



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (39)/16.19
Issue date: 4 November 2016

THIRTY-NINTH MEETING

Date: 6 – 8 December 2016

Venue: Executive Board Room, WHO, Geneva

Agenda item 4

Follow-up to the Thematic Segment from the 38th Programme Coordinating Board meeting:

The role of communities in ending AIDS by 2030

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to:
(see decisions in below paragraphs)

45. Take note of the summary report of the Programme Coordinating Board Thematic Segment on *The role of communities in ending AIDS by 2030*;

46. Recognize that:

- a. Communities have played, and continue to play an essential role in the AIDS response in advocacy, campaigning and participation in accountability; service delivery, including mobilizing demand; participatory, community-based research; and community financing;
- b. Communities confront considerable political, cultural and funding challenges to effective participation in the AIDS response;
- c. To Fast-Track the AIDS response and realize their potential towards ending AIDS, community organizations and networks require sufficient financial resources. Funding for community mobilization must increase three-fold by 2020; the proportion of services delivered through community channels must rise to 30% by 2030; and investment in social enablers – including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction – should account for 6% of global AIDS investments.

47. Encourage member states to:

- a. Identify, address and overcome regulatory and cultural barriers to the effective involvement of civil society and ensure the meaningful inclusion of civil society, including People living with HIV and other key populations, young people and women at all levels of national planning to ensure full involvement, quality participation and influence in the design, implementation and evaluation of policies and programmes;
- b. Systematically and strategically include community-based health service delivery as part of comprehensive systems for health planning;
- c. Increase both domestic and international funding for civil society actors in the AIDS response, including investment in community health workers and enhance investment in social enablers.

48. Encourage the Joint Programme to:

- a. Intensify efforts, in collaboration with communities and other partners, to generate a stronger evidence for the cost and health benefits of community responses to HIV;
- b. 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.
- c. Develop and implement methodologies and systems for tracking investment in community responses;
- d. Collaborate with partners to identify and scale up mechanisms to increase investment in community-led responses to HIV.

Cost implications for decisions: *none*

BACKGROUND

1. The 38th meeting of the UNAIDS Programme Coordinating Board (Board) included a thematic segment devoted to *the role of communities in ending AIDS by 2030*. The theme for the thematic segment of the 38th Board meeting had previously been agreed at the 37th Board meeting in October 2015.
2. This report summarizes the presentations and discussions during the thematic segment of the 38th meeting. The report does not aim to capture each and every intervention during the meeting but rather to identify key themes and areas of consensus that emerged.
3. As part of the documentation for the 38th Board meeting, Board members received a background document (UNAIDS/PCB (38)/16.14) on the role of communities in the AIDS response. Communities have been in the vanguard of the AIDS response from the very beginning, generating more than 30 years of achievements. Community responses are not a substitute for national responses but rather constitute an integral component of an evidence-informed national implementation plan. The background document outlined four areas where communities have played a key role:
 - a. Advocacy, campaigning and participation in accountability;
 - b. Direct participation in service delivery, including mobilizing demand;
 - c. Participatory, community-based research; and
 - d. Community financing.
4. Across these domains, community efforts on AIDS have been characterized by innovation, passion and a unique understanding of opportunities and barriers to a stronger AIDS response.
5. Community leadership will become even more important under the Sustainable Development Goals, which emphasize inclusive responses and reaching first those who are most at risk of being left behind. The UNAIDS Strategic Investment Framework identified community mobilization, community empowerment and community-led services as vital components of a robust AIDS response, and the Fast-Track agenda calls for a substantial increase in the proportion of HIV services that are delivered through community channels. Translating this recognition of the vital role of communities into reality will demand concerted, sustained efforts to strengthen community capacity.
6. The background paper summarized the considerable evidence documenting the importance of the community response to AIDS. Seventeen evaluation studies published by the World Bank demonstrate that community responses are associated with increased HIV knowledge, safer behaviours, increased use of health services, and a lower incidence of HIV and other sexually transmitted infections. Additional studies have found that community-based HIV services optimize the efficiency of AIDS responses and enable services to reach those who are often poorly served by mainstream services. Key to optimizing the role of communities in ending AIDS will be further task-shifting of services from the limited number of highly trained health workers to community workers, but this will require policy change, funding and remuneration, training and supervision and integration of community workers in broader health systems. Special contracting approaches will also be needed to ensure sufficient, timely and flexible funding to enable communities to realize their full potential in the AIDS response.

7. The role of communities in advocacy for a stronger, more inclusive AIDS response is also clear. Community advocacy has helped increase support for national responses consistent with human rights principles, including initiatives to combat discrimination, address gender inequities and respond to the needs of key populations and young people. Community-based legal services and empowerment programmes help enable people living with and affected by HIV to realize their legal rights, while community financing strategies help extend social protection to individuals and groups that are not effectively reached by other efforts. Community-led research helps policy-makers and programme planners understand the needs of communities in designing, implementing and evaluating programmes. Communities have also proven to be ideally positioned to aid in prevention of intimate partner violence.
8. Key challenges confronting community efforts on AIDS include systemic, political, cultural and funding barriers. Some community networks and organizations lack sufficient capacity to participate fully in the AIDS response, prompting such initiatives as the Sex Worker Implementation Tool. Special impediments are evident with respect to community efforts to ensure appropriate, evidence- and rights-based responses for key populations, including punitive laws and policies that invite exclusion, hostility, discrimination and violence.
9. To illustrate the multi-faceted contributions of communities to the AIDS response, the background paper included case studies of community-centred responses from across the world. These examples include community leadership across each of the four domains in which communities play an especially important role in the AIDS response.
10. A survey of more than 480 community organizations by UNAIDS in 2015 found that 68% of them said their budgets had declined or remained flat since 2013, with smaller organizations suffering the most from funding cuts. UNAIDS estimates that resources for community mobilization will need to increase three-fold from 2016 to 2020, with further increases required from 2021 to 2030. Investments in social enablers – including advocacy, political mobilization, law and policy reform, human rights, public community and stigma reduction – should account for 6% of global AIDS resources. According to UNAIDS, by 2020, 12% of antiretroviral therapy services should be delivered through community-based channels by 2020, and outreach to key populations in low- and middle-income countries should represent 7.2% of global AIDS investments.

Shaping the debate: opening dialogue

11. Ms Christine Stegling, Executive Director of the International HIV/AIDS Alliance, moderated the thematic segment of the 38th Board meeting. No other disease, she said, has elicited the degree of community mobilization seen in the case of AIDS. Ms Stegling said that community engagement works, creating demand for HIV testing and treatment, combatting stigma, holding governments and service providers accountable and scaling up interventions that work. However, the recent UNAIDS survey of community organizations found a shrinking space for civil society in the response due to the flattening or decline of funding for community-based groups.
12. Mr Michel Sidibé, Executive Director of UNAIDS, said the achievements to date in the AIDS response would not have been possible without communities. It will be impossible to achieve the 90-90-90 target or reach those who have been left behind with community leadership and engagement.

13. Mr Lambert Grijns, Ambassador for Sexual and Reproductive Health and Rights and HIV of the Netherlands, said strong leadership by communities played a critical role in HIV treatment advances, which now enable a person living with HIV who has health care access to have the same life expectancy as an HIV-uninfected person. Civil society advocates work with judges, lawyers and others to promote decriminalization of HIV transmission, exposure or non-disclosure. Mr Grijns said the Netherlands has two programmes to support communities, focusing on advocacy and service delivery. In Latin America, the Netherlands is working with the Government of Uruguay to host a global conference on lesbian, gay, bisexual and transgender (LGBT) issues. The meaningful involvement of the community, he said, needs to start from the very beginning when programmes or initiatives are in the planning stages.
14. Mr Anele Yawa, National General Secretary of the Treatment Action Campaign (TAC) of South Africa, described TAC's many efforts, including its alignment with primary health facilities in seven provinces. Communities need to be in the forefront of the response, not as an extension of government but rather with sufficient independence to "speak truth to power" and hold governments accountable. Mr Yawa emphasized the need to empower communities to learn the science of HIV treatment, but he said that the 90-90-90 target is unlikely to be achieved unless broken public health systems are reformed and repaired. He expressed disappointment that the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to accelerate the fight against HIV and to end the AIDS epidemic by 2030 (Political Declaration) omitted mention of key populations and other issues, and he asked that UNAIDS denounce these omissions. Mr Yawa also cautioned about challenges to the community response in South Africa, including the re-emergence of "AIDS denialists".
15. Ms Robin Montgomery, Executive Director of the Interagency Coalition on AIDS Development, expressed concern regarding the decline in investments in key population networks and coalitions of civil society organizations. In particular, she noted difficulties in mobilizing financing for coalition work. Philanthropic agencies currently provide the majority of funding for HIV advocacy globally, but the amounts contributed are comparatively small. She said that cuts in funding to civil society have been felt most by organizations focused on human rights advocacy and legislative reform. Ms Montgomery said that civil society advocacy, while essential, does not always fit neatly into donors' results-based frameworks, and she emphasized the critical role of community-based accountability monitoring. She noted the importance of integrating HIV into broader health and development efforts, but she warned against diluting the special history and experience of the AIDS response. She called on UNAIDS to support Member States in developing mechanisms to fund community responses; to coordinate with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States of America President's Emergency Plan for AIDS Relief (PEPFAR) to track resources for community responses; to conduct impact assessments for community responses and promote sharing of experiences and findings; and support and collaborate with civil society at country level. Ms Montgomery also called for countries to increase investments in innovative and game-changing mechanisms for funding community responses.

16. In the discussion that followed the introductory presentations, both Board members and observers highlighted the role of communities in strengthening the AIDS response. Communities have effectively pushed for legislative reform, such as the Ecuador constitution that now prohibits discrimination based on gender or sexual orientation, and they have also successfully advocated for health services for key population. Participants highlighted the need to strengthen the capacity of organizations and networks key populations to provide services for those who are now well served by mainstream services, but broader health systems also have a responsibility to care appropriately for all people, including those who are stigmatized or marginalized.
17. Closing the first part of the thematic session, Mr Sidibé said empowering communities to help lead the AIDS response was part of a larger effort to democratize societies. Communities, he said, empower groups to remove punitive laws and also help reach marginalized people that mainstream services cannot. He called for a new health care system build around community health workers, suggesting that this aim could be the next wave of civil society activism. He cautioned civil society groups against maintaining a blanket ban on accepting funding from their own national governments, saying that civil society movements are unlikely to survive if they depend only on external assistance. Mr Sidibé stressed the need for civil society groups to form coalitions, networks and partnerships with other community groups. He noted the importance of avoiding situations where one or two civil society groups are strong but whether others barely exist. He said that UNAIDS was working with PEPFAR to identify ways to monitor financing for civil society.

Communities: trailblazers of change

18. A panel discussion on the evidence base for community responses opened with a video profiling a community-based programme for entertainment workers in Cambodia. An estimated one-third of the 34 000 entertainment workers in Cambodia do not know their HIV status, but the community initiative promotes and offers HIV screening and confirmatory testing. Through the programme, nearly 700 lay counsellors have been trained to provide HIV testing services.
19. Ms Rosalía Rodríguez-García summarized available evidence regarding the impact of community responses to AIDS. In particular, Ms Rodríguez-García synthesized results from 18 studies over four years regarding the effects of community engagement. The studies used mixed methods, including experimental and quasi-experimental design as well as qualitative research methods.
20. The potential models for community engagement in the AIDS response are limitless, she said. Communities define themselves in various ways, including through a shared location or sharing common cultural identities or characteristics. More formal community groups are often engaged in the delivery of services and support, while informal groups can have an important effect on behaviours.
21. Drawing from available data, Ms Rodríguez-García said there are three evidence-informed arguments in favour of community engagement. The first is that community engagement creates social capital, nurturing collective activity that can contribute towards ending AIDS. Through mobilization of social capital, often in the form of volunteers, community organizations mobilize resources for their activities. A strong civil society has important effects on community resource mobilization, as studies indicate that community-based organizations on average mobilize more resources when the concentration of communication-based organizations per 100 000 population is higher.

22. The second argument for community engagement is that community involvement achieves results. Citing studies from multiple regions, Ms Rodriguez-García said that evidence indicates that community-based programmes are associated with increased uptake of HIV testing and other HIV services, increased HIV knowledge, increased condom use, reductions in police harassment of sex workers, and decreased incidence of sexually transmitted infections. World Bank studies indicate that every incremental increase in the number of community-based organizations per capita is directly correlated with increases in HIV treatment access, use of prevention services and consistent condom use. Studies in Malawi and South Africa found that community-based services have higher survival and treatment retention and lower rates of loss to follow-up compared to hospital or facility-based services that do not use community workers.
23. Third, community engagement also helps improve the efficiency of AIDS responses. For example, peer mentoring has been shown to substantially increase the number of people who use HIV testing services and who return for test results. Ms Rodriguez-García said evidence suggested that the efficiency of community-based activities could be improved by focusing on more specific interventions (as opposed to just information, education and communication activities). Studies in Malawi have found considerable variation in service approaches and unit costs among diverse community providers.
24. Mr Michael Bernard Etukoit, Executive Director of The AIDS Support Organization (TASO) in Uganda, described TASO's history from its founding in 1987 and its evolution from a peer-group organization to a much larger non-governmental organization that remains grounded in community. Building on its early work to combat stigma and raise awareness, TASO launched its own antiretroviral therapy programme, which has grown substantially over time. With the aim of reducing programme costs, TASO began exploring models for community delivery of antiretroviral therapy and for use expert clients to help monitor retention and increase treatment retention. Today, TASO uses people living with HIV to distribute antiretroviral medicines to their peers, an approach that has proven so successful that the Ministry of Health of Uganda is now developing guidelines to apply this approach to the broader public health system. TASO has also implemented community volunteers and other approaches to meet the service needs of key populations. Mr Etukoit said that services for specific key populations should be tailored to meet the needs of each group.
25. Samarajit Jana, principal of the Sonagachi Research and Training Institute in India, described the Sonagachi experience, with an alliance driven by female sex workers that has redefined the role of community engagement in the national AIDS response. Communities, as the Sonagachi experience reveals, are not merely service recipients but also act as gatekeepers and managers. Drawing from Sonagachi, there are today more than 100 sex workers collectives throughout India, as well as collectives of transgender people and men who have sex with men. The All India Network of Sex Workers currently represents 2 million sex workers. Community engagement as a central component of the AIDS response has received important support from the National AIDS Control Organization, with funds budgeted to build community capacity and infrastructure. The Bill & Melinda Gates Foundation provided funding for a mammoth programme to reach sex workers and men who have sex with men in four provinces; coverage has now been expanded to reach 300 000 sex workers and 50 000 men who have sex with men. Studies indicate that the Sonagachi approach reduced new HIV infections, demonstrating that community mobilization can have a powerful HIV prevention impact. Additional evidence has correlated community-based efforts with increases in linkage to antiretroviral therapy and in treatment adherence, suggesting that community engagement will be critical to hopes of reaching the 90-90-90 target. In addition to its

HIV-focused activities, the Sonagachi project has created a self-banking system valued at US\$ 5 million annually.

26. Ms Darricia Castillo-Salazar, Cofounder and President of Our Circle, Belize, said that Our Circle was created by and for the LGBT community. Although Belize criminalizes same-sex sexual relations, she said, Our Circle remains bold, visible and persistent in its advocacy, helping lead to the inclusion of key populations in the review and update of national HIV treatment guidelines, which are transitioning towards the treat-all approach. As of the 38th Board meeting, Ms Castillo-Salazar and her constituents in Belize were awaiting the outcome of a constitutional challenge to Belize's laws criminalizing same-sex relations. Our Circle is a platform that unites organizations and networks representing lesbians and gay men as well as people living with HIV. In 2016, Belize witnessed its first community pride event, and two years earlier the country's Prime Minister declared that all young people, including LGBT youth, share equal rights. While community engagement plays an essential role in the AIDS response, Ms Castillo-Salazar cautioned against exploiting community organizations as "cheap labour".
27. Mr Augustin López, Director of Prevention and Social Participation of the Mexican National Centre for the Prevention and Control of HIV and AIDS, noted that the Government of Mexico formally recognizes the importance of community participation in developing public policy. Through federal funds, the national government has invested US\$ 15 million in community service organizations to carry forward key HIV-related activities, with a particular priority on reaching key populations. In supporting community organizations, the government primarily aims to support local organizations that deliver local solutions. Activists and people living with HIV, he said, are part of the solution, not a part of the problem when it comes to AIDS. Specific efforts by the national government have been undertaken to promote a dialogue with communities on human rights issues, including rules for adoption by same-sex couples.
28. In response to the panel on the evidence base for community engagement, Board members cited numerous examples of successful community-centred programmes, including community-based testing initiatives, distribution of prevention commodities, referral to pre-exposure antiretroviral prophylaxis (PrEP) and linkage to health care. In Brazil, a national initiative was developed last year with more than 50 non-governmental organizations to scale up community-based HIV services. While communities are often the "foot soldiers" for the AIDS response, speakers cautioned against unfair and unsustainable reliance on the use of unpaid work by community volunteers. Experience in diverse countries indicates that the provision of funding by national governments to community-based organizations did not compromise the independence of these groups. Speakers criticized laws in some countries that require registration as "foreign agents" by civil society groups that receive external funding.

Community service delivery: shifting to systems of health

29. A panel discussion focused on building robust and sustainable community service delivery systems that are fully integrated into national responses. Before the first speaker, meeting attendees watched a video that highlighted the work of Zvandiri, an Africaid-supported programme in Zimbabwe for children and adolescents living with HIV. The peer-based initiative helps combat stigma, works with clients on disclosure issues, provides counselling and psychosocial support, and aids treatment adherence and retention in care. Zvandiri currently serves more than 5 000 adolescents.

30. Mr Franck, Fwanda, Director of the National AIDS Control Programme of the Democratic Republic of the Congo (DRC), said the national health system in DRC had adopted primary care as its cornerstone, working closely with key community actors. Community-based delivery has yielded favourable results for vaccination, TB and HIV, he said. In many respects, the broader health system in DRC is now drawing on lessons learned during the AIDS response, putting this experience to use, for example, in effectively fighting Ebola. Communities participate in the conceptualization and development of health programmes and are engaged in a variety of HIV-related services, including community distribution of antiretroviral therapy and support for retention in care.
31. Community antiretroviral therapy delivery sites, which serve about 1 000 patients per site, during their second year generated a retention rate of 95%, compared to the national average of 80%. Other community-initiated efforts include establishment of an observatory for people living with HIV, the implementation of community-based surveillance and monitoring of programme results, and an early alert system for medication stock-outs. DRC's experience, Mr Franck said, underscored that communities are essential pioneers in the broader effort to end the AIDS epidemic.
32. Ms Amanda Banda, HIV advocacy and communications coordinator for the Africa region for Médecins Sans Frontières, stressed that communities play a key role in understanding what works in response to HIV. Increasingly, national programmes are recognizing this valuable role. Community-centred treatment delivery models are now being fully rolled out in Mozambique with support from PEPFAR and the Global Fund, and adherence clubs are now being formalized in South Africa. She said that donor support had often proven pivotal to the development, implementation, evaluation and replication of community-based models of service delivery.
33. Ms Kritima Samitpol, supervisor of the Tangerine Clinic in Thailand, said her programme works closely with the transgender population she serves. Community-based approaches are often more effective in gaining trust with the community, she said. Tangerine Clinic actively promotes voluntary knowledge of HIV status and combines HIV testing services with comprehensive care and treatment specifically designed for transgender people. She emphasized that transgender people have different needs than men who have sex with men, but she also noted that existing services for men who have sex with men can serve as a platform on which to build transgender-appropriate services. To ensure that services meet the needs of transgender people, the community needs to be involved in the development of service approaches. Having transgender staff is also important, she said. Ms Samitpol encouraged those considering developing services for transgender people to build on what is already in place. She emphasized that ending AIDS would not be possible without serious attention to the needs of the transgender community.
34. Mr Jorge Saavedre, Global Public Health Ambassador of the AIDS Healthcare Foundation (AHF), emphasized the importance and value of South-South collaboration, including taking account of lessons learned in one setting to determine if they might be applicable elsewhere. For example, he said that AHF used the testing promotion model it developed in Argentina to roll out testing efforts in Uganda. Mr Saavedra urged much greater attention to increasing knowledge of HIV status in order to ensure achievement of the first 90 in the 90-90-90 target. Communities, he said, are ideal leaders of efforts to achieve the first 90, as they are much better able than governments to reach those who have yet to be engaged in testing services. Mr Saavedra called for expanded funding for community-based service delivery and also said that policies need to be changed in some countries to enable communities to deliver testing services. He welcomed the session's expanded focus from health systems strengthening to strengthening systems

for health, suggesting that this approach opens the door to greater community involvement.

35. Ms Lucy Wanjiku, coordinator of the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK), seconded the view of other speakers that communities know best what community members need and desire. She called for concerted efforts to ensure that informed health care providers are coupled with informed communities. Ms Wanjiku stressed the importance of respecting the rights of young people, and she said that community-based efforts depend on sufficient funding and a friendly policy environment.
36. During the discussion period following the panelists' remarks, Board members and other meeting participants cited numerous examples of the powerful effect of close coordination between national programmes and communities. In Morocco, for example, a Ministry of Health pilot project found that delivery of HIV testing services by non-medical community members reached more than 8 000 people in two months, including 80% who were either sex workers or men who have sex with men. Communities are also at the forefront of the response in Nepal, with community advocacy playing a key role in the country's recognition and protection of LGBT people in the new national constitution. Through close collaboration with communities, the national AIDS programme in India has established prevention programmes for key populations, while in Ukraine civil society organizations are now assuming greater responsibility in the delivery of antiretroviral therapy, an important step to ensure long-term sustainability of the national response after the Global Fund and other donor support leaves. In Malawi, community-based efforts – including mentor clubs, antiretroviral therapy clubs and networks of people living with HIV – are contributing towards national efforts to achieve the 90-90-90 target.
37. Interventions from observers also highlighted persistent challenges in efforts to build strong community systems that are closely linked with broader responses. Organizations serving key populations, for example, noted the negative effects of human rights violations and official harassment of service providers in some countries. One non-governmental observer said work still remained to be done to convince governments of the value of community service delivery.

Investing in advocacy works, so how do we do it?

38. The final panel discussion focused on strategies to ensure sufficient support for community-based advocacy. Ms Deborah Birx, USA Global AIDS Coordinator, said that PEPFAR is committed to strong community engagement. Civil society is now involved in the planning and review of PEPFAR Country Operational Plans. She cited examples of the concrete impact of community advocacy on PEPFAR approaches. For example, community advocacy resulted in concrete changes to Country Operational Plans in Zambia and Zimbabwe.
39. PEPFAR has launched a new \$100 million investment fund to support organizations of key populations, and Ms Birx said that one possible use of this funding is to highlight evidence for the impact of community service delivery. With respect to programming for key populations, she said that PEPFAR's experience demonstrated that different key populations often have distinct barriers to service uptake; for example, PEPFAR data in some countries suggests high rates of knowledge of HIV status but sub-optimal rates of linkage to care for sex workers, while for men who have sex with men the primary barrier appears to be inadequate access to HIV testing services. She noted that small grassroots organizations would account for 30% of all grant funding awarded through the DREAMS

project, which aims to reduce HIV infections among adolescent girls and young women in 10 countries in sub-Saharan Africa.

40. Mr Kenekukwu Chimobi Esom, Executive Director of African Men for Sexual Health and Rights, noted that networks of key populations have been working together in Africa, as different key populations often confront common challenges and obstacles, such as criminalization, stigma, a discriminatory policy and media environment and a lack of key data. By coming together, organizations of key populations can form broader alliances that are more effective in challenging negative policy environments, combating invisibility and demonstrating broader solidarity for human rights. In eight countries, a project has been piloted to bring together community members to share their experiences on service barriers. He said the barriers to funding for civil society groups could be reduced if funding applications were permitted in a language other than English.
41. Mr Mark Dybul, Executive Director of the Global Fund, emphasized the importance of funding to support community advocacy as an important element of long-term sustainability of the response. Civil society advocates promote greater accountability in the response, providing insights that help programmes work better. Mr Dybul expressed the hope to see greater inclusion of allocations for civil society advocacy and community systems strengthening in country concept notes and national responses. He noted that the Global Fund had helped forge a mechanism to enable Central American governments to fund civil society groups, which has had the long-term effect of promoting greater collaboration between government and communities. Noting the likely long-term decline in international HIV assistance, Mr Dybul stressed the need for countries to create mechanisms and build political support for funding civil society responses, taking steps to ensure that planning for such approaches is broadly inclusive of key stakeholders.
42. Mr Sergey Votyavov, Executive Director of the Eurasian Harm Reduction Network, said there is abundant evidence that civil society advocacy works, citing the role of civil society in demanding expanded treatment access, greater funding for the global AIDS response, and increased access to harm reduction services. He noted the continuing need for advocacy, pointing to the closure of some harm reduction programmes in Eastern Europe and Central Asia following the withdrawal of Global Fund support. In this fluid funding environment, Mr Votyavov said programmes for key populations are at greatest risk. While increasing funding for community service delivery, he emphasized the urgent need for investments in advocacy for policy change, budget increases and support for capacity building.
43. In the discussion following the panelists' presentations, Board members emphasized the importance of capacity building support for civil society. Concerns were expressed regarding the future of community advocacy and service delivery in Eastern Europe and Central Asia as the region's access to external support declines. The negative impact of laws criminalizing HIV transmission, exposure or non-disclosure of the ability of HIV-related community groups to work was noted.
44. In concluding the thematic session, Mr Luiz Loures, UNAIDS Deputy Executive Director Programme, described the evolution of the AIDS response. He said the community response represented the first phase of the AIDS response, with the second phase focused on building the evidence for more effective interventions. Noting the substantial evidence from the thematic session that communities do things better, faster and with greater quality, he said the next phase will focus on ending the AIDS epidemic once and for all. If the global community does not succeed in ending the epidemic in the next five years, he said, there is a real risk that the epidemic will rebound. In moving forward, Mr

Loures said that urgency will need to be balanced with sustainability and that community can serve as a vital bridge between the two. He said that the future of UNAIDS is inextricably linked with the future of the community response.

RECOMMENDATIONS

The Board is invited to:

45. Take note of the summary report of the Programme Coordinating Board Thematic Segment on The role of communities in ending AIDS by 2030;
46. Recognize that:
 - a. Communities have played, and continue to play an essential role in the AIDS response in advocacy, campaigning and participation in accountability; service delivery, including mobilizing demand; participatory, community-based research; and community financing;
 - b. Communities confront considerable political, cultural and funding challenges to effective participation in the AIDS response;
 - c. To Fast-Track the AIDS response and realize their potential towards ending AIDS, community organizations and networks require sufficient financial resources. Funding for community mobilization must increase three-fold by 2020; the proportion of services delivered through community channels must rise to 30% by 2030; and investment in social enablers – including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction – should account for 6% of global AIDS investments.
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 - b. Systematically and strategically include community-based health service delivery as part of comprehensive systems for health planning;
 - c. Increase both domestic and international funding for civil society actors in the AIDS response, including investment in community health workers and enhance investment in social enablers.
48. *Encourage the Joint Programme* to:
 - a. Intensify efforts, in collaboration with communities and other partners, to generate a stronger evidence for the cost and health benefits of community responses to HIV;
 - b. 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;
 - c. Develop and implement methodologies and systems for tracking investment in community responses;
 - d. Collaborate with partners to identify and scale up mechanisms to increase investment in community-led responses to HIV.

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