

PROGRESS REPORT OF THE MULTISTAKEHOLDER TASK TEAM ON COMMUNITY-LED AIDS RESPONSES

Additional documents for this item: UNAIDS/PCB (47)/20.29

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

- *Take note* of the progress report of the Multistakeholder Task Team on community-led AIDS responses;
- *Recall that* PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23); and
- *Look forward* to receiving the final recommendations at a future PCB meeting;

Cost implications for the implementation of the decisions: none

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Introduction

1. In 2016, Member States made a series of commitments within the Political Declaration on Ending AIDS.¹ In addition to recognizing the important leadership role played by community organizations, Member States committed to:
 - “ensure that at least 30% of all service delivery is community-led by 2030”² through investment in human resources for health as well as in the necessary equipment, tools and medicines, by promoting that such policies are based on a non-discriminatory approach that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention and treatment services; and that
 - “at least 6% of HIV resources are allocated for social enabling activities, including advocacy, community and political mobilization, community monitoring, public communication, and outreach programmes for rapid HIV tests and diagnosis, as well as for human rights programmes such as law and policy reform, and stigma and discrimination reduction”.^{1,3}
2. Following the adoption of the 2016 Political Declaration on Ending AIDS, the Programme Coordinating Board (PCB) NGO Delegation provided a report for consideration at the 39th session of the PCB in December 2016, entitled "An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response". The report identified barriers to fulfilling commitments on the financing of community-led AIDS responses.
3. At the 43rd session of the PCB, UNAIDS presented a report highlighting best practices for effective funding of community-led AIDS responses, noting the lack of existing data that could be used to monitor and report such responses. Identified as a key barrier to tracking progress toward the 2016 Political Declaration on Ending AIDS commitment was the lack of a clear definition on what should be measured that could allow for differentiation between community-led AIDS responses and responses led by larger civil society organizations, including large international nongovernment organizations.
4. In response, the PCB requested the Joint Programme to: “(10.4.b) convene a task team with diverse donors, implementing countries, and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including 'community-led AIDS response' and 'social enablers' and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks.”
5. Expert technical consultations were held in June 2019 to review existing definitions and to identify key criteria for standardization of definitions.

¹ Engaging and supporting people living with, at risk of and affected by HIV as well as other relevant stakeholders in the AIDS response 64 (a). Call for increased and sustained investment in the advocacy and leadership role, involvement and empowerment of people living with, at risk of and affected by HIV, women, children, bearing in mind the roles and responsibilities of parents, young people, especially young women and girls, local leaders, community-based organizations, indigenous communities and civil society more generally, as part of a broader effort to ensure that at least 6 per cent of all global AIDS resources are allocated for social enablers, including advocacy, community and political mobilization, community monitoring, public communication and outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform and stigma and discrimination reduction;

6. At its 45th meeting, the PCB received a progress report on this work, recalling the UN General Assembly commitment to ensure that at least 30% of all service delivery is community-led by 2030 and that at least 6% of global AIDS resources are allocated for social enablers. Following this, the PCB agreed on the following decision: “(6.2) *Recalling* decision point 10.4b of the 43rd Programme Coordinating Board meeting, *requests* the Joint Programme to convene a geographically balanced Multistakeholder Task Team open to all Member States, and to report back on the process to the Programme Coordinating Board in its 46th Session”. A report was submitted to the Board for its 46th session and reviewed at the PCB pre-meeting.
7. At the 46th session of the PCB, it was agreed that the expert technical inputs on working definitions of “community-led responses” and “community-led organizations” would be the basis of the work of the Multistakeholder Task Team.
8. This report provides an update on the continued work to implement decision point 6.2 of the 45th PCB meeting. It also outlines the process followed for establishing such a Task Team and the Team's work.

Process to establish the Multistakeholder Task Team on community-led AIDS responses

9. Following the 46th session, the PCB established the Multistakeholder Task Team through intersessional decision-making. The PCB agreed on the following legally approved options for the establishment of the Task Team:
10. If the formation of the Task Team is moved forward with the expectation of achieving geographic balance, additional candidates for the Task Team will be needed from three regions: Latin America and the Caribbean, Asia-Pacific, and eastern Europe. There are sufficient candidates from the western Europe and others group and the Africa Region from which candidates can be selected. This will require an extended call for candidates with the anticipated outcome of an equal number of persons from each geographic region constituting the Task Team.
11. If the formation of the Task Team is moved forward with the expectation of achieving geographic representation, the existing nominations will be used by the Secretariat to constitute the Task Team with representation from both Member State and civil society participants from all regions. The Africa region would have a greater number of members given the proportion of candidates received from that region. A new decision point may be required under this option.
12. It was agreed that for both options, the members of the Task Team would be selected on the basis of the qualifications as articulated in the Terms of Reference² in alignment with the 20–24-member size.
13. Following electronic communication on [11 June 2020](#), the Bureau agreed that feedback from PCB participants on the above outlined items could be solicited as part of the comments to be submitted following the 46th meeting of the PCB.³ The deadline to submit comments following the 46th meeting of the PCB on agenda item 5: Update on the establishment of the Task Team on Community-led AIDS Responses was Monday, 6 July 2020.

² Please see Annex 1.

³ As agreed upon in the paper, [Modalities and Procedures for the 46th UNAIDS PCB Virtual Meeting](#), approved through the intersessional procedure.

14. Further to the deadline to submit comments, the Secretariat, in consultation with the PCB Bureau, agreed on the establishment of the Task Team.
15. Following the deadline to submit comments on agenda item 5 of the 46th meeting of the PCB, Progress Report on the Establishment of the Task Team on Community-led AIDS Responses, the PCB Bureau, in collaboration with the Secretariat, recommended moving forward with the consensus agreement outlined in the submitted comments to prioritize the immediate establishment of the Task Team on the basis of existing submissions. This proposal was provided to the PCB for approval through the intersessional decision-making process.
16. Further to the deadline of 7 August 2020, a quorum (15) was reached with the consensus view to immediately establish the Task Team on the basis of existing submissions. UNAIDS subsequently sent a further communication on the establishment of the Task Team and informed those selected to be members of the final composition.⁴

First meeting of the Multistakeholder Task Team on community-led AIDS responses

17. In advance of the first meeting of the Multistakeholder Task Team, members were provided with essential and supplementary reading lists.⁵
18. The first meeting of the Multistakeholder Task Team was held on 16 October 2020. The aim of the meeting was to “standardize the use of definitions, including 'community-led AIDS responses’”. In accordance with the Task Team’s Terms of Reference, members were asked to:
 - reflect on relevant definitions, including the reportability and measurability of the indicators, for consideration by the UNAIDS Monitoring Technical Advisory Group;
 - develop recommendations on the use of the definition of community-led AIDS responses, for consideration by the UNAIDS Monitoring Technical Advisory Group; and
 - explore the feasibility and ways to enhance reporting on community-led AIDS responses to assist Member States in fulfilling their commitments, as outlined in the 2016 Political Declaration on Ending AIDS.
19. Meeting participants were asked to reflect on the following:
 - Advise how definitions of community-led responses/organizations can enable monitoring and measurement of community-led responses at country level;
 - What support can be given so countries are able to measure and report on community-led responses at country level.

⁴ Please see Annex 2.

⁵ Essential readings included the Terms of Reference of the Task Team (Annex 1) and the list of members (Annex 2). Supplementary readings included the following: [2016 United Nations Political Declaration on Ending AIDS; An Unlikely Ending](#) – PCB NGO Delegation’s report from the 39th PCB meeting; [Best Practices on Effective Funding of Community-led HIV Responses](#) – UNAIDS report from the 43rd PCB meeting; [Progress Report on Barriers to Effective Funding of Community-led Responses...](#) - UNAIDS report from the 45th PCB meeting; [Progress Report on the Establishment of the Multistakeholder Task Team on Community-led AIDS Responses](#) – UNAIDS report from the 46th PCB meeting; and [UNAIDS PCB Bureau meeting](#) of 8 June 2020.

20. In order to take this work forward, participants were provided with draft definitions of “community-led responses” and “community-led organizations”, developed through technical expert consultations held prior to the establishment of the Multistakeholder Task Team, and agreed by the PCB to be the basis of the work of the Multistakeholder Task Team. These definitions were:
- Community-led organizations, groups and networks, irrespective of their legal status (alt: whether formally or informally organized), are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led; and
 - Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.
21. It was explained that the alternative language in brackets “whether formally or informally organized” could be used instead of “irrespective of their legal status” to better conform with UN reporting practices if it was deemed more appropriate by the members of the Task Team.
22. Members were also asked to discuss the content and timeline for their forthcoming report to the 47th PCB, bearing in mind that the Terms of Reference called for the Multistakeholder Task Team to provide a final report on its work.

Feedback on community-led definitions

23. Appreciation was expressed by some members to UNAIDS for addressing their concerns on the language used in the definition of community-led responses. They stressed that using “whether formally or informally organized” instead of “irrespective of their legal status” represented a constructive solution that was likely to facilitate future reporting. Members of the Task Team recognized that legal barriers impede funding to communities, and expressed the importance to work together with communities to remove these barriers, keeping in mind the recognition of local legal contexts. No member of the Task Team expressed opposition to the revision, and it was agreed to move forward with the revised language.
24. It was widely felt that the definitions should be as inclusive as possible, accommodating the diversity of communities and the varying composition, nature, and operational capabilities of their organizing across all contexts.
25. It was stressed that the work of communities of people living with and disproportionately affected by HIV should be included in measurements of the community-led HIV response, with attention to methods that can capture the diversity of responses. Whether community groups are organized or not, their activities nevertheless take place across the continuum of care and should be documented.
26. It was also noted that this should include community-led interventions that may not take place directly under the HIV banner, but nevertheless impact social determinants of health that are crucial to a successful HIV response. Such interventions could include

women's and youth empowerment, prevention of gender-based violence, and other structural interventions that reduce stigma and promote human rights.

Challenges identified

27. Participants noted several challenges in measuring community-led responses. They highlighted the lack of tools available to gather this data; limitations in existing measurement systems, which do not allow for reporting the full extent of community-led responses; and emphasized the need for increased funding and capacity building to communities in order to enable them to report on the work that they are doing.
28. Currently, there are few tools available for measuring community-led responses, with no standardization across tools that do exist. Community-led responses are also context-specific and diverse, and existing tools do not capture this. One example given was that surveys measuring HIV testing often document the number of people tested, but do not capture the work done by communities to reach those numbers, such as awareness raising and peer-led outreach to create demand. Another example provided was that existing tools often measure work done at global, regional, and national levels, but do not capture subnational work and therefore also often miss much of the work done by communities. Participants further noted that existing tools often measure actions linked to immediate results, thereby excluding crucial community-led structural interventions linked to slower change and long-term outcomes.
29. Communities may lack access to technology for reporting, and some will need capacity building and funding in order to systematically track the work that they do. Participants agreed that this was a key barrier that would need to be addressed. They also agreed that shared definitions, appropriate indicators, and standardized tools would be essential to measuring community-led responses, and that funders have an important role to play in supporting governments and communities in undertaking this work.

Support from the Joint Programme

30. It was highlighted that UNAIDS has an important role to play in supporting community-led AIDS responses, particularly at country level. UNAIDS should undertake stronger advocacy with governments in relation to the 2016 Political Declaration targets, as such encouragement may lead to more implementation. UNAIDS should also play a more significant role in collecting information on and amplifying the achievements of community-led responses, in order to see these models replicated in other contexts and to ensure that they are integrated into national programmes.
31. Participants emphasized that UNAIDS has a key role to play as a convener, bringing together all national counterparts to ensure an enhanced understanding of properly funded and linked up community-led responses. Clear guidance from technical partners such as UNAIDS is crucial for funders striving to allocate and track resources to community-led responses. Communities are an essential element of an effective response in every context, and definitions and commitments in relation to this are welcomed and crucially timed as the Global Fund also develops its new strategy and Key Performance Indicators.

Report-back on the meeting outcomes: recommendations⁶

⁶ Please see Annex 3 for meeting report.

32. On the basis of the first meeting, following review and consideration, the Multistakeholder Task Team submits the following recommendations to the Executive Director, UNAIDS, for her consideration. The submission to the PCB responds to the Decision Points at previous Board meetings.
- UNAIDS should adopt the definition of community-led organizations and responses, as revised,⁷ and move forward rapidly to develop indicators and technical support for national AIDS programmes, funders, and communities to measure, monitor and report on community-led AIDS responses.
 - UNAIDS should apply the definitions in the development of the new monitoring framework for 2021 and beyond.
 - Frameworks for measuring, monitoring, and reporting on community-led responses should:
 - capture activities led by communities most affected by HIV at national *and* subnational levels;
 - include process-level, output and impact indicators;
 - ensure inclusion of the diverse communities living with and disproportionately affected by HIV; and
 - be based on shorter, simplified and flexible reporting tools
 - When rolling out the new monitoring framework, UNAIDS should ensure an accompanying programme of capacity-building and mentorship to enable and ensure high-quality application of monitoring tools that feed into the Global AIDS Monitoring (GAM) framework.
 - UNAIDS should take the lead in developing standards for community-led data to be recognized and validated for use in national reporting and GAM.

Conclusion

33. These outcomes will be shared with the Monitoring Technical Advisory Group, once they have been reviewed by the Executive Director and the PCB.
34. Another meeting of the Multistakeholder Task Team is planned to be held during early December 2020. The aim of the meeting will be “to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks”.

Proposed Decision Points

35. The Programme Coordinating Board is invited to:
- *Take note* of the progress report of the Multistakeholder Task Team on community-led AIDS responses;

⁷ Revised definitions: (a) Community-led organizations, groups and networks, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led; (b) Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

- *Recall that* PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23);
- *Look forward* to receiving the final recommendations at a future PCB meeting;

[Annexes follow]

Annex 1



Terms of reference

Task team to provide recommendations on community-led responses

I. Background

1. In the 2016 Political Declaration on HIV and AIDS A/RES/70/266 (“the Political Declaration”), Member States committed to “expanding community-led service delivery to cover at least 30 per cent of all service delivery by 2030”⁸ and “to ensure that at least 6 per cent of all global AIDS resources are allocated for social enablers, including advocacy, community and political mobilization, community monitoring, public communication and outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform and stigma and discrimination reduction” These commitments build on the principle of the Greater Involvement of People Living with HIV/AIDS (the GIPA principle), supported by UN Member States since 1994, and that of participatory governance—including community-led responses—outlined in the UNAIDS 2016–2021 Strategy as driving “more relevant, rights-based programmes and stronger accountability for health and development.”
2. Following the adoption of the Political Declaration, the PCB NGO Delegation provided a report for the consideration of the 39th session of the PCB in December 2016, entitled “*An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response*”. The report identified barriers to fulfilling commitments on the financing of community-led responses.
3. During the same meeting, PCB Member States also received a summary report of the 38th PCB session thematic segment: “The role of communities in ending AIDS by 2030”. The report highlighted the important role of communities in the AIDS response, including advocacy, campaigning and participation in accountability; service delivery, including mobilizing demand; participatory, community-based research; and community financing.
4. In response to the report by the PCB NGO Delegation and the follow-up to the 38th PCB session thematic segment (39th PCB meeting, agenda item 4: Follow-up to the thematic segment of the 38th PCB meeting: The role of communities in ending AIDS by 2030) the PCB called on UNAIDS:
 - 5.4 to intensify efforts, in collaboration with communities and other partners, to generate stronger evidence for the costs and benefits of community responses, to conduct an analysis of barriers to integrating community-led responses in national AIDS plans, and to identify innovative measures to support UN Member States to strengthen inputs in national HIV programmes as well as

⁸ 60 (d). Commit to building people-centred systems for health by strengthening health and social systems, including for populations that epidemiological evidence shows are at higher risk of infection, by expanding community-led service delivery to cover at least 30 per cent of all service delivery by 2030, through investment in human resources for health, as well as in the necessary equipment, tools and medicines, by promoting that such policies are based on a non-discriminatory approach that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention and treatment services;

- national and donor policy and programming frameworks for HIV, and to report back to the PCB;
- 8.3.a to Undertake further analysis of the barriers to effective funding of community-led responses by international and private funders, as well as better understanding of the challenges faced by national governments in allocating funding to community-led responses;
 - 8.3.c. Adapt existing mechanisms, including in the reporting for the 2016 Political Declaration, as appropriate, to support UN Member States to track and share their investment in community-led responses”; and to report on progress to the PCB.
5. At the 43rd session of the PCB, UNAIDS presented a report highlighting best practices for effective funding of community-led HIV responses, noting the lack of existing data that could be used to monitor and report against the targets set out in the 2016 Political Declaration on Ending AIDS. A key barrier to measuring these commitments was identified as the lack of a shared definition for a community-led response to facilitate meaningful reporting and data collection and the need for disaggregation of such data for community-led responses from larger civil society responses, including those by large international nongovernmental organizations.
 6. In response, the PCB requested the Joint Programme to “10.4.b Convene a task team with diverse donors, implementing countries, and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, “community-led AIDS response” and “social enablers” and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks”.
 7. In June 2019, UNAIDS convened an Expert Consultation on defining HIV community-led responses with civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, as well as treatment activists and people living with TB. Participants represented currently implementing organizations. Building on existing definitions, representatives recommended a definition of “community-led responses” and “community-led organizations” for consideration and review by UNAIDS Monitoring Technical Advisory Group for incorporation into the GAM.
 8. The UNAIDS Joint Programme and its Monitoring Technical Advisory Group initiated the process of field testing two indicators for the 2020 GAM reporting period. The results of this field testing will support the task team to review the feasibility of measuring of these data.
 9. At its 45th meeting, the PCB received a progress report on this work, recalling the UN General Assembly commitment to ensure that at least 30 per cent of all service delivery is community-led by 2030, and that at least 6 per cent of global AIDS resources are allocated for social enablers. Following this, the PCB agreed on the following decision: “6.2 *Recalling* decision point 10.4b of the 43rd Programme Coordinating Board meeting, *requests* the Joint Programme to convene a geographically balanced Multistakeholder task team open to all Member States, and to report back on the process to the Programme Coordinating Board in its 46th Session”.
 10. In accordance, this document sets forth terms of reference for the establishment of such a task team.

II. Composition of the task team

11. Drawing on previous experiences of the Secretariat on establishing working groups and in accordance with decision 10.4b of the 43rd meeting of the PCB, the membership of the task team shall be geographically and gender balanced and include a total of 20 to 24 members. It shall be open to all Member States and to civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, and to external partners.

III. Process for the establishment of the task team

12. The Secretariat will facilitate the establishment of the task team through an open call for nominations from the different constituencies and external partners. Members of the task team are recommended to have the following competencies and experience:
 - good understanding of HIV, health and/or related issues and familiarity with the work of UNAIDS, at country, regional and/or global levels;
 - experience in indicator or programme development and monitoring, data collection and analysis;
 - knowledge and/or experience of international and/or national funding for HIV/health community-led responses;
 - understanding of the GIPA principle and its application in national HIV responses;
 - working knowledge of English and/or French (the two official working languages of UNAIDS; interpretation will be provided).
13. Once the task team is established, the Secretariat will communicate the names of the members to all Member States, PCB NGOs, Cosponsors and external partners;
14. The task team shall elect co-chairs from within its membership and define the modalities of work.

IV. Scope of work

Context

15. UNAIDS provides technical guidance for monitoring of Member States' policy commitments in response to the AIDS epidemic. Monitoring of national and global progress toward meeting these high-level commitments on AIDS is done through GAM.
16. The UNAIDS Monitoring Technical Advisory Group, an expert body of some 25 diverse stakeholders, supports the monitoring of the AIDS response within the frameworks of the Sustainable Development Goals (SDGs), the 2016 Political Declaration on HIV and AIDS, and the UNAIDS 2016–2021 Strategy. The Advisory Group provides guidance and advice to UNAIDS on the GAM framework and reviews the GAM indicators, including in light of the reporting results, in advance of each annual reporting round. The Monitoring Technical Advisory Group ensures that indicators are grounded in the existing evidence base and expert knowledge.

Role of the Task Team

17. To advance reporting on community-led responses, task team will discuss the field-testing data and provide considerations for improvement by way of a report to the Monitoring Technical Advisory Group. The feedback of the task team will be crucial to guide future integration and uptake of definitions developed as part of the PCB's call on the Joint Programme to "standardize the use of definitions, including "community-led AIDS responses", as well as "to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks".
18. Accordingly, the task team will build on the outcomes of the Expert Consultations (June 2019) concerning community-led AIDS responses, taking into account the 2020 reporting results of the pilot testing of the indicators for measurability and feasibility of use, to:
- Provide reflections on relevant definitions, including the reportability and measurability of the indicators, for the consideration of the UNAIDS Monitoring Technical Advisory Group;
 - Develop recommendations on the use of the definition of community-led responses, for the consideration of the Monitoring Technical Advisory Group;
 - Explore feasibility and ways to enhance reporting on community-led responses to assist Member States in fulfilling their commitments as outlined in the 2016 Political Declaration on ending AIDS.

V. Proposed modalities of work of the task team

- One or two face-to-face meetings to be held in Geneva, Switzerland (meetings may be held virtually if external circumstances require);
- Communication via e-mail, video conference, calls.

VI. Deliverables

- Provide feedback through a report to the technical experts of the MTAG on GAM indicators by September 2020;
- Prepare a report on the outcomes of the work of the task team to be presented at the 47th meeting of the PCB during 15–17 December 2020

VII. Proposed timeline

Timeline	Actions
May 2020	<ul style="list-style-type: none"> • First meeting of the task team. • Build on the outcomes of the expert consultations concerning community-led AIDS taking into account the 2020 reporting results and results of the pilot testing of the indicators for measurability and feasibility. • Develop recommendations on the use of the definition of community-led AIDS response. • Explore feasibility and ways to enhance reporting on community-led service delivery.
June 2020	<ul style="list-style-type: none"> • PCB receives progress report on the establishment of the Task Team.
July 2020 – September 2020	<ul style="list-style-type: none"> • Considerations of Task Team are agreed and consolidated for Monitoring Technical Advisory Group report.

October 2020	<ul style="list-style-type: none">Monitoring Technical Advisory Group meets to review feedback on GAM 2020 implementation to strengthen indicators and guidance for 2021 GAM.
December 2020	<ul style="list-style-type: none">Progress report on work of Task Team presented at 47th meeting of the PCB.

Annex 2

List of members

Task Team on Community-led AIDS Responses

MEMBER STATES - ETATS MEMBRES

African States - Etats d'Afrique

Cameroon - Cameroun

Théophile Olivier Bosse
Diplomat, Permanent Mission of Cameroun to the United Nations Office and other international organizations in Geneva, Switzerland

Ethiopia - Éthiopie

Noah Elias Tegene
Health Counsellor, Permanent Mission of Ethiopia to the United Nations Office and other international organizations in Geneva, Switzerland

Ghana - Ghana

Kyeremeh Atuahene
Director General, Ghana AIDS Commission, Ghana

Rwanda - Rwanda

Zuberi Muyunyi
Director General, Clinical and Public Health Services, Ministry of Health, Rwanda

Zimbabwe - Zimbabwe

Silibele Mpofo, National Coordinator- Meaningful Involvement of PLHIV (MIPA), National AIDS Council, Zimbabwe

Asian States - Etats d'Asie

Iran - Iran

Tofigh Sedigh Mostahkam
Minister Plenipotentiary-Diplomat, Permanent Mission of Iran to the United Nations Office and other international organizations in Geneva, Switzerland

Eastern European States - Etats d'Europe orientale

Russian Federation – Fédération de Russie

Eduard Salakhov
Health Attaché, Counselor, Permanent Mission of the Russian Federation to the United Nations Office at Geneva and other international organizations in Geneva, Switzerland

Latin American and Caribbean States - Etats d'Amérique latine et des Caraïbes

Ecuador - Équateur

Maria Gabriela Yerovi,
Ministry of Health, Ecuador

Western European and Other States - Etats d'Europe occidentale et autres Etats

Sweden - Suede

Andreas Hilmersson,
Counsellor, Permanent Mission of Sweden to the United Nations Office at Geneva and other international organizations in Geneva, Switzerland

United States of America – États-Unis d'Amérique

Shabeen Ally
Senior Epidemiologist, PEPFAR, United States of America

REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS/PEOPLE LIVING WITH HIV – REPRESENTANTS DES ORGANISATIONS NON GOUVERNEMENTALES / PERSONNES VIVANT AVEC LE VIH

Africa - l'Afrique

Lucy Ghati
ICW Kenya Acting Director, Kenya

Magatte Mbodj
Alliance Nationale des communautés pour la Santé, Senegal

Yassine Kalboussi
Tunisian center for public health, Tunisia

Moses Bwire
Executive Director, Peer-to-Peer, Uganda

Asian States - Etats d'Asie

Omar Syarif
Community Mobilization Manager, GNP+, Indonesia

Eastern European States - Etats d'Europe orientale

Ferenc Bagyinszky
Project Manager, AIDS Action Europe, Hungary/Germany

Latin America and the Caribbean - Etats d'Amérique latine et des Caraïbes

Renatta Langlais
Youth representative for the Caribbean region, Y+, Dominica

Gracia Violeta Ross Quiroga
President of the Bolivian Network of People Living with HIV, Bolivia

Western Europe and other Group - Etats d'Europe occidentale et autres Etats

George Ayala
Executive Director, MPact, US

Wangari Tharao
Program and Research Manager, Women's Health in Women's Hands, Canada

External Partner – Partenaire externe

Kate Thomson
Head of Critical Enablers and Civil Society Hub, Global Fund

Annex 3

First meeting of the Multistakeholder Task Team on Community-led AIDS Responses

16 October 2020

Summary

Introduction

The Joint Programme, represented by UNAIDS, UNDP and WHO, welcomed participants and provided a history of the commitments leading to up to the establishment of the Multistakeholder Task Team, including those in the 2016 Political Declaration on Ending AIDS and subsequent UNAIDS PCB decision points. It was stressed that the Multistakeholder Task Team's role would be key in supporting countries to track progress in fulfilling these commitments. Opening remarks given by the UNAIDS PCB NGO Delegation, subsequently encouraged participants to seize the day's work as a vital opportunity to continue supporting community-led responses, which have been at the heart of the HIV response since its inception by and for affected communities.

Background

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

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

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

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

In response, the PCB requested the Joint Programme to: “(10.4.b) convene a task team with diverse donors, implementing countries, and civil society representatives, including

representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, 'community-led AIDS response' and 'social enablers' and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks.”

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

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

The recommendations developed by the Multistakeholder Task Team would be outlined in a progress report presented to the PCB (December 2020). The outcome of this meeting would then be shared with the Monitoring Technical Advisory Group.

Taking the work forward

The UNAIDS Strategic Information team provided background on GAM, associated indicators, and target-setting for 2025, as well as explaining the timeline for the Monitoring Technical Advisory Group's work and how all of these processes align.

It was clarified that the first meeting of the Multistakeholder Task Team would focus on questions of coverage of community-led AIDS responses rather than how best to fund them. A second meeting of the Multistakeholder Task Team will focus directly on best practices in funding for community-led responses. For the first meeting, participants would be asked to reflect on the following.

- Advise how definitions of community-led responses/organizations can enable monitoring and measurement of community-led responses at country level; and
- What support can be given so countries are able to measure and report on community-led responses at country level.

In order to take this work forward, participants were provided with definitions of “community-led responses” and “community-led organizations”, developed through technical expert consultations held prior to the establishment of the Multistakeholder Task Team, and agreed by the PCB to be the basis of the work of the Multistakeholder Task Team. These definitions were as follows:

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

by and for communities themselves and the organizations, groups and networks that represent them.

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

In order to provide context on existing data in support of participants’ discussions, Mr. George Ayala (NGO member of the Multistakeholder Task Team) presented the results of a global review of publications on community-led responses in the HIV field. The review revealed that community-led responses lead to more positive outcomes in service delivery, as well as achieving societal and structural change for health and human rights. The scoping review also identified key components of community-led prevention and treatment programs, highlighting that structural interventions and community-led service delivery have a synergistic effect in achieving long-term structural change.

The Task Team members were asked to discuss two key questions.

- Thinking of your local context, what challenges do you foresee in measuring and reporting on work to respond to HIV that is led by communities of people living with and disproportionately affected by HIV?
- Using, as a foundation, the definitions that have been provided, what recommendations would you give to the Joint Programme in order to support countries and communities to measure and report on community-led responses?

Several themes emerged during the discussion.

Feedback on community-led definitions

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

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

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

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

Challenges identified

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

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

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

Support from the Joint Programme

It was highlighted that UNAIDS has an important role to play in supporting community-led AIDS responses, particularly at country level. UNAIDS should undertake stronger advocacy with governments in relation to the 2016 Political Declaration targets, as such encouragement may lead to more implementation. UNAIDS should also play a more significant role in collecting information on and amplifying the achievements of community-led responses, in order to see these models replicated in other contexts and to ensure that they are integrated into national programmes.

Participants emphasized that UNAIDS has a key role to play as a convener, bringing together all national counterparts to ensure an enhanced understanding of properly funded and linked up community-led responses. Clear guidance from technical partners such as UNAIDS is crucial for funders striving to allocate and track resources to community-led responses. Communities are an essential element of an effective response in every context, and definitions and commitments in relation to this are welcomed and crucially timed as the Global Fund also develops its new strategy and Key Performance Indicators.

Next steps

Participants were informed that key points from the meeting would be shared with them for their feedback, and would form the basis of recommendations for their report to the PCB in December. Following quick turnaround on this, the UNAIDS Secretariat would begin the work to organize a second meeting on best practices for funding community-led AIDS responses.

The meeting was closed by UNAIDS, WHO, and the PCB NGO Delegation.

Proposed recommendations

On the basis of the first meeting, following review and consideration, the Multistakeholder Task Team submits the following recommendations to the Executive Director, UNAIDS, for her consideration.

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

***Definitions (revised)**

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

Meeting agenda

Time	Agenda item
15mins	Welcome
15 mins	Introductions, agenda, and process
10 mins	Background, purpose, and key questions

	<ul style="list-style-type: none"> ▪ Past, 2016 Political Declaration commitments ▪ Key UNAIDS PCB decision points ▪ Community-led definitions ▪ Report back on emailed discussion questions
10 mins	Introduction to the Monitoring Technical Advisory Group process
10 mins	Clarification questions <ul style="list-style-type: none"> ▪ Focus on understanding context and task team objectives
5 mins	Break
5 mins	Community-led best practices <ul style="list-style-type: none"> ▪ Systematic review of measurement of community-led best practices
40 mins	Facilitated plenary discussion to develop key recommendations Two themes for group to discuss: 1) Local challenges (including measurement, reporting) 2) Use of definitions (how to apply them, develop recommendations)
30 mins	Closing discussion <ul style="list-style-type: none"> • Reflection • Next steps • Recommendations • What to take forward to 47th PCB meeting
10 mins	Close

Meeting participants

Present:

MEMBER STATES - ETATS MEMBRES

African States - Etats d'Afrique

Cameroon - Cameroun

Théophile Olivier Bosse

Diplomat, Permanent Mission of Cameroun to the United Nations Office and other international organizations in Geneva, Switzerland

Ethiopia - Éthiopie

Noah Elias Tegene

Health Counsellor, Permanent Mission of Ethiopia to the United Nations Office and other international organizations in Geneva, Switzerland

Rwanda - Rwanda

Zuberi Muyunyi
Director General, Clinical and Public Health Services, Ministry of Health, Rwanda

Zimbabwe - Zimbabwe

Silibele Mpfu, National Coordinator- Meaningful Involvement of PLHIV (MIPA), National AIDS Council, Zimbabwe

Eastern European States - Etats d'Europe orientale

Russian Federation – Fédération de Russie

Eduard Salakhov
Health Attaché, Counselor, Permanent Mission of the Russian Federation to the United Nations Office at Geneva and other international organizations in Geneva, Switzerland

Latin American and Caribbean States - Etats d'Amérique latine et des Caraïbes

Ecuador - Équateur

Maria Gabriela Yerovi,
Ministry of Health, Ecuador

Western European and Other States - Etats d'Europe occidentale et autres Etats

Sweden - Suede

Andreas Hilmersson,
Counsellor, Permanent Mission of Sweden to the United Nations Office at Geneva and other international organizations in Geneva, Switzerland

United States of America – États-Unis d'Amérique

Shabeen Ally
Senior Epidemiologist, PEPFAR, United States of America

REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS/PEOPLE LIVING WITH HIV – REPRESENTANTS DES ORGANISATIONS NON GOUVERNEMENTALES / PERSONNES VIVANT AVEC LE VIH

Africa - l'Afrique

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Renatta Langlais
Youth representative for the Caribbean region, Y+, Dominica

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President of the Bolivian Network of People Living with HIV, Bolivia

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External Partner – Partenaire externe

Kate Thomson
Head of Critical Enablers and Civil Society Hub, Global Fund

JOINT PROGRAMME AND ORGANIZING TEAM – PROGRAMME CONJOINT ET ÉQUIPE ORGANISATRICE

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UNAIDS Deputy Executive Director, Programme

Ludo Bok
UNDP Global Coordinator, Manager SDGs and UNAIDS, HIV, Health and Development Group

Andy Seale
WHO Global Coordinator, Adviser Global HIV, Hepatitis and Sexually Transmitted Infections Programmes

Laurel Sprague
Chief of the UNAIDS Community Mobilization, Community Support, Social Justice and Inclusion Department

Morten Ussing
Chief of UNAIDS Governance and Multilateral Affairs

Samia Lounnas
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Joy Backory
Senior Governance Adviser, Governance and Multilateral Affairs

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FACILITATOR – FACILITATEUR

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Uganda

Excused:

MEMBER STATES - ETATS MEMBRES

Ghana - Ghana

Kyeremeh Atuahene
Director General, Ghana AIDS Commission, Ghana

Iran - Iran

Tofigh Sedigh Mostahkam
Minister Plenipotentiary-Diplomat, Permanent Mission of Iran to the United Nations Office
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REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS/PEOPLE LIVING WITH HIV – REPRESENTANTS DES ORGANISATIONS NON GOUVERNEMENTALES / PERSONNES VIVANT AVEC LE VIH

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¹ Political declaration on HIV and AIDS: On the fast track to accelerating the fight against HIV and to ending the AIDS epidemic by 2030. 70/266 Resolution adopted by the General Assembly on 8 June 2016. Seventieth session agenda item 11; paragraphs 60a-64.

² Global AIDS monitoring: Indicators for monitoring the 2016 United Nations Political Declaration on Ending AIDS. Geneva Switzerland: UNAIDS 2018.

³ Report on feasible ways to measure the achievement of the financial-related targets of the 2016 Political Declaration. UNAIDS PCB report (42)/18.13. Geneva: UNAIDS, 26-28 June 2018.

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