

Result Area 4: Community-led responses

2024 Results Report

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2024 Expenditures and encumbrances for all Cosponsors against allocated funds (in US\$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
\$ 3 344 352	\$2 706 110	\$11 172 600	\$9 222 422	\$14 516 952	\$11 928 532

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

Building on guidance developed in recent years and drawing on evidence, progress and shared experiences, the Secretariat worked with affected communities to make available new normative guidance and tools to advance community-led HIV responses. These focus on monitoring of progress and targets, the policy environment for community-led responses, and the costs for sustainable financing. A new framework and methodology for monitoring progress towards the 30–80–60 targets in the Global AIDS Strategy is also available. Thanks to UNAIDS data collection and reviews, new analyses of the community-led response data collected through the National Commitments and Policy Instrument (NCPI) yielded valuable insights about the operating environments, which can guide further action for achieving the 30–80–60 targets.

Indicator progress on community-led responses (RA 4)

- In **74 countries**, the Joint Programme provided **technical support and guidance** to community-led organizations from at least three of the most significantly affected communities.
- In **79 countries**, the Joint Programme supported national and/or subnational governments and other stakeholders for the **incorporation and expansion** of community-led HIV responses.

A global community of practice led by the Secretariat supported communication and knowledge-sharing about community-led monitoring among practitioners. In 41 countries, community-led monitoring benefited from dedicated technical support from the Secretariat, including the development of a regional roadmap and country action plans on community-led monitoring in 13 countries in western and central Africa. As part of the development of the new global AIDS targets for the next Global AIDS Strategy 2026–2031, technical guidance developed by the Secretariat helped inform the global community-led monitoring targets.

UN Women supported networks of women living with HIV and young women in 19 countries to lead community monitoring and promote inclusive, women-centered service delivery. It assisted in the implementation of a community-led monitoring approach in Rwanda which enabled adolescent girls and young women and community service providers to hold duty-bearers accountable and improve services. In Ukraine, thanks to UN Women support, research led by networks of women living with HIV documented service gaps. In Indonesia, UN Women supported the expansion of the “DeLiLa” (Listen, Protect, Report), a community-led digital app developed by and for women living with HIV to enable women affected by violence to report cases anonymously and safely, and to access legal and psychosocial support, as well as referrals to essential health, policing and justice services. UNICEF supported the scale-

up of the “MobiSAM” app, developed by SAFAIDS, which allows adolescents and young users to rate SRH services accessed in 15 healthcare facilities in Africa.

With support from UNODC, the Secretariat and partners, community-led responses providing HIV prevention and treatment services for key populations have improved in Kazakhstan, Kenya, Mozambique, Ukraine and Viet Nam. The work included a new practical guidance tool on HIV programmes in prisons in Kazakhstan; community sensitization campaigns and police trainings in Kenya; expansion of police-community collaborations to support harm reduction services in Mozambique; and the training of 24 community service organization service providers and 200 clients on harm reduction services in Viet Nam.

WHO played a key role supporting community-led responses to the upsurge of mpox in the Democratic Republic of the Congo. Community engagement included the convening four meetings of a community reference group, support for key populations in Goma and guidance for early identification of likely transmission of mpox in several countries.

UN Women provided support to community-led responses in at least 19 countries. Outcomes included positive masculinity initiatives that reached over 560 people in Burundi, and community dialogues engaging women and men, caregivers of adolescents, young women, religious leaders and traditional leaders in Eswatini, Lesotho, Namibia and South Africa. UNFPA supported 15 countries in male engagement programming at community and national level, and supported the finalization and dissemination of the Men and Boys Engagement Framework & Strategy Collaboration across eastern and southern Africa

In Indonesia, UNHCR partnered with youth and communities to train peer counsellors to provide support to individuals affected by HIV and TB, strengthened the capacities of refugee youth to support their peers and communities and the capacities of 70 community health workers and religious leaders to provide HIV prevention, community follow-up and psychosocial support.

ILO supported the Ministry of Manpower in formulating a framework for strengthening partnerships between companies, civil society organizations and people living with HIV in Jakarta and Sorong City in Indonesia. In Zambia, 50 male leaders were trained to act as champions on gender-based violence and HIV stigma while 15 trained community health workers now connect affected individuals to vital HIV services. In China, ILO-led digital skills training enabled LGBTQI+ communities and supporting nongovernmental organizations to expand their reach through online platforms and live streaming, thereby improving real-time engagement and access to essential services.

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

The Secretariat, through its partnership with the Civil Society Institute for Health and the International Treatment Preparedness Coalition, provided technical support to community-led responses and community-monitoring across 11 countries in western and central Africa. Eight country community partners in Benin, Côte d'Ivoire and Senegal, Sierra Leone and Togo were able to act as service and technical assistance providers, increasing civil society's contribution to the HIV response.

The Secretariat continued to support networks of people living with HIV to compile and publicize the Stigma Index. Thanks to the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV, the Secretariat, Johns Hopkins University and other partners, people living with HIV-led Stigma Index reports were finalized and launched in 10 countries in 2024. Through its partnership with Robert Carr Fund—a unique international pooled funding mechanism that invests in global and regional community-led and civil society networks—the Secretariat empowered and support global and regional networks of people living with HIV and key populations.

At the 25th International AIDS Conference, UN Women supported the Women's Networking Zone as a space for women's leadership and visibility. It also co-convened a strategic dialogue on gender justice in the HIV response which reflected on progress and challenges, and issued a call to action to advance women's rights in the HIV response.

The UNDP-led SCALE partnership initiative brings close collaboration between people living with HIV and other key populations, the Secretariat, the Global Fund, PEPFAR and other partners. Through it, in 2023–2024, 44 local organizations led by people living with HIV and other key populations in 21 countries benefited from grants to counter discriminatory laws, policies and practices and HIV-related criminalization to advance the Political Declaration's 10–10–10 targets. Overall, in 2024, UNDP supported 66 countries on LGBTQI+ rights and inclusion to advance HIV services, including through the “#WeBelongAfrica” programme which works with African institutions to help them become increasingly accountable and responsive to and inclusive of LGBTQI+ people and young key populations in order to improve access to HIV services.

UNHCR conducted 18 community sensitization sessions on SRH and HIV in Malawi, engaging over 1,600 individuals, registering 40 members of key populations in health services and training on HIV, gender-based violence, SRH, mental health services and drug and substance use. In Eswatini's Hhohho region, a WFP collaboration with Membatsise enabled 30 people to benefit from farming and other food and nutrition interventions, reinforced by treatment literacy and nutrition education. WFP supported development of an HIV nutrition training curriculum, which is being rolled out to create sustainable community-led systems to meet community needs.

The financing of innovative approaches was promoted. In 2024, UNICEF published a US\$ 10 million investment case for donors to scale up peer and community models to improve HIV and maternal and child health outcomes. In 2024, these models led to an increase in use of contraception from 55% to 88% in Lesotho. In Malawi, 100% of mothers in peer mentor programmes attended safe motherhood clinics, compared to less than 50% at the national level. In Zimbabwe, the vertical HIV transmission rate among young pregnant women accessing peer support was only 1%, compared to the 6.7% national rate.

Under the Joint UN “2gether4SRHR” programme (UNFPA, UNICEF, WHO, UNAIDS Secretariat), a key population innovation fund was established, with its allocations and implementation modalities informed by engagement with key populations. Following advocacy efforts, the number of countries integrating a Minimum Initial Services Package for SRH into national policies rose from 2 to 15 in 2024.

In South Sudan, UNDP worked with the Ministry of Health and partners to build the Boma Health Initiative, a government flagship programme on community engagement which trained 2,500 community health workers to provide integrated health services,

including HIV and TB care. In Belarus and Kazakhstan, UNDP strengthened the active engagement of key populations in Global Fund decision-making processes for national HIV and TB responses. In Belarus, 43% of Country Coordinating Mechanism members now represent civil society, enabling a more inclusive approach for shaping the strategic plans on HIV and TB up to 2030; it also secured over US\$ 24 million in Global Fund support for 2025–2027.

In 2024, UN Women supported the institutional strengthening of networks of women living with HIV in at least 12 countries, enhancing their leadership, governance, advocacy and community engagement through structured capacity-building, strategic planning, peer-to-peer learning and organizational development. In El Salvador, the Movement of Positive Women was equipped with transformative leadership and advocacy skills. In Ethiopia, UN Women facilitated the development of a five-year strategic plan for the national network of women living with HIV. The International Community of Women Living with HIV in Bolivia improved its internal governance and trained women in political leadership, which benefited women living with HIV.

Community-led costing of community-led responses was completed with the Secretariat's support in Sierra Leone, Togo and Zimbabwe. Sixteen community-led organizations are now able to conduct cost analyses of interventions for people with HIV, key populations, adolescents and young people. A systematic review of community-led responses is available on [UNAIDS Financial dashboard](#). The Secretariat-led Sustainability Roadmap Part B¹ will provide countries with useful information to establish costing norms for social contracting as part of HIV response sustainability planning.

The World Bank supported countries' most vulnerable and marginalized populations by promoting more inclusive societies, fostering more resilient and cohesive communities, and enhancing accountability in development, including in areas critical for the response to HIV. As an example, the Bank's Development Response to Displacement Impacts Project used a community-driven development approach to provide 4.3 million people with access to essential services and other support Djibouti, Ethiopia and Uganda.

¹ Part B of the Sustainability Roadmap will outline the transformation plan, implementation guidance, monitoring and evaluation measures and resource needs to achieve the change objectives and advance towards the high-level outcomes.

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