

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

Additional documents for this item: none

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

26. *Take note* of the progress report on establishment of the multistakeholder task team on community-led AIDS responses

27. *Recalls that* PCB participants are requested to submit written comments in replacement of the debate following the 46th meeting of the PCB as agreed upon through the Intersessional procedure (UNAIDS/PCB (46)/20.3);

Cost implications for the implementation of the decisions: none

INTRODUCTION

1. United Nations (UN) Member States made several interlinked commitments when they approved the Sustainable Development Goals (SDGs), including commitments to: end the AIDS epidemic by 2030; reduce inequalities; empower all women and girls and advance gender equality; promote productive employment and decent work for all; create just, peaceful and inclusive societies; and promote effective civil society partnerships to realize those goals.¹
2. Mobilized political commitment is needed to fulfil people's right to the highest attainable standard of physical and mental health, and to ensure that no one is left behind. Reaching such goals requires the active engagement of community-led organizations and constituency-based networks for HIV and that these are rooted in communities of people living with HIV, women, young people, gay men and other men who have sex with men, people who use drugs, sex workers, prisoners and transgender people.
3. The 2016 Political Declaration on Ending AIDS recognized the important leadership role played by community organizations.² It called for:
 - realization of the Greater Involvement of People living with AIDS (GIPA);
 - the protection of human rights for all;
 - recognition of the right to equal participation in civil, political, social, economic and cultural life;
 - empowerment to know one's rights and to access justice and legal services to prevent and challenge violations of human rights; and
 - the removal of prejudice, stigma or discrimination.³
4. Also crucial were specific commitments to “ensure that at least 30% of all service delivery is community-led by 2030”⁴ 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”.^{5,6}
5. Those commitments build on the GIPA principle, which UN Member States have supported since 1994, and on the principle of participatory governance (including community-led AIDS responses), described in the UNAIDS 2016–2021 Strategy as driving “more relevant, rights-based programmes and stronger accountability for health and development.”
6. 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.
7. At the same meeting, the PCB 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 HIV response, including advocacy,

campaigning and participation in accountability; service delivery, including mobilizing demand; participatory, community-based research; and community financing.

8. 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 to :
 - (5.4) 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 national and donor policy and programming frameworks for HIV, and to report back to the PCB;
 - (8.3.a) 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 on Ending AIDS, 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.
9. 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.
10. 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.”
11. 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”.
12. This report provides an update on the implementation of decision point 6.2 of the 45th PCB meeting. It also outlines the process for establishing such a task team and the team's scope of work.

PROCESS TO CONVENE THE MULTISTAKEHOLDER TASK TEAM ON COMMUNITY-LED AIDS RESPONSES

13. Drawing on decision 10.4b of the 43rd meeting of the PCB, the UNAIDS Secretariat prepared terms of reference for the multistakeholder task team in early 2020. The terms of reference called for a geographically and gender-balanced task team of 20 to 24 members, open to all Member States and 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.
14. The UNAIDS Secretariat and Cosponsors are the co-conveners of the task team, based on Decision 6.2 of the 45th PCB meeting, which requested the Joint Programme to convene the task team. The terms of reference were circulated for Cosponsor review, and Cosponsors nominated two members of the Committee of Cosponsoring Organizations as co-conveners.
15. The Secretariat then shared the terms of reference for nominations to all Permanent Missions to the UN in Geneva, including PCB Member States, the PCB NGO Delegation, and an external partner (the Global Fund). Members of the task team were recommended to have the following competencies and experience:
 - a 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).
16. On the final day open for submissions, the Secretariat sent a reminder and extended the deadline to allow for a larger number of nominations to be submitted. A total of 92 submissions were received within the extended deadline, and several more were received after the extended deadline.
17. Given the significant interest expressed, the Secretariat, in consultation with the PCB Bureau, reviewed the options listed below to establish the Task Team to legally comply with the decisions of the PCB and the intent for it to be of a reasonable and workable size.
18. The task team's proposed modalities of work will include:
 - one or two face-to-face meetings in Geneva, Switzerland (meetings may be held "virtually" if circumstances require);
 - communication via e-mail, video conference and telephone calls;
 - task team members will consider reviewing the timeline in the terms of reference to reflect possible changes in light of the COVID-19 pandemic.

OPTIONS FOR THE ESTABLISHMENT OF THE MULTISTAKEHOLDER TASK TEAM

19. The following are legally approved options for the establishment of the Task Team:
 - 1) 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 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.
- 2) 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.
20. For both options, the members of the Task Team will be selected on the basis of the qualifications as articulated in the Terms of Reference in alignment with the 20-24-member size.
21. 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 Programme Coordinating Board.¹ The deadline to submit comments following the 46th meeting of the Programme Coordinating Board on agenda item 5: Update on the establishment of the Task Team on Community-led AIDS Responses will be Monday, 6 July 2020.
22. Further to the deadline to submit comments, the Secretariat, in consultation with the PCB Bureau, will agree on the establishment of the Task Team.

EXPECTED TIMELINE AND WORK OF THE MULTISTAKEHOLDER TASK TEAM

23. It is expected that the multistakeholder task team will:
- reflect on relevant definitions, including the reportability and measurability of the indicators, for consideration by the UNAIDS Monitoring Technical Advisory Group (MTAG);
 - develop recommendations on the use of the definition of community-led AIDS responses, for consideration by the UNAIDS MTAG; 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
24. The multistakeholder Task Team will provide a final report on its work to the Programme Coordinating Board. The outcome of this meeting will then be shared with the MTAG.
25. The UNAIDS MTAG, an expert body of some 25 diverse stakeholders, supports the monitoring of the HIV response within the frameworks of the SDGs, the 2016 Political Declaration on Ending AIDS, and the UNAIDS 2016–2021 Strategy. The MTAG 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 MTAG ensures that indicators are grounded in the existing evidence base and expert knowledge.
26. In September 2019, the MTAG endorsed three proposed indicators, emerging from the work of the expert advisory group, to be field tested through the revised GAM guidelines. Those included the addition of disaggregated indicators related to service delivery and based on the type of service provider across the following indicators:

¹ As agreed upon in the paper, [Modalities and Procedures for the 46th UNAIDS PCB Virtual Meeting](#), approved through the intersessional procedure.

- (3.7A-D) coverage of HIV prevention programmes among sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people;
 - (3.9) number of needles and syringes distributed per person who injects drugs; and
 - (3.10) percentage of people who inject drugs receiving opioid substitution therapy.
27. This disaggregation and related guidance were integrated into the 2020 GAM⁷ for field testing. For 2020 GAM reporting on each of these indicators, the type of provider could be selected from three options: public sector, key population-led organizations or other entities. When determining which organizations or networks are key population-led, countries are advised to consider the following criteria:
- the majority of the organization's governance structure is comprised of individuals who identify as belonging to the key population referred to in the indicator;
 - the majority of the leadership, staff, spokespeople and volunteers of the organization or network are themselves members of key populations;
 - the majority of the clients, members or constituents of the organization or network are from one or more key populations; and
 - the organization or network has one or more mechanisms for holding itself accountable to the key population communities it serves.
28. To advance reporting on community-led AIDS responses, the task team will discuss the field-testing data and provide considerations for improvement by way of a report to the PCB report and to the MTAG. The feedback of the task team will be crucial to guide future integration and uptake of definitions developed in response to the PCB's call on the Joint Programme to "standardize the use of definitions, including 'community-led AIDS responses'" and "to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks".

CONCLUSION

29. The multistakeholder task team is expected to provide a report to the PCB for its consideration on improving the use of definitions and recommendations for the way forward to the technical experts of the MTAG on GAM indicators.

PROPOSED DECISION POINT

30. Take note of the progress report on establishment of the multistakeholder task team on community-led AIDS responses.
31. *Recalls that* PCB participants are requested to submit written comments in replacement of the debate following the 46th meeting of the PCB as agreed upon through the Intersessional procedure (UNAIDS/PCB (46)/20.3);

ANNEX 1



TERMS OF REFERENCE

Task team to provide recommendations on community-led responses

Background

In the 2016 Political Declaration on Ending 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”.

Those 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”.

Following the adoption of the 2016 Political Declaration on Ending AIDS, the PCB NGO Delegation provided a report for the consideration of the 39th session of the PCB in December 2016, titled *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.

At the same meeting, PCB Member States 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 HIV response, including advocacy, campaigning and participation in accountability; service delivery, including mobilizing demand; participatory, community-based research; and community financing.

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 to:

- (5.4) 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 national and donor policy and programming frameworks for HIV, and to report back to the PCB;
- (8.3.a) 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 on Ending AIDS, as appropriate, to support UN member states to track and share their investment in community-led responses; and
- report on progress to the PCB.

At the 43rd session of the PCB, UNAIDS presented a report highlighting best practices for effective funding of community-led HIV responses, noting the existing lack of data that could be used to monitor and report against the targets set out in the 2016 Political Declaration on Ending AIDS. Identified as a key barrier to measuring those commitments was 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 conducted by 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.”

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 tuberculosis. Participants represented currently implementing organizations.

Drawing on existing definitions, representatives recommended a definition of “community-led responses” and “community-led organizations” for consideration and review by the UNAIDS Monitoring Technical Advisory Group (MTAG) for incorporation into the Global AIDS Monitoring (GAM) tool.

The UNAIDS MTAG 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's review of the feasibility of measuring those indicators.

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 HIV service delivery is community-led by 2030, and that at least 6% of global AIDS resources are allocated for social enabling arrangements.

The PCB then agreed on the following decision: “6.2 *Recalling* decision point 10.4b of the 43rd PCB 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.”

Accordingly, this document sets forth terms of reference for the establishment of such a task team.

Composition of the task team

Drawing on previous experiences of the Secretariat in 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.

Process for establishing the task team

The UNAIDS Secretariat will facilitate the establishment of the task team through an open call for nominations from the different constituencies and external partners. It is proposed that members of the task team 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; and
- working knowledge of English and/or French (the two official working languages of UNAIDS).

Once the task team is established, the Secretariat will communicate the names of the members to all Member States, PCB NGO delegations, Cosponsors and external partners.

The task team shall elect co-chairs from within its membership and define the modalities of work.

SCOPE OF WORK

Context

UNAIDS provides technical guidance for monitoring Member States' policy commitments in response to the AIDS epidemic. Monitoring of national and global progress toward meeting these high-level commitments occurs via the Global AIDS Monitoring (GAM) framework.

The UNAIDS MTAG, an expert body of about 25 diverse stakeholders, supports the monitoring of the HIV response within the frameworks of the SDGs, the 2016 Political Declaration on Ending AIDS, and the UNAIDS 2016–2021 Strategy. The MTAG provides guidance and advice to UNAIDS on the GAM framework and it reviews the GAM indicators in advance of each annual reporting round. The MTAG ensures that indicators are grounded in the existing evidence base and expert knowledge.

Role of the task team

To advance reporting on community-led responses, the task team will discuss the field-testing data and provide considerations for improvement by way of a report to the MTAG. The task team's feedback will be crucial for guiding future integration and uptake of the 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'".

Accordingly, the task team will build on the outcomes of the Expert Consultations (June 2019) concerning community-led HIV responses, taking account of the 2020 reporting results of the pilot testing of the indicators for measurability and feasibility of use, in order to:

- provide reflections on relevant definitions, including the reportability and measurability of the indicators, for consideration by the UNAIDS MTAG;
- develop recommendations on the use of the definition of community-led responses, for consideration by the UNAIDS MTAG; and
- explore feasibility and ways to enhance reporting on community-led responses to assist Member States to fulfil their commitments as outlined in the 2016 Political Declaration on Ending AIDS.

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 circumstances require).
- Communication via e-mail, video conference, telephone calls.

Deliverables

- Provide feedback via 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.

Proposed timeline

| Timeline | Actions |
|--------------------------|---|
| May 2020 | <ul style="list-style-type: none"> • First meeting of the task team. • Build on the outcomes of expert consultations concerning community-led AIDS, taking account of the 2020 reporting results and the results of pilot testing of the indicators for measurability and feasibility. • Develop recommendations on the use of the definition of community-led AIDS response. • Explore feasibility of 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 the MTAG report. |
| October 2020 | <ul style="list-style-type: none"> • The MTAG 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. |

Estimated budget

| Items | Estimated cost (US\$) |
|--|-----------------------|
| 2 face-to-face meetings in Geneva | 4000 |
| Travel (12 people for 2 meetings—flights @ US\$ 3000 per person) | 72 000 |
| Per diems (12 people for 2 meetings – total 4 days @ US\$ 386 per day) | 18 528 |

| | |
|--------------------------|----------------|
| Interpretation in French | 10 000 |
| Contingencies | 5000 |
| Total | 109 528 |

¹ Transforming our world: the 2030 agenda for sustainable development. 70/1 Resolution adopted by the General Assembly on 25 September 2015. Seventieth session agenda items 15 and 116.

² 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.

³ <http://www.hivjustice.net/tag/political-declaration/>

⁴ Global AIDS monitoring: Indicators for monitoring the 2016 United Nations Political Declaration on Ending AIDS. Geneva Switzerland: UNAIDS 2018.

⁵ 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 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.

⁷ Further guidance on this disaggregation is provided in the Guidance: Global AIDS Monitoring 2020: Indicators for Monitoring the 2016 Political Declaration on Ending AIDS, available at https://www.unaids.org/sites/default/files/media_asset/global-aids-monitoring_en.pdf.

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.