive sexuality education, alongside pushing a narrow, patriarchal and binary view of identity,

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[ix] Sometimes also referred to as the "gender-restrictive" movement (see: Manufacturing-Moral-Panic-Report.pdf).

sex, pleasure, care and relationships.[46] Their campaigns compound harmful social and gender norms and advance a push for new anti-gay laws in several countries, as well as a rollback on transgender rights[47] and an increasingly regressive legal and policy environment for other key populations. This affects the HIV response at all levels.

73. Regressive approaches to comprehensive sexuality education are a cornerstone of anti-gender and anti-rights mobilization. Irrespective of the evidence that it contributes to HIV awareness and reduction in risk behaviours,[48] (as well as reducing unintended pregnancy, and other sexual and reproductive health and rights challenges), powerful groups such as the "Don't Mess With My Kids" movement,[49] broadcast the false but highly emotive claims that comprehensive sexuality education "promotes" homosexuality and promiscuity among children, and puts children at risk of sexual abuse.

74. *Where there are regressive laws on comprehensive sexuality education for young people, this will also affect access to information on HIV, sexual and reproductive health and rights, gender and gender-based violence, as well as restrict the opportunity to change harmful gender norms and stereotypes. In addition, [community-led and other civil society] organizations implementing adolescent girls and young women programmes will be restricted by laws regulating young people's and women's access to SRH information and services (including age of consent and access to condoms) and comprehensive sexuality education.*
   - Leora Pillay, HIV Prevention Advocacy, Frontline AIDS (https://frontlineaids.org/)

Impact of the anti-gender and anti-rights movements on the human rights of key populations in Africa

In 2023, Frontline AIDS's Rapid Response Fund approved 16 grants across seven African countries for addressing the increasing discrimination, violence and legal persecution faced by marginalized communities. Key findings from a review of those grants included:

- **Widespread harassment and violence**. Uganda saw a surge in violence and discrimination both prior to and following the enactment of the 2023 Anti-Homosexuality Act, often encouraged by incitement from political and religious leaders. This led to office relocations, enhanced security measures, and increased need for medical and psychological support for the affected people.

- **Barriers to health care**. Anti-LGBTQI+ rhetoric and laws exacerbated discrimination in health-care settings. Organizations struggled to maintain access to HIV treatment and other health services due to safety concerns and logistical challenges. Three quarters of approved grants included safety and security components.

- **Attacks on key populations**. Beyond the LGBTQI+ community, sex workers and people who use drugs also faced increasing violence, harassment and arrests, which compromised their access to vital HIV services.

The review underscored the vital role of emergency financial support, security measures and advocacy to support and defend community-led and other civil society organizations.[x]

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[x] Paddy Lawrence, Advisor: Human Rights Advocacy, Frontline AIDS, unpublished data, (https://frontlineaids.org/).

75. A number of community-led and civil society organizations are monitoring the anti-gender and anti-rights movements and the impact it is having on the HIV response, as well as building the evidence base around the strategies that can counter rights-repressing movements and equipping their constituencies with advocacy tools to strengthen their efforts. These include GATE,[50] Women 4 Global Fund[51], ISDAO[52], Frontline AIDS[53] and ATHENA Network[54], among others. This vital work to build resistance to anti-gender and anti-rights mobilization needs support and investment that is both sustained and flexible, recognizing that this will be a long-term struggle, and that finding the solutions requires innovation and will sometimes involve failure. Increased financing to directly support the safety and security of individuals, and organizations involved is also critical, especially for those working in the most hostile environments.

Increasingly punitive laws criminalizing LGBTQI+ people

The reality is that criminalization is the main barrier to the HIV response.
- GNP+, Future of the AIDS Movement report

76. The HIV response has long been hampered and held back by punitive laws that criminalize sex work, same-sex relations, HIV transmission and drug use. These restrictions facilitate HIV transmission within key population communities. At the same time, new anti-homosexuality laws and regressive drugs laws—driven by anti-gender and anti-rights rhetoric—is making it harder for community-led organizations to operate and serve these populations, which undermines the HIV response.

77. Laws like the 2023 Anti-Homosexuality Act in Uganda have been followed by attacks on individuals, including abductions, persecution, and extortion. Ghana, Nigeria and the United Republic of Tanzania are among the countries that have experienced a rise in attacks on LGBTQI+ people.[55] [56] While most anti-homosexuality laws criminalize same-sex relations—not individuals on the basis of their identity—they effectively sanction violence, police brutality, extortion and blackmail.[57]

78. The impact of these laws is multifaceted. They harm people's mental and physical health and bodily autonomy and they limit the availability and accessibility of information and HIV prevention, testing and treatment services for people from affected communities. Organizations are also restricted in their efforts to serve and defend affected populations. They may have to edit documents, register under pseudonyms or operate in secrecy in order to hold in-person meetings without risking denunciation.

79. Beyond Africa, moves towards criminalization or reinforcement of existing penalties for same-sex relations have been documented in Bahrain and Iraq,[58] while a large number of anti-LGBTQI+ bills have been introduced in the USA in recent years.[59] In Bangladesh there have been attacks on community-led organizations serving the HIV-related health needs of gay men and other men who have sex with men.

Organizations which are providing HIV prevention services to the MSM community got targeted by making these videos … they're telling [people] that they are promoting sex … they are promoting same-sex, they are promoting gay agendas and naming these organizations, putting their addresses on the videos so people can go there and then they make trouble for them.
- Asia-Pacific regional dialogue (Pakistan)

Who is afraid of gender?

In 2022, Initiative Sankofa de l'Afrique de l'Ouest and Queer African Youth Network collaborated on a three-country study in Burkina Faso, Ghana and Senegal to examine anti-gender and anti-rights campaigns in western Africa.[60] The report, Who is afraid of gender, found that anti-gender and anti-rights "actors participate in the elevation of a system of exclusion, discrimination and strong opposition that has significant consequences for the mental health, sense of safety, and access to services of LGBTQ+ people".

The report also found that around three quarters of people identifying as LGBTQI+ lived in "a permanent state of fear", and around 60% reported having experienced verbal or physical attacks in the previous year. One result of this climate of hostility, was that "LGBTQ+ organizing is inevitably affected, ranging from a reduction in the volume of activities to the suspension of certain programmes and services, or even a complete halt, plunging members of the community further into isolation".

Nevertheless, the study also found resistance among LGBTQI+ communities, with an emphasis on building strategic alliances, especially with human rights defenders; building the capacities of LGBTQI+ organizations; online mobilization; and the development of emergency response plans. The report's recommendations highlight strengthening mental health support for LGBTQI+ communities, including through stronger solidarity, investing in legal training, ensuring access to services and encouraging dialogues.

Regressive drug policies

80. Despite progress in some jurisdictions (see below), the dominant paradigm around drug use remains punitive, with an emphasis on arrest, prosecution and arrest. There is evidence of a tightening of drug laws in some countries, alongside a push against harm reduction programmes. Even in some places with relatively liberal drug policies (e.g. Oregon in the USA, British Columbia in Canada, and Uruguay), public order ordinances or laws have been used to target people who use drugs.

81. At the 2024 meeting of the UN Commission on Narcotic Drugs, resolutions for the first time included language on "harm reduction",[61] bringing them in line with agreed language in other UN processes, including the General Assembly and the Human Rights Council. However, a lack of consensus—the resolutions went to a vote—detracts from the impact.[62] The meeting also witnessed unsuccessful attempts to block the intervention of the High Commissioner and various special rapporteurs, indicating the extensive opposition to essential health interventions for people who use drugs, and to their agency and voice in global policy spaces.

    Drug policies and drug laws have always been a tool to suppress people, to discriminate against people in ways that would otherwise not be possible. So even if this anti-gender movement is not directly targeting people who use drugs, it's much more targeting women, transgender people and other populations, it is still being used as a tool criminalize people [who use drugs].
    - Western Europe and North America regional dialogue

Rollback on reproductive health and rights

82. The rollback of the international human rights framework is being advanced also by the development of alternative, non-binding normative frameworks such as the Geneva Consensus Declaration.[63] This statement, which strongly opposes not only abortion but also sexual and reproductive health and rights and comprehensive sexuality education, garnered 39 signatories. Other initiatives, such as the "Protego project" are working to promote and operationalize that declaration, including through "First Lady" advocacy.[xi] It was piloted in Guatemala and Uganda in 2024.[64]

83. Such initiatives, often under the umbrella of anti-abortion campaigns, seek to undermine women's and girls' sexual and reproductive health and rights and deny them their bodily autonomy. They also harm other health and development efforts, including the HIV response. In addition, policies such as the so-called "global gag rule" or Mexico City Policy (first introduced under the Reagan administration in the USA) have created more restrictive environments for organizations providing sexual and reproductive health services.[65] Under this policy, non-U.S. civil society organizations promoting reproductive rights risk losing U.S. funding, which has led to the fragmentation of partnerships and closure of programmes. Studies by the Center for Health and Gender Equity[66] and Frontline AIDS[67] have found that the policy also compromises key populations' access to HIV services and creates an environment of mistrust and confusion among community-led and other civil society organizations and partners. There are also concerns about possible cuts in funding for sexual and reproductive health and rights programmes by some countries in Europe, which could have disastrous consequences for HIV and for the health of women rights globally.[68]

84. The attacks on the rights of women and LGBTQI+ persons are not new but they are increasing and they are affecting communities' abilities to protect and advance their sexual and reproductive health and rights. Moreover, this discourse reinforces existing binaries and creates divisions and dichotomies, positioning women's and trans* people's rights as a zero-sum game in which there can only be one "winner". The casualties of this pushback are sexual and reproductive health and rights for all and a fully effective HIV response. Therefore, it is imperative to defend agreed rights-protecting and -promoting normative language in UN processes. In July 2024, the first-ever UN resolution on including an unqualified recognition of sexual and reproductive health and rights was agreed.[xii] Previous UN resolutions had referred to "sexual and reproductive health and reproductive rights" but had shied away from recognizing sexual rights.

85. Despite this, UN Women has been tracking a retreat on in gender equality policies, including in Europe and North America,[69] and there has been a pushback against normative language supporting comprehensive sexuality education and sexual and reproductive health in UN resolutions.[70] The 2024 SDG Gender Index, which tracks progress towards SDG 5, shows that progress towards achieving gender equality stagnated or declined between 2019 and 2022 in around 40% of countries[71] parallel to the rapid expansion of anti-gender and anti-rights activity during this period.

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xi See, for example, the Twitter post: https://x.com/OPDD_Burundi/status/1787515201383735665; the Instagram post: https://www.instagram.com/janetmuseveni/reel/C6-lyVQJpBG/; and the Strategic Issues and Research Council report "Valerie Huber's Safari", available at:
https://drive.google.com/file/d/1NIOiltdvSQjd-X0yhBe-AIAIk4rXF1bQ/view (accessed 12th November 2024).
xii See UN Human Rights Council Resolution 56/20 on Human rights in the context of HIV and AIDS (2024), adopted as orally revised without a vote, 37th meeting, 12 July 2024.
https://documents.un.org/doc/undoc/ltd/g24/111/50/pdf/g2411150.pdf.

86. As we move into the Beijing+30 review year, which will be the focus of CSW69 in 2025,[72] the HIV community needs to be vigilant about monitoring normative language in the UN and other high-level agenda-setting spaces. No country has fulfilled the commitments of the Beijing Declaration and Platform of Action yet, and there is a strong risk of backsliding against the commitments made in SDG5 and elsewhere. The UN system can help prevent this from happening by capacitating women's rights organizations to defend their space and work.

<u>Entrenching stigma, discrimination and violence, including sexual and gender-based violence</u>

Community leadership is also [about] ensuring that responses are grounded in human rights, as self-determination, bodily autonomy, and bodily integrity are central to human rights-based approaches, so community-led responses help realize human rights objectives.
- Western Europe and North America regional dialogue

87. Human rights barriers and gender inequality continue to hold back the HIV response, and limit community leadership. HIV-related stigma and discrimination persists and often intersects with gender inequality, racism, homophobia and transphobia, and stigmatizing attitudes and behaviours towards sex workers, people who use drugs, people in prison and other marginalized populations. The encroachment on civic space and rollback of rights-based policies and programmes creates fertile terrain for human rights violations, the targeting of community leaders and human rights defenders, and the victimization of members of key populations and people living with HIV communities.

88. GNP+'s 2023 Stigma Index Global Report,[73] which consolidates findings from the Stigma Index 2.0 studies conducted across 25 countries between 2020 and 2023, highlights the persistence of HIV-related stigma and discrimination. Overall, 85% of respondents agreed with one or more statements indicating internalized stigma; 13% reported experiencing stigma and discrimination in HIV services and almost twice as many reported similar experiences in non-HIV-related health settings. Among key populations, 26% of sex workers, 16% of gay men and other men who have sex with men; 40% of people who use drugs; and 49% of transgender people reported experiencing stigma and discrimination. Global AIDS monitoring in 2023 found that among the general population, a median of 47% report discriminatory attitudes towards people living with HIV.[74]

Case study: Translating results into action—driving national-level action to address internal stigma through the countries' commitment to the Global Partnership for action to eliminate all forms of HIV related stigma and discrimination

The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and the International AIDS Society have been supporting a comprehensive and integrated internal stigma package led by Beyond Stigma and Zvandiri. Two key components of the package are Wakakosha and Project DAAKYE, which have been implemented by country partners with technical assistance provided by Beyond Stigma under the Global Partnership.

Wakakosha, a peer-led project, uses a combination of inquiry-based stress reduction techniques and creative expression. Developed in Zimbabwe, it is being expanded to Ghana, Rwanda, South Africa and Zambia and is showing positive results for mental health, treatment adherence and people's sense of self-worth.

In Ghana, Project DAAKYE, is addressing internal stigma among adolescent girls and young women living with HIV. The project combines psychosocial support, human rights education, and livelihood empowerment to reduce stigma and build self-confidence. At the end of the programme, 80% of the beneficiaries reported significant improvements in their self-esteem, confidence and treatment adherence.

89. Gender-based violence and transphobia are well-documented barriers to HIV prevention and treatment service access, while intimate partner and sexual violence against women has been shown to increase women's likelihood of acquiring HIV. Women and girls—including transwomen and gender nonbinary persons—and women and girls living with HIV are at higher risk of intimate partner violence and sexual and gender-based violence in institutional settings, such as health-care settings or at the hands of law enforcement personnel.[75] Yet European anti-gender and anti-rights actors are contesting the Istanbul Convention which provides a normative framework for preventing and addressing violence against women and domestic violence.[76]

    At the Commission on the Status of Women in 2024, most of the talk at side events was on the anti-gender and anti-rights movement—this is a win for [those] movements. It's all we're talking about! [They are] creating confusion, fragmentation, reaction, and disrupting strategies and plans.
    - Cate Nyambura, ATHENA Network, AIDS2024 session on "Community leadership and resilience to gender and human rights barriers"

90. People with multiple overlapping identities—such as women who use drugs and transgender sex workers—face intersectional or compounded stigma and discrimination. These barriers already prevent the HIV response from reaching and benefiting the most marginalized, as shown by the rising proportions of members of key populations and their sex partners among the people acquiring HIV, a trend that is likely to expand further as the impact of anti-gender and anti-rights mobilization grows.

91. One consequence of anti-gender and anti-rights attacks and threats is that, rather than pulling together, civil society organizations struggle to ally and support one another effectively. Within the architecture of the global HIV response, programmes supporting "women, girls and gender equality" tend to be separated from human rights

programmes (which may focus on key populations, for example). This can result in fractured interventions, programmes and strategies.

We keep working in isolation—gender champions, feminists, young people, LGBTI community, other key populations. On the other side we have other communities [still] being left out, such as people with disabilities. How do we push back on marginalization and against ideologies that undermine human dignity—and ideologies that make communities seem irrelevant, or worse, criminals?
  - Eastern and southern Africa regional dialogue

92. The failure of the HIV response to implement a truly intersectional approach has hampered the implementation of a gender-transformative approach. This stems from and contributes to the perpetuation of short-term, small-scale and fragmented civil society activities, despite the evidence that movement building and concerted actions are effective[77] and will be critical for resisting anti-gender and anti-rights mobilization.

Lack of sustainable financing, impact on capacity and organization of community-led organizations

Dwindling resources for HIV

Donor fatigue and activist fatigue are being experienced all across. Dwindling funding is challenging community leadership as opposed to building community resilience and innovative interventions.'
  - Middle and North Africa regional dialogue

93. With funding for the HIV response flatlining, there has been a decrease in both the amounts and the proportions of HIV funding going to civil society.[78] According to UNAIDS there has been a drop in the overall level of funding channeled through communities from 31% in 2012 to 20% in 2021.[79] As the biomedical response to HIV has advanced with treatment and prevention methods becoming more widely available, many philanthropic donors have left the field. Donor governments outside of the US have channeled funding for the HIV response through key institutions including the Global Fund, UNAIDS and Unitaid, with relatively small amounts of funding for communities going through the Robert Carr Fund since its establishment in 2012. Though limited, the Fund provides critical core support for global and regional networks (see box).

94. A study carried out by Aidsfonds in collaboration with NSWP, INPUD and GATE in 2020 highlighted that funding for key populations constituted only 2% of total HIV funding, which put the achievement of global AIDS targets by 2030 in serious jeopardy.[80] However, there has been no reversal of this trend. A forthcoming follow-up study by Aidsfonds and the Love Alliance, shows that funding to key populations has dropped even further in the interim four years (Julia Lukomnik, personal communication, 1 November 2024).

Lack of core funding for communities

95. Lack of core funding was the single most-cited barrier to community leadership throughout the research for this report. In the community survey, 85.6% of respondents selected lack of core funding as a major obstacle to community leadership, and one that is likely only to get worse as the 2030 target of ending AIDS

as a public health threat approaches and then passes, particularly if HIV is not seen as a priority in the architecture that follows.

The lack of core funding creates operational challenges, limiting our ability to cover essential costs like staff salaries, rent, and utilities, which undermines service quality and consistency. It restricts programme sustainability, forcing us to rely on short-term, project-based funding. The increased administrative burden to secure funds diverts focus from core activities, while the lack of resources stifles innovation, limiting our ability to address emerging needs.
- Rwanda Network of people living with HIV/AIDS

Case study: The Robert Carr Fund

Without [the Robert Carr Fund] we would have nothing for the regional and global networks. The voices of community wouldn't be heard at all. Or there would be very few activists from a few countries.
- Eastern Europe and central Asia regional dialogue

Launched in memory of Jamaican AIDS activist and former NGO Delegation member Robert Carr at the 2012 International AIDS Conference, the Robert Carr Fund provides flexible, unrestricted core funds that enable regional and global networks of under-served populations[xiii] to advance equity, accountability and human rights.[81]

The funding is catalytic: it complements funding from PEPFAR, the Global Fund and elsewhere for communities by filling the funding gaps such as salaries and other overhead costs which project funding seldom covers. It also enables communities to bring about structural changes through advocacy, participation in decision-making fora (in and beyond HIV) and hold governments and global institutions to account. The Robert Carr Fund increases the efficiency of service delivery grants and contributes to the movement building that is necessary to counter the anti-gender and anti-rights backlash and the closure of civic space.

Shift to domestic funding

96. One of the key shifts in the global health landscape is the emphasis on sustainability, with this often construed narrowly to mean pushing governments to move away from reliance on external donors through increasing domestic financing for health.

97. In parallel, countries that have achieved—or come close to achieving—the 95–95–95 targets receive decreased levels of external funding, even when their national HIV response is still strongly reliant on donor funding.[xiv] Where does this leave communities? If countries are not able to cover HIV treatment through domestic funding, the greater the proportion of the funds that will be used to cover provision of ARVs, and the less that will be going to other global targets including the 30–80–60, and the 10–10–10 targets.

[xiii] Including people living with HIV, key is the third biggest funder of harm reduction programmes (see: The Cost of Complacency: A Harm Reduction Funding Crisis - Harm Reduction International).

[xiv] For example, Eswatini's Global Fund grant for the period 2024–2027 is US$ 46.7million, down from US$ 73million for the 2020–2023 period, while Zimbabwe's 2024–2026 allocation is US$ 437million, down from US$ 481million in the 2021–2023 allocation.

I feel we have cornered ourselves with the 2030 ending AIDS principle because the governments will be doing everything to end it. Which will never happen and the funding for UNAIDS, I'm afraid, on the global level will be close to zero.
- Eastern Europe and central Asia regional dialogue[82]

98. There is pressure, in the face of the shrinking funding pool, and as we approach the likely end of AIDS exceptionalism in the SDG framework, for countries, especially middle-income ones, to transition from international to domestic funding to sustain the HIV response. The fear is that where these countries have hostile sociopolitical environments for key populations, that support for these groups will be drastically curtailed. Community-led organizations, especially those led by key populations, will remain dependent on external donor governments, multilateral institutions or philanthropic foundations to ensure that their constituents can access HIV prevention, treatment and care, and to continue to perform a "watchdog" role. Increasingly, as we have explored in the segment on shrinking civic space above, they are then being curtailed in their ability to even access these funds, through the use of restrictions on registration and "foreign agent" laws.

<u>Impact on women-, youth- and key population-led organizations</u>

99. The biggest impact of declining funding levels is on feminist, women-led, youth-led and key-population-led or -serving organizations. Data from AWID's 2021 brief "Where is the money for feminist organizing?" indicates that women's rights organizations were receiving only 0.13% of the total Official Development Assistance and 0.4% of all gender-related aid, and funding for organizations working at intersecting forms of marginalization (LGBTIQ, indigenous, migrant and refugees, young feminists and sex workers) was even lower.[83] In the context of the global HIV response, nowhere are these statistics more sharply illustrated than in the chronic underfunding of ICW Global. This network, which is directly representative of networks of women living with HIV and which advocates for the rights of over half the global population of people living with HIV,[xv] faces persistent challenges at global level sustaining core funding needed to maintain a physical office as well as to meet increasing programmatic and staffing demands.[84]

100. Similarly, Harm Reduction International's 2024 report,[85] "T<u>he cost of complacency: a harm reduction funding crisis",</u> concludes that gains in the HIV response achieved by 2030 will not be sustained without greater investment in community-led responses, as well as policy and law reform. The reports finds that current funding only accounts for 6% of the estimated funding needed for a fully comprehensive and effective harm reduction response; that shifts from bilateral towards multilateral funding for the HIV response have reduced the amount of donor money going towards harm reduction; and that domestic investment in harm reduction accounted for a mere 0.4% of the entire domestic investment in the HIV response, globally. It also finds that while community-led HIV responses (including in the context of harm reduction and advocacy by and for people who use drugs) are effective, "the majority of donors do not record data on their funding for community-led organizations, and there are no mechanisms to hold donors or donor governments accountable for their political commitments".

101. Grassroots, smaller and informal organizations are seen as untrustworthy, lacking the capacity to manage funds efficiently, and unable to set priorities, while young people are seen as lacking the capacity or experience for leadership roles or making financial

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[xv] The latest UNAIDS estimates indicate that 53% of people living with HIV globally are women and girls.

decisions. In reality, community-led organizations can be incredibly resourceful, stretching each dollar to its limit, and achieving extraordinary amounts of work out of minuscule funding pots—often through reliance on volunteers or an expectation that staff will work overtime out of a passion for and commitment to the cause.

<u>Reliance on voluntarism</u>

102. Since the early days of the HIV pandemic, community leadership has relied heavily on the voluntarism and/or minimally paid work of community members,[86] with the unpaid care burden falling on women, young people and key populations.

If it were not for the volunteer work of ICW Argentina, as in other countries in the region, there would not be active networks of women with HIV.
- ICW Argentina (via survey)

103. Peer support programmes—often seen as the "backbone" of local HIV responses[87] [88]––frequently depend on poorly- or unpaid workers. In Zimbabwe, for example, Making Waves members have described how some community health workers get only US$ 15 per month and are frequently paid late. These workers often finance transport and other costs themselves and face high levels of stress and burnout, as well as risks of theft and violence.

104. The emphasis on project-based funding for community-led organizations limits funding for core costs such as wages. Many organizations lurch from one project to another and rely on unpaid work to mobilize additional resources between projects.[89] The gap between proposal writing and eventual disbursement of funding for a new project can last over a year, during which the organization often has no funds for paying staff.

105. Global targets and commitments related to community leadership cannot be realized without sufficient and reliable donor and domestic funding streams, even with the dependence on voluntarism in community activism and service delivery.

<u>Funding criteria unobtainable by smaller organizations</u>

106. Current criteria for receiving funding (e.g. minimum annual budget thresholds, audited accounts, financial management systems, etc.) favour larger international or national nongovernmental organizations. Small organizations—acting as subgrantees—tend to receive project funding for immediate, direct costs and are seldom able to build their capacity or invest in long-term strategies. Women-led and key population-led organizations are especially disadvantaged by this state of affairs.[90] Paradoxically, the administrative burdens associated with project-based funding can also hinder these organizations from delivering on their core mandates.[91]

107. Funding priorities set by donors are subject to change, which makes it difficult to sustain work that is having a positive impact. For example, following reductions in overall overseas aid from 0.7% to 0.5% of gross national income, the UK has cut aid spending on sexual and reproductive health and rights along with its contributions to UNAIDS and the Global Fund. This is having a devastating impact on programmes, many of which were cancelled or reduced at short notice, with the deepest impact felt by the most marginalized women and girls,[92] including those affected by HIV.

108. In contrast, despite initial concerns that budget cuts to Overseas Development Assistance introduced by the Dutch Government formed in May 2024 could see the

Dutch Ministry of Foreign Affairs significantly reducing the level of funding going towards sexual and reproductive health and rights, the Ministry has since announced that funding for HIV will remain a health priority.[93] This will enable building on work such as [PITCH](), [Bridging the Gaps]() and [Love Alliance]()—which have provided flexible funding to support community leadership and priorities, as well as valuable platforms for cross-community collaboration and support.

109. Much of the funding for social justice work tends to be for short-term projects, whereas sustainable social norms changes can take years of work. Funding is usually conditional on delivering very specific, project-based, short-term outputs; proposed changes to the agreed activities (to respond, for example, to an emerging threat) can take months to secure and are sometimes refused for not adhering to the grant parameters. The Global Philanthropy Project's "Manufacturing moral panic" report, meanwhile, has highlighted the contrast between support for the anti-rights movement (with long-term, flexible funding) and the restrictive funding terms for organizations that advance human rights and gender justice.[94]

What needs to be done

A paradigm shift for the next phase of the HIV response

The barriers holding back communities' leadership roles can be removed, unleashing the full potential of community-led responses. … National governments, donors and other stakeholders need to follow through on their commitments to let communities lead. This means providing community-led organizations [with] core funding to build sustainable institutions and removing complexity in funding processes. It means recognizing that communities are not in the way, but that they light the way forward. It means governments need to ensure safe and meaningful space for communities to do their essential work.[95]

- World AIDS Day report 2023: Let communities lead.

110. This report proposes three focus areas for the next phase of the HIV response.[xvi]

Sustainable and equitable financing for communities

111. A paradigm shift is needed for financing flows to communities, financing decision-making and how impact is measured.[96] Most current community funding models are project-based and use funding thresholds and conditionalities that exclude many smaller community-led organizations. The Robert Carr Fund offers a good model of strategic funding for regional and global networks. There are emerging models of participatory funding for national or subnational organizations (see, for example, the Love Alliance case study, below), but they remain scarce.

112. An overhaul of funding models is needed to make funding more flexible, responsive, context-specific and accessible so community-led organizations and movements can build their sustainability and provide effective support to constituencies. The consultations for this report emphasized that funding should go directly to these organizations (rather than being channeled through government intermediaries) and it should include core funding.

[xvi] These are drawn from the research and consultation for this report, and echo recommendations found in: [Strengthening Civic Space and Civil Society Engagement in the HIV Response | United Nations Development Programme.]()

> **Case study: Love Alliance participatory grant-making**
>
> The Love Alliance consortium is providing evidence of the effectiveness of community-centred, participatory grant-making. The grant-making model is characterized by flexibility, capacity strengthening and trust. Peer-led mechanisms for grant-making place activists at the centre of decision-making around resourcing and ensure that communities receive funding for their work.
>
> Love Alliance funding is supporting community-led organizations in Burkina Faso and Nigeria to counter the anti-rights movement; strengthen the capacity of the sex worker movement to seek decriminalization and develop a counter-narrative to the anti-gender and anti-rights movement in South Africa; and enable trans people and key population-led organizations to respond to community needs following the passing of the 2023 Anti Homosexuality Act in Uganda.[97]

113. Consultations also highlighted the need for communities to start seeking support from non-traditional sources of funding.

114. While there has been a significant reduction in philanthropic funding for the global HIV response,[98] there are examples of foundations stepping into this space. They include the Guerrilla Foundation, which supports activists and grassroots movements that are active in democratization,[99] and the Dalan Fund, which supports movement building by resourcing intersectional movements in central and eastern Europe and central Asia, with a focus on work led by and for women, trans* and gender non-conforming groups.[100]

115. The ITPC highlights the "Global Public Investment" framework,[101] an international financing model that is based on three principles: all contribute; all decide; and all benefit. The model moves away from a donor-driven agendas, towards a more equitable model where pooled funding goes to support community-driven agendas.

Exceptionalism and integration

116. A paradox inherent in domestic funding (and related financing approaches, such as social contracting) for HIV needs to be addressed. While domestic funding is essential to sustain gains made in the HIV response, how can we ensure funding for community leadership if governments collude with or advance the pushback against rights and gender?

117. "AIDS exceptionalism" has been both a "gift" and a "curse" for the HIV response. While it has allowed for significant funding to be channeled into HIV programmes, it also has created funding "silos". Efforts to promote integration with related health issues have been only partially successful, and the difficulties of taking integration to scale through policy and financing remains unresolved. As countries move towards universal health care, HIV prevention, diagnosis, treatment and care have to be part of a primary health care package of services. What might this mean for communities who are most affected by HIV?[102]

118. Activists argue that some elements of "AIDS exceptionalism" need to be retained because of the unique landscape of the HIV response.[103] There is evidence to show that many members of key populations and people living with HIV are wary of utilizing mainstream services.[104] [105] It is difficult to see how harm reduction services, for

example, will be integrated into primary health care and government health systems without a significant overhaul of drug policies. Community health systems are capable of providing localized and context- and population-specific services as an essential part of sustainable health systems, ensuring resilience and equity.

119. There also is a strong role for community organizations to ensure the quality and standards of HIV services in a primary health care model, with community-led monitoring particularly well-positioned to play such a role. Community-led efforts will be key also for overcoming stigma and discrimination; addressing punitive laws aimed at key populations; achieving the social enabler targets; and building resilient, integrated health systems that are ready to deliver universal health coverage.

120. Countries have to assume greater financial responsibility for ART provision when they have the fiscal capacity to do so. They should make full use of community-led monitoring and differentiated service delivery to ensure access to ARVs for everyone who needs them, regardless of gender identity, sexual orientation, engagement in drug use or sex work, or work and immigration status.

121. While greater responsibility for financing the HIV response shifts from global mechanisms to domestic health budgets as part of integrated universal health coverage, some ring-fenced funding for communities should be maintained at the level of global health institutions.

    Recipient governments need to be held to account for domestic financing [of HIV responses, especially access to treatment]. But many of these governments are hostile to key populations—so we need a dual system for continuing the HIV response: a single stream of funding for biomedical aspects, [such as] procurement and distribution of meds, and a "communities fund" to keep the work of communities going.
    - Latin America and Caribbean regional dialogue

    <u>Safety and security of communities in the context of hostile environments</u>

122. In an increasingly hostile environment for community-led organizations, we also need to think about the safety and security of community members and organizations.

123. Increased attention must be directed at securing the safety and security of SRHR, LGBTQI+ rights and gender activists and defenders of women's rights. Organizations need to be able to pre-emptively mitigate risks by adopting security measures on their premises, as well as respond effectively when under attack, especially where civic space is restricted or closed. Funders also have a role to play in amplifying the voices of communities, when it is not safe for activists on the ground to do so.

    Funders can make a huge impact in protecting local organizations through rapid and flexible grants and by raising the voices of activists and organizations on the ground.
    - Alliance for Philanthropy and Social Investment Worldwide[106]

    <u>Community leadership in global and national AIDS strategies</u>

    The Global AIDS Strategy we have now is good enough; it just needs implementing.
    - Eastern Europe and central Asia regional dialogue

    We have beautiful components to the (Global AIDS) Strategy—youth leadership, gender transformative interventions—[but] none of that has been done in our region. It will be

sad if we move onto another strategy and find beautiful new words to sell the strategy while abandoning the old one.
- Latin America and Caribbean regional dialogue

<u>Strengthen accountability frameworks to enable better monitoring of community leadership</u>

124. Current global AIDS strategies and policies include strong language and commitments on community leadership, but implementation is inconsistent, and accountability mechanisms need strengthening.

125. Stronger accountability frameworks at both global and country levels would promote learning as well as investments in community leadership. A clear, "simple-to-sell" narrative on how community leadership drives access to services can be developed to reinvigorate investment in HIV responses that are led by most-affected communities.

126. The development of an accountability framework for the 30–80–60 targets is welcome and should consider the challenges discussed in this report and build on previous PCB decision points.[xvii] There needs to be a set of agreed priorities for supporting community leadership at an operational level, along with indicators for measuring those commitments at the global and national levels.

127. Agreed indicators and monitoring mechanisms are essential to reveal obstacles—such as under-remuneration, challenges with registration and other operational constraints. Communities should participate in deciding what is tracked and measured and in monitoring processes. Progress on human rights and gender indicators and on meaningful community engagement or leadership should become mandatory criteria for HIV funding.

<u>Recognize the role of community leadership as an integral part of national responses</u>

The false dichotomy between government-led health system responses and community-led health system responses must be transcended in national systems for health and social services, with communities fully integrated as essential partners in each and every aspect of the HIV response.
- Global AIDS Strategy

128. In many countries with restricted civic space, community-led and other civil society organizations continue to be sidelined in terms of decision-making and funding. The Global Fund, for example, positions community leadership and engagement as a central tenet of its current strategy and provides clear guidance on community engagement in the grant cycle and more. Yet there is also ongoing tension between the Global Fund's strategic priorities and the principle of country ownership (see RISE case study, below). This tension is resolved only when governments recognize communities of people living with HIV and key populations as an essential, non-negotiable part of countries' national responses.

129. Under GNP+'s "Community-led Accountability, Influence and Monitoring" (CLAIM) programme to support community leadership and decision-making within the Global Fund' grant cycle 7 (GC7) processes, some national AIDS programmes were found to

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[xvii] Specifically, follow up from the 52nd PCB meeting, decision points 5.3 (c), and 5.4 (a), (b), and (c); and 49th PCB meeting, decision points 4.2, 4.4 and 4.5.

be working in genuine partnerships with communities. In others, though, communities were sidelined. That resulted in frustration and the failure of community actors to coalesce around agreed sets of priorities. It also led to a scramble for the few resources on offer, rather than working together to pursue common, agreed goals and priorities. With support from the Global Fund's Community Rights and Gender team, CLAIM has seen significant improvements in community engagement in funding requests for GC7, but there is still some way to go.[107]

130. Tools developed to support community engagement and priority-setting in countries' funding requests for GC7 included a mandatory "Annex of funding priorities of civil society and communities most affected by HIV, tuberculosis and malaria" (the so-called "Community Annex"). It comprises up to 20 community priorities,[108] as well as stronger guidance on the inclusion of community systems and responses[109] and the use of a "gender equality marker".[110] The latter recommendation encourages countries to include gender-responsive programming in their funding requests to increase investments in gender-responsive or -transformative programming over time.[111]

131. Despite such improvements, accountability for community-led, gender-transformative and human rights responses requires further attention,[112] and there is a role for the Joint Programme and PCB members to support the design and implementation of accountability tools.

Case study: Representation, inclusion, sustainability and equity (RISE)[113]

Country coordinating mechanisms are a key structure for Global Fund grantmaking. The importance of their role as entry points for community engagement is a key message of the RISE study. The research highlights the need for solid community participation at all stages of the Global Fund cycle, including grantmaking and oversight, and notes that community engagement tends to decline once funding requests have been developed. The study calls for increased financial support for community engagement, greater transparency and stronger mechanisms for community representatives on the CCM who wish to report experiencing discrimination or abuse within their role.

Addendum: Women RISE

The RISE study also drew on research by the International Community of Women Living with HIV (ICW) Global and the Women 4 Global Fund, which highlighted the need for more equitable and meaningful participation of women in country coordinating mechanisms and consultations. This can be done, for example, by placing greater emphasis on the use of gender assessments to inform funding requests and by making public the findings of the Global Fund's "gender equality marker" exercise.

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132. Global Fund processes are closely linked to countries' national strategic plans on HIV and other relevant policies. Safe and meaningful community engagement in these processes should be ongoing, based on recognition of joint goals, and built on trust.[114]

Listen to what communities are saying

[Community Leadership is] more than trotting people out to tell people about their trauma over and over again.

- Western Europe and North America regional dialogue

133. Community leaders must be *meaningfully* involved in strategy development at global and national levels. This means starting the process early, co-creating the roadmap and listening to communities most affected by HIV to enable them to take a leadership role.

134. However, despite the commitments enshrined in global HIV frameworks, communities are not consistently heard and community-led research is frequently sidelined as "grey literature" or "anecdotal". Community-led and -allied organizations are demanding a shift in the ways community voices are heard and represented in agenda-setting spaces.[115] [116] [117] [118]

Case study: Listening sessions to inform the next United States National AIDS strategy

The Office of National AIDS Policy in the United States has established an open-door policy to HIV-affected communities in their diversity, with several hours a week dedicated to listening to communities. It is hosting "listening sessions" to ensure that the next national AIDS strategy, due to be launched in 2025, reflects people's experiences. To ensure equity in participation, community members who may not enter the White House for clearance reasons (e.g. undocumented individuals or those with a criminal record), online listening sessions are being held.

Case study: Valuing the expertise, leadership and participation of women and trans people in research

Women living with HIV, including trans women, who are represented by the POWER Group (a group of around 30 women living with HIV and their supporters, who are all engaged in research) have been tracking the visibility and representation of issues affecting them at the International AIDS Conference for the past seven years. Data presented at AIDS2024 showed that, at the 24th International AIDS Conference in Montreal in 2022, only 16% of invited speakers, 2.4% of abstract presenters and 6% of scholarship recipients were women living with HIV. Only one of 173 invited speakers, nine of 1,602 scholarship recipients and none of the abstract presenters (of 2,540) were trans women. The findings underscore the question: If the priorities of women living with HIV are not seen as part of the global research agenda set by the International AIDS Conference, how will they be addressed in the global HIV response?

Support community-led research and monitoring

Community-led monitoring provides space for community leadership at various levels to call out what good services should look like, for people accessing the service, but also how the powers are accountable for services provided to the community.
- Eastern and southern Africa regional dialogue

135. Community-led monitoring has grown in prominence in the global HIV response.[119] It forms a core part of the watchdog role and function of communities and it informs policy and resource allocation. In principle, it is not a new approach; communities have

been using and leading monitoring processes for years, for example through REAct, which Frontline AIDS developed as a human rights monitoring system for community-led and other civil society organizations and partners (see box).

Case study: Rights Evidence Action—REAct

REAct is a community-led monitoring and response toolkit and methodology that enables communities to document and tackle human rights barriers to HIV services, including gender-based violence. It also empowers communities to build a body of evidence to strengthen advocacy, inform human rights programming and policies, and hold perpetrators to account.

Since iREAct was launched by Frontline AIDS in 2013, it has been implemented by 140 community-led organizations across 31 countries in Africa, the Middle East, eastern Europe and central Asia. REAct data are presented regularly to national AIDS councils, Global Fund country coordinating mechanisms, national ombudsmen, national centres for disease control, and others.

REAct data have helped communities instigate strategic litigation to confront the forced sterilization of women living with HIV in South Africa; introduce safeguards against police harassment of people on opioid agonist therapy in Ukraine; and set up of "trust councils" to ensure rights-promoting services for people with tuberculosis in Kyrgyzstan.

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136. Community-led monitoring involves collecting and analysing data on the availability, accessibility, acceptability, affordability and appropriateness of HIV care and services,[120] as well as awareness about services among community members. This can provide strategic information, from point-of-care to the national level, about the coverage and quality of policies, services and programmes, and about the experiences and perspectives of a wide range of stakeholders. Community-led monitoring can also empower communities by strengthening their capacity to design and lead research, and to collect, analyse and use data that for advocacy and progamming improvements.

Human rights, civic space and countering the anti-gender movement

137. In an increasingly hostile environment for community-led organizations, it important to consider issues of safety and security for community members and organizations.

Building the resilience of and solidarity with community-led organizations to counter the anti-gender and anti-rights movements

The HIV movement should learn from feminist, LGBTQI+, sex worker and other movements who have been tracking anti-rights actors … [Also] by studying the tactics of anti-rights actors and opponents, the HIV movement could learn how to defend and disarm anti rights agendas.
- GNP+, Future of the AIDS Movement report

138. The consultations for this report[xviii] also found that to counter the anti-gender and anti-rights movement, solidarity and alliances between actors in the HIV ecosystem need to coalesce around a counter-narrative that is grounded in science and evidence. Long-

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xviii See Annex 1 for a full list of participants.

term, non-reactive, sustained strategies and formal and informal education and communications must be mobilized to build consensus around women's and LGBTQI+ people's rights, for the effective protection of children, and for protecting democratic values.

139. UNAIDS Cosponsors and the Global Fund can play a more intentional, informed, courageous and coordinated role than they currently are. Indeed, these agencies could be decisive in facilitating the building of alliances between communities and national governments and normalizing the meaningful engagement of community-led organizations in decision-making spaces, while also challenging policies and practices that threaten to undermine an effective HIV response.

140. To build resilience, community-led organizations also need financial solidarity, including support to counter the anti-rights and anti-gender movements, and which can be used flexibly to respond to local contexts and priorities. They also need support to continue mobilizing communities and advocating with decision-makers to ensure that HIV target and goals are achieved.

141. Gender mainstreaming and the incorporation of gender-transformative approaches are needed within our organizations and movements, as well as in programmes and advocacy. Those same approaches should be applied to financial systems and management, governance, technical support and research.

142. Mental health and self-care also need to be addressed with greater resolve. Emotional support is part of building resilient communities. The HIV movement historically has done well at honouring achievements and supporting peers, but it can do better.

Hold the line on rights-supporting normative language and use person-centred language in our response

143. Community leadership needs to be supported by person-centred language that is non-discriminatory and that positions people living with HIV, women and girls in their diversity, sex workers, people who use drugs, LGBTQI+ people, young people and other constituencies working in the HIV response as leaders in their communities and experts about their own lives, not as victims, "patients" or vectors of disease. This is a long-fought battle that is slowly gaining ground in global spaces, yet we still see discriminatory terminology being used in policy and agenda-setting spaces. While UNAIDS terminology guidelines mostly use person-centred language, these are not consistently implemented, even by UNAIDS and Cosponsors.

144. In advance of the AIDS2024 conference in Munich, the International AIDS Society for the first time issued language guidance for presenters, in response to advocacy by women living with HIV and others.[121] INPUD has also successfully advocated for—and developed guidelines to support—rights-respecting and -promoting language to replace the dehumanizing language that is typically used to describe people who use drugs, including in UN-agreed language.[122] These are ongoing battles. In the face of the anti-gender and anti-rights backlash, communities need allies to hold the line on the language that is used to describe them and to advance rights-promoting normative language.

<u>Movement-building and intersectionality</u>

[T]he HIV movement is stronger and able to accomplish more when we are united as key populations.
- GNP+, Future of the AIDS Movement report

145. HIV is not merely a biomedical issue, but a multifaceted development challenge. Socioeconomic inequalities, gender disparities and structural barriers fuel the AIDS pandemic; overcoming it requires an intersectional approach that goes beyond health care to tackle underlying structural issues as well.

146. Large-scale social norms work requires greater investment in feminist and key population movement-building, in order to adopt a truly intersectional approach and foster partnerships between community-led and community-based organizations, government agencies and international bodies. Platforms like the Global Partnership to Eliminate all Forms of HIV-related Stigma and Discrimination (see the case study above) and the Global HIV Prevention Coalition (which brings together 40 high-priority countries), along with UNAIDS Cosponsors, donors and community, civil society and private sector organizations can be used to leverage best practices.[xix]

147. There is scope for much greater cross-pollination—for example, women- and key population-led organizations learning from each other—to build communities' resilience and solidarity. This could be done through cross-sectoral placements and secondments; capacity-building fellowships; and sustained investment in skills development. This has to include a pivot towards young people—especially young women and adolescent girls, and young people from key populations—with long-term investments in leadership and mentorship programmes (see below).

148. Collaborative community-led approaches such as joint campaigns are needed to enhance the effectiveness and reach of HIV programmes. Examples include the HIV Prevention Choice Manifesto, launched in Kampala in 2023 by African women and girls in all their diversity, feminists and HIV prevention advocates to call for continued political and financial support for HIV prevention choices.[123] The " Rise and Decriminalize" movement in eastern Europe and central Asia has brought together sex workers, women living with HIV, harm reduction advocates and people who use drugs to push back against the shrinking civic space in the region and to promote the four pillars of decriminalization: bodily autonomy, access to justice, freedom from legal restrictions, and access to services.[124]

Rise and decriminalize

The "Rise and decriminalize communique" is a call to action for the international community, development agencies, donor governments and private donors to:
- acknowledge the shrinking space faced by communities in eastern Europe and central Asia and the need for action to safeguard civic space;
- provide flexible funding to sustain the "low threshold" comprehensive work of communities, and ensure the safety and security of community activists and advocates;

[xix] The Global Prevention Coalition coordinates the implementation of a Global HIV Prevention Road Map and the annual publication of scorecards to track countries' progress against the global and national targets.

> - ensure advocacy and fundraising is inclusive of a broad range of stakeholders for a coordinated, intersectional and holistic response;
> - support communities in addressing issues of criminalization; and
> - take leadership and coordinate meaningful dialogue.

149. There are other country-level examples of similar initiatives. In Dominican Republic, key population and civil society groups have developed joint advocacy agendas to strengthen the voice of civil society.[125] In Cameroon, the Unity Platform,[126] hosted by the Cameroonian Foundation for AIDS brings together 34 organizations to monitor and respond to violence against LGBTQI+ people.

150. The HIV movement can also learn from and partner with other social justice movements that use an intersectional approach (linking housing, workers' rights, climate and racial justice, for example).[127] Public health and health equity should be seen as part of a broader, more holistic endeavour that serves a range of needs. This calls for coordination and funding to bring groups together, and for a radical shift in how community leadership is defined.

    In the future we should nurture relationships and strengthen partnerships with labour rights, defunding the police, anti-poverty, anti-racist, prisoner rights, digital rights, anti-capitalist and sexual and reproductive health and rights, women's rights and feminist movements.
    - GNP+, Future of the AIDS Movement report

    Invest in the mentorship of new leaders

151. Finally, communities' abilities to resist oppression in all its forms, requires mentoring and succession planning for the emergence of new leaders.

    The dichotomy of under-funding … is that we rely on the same leaders without properly resourcing the emerging activists. [So you have the] phenomenon of people coming along, being spread too thin and burning out with no long term support, no mentorship.
    - Interview with ICW Global

152. As well as stymying the activities of community-led organizations, the under-remuneration of community members causes stagnation in community leadership, with a lack of younger or emerging leaders bringing fresh energy, ideas and technical expertise (especially in the digital space) into the movements.

153. Leadership requires more than funding a speaking engagement for an individual. It requires long-term investment, capacity building, mentorship and sustainability planning (including succession planning and support to activists who transition out of youth movements).

Case study: UN-leashing the power of adolescent girls and young women

UN Women, in partnership with PEPFAR, USAID and UNAIDS, has implemented a three-year leadership initiative, "Investing in adolescent girls' and young women's leadership and voice in the HIV response" in 15 sub-Saharan African countries where adolescent girls and young women are most disproportionately impacted.

The programme focused on building feminist leadership, mentoring new and emerging leaders, creating safe spaces for girls and young women, intergenerational dialogue and movement building towards a gender-transformative HIV response. It created a convening space for women and girls who were working separately on the same issues, such as "Her Voice" ambassadors and PEPFAR DREAMS ambassadors. "We make assumptions that young activists are already connected, but they're not," explains UN Women's Nazneen Damji. "One of the things the programme did was bring them together and encourage cross-movement building." This helped young women incorporate gender-transformative leadership into work in women's networks.

Conclusion

154. The 2024 NGO report builds on several previous reports that are relevant to the theme of this year's report.

155. Targets promoting community leadership (the 30–80–60 targets) and societal enablers (the 10–10–10 targets) have been enshrined in the 2021 Political Declaration on HIV and AIDS, and in the 2021–2026 Global AIDS Strategy. These are in danger of not being met, due to a retreat from human rights, more restrictive civic space, the rise of the anti-gender and anti-rights movement, and inadequate funding for community-led organizations. More fundamentally, these developments put in jeopardy the rights and wellbeing of people living with HIV, members of key populations, and women and girls in their diversity.

Overarching recommendations

156. Based on an extensive consultation and literature review, the following recommendations have emerged.

157. The report calls for **ensuring sustainable and equitable financing for communities**, specifically by:
   - Shifting the way funding for communities is delivered (via governments and international organizations) towards strategic funding models that are flexible and long term, that cover core costs, and that actively support communities to identify new sources of funding that adopt those approaches.
   - Recognizing the exceptional circumstances that shape the HIV response and retaining ring-fenced funding for key and vulnerable populations while transitioning to more integrated approaches to universal health coverage.
   - Increasing the availability of flexible and emergency funding to support community-led organizations that face safety, security and other threats, and strengthening support for, or enabling the creation and operation of, regional-level community-led mechanisms to provide safety nets for community-led responses in countries where community leadership and engagement is under threat.

- Supporting full funding of UNAIDS and the replenishment of the Global Fund, recognizing their vital roles in supporting the work of communities and strengthening resistance to anti-rights actors and narratives.
- Promoting the replenishment of the Robert Carr Civil Society Networks Fund among relevant stakeholders, recognizing the unique role it plays in providing core and strategic funding to community-led and -serving networks.
- Continuing to work closely with Member States and donors, including PEPFAR and the Global Fund, to significantly increase financing for community-led organizations and networks and for human rights monitoring, response and advocacy, as well as to strengthen accountability to community-led organizations, including through disaggregated reporting on the proportions of donor and national HIV budgets allocated to community-led responses and human rights programming.

158. The report calls for **centering community leadership in global and national AIDS strategies**, specifically by:
- Strengthening accountability frameworks that monitor the level of community leadership and participation at national and global levels to promote learning and investment in community leaders, and to hold countries and global health institutions to account.
- Recognizing and supporting the meaningful involvement of communities—including key and priority populations, people living with HIV, and people most at risk of and most affected by the AIDS pandemic—as an integral part of HIV responses. Doing so by using Global Fund guidance to ensure their safe and meaningful participation and leadership in national HIV strategic plans and policies and funding request development, and by supporting their wider engagement in planning, decision-making, implementation and monitoring related to HIV responses.
- Committing to the meaningful involvement of communities in the development of the next Global AIDS Strategy and the 2030 targets and ensuring civil society and community priorities are represented at the 2026 High-Level Meeting on HIV and AIDS and in the language of the next Political Declaration on HIV.
- Retaining and reinforcing the 30–80–60 targets by developing an operational monitoring and accountability framework that is linked to a prioritized, *accelerated* action agenda. In support, developing a clear narrative that links the 30–80–60 targets for community-led interventions to the 95–95–95 targets for treatment access and adherence, and the 10–10–10 social enabler global targets (as well as other relevant targets agreed to in the Political Declaration) to highlight the centrality of community leadership in achieving *all* global targets.
- Ensuring that the expertise, leadership and research of communities of people living with and most affected by HIV are consistently valued in all aspects of decision making, planning, strategy and implementation of the HIV response.
- Ensuring that organizations and governments which work at a distance from communities regularly convene listening spaces to learn from communities and hear about their priorities.
- Supporting community-led monitoring to ensure health services are available, accessible, acceptable, affordable and to monitor human rights.

159. The report calls for **building communities' resilience to counter the anti-gender and anti-rights movement**, specifically by:
- Pledging concrete actions to remove the barriers that stand in the way of communities' leadership, including civic space and human rights barriers.

- Ensuring that UNAIDS and Cosponsors collaborate closely with national AIDS councils and commissions, and other key national government stakeholders, to anticipate and prepare for anti-rights, anti-gender and anti-civil society mobilization, and to prevent the introduction of further restrictive measures.

- Taking effective action against the deliberate use of disinformation tactics by anti-rights, anti-gender and anti-civil society actors, and resourcing communities to develop and disseminate strong, shared counter-narratives that prioritize ending AIDS and promote human rights- and evidence-based responses to HIV.

- Ensuring the mainstreaming of gender-transformative approaches and self-care for marginalized communities, as a matter of policy.

- Promoting person-centred, rights-respecting and inclusive language at all levels, including in UN normative frameworks and high-level processes.

- Recommitting to the Global Partnership to eliminate all forms of HIV-related stigma and discrimination as a platform for partnership, collaboration, exchange and mentorship between countries to advance human rights and gender equality and resist anti-rights mobilization.

- Strengthening linkages between the Global Partnership and key institutions, in particular the Office of the High Commissioner on Human Rights.

- Supporting communities of people living with and most affected by HIV to work collaboratively both within HIV movement and across other social justice movements, and to adopt an intersectional approach.

- Investing in the mentorship of new leaders, particularly young people, to encourage (among other things) the use of digital technology and innovation, and to ensure succession planning across generations of leaders.

Proposed decision points

160. The Programme Coordinating Board:

- *Takes note* of the report by the NGO representative;

- *Affirms* the unique role of communities as essential service providers, researchers, advocates, and leaders and the fundamental contribution of community leadership to the HIV response over more than four decades and to the delivery of the current Global AIDS Strategy and UBRAF indicators;

- Noting with concern the barriers posed to community leadership and the goal of ending AIDS as a public health threat by the impact of declining HIV funding, civic space restrictions and the mobilization of anti-rights and anti-gender movements, *calls on* Member States to:

    a) Recall decision point 5.3c from the 53rd meeting of the Programme Coordinating Board, requesting members, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, and with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2025 targets in order to increase the proportion of community-led services for HIV prevention, testing and treatment and for societal enablers to reach the 30–80–60 targets, including through mechanisms to increase and facilitate sustainable financing for community-led HIV organizations;

    b) In particular, fully fund UNAIDS, the Global Fund and the Robert Carr Fund, and increase flexible long-term and core funding to community-led organizations, especially those led by key populations and facing safety, security and human rights threats;

c) Work collaboratively across government sectors, with UNAIDS and its Cosponsors and with communities themselves to support the removal of civic space and human rights restrictions and prevent the introduction of further measures;

- *Requests* the Joint Programme to:

a) Continue to work closely with Member States and donors, including PEPFAR and the Global Fund, to increase financing for community-led organizations, including for human rights, and strengthen community-led accountability, particularly through disaggregated reporting on donor and government investments in community-led and human rights initiatives;

b) Recalling decision point 4.4 of the 49th PCB meeting, reiterate commitment to prioritizing the meaningful involvement of communities, including key and marginalized populations, people living with HIV, adolescent girls and young women, and people most at risk of and most affected by HIV, including in the Global AIDS Strategy 2026–2031, the 2026 High-Level Meeting on HIV and AIDS, and the drafting of the next Political Declaration on AIDS;

c) Retain and reinforce the 30–80–60 targets by developing an operational monitoring and accountability framework, linked to a prioritized, *accelerated* action agenda, and supported by a clear narrative linking the 30–80–60 targets to the 95–95–95, 10–10–10 and other relevant targets, in order to highlight the centrality of community leadership in achieving *all* global targets;

d) Strengthen collaboration and capacity across the Joint Programme to support countries in preparing for and resisting anti-rights mobilization, including by allocating increased budget to human rights work, recommitting to the Global Partnership to eliminate all forms of HIV-related stigma and discrimination as a platform for international partnership, collaboration, exchange and mentorship to advance human rights and gender equality, and maximizing linkages with key United Nations institutions, in particular the Office of the High Commissioner on Human Rights.

[Annexes follow]

Annex 1. Key informants and focus groups

Key informant interviews / dialogues	
Y+ Global	Tung Doan (Viet Nam)
MPACT	Andrew Spieldenner
International Community of Women living with HIV	Sophie Brion Keren Dunnaway
Women 4 Global Fund	Ángela León Cáceres
ATHENA Network (dialogue)	Mamello Sejake (South Africa) Irene Ogeta (Kenya) Olaoluwa Abagun (Nigeria)
Making Waves (dialogue)	Alice Welbourn (Salamander Trust, UK) Jacquelyne Alesi (Jacquelyne Sozi Foundation, Uganda) Janet Bhila (Zimbabwe) Elidah Maita (Kenya) Lucy Wanjiku (Positive Young Women's Voices, Kenya)
Love Alliance (dialogue)	Julia Lukomnik (Aidsfonds) Courtenay Howe (STOPAIDS) Jules Kim (NSWP) Cedric Ninanhanwe (GNP+) Avril Padavartan (GATE) Alice Kayongo (Georgetown University)
Robert Carr Fund	Felicia Wong
Office of National AIDS Policy	Francisco Ruiz
UNAIDS	Simone Salem Daria Ocheret
UN Women	Nazneen Damji
Regional dialogues	
Asia and the Pacific	Drew Ching, HASH (Philippines) Ikka Noviyanti, YouthLEAD (regional org) Joe Wong, APTN (regional org) John Pukali, Hetura & Kapul Champions (Papua New Guinea) Kanak M, Blue Diamond Society (Nepal) Muhammad Siddique Wali, Humraz Male Health Society (Pakistan) Olam Rasaphonh, Community Health & Inclusion Association (Lao PDR) Sara Thapa. ICW AP (regional org) Tung Bui, ECLIPSE Project, IRD VN Social Enterprise (Viet Nam)

	Anonymous participant
Latin America and the Caribbean	Ana Martin Ortiz, COIN (Dominican Republic) Harold Mendoza, Instituto para el Desarrollo Humano (Bolivia) Javier Hourcade Bellocq, Plataforma LAC (regional org) Kurt Frieder, Fundación Huésped (Argentina)
Western and central Africa	Aaron Sunday, African Network of Adolescents and Young Persons Development (regional org) Ebenezer Munkam Tchingwa. CAMFAIDS (Cameroon) Elisa Herman Sambo, Association of Positive Youth in Nigeria (Nigeria)
Eastern and southern Africa	Bakshi Asuman, Planned Parenthood Global - Africa (regional org) Joy Asasira, individual (Uganda) Lizzie Otaye, EANNASO (regional org) Milton Bernardo, AMODEFA (Mozambique) Salen Kambinda, Positive Vibes Trust (Namibia)
Middle East and North Africa	Elie Aaraj, MENAHRA (regional org) Jessica Zalami, MENANPUD (regional org) Maher Sleiman, Frontline AIDS (global org) Rita Wahab, MENAROSA (regional org)
Eastern Europe and central Asia	Alexandra Volgina, GNP+ (global org) Denis Godlevsky, ITPC-EECA (regional org) Ganna Dovbakh, EHRA (regional org) Medea Khmelidze, Euraisa Women's Network on AIDS (regional org) Stasa Plecas, Sex Workers' Rights Advocacy Network (regional org) Velta Parhomenko, Club Eney (Ukraine)
Western Europe and North America	Alexander McClelland, Carleton University (Canada) Ancella Voets, Mainline (Netherlands) Heron Greenesmith, Transgender Law Center (USA) Mandisa Moore-O'Neal, Center for HIV Law and Policy (USA) Marmina Miller, PWN-USA (USA) Mat Southwell, Coact Technical Support (UK)
Civil society expert panel	
	Alice Kayongo, O'Neill Institute Erika Castellanos, GATE Jamie Bridge, IDPC Joy Asasira, individual capacity Judy Chang, INPUD Leora Pillay, Frontline AIDS Lizzie Otaye, EANNASO Thomas Brigden, Elton John AIDS Foundation Victoria Kalyniuk, Alliance for Public Health Ukraine
Survey respondents	

English version	Timofey Valery Sozaev, former director of the Center Action (St. Petersburg, Russia); currently seeking political asylum in the USA
	Albert Odiwuor Ooko, Sepp Kenya secretary
	DHRAN - Drug Harm Reduction Advocacy Network Nigeria
	Ernest Amoabeng Ortsin (President of Ghana HIV and AIDS Network)
	UNASO
	James Robert Olajjo, Chairperson PAFOPHA
	Edith Kamau, Most at Risk Young Mothers and Teenage Girls Living with HIV Initiative (MOYOTE)
	Johann Nadela
	BRANIVA
	Kağan Çavuşoğlu / Secretary-General / Red Ribbon Istanbul
	Danson Natujuna, Amity Foundation Uganda
	Bahar Aliyi, Project Officer at Inter Religious Council of Ethiopia
	Family Planning Organization of the Philippines
	Solum Mtogolo - Regional Field Officer - CEDEP
	Elsie Ayeh, National President, Ghana Network of Persons Living with HIV (NAP+ Ghana)
	Deo Mutambuka
	Jamaica Community of Positive Women
	Mohammad Hassan Mashori,CEO FHRRDA
	Hidayat Jan Tanai, ASSHO Organization (Afghanistan Solidarity for Social & Humanity Organization)
	Hi Voices (HiVoices.org)
	Guiselly Flores, Secretaria de Red Latinoamericana y del Caribe de Personas con VIH
	Tanzania Network for People Who Use Drugs (TaNPUD)
	Yda Deguia - Voice for Sexual Rights (VSR) Core Leader
	Correlation-European Harm Reduction Network (C-EHRN)
	Narayan
	Jahnabi Goswami, President ANP +
	Ironsa M.Ernest (he/his/him)
	Kenya Network Of People Who Use Drugs (KeNPUD)
	CSYM -MBUENET MTANDAO COALITIONS TZ-EA.
	Lindokuhle Sibiya, Youth and Women for Change, Eswatini
	Mr. John Pukali, President, Hetura Network PNG Association (He / Him / They)
	Francis Joseph, Network of Asian People Who Use Drugs
	Uganda network of young people living with HIV
	Meta Smith-Davis co-Chair PWN-LA.
	ALCS (Association de Lutte Contre le Sida), Morocco
	Peter Mkandla (Programmes Coordinator), Umzingwane AIDS Network Esigodini; Zimbabwe
	Simon W Beddoe, HRNI
	Bishnu Fueal Sharma
	Julio Rondinel Cano, director CCEFIRO
	BHASO (Batanai HIV and AIDS Service Organisation)
	SOMOSGAY
	Taaluf humanitaire International organization
	Achievable Souls Community Support Initiative
	Janko Belin, social worker

	Naguru Youth Health Network Elidah Maita Ebony Nolol awareness and social development organization (NASDO), local NGO, Somalia CAAN Communities, Alliances & Networks (previously Canadian Aboriginal AIDS Network) Edna Tembo, Executive Director, Coalition of Women Living With HIV and Aids Trinidad and Tobago Community for Positive Women and Girls Living with and Affected by HIV. Ancella Voets, Foundation Mainline, the Netherlands Micro Rainbow International Foundation Rhoda Coffie, National Secretary
Spanish version	Sara Hernández Cepeda, Coordinadora Regional para el Cono Sur de la Red de Jóvenes con VIH de América Latina y el Caribe Hispano (J+LAC). Red Mexicana de Personas que Viven con VIH/SIDA, AC. Javier Martínez Badillo Macuco por la Vida A.C Andy L Rodriguez/ Grupo de Esperanza. Veronica Russo Secretaria General, Red Latinomanerica y del Caribe de Personas que uanan drogas Colectivo Michoacán es Diversidad Mau Red nacional de pueblos indígenas en respuesta al SIDA RENPO Chile Mariana Iacono ICW Argentina/ ICW Latina Red Nacional de personas viviendo con VIH y sida en BOLIVIA (REDBOL) Walter Trejo Urquiola, Cátedra de la Paz y Derechos Humanos Mons. Oscar A. Romero de la Universidad de Los Andes en Mérida, Venezuela
Russian version	Svetlana Doltu, Director of the public organization "AFI", Republic of Moldova "VOLNa" Gennady Plyushchay, consultant of regional development city Kamenskoye Dnepropetrovsk region. Ala Iatco, human rights and harm reduction activist, Moldova Mrs.Sudaba Shiraliyeva, Director, Women and Modern World Social Charitable Center Otari Dzhidzhiishvili. JSC PHOENIX 2009 Gennady Roshchupkin, Community Systems Advisor, ECOM Pak Alexander Yakovlevich, head of the public foundation "You are not alone", Republic of Kazakhstan Kilchevsky Igor Lachin Aliyev, Chairman of the Board, Estonian PLHIV Network
French version	RENAPOC Ange Mavula/UCOP+ Dr Gnazé Zignon Aimée pneumologue Jean-Marie YENE NKOUDOU directeur santé à CAMFAIDS

	Coalition PLUS
Written input and case studies	
GNP+	Aline Fantinatti Annah Sango
Frontline AIDS	Paddy Lawrence Clare Morrisson
Indonesian Network of People who use Drug	National Hep C guidelines development
Afya *Plus*, Tanzania	JIPANGE Project
AIDS Action Europe	Community Response To End Inequalities (CORE)
Kimirina (Ecuador)	Community leadership in the implementation of the pre-exposure prophylaxis programme, Ecuador
Healthright International (with EJAF RENEWAL Initiative, and Ukraine MoH)	Closing gaps in HIV treatment adherence and HIV prevention during the Ukraine humanitarian crisis
W4GF, Tanzania	Gender-transformative community-led monitoring of Global Fund HIV & cervical cancer programmes for women in their diversity in Tanzania: Empowering change
EmpowerCare Youths Network Solution (EYNS)	Empowering adolescents in southern province, Zambia: Leading the charge in HIV awareness and prevention

Endnotes

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