COMMUNITY LEADERSHIP AND SOCIETAL ENABLERS:

From Political Commitments to Accountable Investments

This White Paper was spearheaded by Georgetown University's Center for Global Health Policy and Politics with significant input and support from STOPAIDS, Global Network of People Living with HIV (GNP+) and WACI Health. The perspectives and recommendations presented reflect collaborative dialogue among all partners and their respective networks. The development of this paper was made possible with financial and technical support from Aidsfonds and the Love Alliance.

EXECUTIVE SUMMARY

Background and Purpose

This White Paper explores the critical gap between global HIV targets and the realities of local implementation of Community Leadership and Societal Enablers (CLSE). It draws on a systematic literature review and on consultations held with 143 stakeholders across six continents between July and October 2024. It analyses the barriers that limit community-led responses and proposes practical solutions for achieving the 2021 Political Declaration targets: 30-60-80 for community leadership and 10-10-10 for reducing structural barriers.

Methodology

We used a comprehensive multi-phased approach to gather evidence and perspectives. First, we conducted a systematic literature review across Google Scholar and PubMed. Publications both within and beyond the HIV sector were examined. Key search terms included 'societal enablers', 'enabling environment' and 'community monitoring', with modifiers for SRHR, LGBTQ+ and harm reduction.

This was complemented by consultative meetings with stakeholders from around the world. These stakeholders represented diverse groups of key populations, people living with HIV, donors, Community-Led Monitoring (CLM) implementers and technical agencies – focusing on three core themes:

1. **Policies, programmes and investment in community leadership and societal enablers.**
2. **Scaling up community-led responses and societal enablers.**
3. **Accountability for financial investments.**

Key Findings

Barriers to implementing community-led initiatives
Community-led initiatives face interconnected barriers. Well-funded anti-rights movements target marginalised communities, while widespread criminalisation excludes key populations from decision-making processes. Furthermore, inadequate direct funding forces organisations to deliver services and advocacy on minimal budgets, with systematic exclusion from data collection creating evidence gaps that are used to justify continued marginalisation.

For these initiatives to succeed, open civic space and comprehensive legal reform are essential. Legal, financial and social barriers must be addressed together to enable progress.

Recommendations

For Governments
Governments must remove criminal sanctions against consensual adult behaviour among key populations. They should reform laws that restrict activities by community-led organisations. They must also enact anti-discrimination legislation and establish robust frameworks to protect gender-diverse and LGBTQ+ communities. Open civic space should be safeguarded by protecting freedoms of assembly, association and access to information. Laws that delegitimise civil society should be eliminated. Governments must create formal mechanisms to integrate community-led monitoring data into national systems. At the same time, they should establish direct funding pathways with dedicated budgets for community-led initiatives.

For Development Agencies
Development agencies should adopt direct funding models to support community consortia and small grassroots organisations. This can be achieved through bypassing intermediaries, simplifying grant processes and offering multi-

year commitments. Agencies should prioritise continuum-based responses that address multiple forms of discrimination simultaneously, including legal campaigns, strategic litigation, judicial training and policy implementation.

For Multi-Lateral Agencies
Multi-lateral agencies should standardise frameworks and terminology for societal enabler programmes. This will help eliminate confusion arising from multiple disparate standards and recommendations. They should also establish binding accountability mechanisms for member states and funders to meet societal enabler targets – moving beyond voluntary reporting to include naming and shaming of non-performers.

For Civil Society Organisations
Civil society organisations should build formal networks connecting community-led initiatives across HIV, SRHR, LGBTQ+ and human rights sectors. These networks will amplify voices and attract funding. They should also coordinate comprehensive advocacy strategies that hold governments and funders accountable to global commitments.

Conclusion

Community-led responses have proven effective in promoting health equity. Yet a significant gap remains between global commitments and local implementation. Achieving real impact requires governments to prioritise decriminalisation and legal reform. Donors must create direct funding mechanisms. Civil society must sustain consistent accountability pressure to turn commitments into meaningful change.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CLM	Community-Led Monitoring
CLSE	Community Leadership and Societal Enablers
CSOs	Civil Society Organisations
GALZ	Gays and Lesbians of Zimbabwe
GIPA	Greater Involvement of People Living with HIV
GNP+	Global Network of People Living with HIV
HIV	Human Immunodeficiency Virus
ISDAO	Initiative of Strategic Development in Africa
LGBTQ	Lesbians, Gay, Bi-Sexual, Transgender and Queer
SANPUD	South African Network of People who Use Drugs
SRSR	Sexual and Reproductive Health Rights
UNAIDS	United Nations Joint Programme for HIV/AIDS
WACI Health	WACI Health
WHO	World Health Organization

BACKGROUND

The Love Alliance is a five-year programme (2021-2025) founded on an unwavering commitment to protecting, promoting and fulfilling sexual and reproductive health and rights (SRHR) globally. It unites people who use drugs, sex workers and LGBTIQ+ communities – amplifying their diverse voices and collective strength. Funded by the Dutch Ministry of Foreign Affairs, the Love Alliance brings together national thought leaders GALZ, SANPUD and Sisonke, regional grant-makers UHAI EASHRI and ISDAO, alongside the Global Network of People Living with HIV (GNP+) and the Netherlands-based administrative lead, Aidsfonds.

INTRODUCTION

Global public health infrastructure and funding are in flux. In today's landscape, strong and inclusive community leadership is critical to achieving lasting and equitable outcomes. The 2021 Political Declaration on HIV and AIDS introduced ambitious targets for community leadership and societal enablers (CLSE) as part of the 2021-2026 Global AIDS Strategy. These targets recognise that sustainable progress against HIV requires more than biomedical interventions. It demands structural transformation that tackles the root causes of inequality and marginalisation.

The Declaration sets two target frameworks for CLSE: the 30-60-80 targets and the 10-10-10 targets (Global HIV Prevention Coalition & UNAIDS, 2025).

The 30-60-80 targets require that community-led organisations deliver 30% of HIV testing and treatment, 60% of programmes supporting community societal enablers, and 80% of prevention services for key populations and women by 2025. The 10-10-10 targets aim to reduce structural barriers that impede access to HIV services by 2025 (Global HIV Prevention Coalition & UNAIDS, 2025). They require countries to ensure that fewer than 10% of women, girls and people living with HIV experience gender-based inequalities or sexual and gender-based violence. Furthermore, they require that fewer than 10% of countries have restrictive legal or policy environments, and that fewer than 10% of people living with HIV and key populations face stigma or discrimination.

Yet, as we reach 2025, none of these targets have been met (Dhaliwal, 2022). This highlights the disconnect between global commitments and local realities.

One of the Love Alliance partnership's priorities is to strengthen accountability for global and national commitments and investments in community leadership and societal enablers. A key pathway towards this goal is supporting community-led tracking – including community-led monitoring (CLM) – of Sexual and Reproductive Health and Rights (SRHR) and HIV services, human rights violations and financing for community-led responses (Global HIV Prevention Coalition & UNAIDS, 2025).

The Love Alliance sought to identify concrete opportunities and technical solutions to strengthen community-led accountability ahead of the 2025 High Level Processes, when several relevant global health targets are set to expire.

METHODOLOGY

This White Paper presents findings from a comprehensive, multi-phase study combining a literature review with a series of consultative meetings – both in-person and online – to bridge the gap between global commitments and local realities.

Literature Review

The review examined relevant publications within and beyond the HIV sector. Systematic searches were conducted across Google Scholar and PubMed using the terms 'societal enablers', 'social enablers', 'enabling environment', 'community monitoring' and 'civil society monitoring', with modifiers including SRHR, sexual rights and health, LGBTQ and harm reduction. These searches revealed critical gaps in how global commitments are translated into local implementation – highlighting the importance of community ownership in effective programming.

The Consultative Process

The consultative process – held between July and October 2024 – engaged a diverse group of stakeholders to explore the challenges and opportunities shaping community leadership and societal enablers. It comprised four 90-minute sessions: one in-person session at the International AIDS Society Conference in Munich, Germany (28 participants with six facilitators) and two online sessions (40 participants in the first, 22 in the second session – each with around six facilitators).

More than 140 individuals registered online via a Google form, including 100 registrations from Africa, 12 from South Asia, 9 from Europe, 6 from the Middle East and North Africa, 3 from East Asia and the Pacific, 2 from the Caribbean, 2 from North America, 1 from Central America and 5 identifying as global participants. Participants represented key populations, including men who have sex with men, transgender people, people who use drugs and sex workers. They also included people living with HIV, youth advocates, donors and representatives of global health initiatives and technical agencies.

The consultations focused on three core themes:

1. **Policies, programmes and investment in community leadership and societal enablers.**
2. **Scaling up of community-led responses and societal enablers.**
3. **Accountability for financial investments.**

Each session began with introductions by the facilitators, followed by structured discussions based on a questionnaire guide translated into English, French, Arabic and Portuguese. The in-person session included three discussion groups – each with a facilitator and note-taker, while the online sessions offered simultaneous translation in French, Arabic and Portuguese to ensure inclusivity.

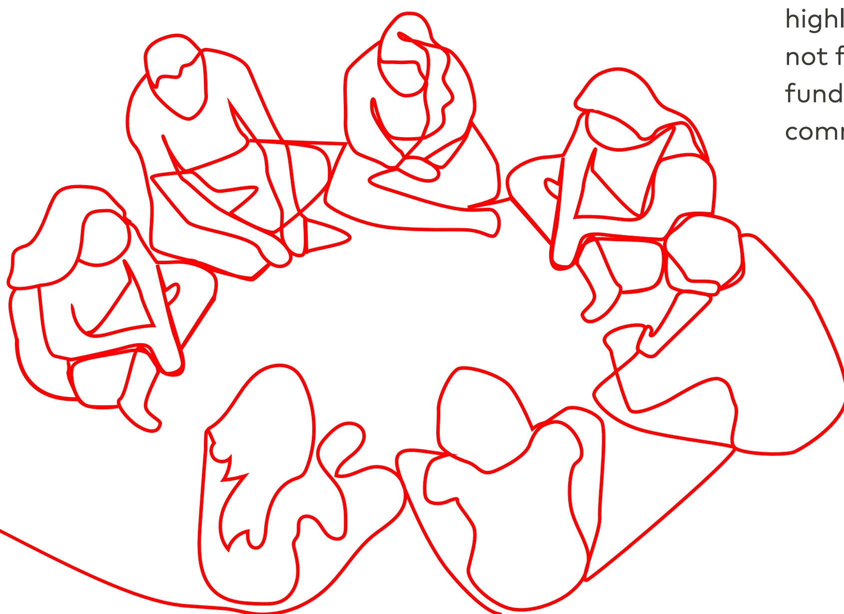
Participants examined multifaceted challenges that hinder effective community leadership, including criminalisation, stigma and the lack of direct funding for key populations and people living with HIV. This process generated insights into systemic gaps and informed strategic recommendations for building a more inclusive and responsive policy environment.

KEY DEFINITIONS:

Community-led responses:
Efforts designed, implemented, monitored and evaluated by local communities. Community members collectively identify problems and develop culturally appropriate solutions based on local knowledge.

Community leadership:
The process of empowering communities and building their agency to lead initiatives that improve their well-being.

Societal enablers:
Structural systems and norms that create an environment in which communities can thrive in health and well-being. In the HIV context, societal enablers enhance the effectiveness of HIV programmes by removing barriers to service availability, access and uptake. The HIV Societal Enabler Framework includes four key areas: supportive legal environment, gender equity, non-discrimination and co-action in development.



The Impact and Value of Community-led Responses

Research shows that community-led responses significantly improve health programme outcomes through enhanced monitoring and evaluation. When communities participate in documentation, reporting becomes more accurate and gaps in programme delivery are identified (Baptiste et al., 2020; UNAIDS, 2023). Community participation in monitoring has also uncovered discrepancies in government data and driven targeted programme improvements (Garg & Laskar, 2010).

Furthermore, women living with HIV play a pivotal role in shaping the HIV response. Integrating these voices of key and vulnerable populations into policy-making processes ensures policies are more relevant and responsive to community needs. (Anam et al., 2023).

Defining impact requires understanding different perspectives. Communities assess success through tangible, everyday improvements, such as increased access to healthcare, reduced stigma and greater empowerment in decision-making. Governments tend to focus on large-scale outcomes, like improved adherence rates and reduced disease incidence – to meet national targets and policy commitments. Funders, meanwhile, prioritise measurable, quantitative indicators that align with grant objectives, including reach and the efficiency of programme implementation – emphasising scalability and sustainability. These differing definitions can create tension. Community experiences often highlight nuanced, localised changes that are not fully captured by government data or funder metrics. As a result, the actual impact of community-led responses may be underreported.

KEY FINDINGS FROM LITERATURE REVIEW

Introduction

This section presents the main findings from a comprehensive review of publications within and beyond the HIV sector. The review included peer-reviewed articles, reports, and evaluations relevant to community-led responses, societal enablers, as well as legal and policy reforms. These findings highlight the evidence base supporting effective community leadership, structural interventions and approaches that improve health outcomes and accountability.

Urgency of Fundamental Legal Reform

Limitations of Isolated Reforms

The literature review identified critical gaps in how legal and policy reforms are approached. Piecemeal reforms often fail to create the enabling environment necessary for meaningful change. For example, amending a single law that criminalises same-sex behaviour while leaving broader discriminatory frameworks intact has limited effect (UNDP, 2022; UNDP & HIV Health Group, 2018).

This approach disproportionately affects key populations who face multiple, intersecting forms of oppression. For example, a transgender sex worker living with HIV may experience criminalisation on multiple fronts: gender identity, HIV status and their work. Addressing only one of these forms of criminalisation while leaving the others intact leaves the individual vulnerable to arrest, harassment and exclusion from services – limiting the overall impact of reform.

Such isolated efforts create 'partial decriminalisation', where legal changes on paper fail to translate into real protection. Discriminatory attitudes, institutional practices and related punitive laws continue to act as barriers, even when certain statutes are amended.

Need for Comprehensive Legal Reform Initiatives

The literature review revealed that successful legal reform initiatives address a full spectrum of legal, extra-legal and societal factors that perpetuate marginalisation (UNAIDS, 2023). This approach is described as *'fundamental attention to legal determinants'*, emphasising that determinants of health are interconnected and cannot be addressed through isolated policies. Therefore, for legal reform to be effective and successful, strong coordination is required across multiple areas, including:

- **Legal Framework Reform** – comprehensive reform of the legal framework to ensure coherence and protection across all laws.
- **Implementation and Practice Change** – translating legal reforms into action through training for law enforcers, the judiciary and other duty bearers.
- **Institutional Cultural Shift** – addressing discriminatory attitudes and practices within community and state institutions.
- **Community Empowerment** – building and strengthening community agency in rights advocacy and in practices for holding duty bearers accountable.
- **Intersectional Understanding** – recognising that individuals may face multiple forms of discrimination simultaneously and ensuring legal reforms protect these intersecting identities

Literature suggests that comprehensive legal frameworks protecting the rights of marginalised populations enable communities to engage more effectively in health promotion, service delivery and advocacy – without fear criminalisation or discrimination. These frameworks combine legal reforms that advance health justice with the removal of laws that stigmatise marginalised populations. Together, they create an enabling environment essential for achieving global health commitments (Gostin et al., 2019; UNDP, 2022).

Countries that have adopted comprehensive reform approaches demonstrate stronger community-led responses and improved

health outcomes compared to those that pursue isolated reforms. These countries combine decriminalisation, anti-discrimination legislation, institutional training and community empowerment.

Community Ownership Determines the Focus of Health Interventions

Analysis of community-led interventions shows that the level of community ownership in HIV-related programming affects the priorities of community-led responses. Communities with high ownership tend to focus on legal and structural determinants, while those with limited ownership – often where interventions are externally driven – focus primarily on service delivery.

Therefore, a balance must be struck between community-driven and externally driven initiatives to ensure interventions are fully owned by the communities they serve. While external funders may set specific conditions for continued support, their resources should be channelled through community-led initiatives to guarantee genuine ownership of both structural change and service delivery.

Open Civic Space: A Fundamental Factor for Effective Community-led Monitoring (CLM)

Pressure on civic space is a structural issue, not merely a series of isolated incidents. In 2017, the Council of Europe's Commissioner for Human Rights, Nils Muižnieks, observed that backsliding – the reversal of previously achieved rights – particularly harms human rights organisations as it undermines three core rights: freedom of association, the right to peaceful assembly and freedom of expression (Buyse, 2018; Council of Europe Commissioner for Human Rights, 2017). Freedom of expression is especially critical as it enables civil society – including community-led organisations – to act as watchdogs through access to state-held information of public interest (Buyse, 2018).

The literature review analysed reports from civil society groups implementing CLM, external evaluations of CLM programmes, as well as tools and frameworks on human rights. Across all sources, one fundamental factor consistently emerged as central to the impact of CLM: open civic space.

Open civic space refers to the practical freedom available to individuals and groups to act and organise (Buyse, 2018). Its absence limits the impact of CLM, particularly where freedoms of association and assembly are restricted or revoked. Each stage of CLM – from data collection to analysis, sharing and accountability – requires sufficient civic space to operate effectively.

Three key factors underpin open civic space and enable successful CLM across all sectors. These are essential prerequisites for communities to conduct meaningful oversight and advocacy that drives measurable improvements in health outcomes and policy implementation:

1. **Access to Information** – transparency regarding budgets by both government and funders, including expenditures, allocations, impact as well as qualitative and quantitative data on health systems performance
2. **Ability to Organise** – freedom from fear of repercussion or surveillance when mobilising, strategising, documenting and disseminating community findings
3. **Authentic Accountability Spaces** – structures or mechanisms where civil society can meaningfully shape decisions

The right to information enables the public and civil society to access timely, complete and accurate information held by public bodies. This right must be supported by safe civic spaces where these conversations can take place (Dhaliwal, 2022).

Evidence Supporting Societal Enablers Programming

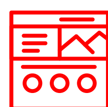
Role of Societal Enablers

The literature review confirms that societal enablers strengthen the HIV response by removing barriers to the availability, accessibility

and uptake of services. The UNAIDS Strategic Framework (2020–2025) identifies four main societal enablers (UNAIDS, 2025):

- Societies with supportive legal environments and access to justice
- Societies with gender equality
- Societies free from stigma and discrimination
- Societies with co-action across development sectors to reduce exclusion and poverty

However – even with these enablers – a major barrier persists: *the plural legal system.* This refers to the coexistence of multiple, often conflicting legal standards, policies and recommendations (Ada Tchoukou, 2025; Tamanaha, 2021) – creating confusion and inconsistency in implementation. In many countries, constitutional law conflicts with traditional law, including customary and religious laws, which often enjoy binding authority. The existence of colonial and post-colonial legal and political frameworks can further compound gender inequality and discriminatory practices, with potential negative impacts on women's sexual health.



Community-led Monitoring as an Accountability Tool

The literature review indicates that effective CLM requires a complete cycle of activities. These include community education in monitoring, data collection, analysis and report writing, as well as dissemination of findings, advocacy and accountability, and ongoing monitoring of commitments (Ada Tchoukou, 2025b; Tamanaha, 2021).

When implemented effectively, community-led monitoring:

- **Creates context for accountability** by improving confidence, clarity and impact of engagement with duty bearers and decision-makers

- **Secures tangible change** by generating solutions at supply-chain, site and societal levels

- **Yields accurate information** by creating high-quality data containing information that would otherwise go uncollected (Ada Tchoukou, 2025). This applies particularly to the HIV, TB, SRHR, human rights and environmental arenas

However, fragmented approaches across sectors continue to pose challenges. Some initiatives that reference the term 'community-led monitoring' lack accountability. For example, in the environmental sector CLM initiatives exclude the accountability and advocacy components essential for genuine oversight. As a result, data are collected but are not always used to drive change.

Furthermore, the focus of CLM varies across sectors. Health monitoring often centres on health service delivery sites and surrounding communities (Baptiste et al., 2020). Human rights monitoring focuses on real-time documentation of abuses and violations – for example, during protests and crackdowns. Budget monitoring, meanwhile, concentrates mainly on administrative and ministerial data.

Each sector has developed distinct methodologies and skill sets. As a result, organisations experienced in monitoring one domain – such as health service delivery – often lack the expertise to monitor related fields like human rights or budget allocation. Yet these factors collectively shape the well-being of communities. This fragmentation limits the potential for comprehensive accountability and weakens the overall impact of CLM.

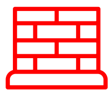
Conclusion

The literature review highlights that community ownership and societal enablers – including comprehensive legal reform and open civic space – are critical for effective community-led responses. Evidence consistently shows that coordinated, inclusive approaches strengthen accountability, improve health outcomes and ensure interventions address structural barriers, intersectional vulnerabilities and the real priorities of communities.

KEY FINDINGS FROM CONSULTATIONS

Introduction

This section presents the main findings from the consultative meetings. The findings reflect the perspectives of diverse stakeholders on the barriers, challenges and opportunities shaping community leadership and societal enablers. They highlight practical insights and lived experiences that inform recommendations for improving the effectiveness and reach of community-led responses.



Barriers to Alignment

The Anti-Rights Movement
Community-led responses face an array of barriers that undermine their effectiveness and sustainability. The most significant of these is the growing, well-funded anti-rights movement, which has influenced political shifts at global, regional and national levels. This movement is rooted in far-right ideologies and often presents itself as a defender of religious and conservative values. Marginalised groups, including LGBTQ+ communities, women, racial minorities, migrants and Indigenous Peoples, are systematically targeted. The movement actively seeks to roll back human rights protections by attacking civic rights and freedoms – particularly those related to sexual and reproductive health, gender equality and LGBTQ+ rights.

Criminalisation and Stigma
Criminalisation and stigma continue to affect communities impacted by HIV – including LGBTQ+ individuals, people who use drugs and sex workers – and remain major barriers to aligning global CLSE targets with local policies and programmes. The literature on societal enablers has consistently shown that criminalisation and stigma obstruct access to essential services and prevent community engagement in policy initiatives (Were et al., 2021).

Consultation participants reinforced this finding, emphasising that insufficient attention has been given to how criminalisation affects community leadership. It creates a climate of fear, and together with discriminatory practices in healthcare and other public institutions, discourages key populations from accessing vital services and participating in policy dialogues – negatively affecting their well-being. This withdrawal deepens a vicious cycle: the communities most affected by policy decisions have the least influence in shaping them, making meaningful alignment between global commitments and local policy realities almost impossible.

A further complication is the absence of an agreed definition distinguishing decriminalisation from legalisation of same-sex relations, drug use and sex work. This creates legal ambiguity that further marginalises these communities. While the effects of criminalisation on access to essential services are well understood, the consultations show that too little has been done to address its impact on community leadership and policy engagement.

Funding and Governance Barriers
Significant funding gaps and structural barriers within existing political and governmental systems create major obstacles to aligning global CLSE targets with local implementation. These barriers include competing political priorities and inadequate coordination across different government levels.

A key barrier is the lack of targeted investment in reducing criminalisation and providing direct support to key population communities. This undermines both local and national capacity to translate global commitments into effective domestic strategies. The problem is compounded by a chronic shortage of long-term, direct funding and the absence of comprehensive data on global target integration at the country level.

While devolved governance structures can improve local responsiveness, they often lead to inconsistent policy implementation across different jurisdictions – creating varying approaches rather than a standardised national approach. These inconsistencies lead to fragmented advocacy with limited and complicated coordination across different

geographic levels. Collectively, these challenges create a complex environment in which sustained progress towards global CLSE targets remains difficult to achieve and measure.

Political Unrest and Marginalisation of Key Populations and People Living with HIV

In conflict and crisis situations, communities face multiple threats, including internal displacement, systematic exclusion from decision-making and the disruption of both formal governance and community organising structures. These unique challenges reinforce structural barriers. As a result, it is difficult to align global CLSE targets with local implementation, and community-led initiatives struggle to gain or regain traction when they are needed most.

Programmes in such settings must be inclusive and address the security risks that key populations and people living with HIV face in conflict settings. They should prioritise the safety and protection of community members while supporting continued community organising and delivery of essential services.

Overburdening of Community-led Organisations

Consultation participants highlighted the strain on community-led organisations caused by the imperative to deliver essential services – particularly where governments fail to provide stigma-free, accessible healthcare and support for key populations and people living with HIV. While this role is vital, it often diverts the limited resources of community-led organisations away from advocacy for policy alignment.

This finding is consistent with *'The State of Trans Organising Report'* (Lukomnik et al., 2024), which found that over 76% of trans organisations provide essential health and social services alongside advocacy – despite extremely limited budgets. This dual responsibility contributes to burnout and diverts attention from the systemic change needed to address the root causes of discrimination.

The situation is further compounded by the marginalisation of civil society organisations – including trans and intersex groups – in two critical areas: decision-making on resource allocation and policy development forums. As a result, they are responsible for service delivery and accountability advocacy, while being excluded from key decisions that could reduce their workload.

Data Gaps

Persistent data gaps reflect the underrepresentation of community priorities and experiences in formal data systems. These gaps create evidence voids that policy-makers often use to perpetuate and justify cycles of exclusion:

- Without community-generated data, policies fail to address real community needs
- Without inclusive policies, communities remain excluded from data systems
- Without representation in data, community needs remain invisible to decision-makers

These cycles reinforce patterns of poverty and unemployment, particularly among key populations. This makes alignment with global CLSE targets increasingly difficult to achieve.

Technological Barriers

Technological barriers also hinder CLSE scale-up. Limited access to digital platforms – particularly in rural areas – restricts sharing of vital health information and compromises the coordination of community voices for collective advocacy. This digital divide disproportionately affects key populations and women and girls, limiting both their access to essential health services – such as SRHR – and their ability to participate fully in community-led initiatives.

Where digital access exists, concerns around data protection, anonymity and online security persist. Combined with the spread of online hate speech and disinformation, these challenges intensify stigma and marginalisation of these communities.

Conclusion

Collectively, these findings from the consultations highlight the urgent need for a strategic, well-funded and inclusive approach to scaling up CLSE initiatives. Such an approach will strengthen community leadership and societal enablers by addressing structural barriers and ensuring equitable access to technological tools.

SPOTLIGHT: COMMUNITY-LED MONITORING

Community-led monitoring (CLM) is one of the main community leadership practices within the HIV response. It empowers communities to collect, analyse and use information to inform accountability-focused advocacy. Communities decide which issues to track against collectively agreed indicators. They then gather health facility and community-level data on these issues. The data is analysed and used to inform advocacy targeting governments, donors and other relevant global health initiatives. The aim is to improve accountability and the quality of healthcare services.

CLM has proven effective in uncovering and addressing barriers to healthcare access, supporting service uptake, tackling human rights violations and improving health outcomes at both site and community levels.

However, CLM initiatives face many of the barriers described above. There is a widespread lack of government understanding and recognition of CLM's critical role and value. As a result, monitoring frameworks are often underdeveloped and community-led initiatives often overlooked or treated as mere formalities – reducing their overall impact.

In countries with discriminatory laws that criminalise key populations, community data collectors face harassment, arrest and legal threats. Bureaucratic and legal hurdles, such as restrictive registration processes, further prevent community-led organisations from operating effectively and securing funding.

Financial resource allocation often favours larger institutions, leaving community-led efforts underfunded and under-resourced. As a result, they struggle to collect, analyse and present data in ways that can meaningfully influence policy and funding decisions. Additionally, donors and major partners frequently retain control over data collection, ownership and interpretation – sidelining the invaluable insights that communities are best placed to provide.

Key Elements to Support Alignment with Global Targets

Legal and Policy Reform
Structural barriers such as criminalisation and stigma must be addressed through legal and policy reform to align local efforts with global targets. Consultations highlighted legal campaigns, including strategic litigation, as best practices for advancing decriminalisation and removing barriers to healthcare access. However, these processes are time-consuming and resource-intensive, requiring increased funding and technical support to sustain advocacy and navigate complex legal systems.

For example, consultation participants noted that in Lebanon, drafting a law prohibiting all forms of discrimination was a lengthy process requiring collaboration with clerics, media and civil society to shift social perceptions and advance policy change (SIDC, 2024). Such multi-stakeholder engagement demands considerable time and financial investment to achieve lasting, positive impact.

Tools such as REAct – a CLM system designed to document and respond to cases of discrimination – can be adapted to local needs. The tool enables community members to identify, document, report and track patterns of discrimination, which they can then use to engage health providers and policymakers (Frontline AIDS, 2021). Similarly, advocacy for law reform through the development of draft legislation and collaboration with parliamentarians helps ensure that policy changes are not only reformed but also implemented in practice.

Inclusive Safety and Security Policies
Inclusive safety and security policies addressing police harassment, online threats and conflict-related risks are essential for tackling the unique challenges faced by marginalised communities. Tailored programming that recognises and responds to these risks enhances resilience and ensures that at-risk groups receive the protection and support they need.

Training of Healthcare Providers, Media and Other Key Stakeholders
Combatting stigma and discrimination requires multifaceted strategies. One approach is ongoing training for healthcare providers, media professionals and other key stakeholders. This training includes briefing materials and language guides to equip them to handle sensitive issues effectively.

Peer education initiatives grounded in community-led research, supported with tailored training materials, empower individuals to address stigma and advocate for key populations and people living with HIV. The media, in particular, can serve as a powerful ally in countering misinformation and harmful ideologies that perpetuate stigma and discrimination.

Accountability Mechanisms
Robust accountability mechanisms are essential to ensure that commitments translate into action. Tools such as scorecards – offering a snapshot of government performance against international commitments – help track government adoption and implementation of CLSE-related targets. The role of national human rights commissions as enablers should also be regularly assessed to ensure they effectively support these accountability processes.

Community-Led Data Systems
Increased funding and capacity support are needed to enable organisations to collect, analyse and publish data in formats accessible to policymakers. Strengthening data systems enhances advocacy, particularly for community-led organisations transitioning from direct service delivery towards advocating for sustainable, government-led provision of essential services.

Building and Strengthening Community Networks
Building and strengthening community networks involves creating interconnected systems of community-led organisations, community-based groups, key population representatives, advocates and other stakeholders. These networks enable communities to contribute effectively to the HIV response. The process of building and strengthening includes forming formal and informal partnerships between groups and individuals, building capacity to strengthen skills and maximise resources, and establishing clear communication channels for sharing and coordinating information.

Such connections foster collaboration between key population communities and broader HIV response stakeholders, including religious and cultural leaders. They help bridge gaps and reduce barriers to effective community-driven responses. Deeper connections also support cross-learning among different stakeholders and amplify advocacy messages. Experienced advocates and community leaders from one organisation can mentor and nurture emerging leaders and young people from other organisations.

Scaling Up Community-Led Responses and Building Capacity for Community-led Organisations

Truly effective scale-up efforts must be community-led and community-driven. This requires comprehensive decriminalisation, along with reform of laws that are misaligned with public health goals. Top-down approaches to scaling up community-led responses often overlook local nuances and the specific needs of communities. This is because they are shaped by global priorities and timeframes, and by centralised resourcing decisions of governments and international NGOs.

Targeted capacity-building programmes help communities implement evidence-based practices effectively. These programmes range from leadership development and ongoing technical assistance to paid employment opportunities within community-led responses. They also enable communities to respond to emerging challenges such as digital security threats and, ultimately, to sustain their own health and advocacy efforts. These initiatives foster local ownership and build agency among community members, ensuring communities can lead their own initiatives. Oppressive legal frameworks that criminalise or discriminate against marginalised groups and create barriers to accessing services and enjoy basic rights, must be replaced with gender-transformative laws. These laws should challenge traditional power structures that have historically disadvantaged specific groups, including women, people living with HIV and key populations. They should recognise, actively protect and empower marginalised communities, ensuring that legal systems support their well-being, dignity and rights.

Digital Access and Communication

Improving digital access and leveraging modern communication tools are vital for promoting open dialogue and collaboration. Expanding digital connectivity in rural and marginalised areas, strategically using social media and creating collaborative community-led digital spaces – guided by GIPA principles – can empower local organisations to hold governments accountable. They do so by facilitating real-time engagement and advocacy while respecting unique cultural contexts.

Increasing Investment in Societal Enabler Programmes

Expanding investment in societal enabler programmes requires a strong advocacy framework that integrates political engagement and evidence-based approaches. One effective strategy is to engage political candidates during election periods to secure financial commitments for HIV responses and highlight the importance of sustained investment in key population services. At the same time, focusing on local governments creates additional opportunities for support – taking advantage of devolved political structures that enable activists and communities to help shape policy changes and funding decisions. Evidence-based advocacy strengthens these efforts by grounding recommendations for increased investment in robust, community-derived data. This approach both informs better programming and mobilises political and financial backing.

Equally important is ensuring that funding proposals explicitly address issues such as criminalisation, gender-related challenges, stigma and discrimination – areas often overlooked or removed in standard funding applications. Advocacy at both local and global levels is essential to safeguard these issues. In addition, building robust monitoring and accountability platforms is crucial to track government and donor commitments. This allows community organisations to report back to global institutions – ensuring that financial pledges are met and investments align with the intended societal enabler programmes.

RECOMMENDATIONS

Drawing on the key findings from the literature review and insights shared by the stakeholders consulted – including community-led monitoring (CLM) implementers, civil society actors, technical assistance providers and representatives of multilateral and bilateral agencies – the following recommendations outline priority actions to strengthen community leadership and societal enablers in the HIV response.

They reflect a synthesis of evidence and lived experience, identifying what stakeholders agree must change to ensure that community-led initiatives are sustainably resourced, meaningfully integrated into national systems and fully supported by enabling legal and policy environments.

The recommendations are organised by key actor group – government, development agencies and philanthropic funders, multilateral agencies and civil society organisations – to guide and promote coordinated action and shared accountability across all levels of the response.

Government

Decriminalise consensual adult behaviour to better enable CLSE initiatives

Governments must decriminalise consensual adult behaviour, as its criminalisation undermines public health priorities and limits progress on CLSE initiatives. Consensual adult behaviour includes, but is not limited to, same-sex relations, personal possession and use of drugs, and sex work. To eliminate ambiguity, governments must clearly and promptly distinguish between decriminalisation and legalisation of consensual adult behaviours.

Decriminalisation must be prioritised as the evidence-based pathway to improved public health outcomes and strengthened human rights protections. This requires full removal of all criminal sanctions and penalties related to consensual adult behaviour, in line with UNAIDS guidance (UNAIDS, 2024). Achieving and sustaining decriminalisation is, therefore, both critical and urgent, requiring scaling up support for community-led advocacy and the engagement of societal enablers. Even when short term change is not immediately likely, incremental steps towards decriminalisation generate measurable health and rights benefits, allowing community initiatives to thrive – particularly those targeting key populations.

Evidence from a selection of African countries shows that HIV prevalence among men who have sex with men (MSM) varies significantly depending on the legal status of same-sex relationships. Within this group, in countries that criminalise same-sex relationships, HIV prevalence among MSM was 24.8 times higher than among other adult men. By comparison, in countries that do not criminalise same-sex relationships, HIV prevalence among MSM was only 7.2 times higher. This represents a 70% reduction in relative risk in non-criminalising contexts (O'Neill Institute et al., 2023).

Pass and implement comprehensive anti-discrimination laws

While decriminalisation is essential, it is not sufficient on its own. Governments must pass and enforce comprehensive anti-discrimination legislation to protect gender-diverse and LGBTIQ+ communities, people living with HIV and other marginalised groups. Such laws promote sexual and reproductive health, empower independent oversight mechanisms – such as national human rights commissions – and enable these and other independent bodies to investigate and address rights violations, building trust with communities. A multi-sectoral approach recognises that a sustainable AIDS response requires leadership beyond the health sector.

Protect civic space and enable civil society participation

Governments must overturn laws that limit civic space and enact legislation that creates enabling environments for civil society organisations working in the HIV response. This includes passing and enforcing legislation that protects freedoms of assembly, association and access to information, as well as well as eliminating 'foreign

agent' laws, restrictions on the registration of LGBT+ groups, and burdensome NGO Bureau guidelines.

Open civic space is fundamental to the effectiveness of community-led initiatives (Buyse, 2018; UNHCR, 2016). Without the ability to organise, to access information and to engage in authentic accountability spaces – considered the three key facilitators of open civic space – community-led initiatives cannot reach their full potential to improve health outcomes and strengthen accountability.

Where certain components of foreign agent laws remain part a country's legal framework, their scope of application must be narrowed down and safeguards introduced to protect civil society. These safeguards may include, but must not be limited to, clarifying definitions to ensure that laws are accessible and unambiguous, thereby preventing arbitrary interpretation. Such measures are essential because these laws often have a chilling effect and can be used to justify abusive legislation.

By implementing these measures, governments create conditions in which communities can freely participate in activities and decisions affecting their well-being – ultimately strengthening national HIV responses through community ownership and the reduction of structural barriers.

Integrate community-led monitoring (CLM) data into national systems – and fund the integration
Governments must create formal mechanisms to integrate CLM data into national systems, so this can be used to secure actions and accountability from duty bearers. These mechanisms include health assessments, decision-making processes and monitoring frameworks. They may also include memoranda of understanding between government and civil society organisations conducting community-led initiatives, as well as joint planning and implementation processes. Government policies must also be reformed to include regular review and incorporation of CLM data to guide decision-making.

Additionally, it is essential that CLM tracks indicators that complement, rather than duplicate, those monitored by the state. This alignment enhances national monitoring, reporting and evaluation processes, ensuring that state and community-led processes reinforce one another. Evidence from the literature review shows that such alignment strengthens implementation and the overall impact of community-led initiatives.

Establish direct, accessible and flexible funding mechanisms for community-led responses
Community-led responses form the foundation of cost-effective, equitable and successful health interventions. Without them, health programmes fail to reach vulnerable population groups such as key populations and people living with HIV, and fall short of disease control targets.

To maximise their impact, governments must integrate community-led responses – including CLM – into their national health budgets and policy frameworks. These should be incorporated as core components of health systems strengthening, rather than as peripheral programming dependent on external funding. This requires establishing dedicated and adequate budget lines for community-led initiatives within national health strategic plans and human rights monitoring mechanisms, including national human rights commission plans.

Governments must also create transparent, participatory budget processes that allow communities to engage in resource allocation decisions affecting their wellbeing – at national and/or subnational levels. This enhances sustainability and ensures appropriate resourcing of community-led responses – demonstrating political commitment.

To strengthen the financial sustainability of community-led organisations, governments must exempt these entities – particularly those working in health – from income tax and statutory fees. Without such exemptions, community-led organisations risk diverting time, energy and financial resources away from their core missions – undermining their sustainability.

Ensure budget transparency and access to information
Governments must establish disclosure requirements for health budgets, expenditures, allocations, procurement contracts and performance data through online portals and freedom of information legislation. Budget transparency is crucial for effective monitoring, while two-way information access strengthens both government systems and CLM processes.

Fund capacity strengthening and technical support for Community-Led Monitoring
Governments must invest in community-driven capacity-building initiatives that address both current and emerging challenges, as well as political and cultural barriers to CLSE adoption. This ensures that community-led organisations can effectively collect, analyse and use data for advocacy while navigating complex political environments. Capacity-building initiatives must also include mentoring programmes – pairing established community leaders with emerging advocates to transfer knowledge and skills. Technical support initiatives must prioritise:

- Effective monitoring, data collection techniques, and data management
- Advocacy strategies
- Organisational capacity strengthening, including governance, financial management and sustainability planning
- Emerging focus areas, including digital security, secure communications to reduce risks for key population advocates, and emergency preparedness

Communities must not only be trained to collect data, but also be equipped to translate research findings into advocacy messages that resonate with policy-makers, development partners and other key stakeholders. Training modules must include:

- Navigation of political, economic, social and technological environments
- Stakeholder mapping
- Coalition-building
- Communication for impact

Development Agencies and Philanthropic Funders

Establish direct, accessible and flexible funding pathways for community-led organisations – especially community-led consortia
Development agencies must simplify funding models and transfer resources directly to community-led organisations – bypassing non-community-led intermediaries that often dilute impact and impose external priorities. Supporting community consortia enhances resource efficiency and collective impact through cross-learning and shared resources. Direct funding strengthens community ownership, which in turn contributes to effective implementation of community-led initiatives. Evidence shows that interventions with high community ownership are more likely to address societal enablers and structural barriers (30% versus 14% in low-ownership contexts), which are critical for addressing legal determinants of health (Love Alliance et al., 2022).

Community consortia are a particularly effective funding mechanism, as emerged from the consultations. In this model, community-led organisations form collaborative networks that collectively receive and manage funding, making allocation decisions based on their specific needs and priorities rather than external agendas. Successful examples from Niger, Guinea and Burkina Faso show that when funding is provided without restrictive conditions, communities achieve more equitable resource distribution, greater independence in monitoring and stronger sustainability. Consortia also enable smaller organisations to access otherwise unavailable funds, reduce competition for resources within communities, facilitate knowledge-sharing and mutual capacity building, as well as strengthen collective advocacy power with governments and other stakeholders.

To achieve this, development agencies must reform grant-making structures to accommodate smaller grassroots organisations through simplified application processes, reduced bureaucratic requirements and multi-year funding. Funding streams must also support accountability, rights and access to justice alongside service delivery monitoring.

Fund a comprehensive approach to decriminalisation and destigmatisation – and commit to this long-term
Decriminalisation and destigmatisation efforts include removing laws that criminalise HIV transmission, same-sex relationships, sex work and drug use (WHO, 2016). However, removal of these laws alone is insufficient. Therefore, development agencies must support a comprehensive approach that combines:

- Parallel implementation of legal change campaigns
- Strategic litigation and access to justice during transitional periods
- Education and training for the judiciary, law enforcement and policy-makers
- Integration of training into professional education, rather than as one-off or add-on activities
- Policy and practice reform following decriminalisation

This parallel implementation – combining legal and social change strategies simultaneously – is far more effective than isolated interventions.

Multilateral Agencies

Harmonise standards and terminology
Multilateral agencies must unify frameworks and terminology for societal enabler programming – to address confusion caused by multiple, inconsistent standards, policies and recommendations[1]. In the absence of rights-based norms and standards that harmonise these documents, work on societal enablers within and beyond HIV will be side-tracked by the lack of agreed UN terminology (UNAIDS PCB, 2021).

Establish accountability mechanisms for global targets
Multilateral agencies must develop accountability mechanisms for both member states and funders to meet societal enabler targets – moving beyond voluntary reporting systems. Limited mechanisms currently exist to hold member states and funders accountable for meeting these targets or providing commensurate financial contributions. This impedes both funding and execution of research aimed at expanding the evidence base: it impacts progress on many fronts. Mechanisms may include scorecard tools to be implemented at regional and global levels.

Multilateral agencies must also establish accountability mechanisms for their own resource management and distribution processes. This includes:

- Transparent reporting on the percentage of community-designated funds reaching community-led organisations directly
- Timely publication of allocation decisions
- Formal feedback channels allowing community-led organisations to provide feedback on and challenge decisions on resource distribution

Multilateral agencies must be held to the same transparency standards they expect from member states, including public scrutiny when they fail to ensure that designated resources reach intended recipients.

Civil Society Organisations

Strengthen cross-sectoral coordination and learning
Civil society organisations must establish and strengthen formal networks and knowledge-sharing platforms connecting community-led initiatives across sectors, including HIV, SRHR, LGBTQ+ and human rights. Such coordination increases community ownership and the effectiveness of community-led initiatives. It may also attract funding and amplify collective advocacy.

Strengthen advocacy for accountability
Civil society organisations must formally monitor implementation and public reporting on CLSE commitment progress. They must build networks and coalitions of communities, civil society groups and other relevant actors to implement comprehensive advocacy strategies that hold governments and funders accountable for meeting global societal enabler targets and commitments. Monitoring can take many

1 There are dozens of existing standards, conventions, recommendations and policies produced by the Joint Programme (UNAIDS) that are supportive of engagement on societal enablers, including with marginalised groups.

forms, including media campaigns, round table discussions, surveys, scorecards, shadow reporting to internal bodies and – where necessary – strategic litigation when commitments are breached. Strong accountability ensures that global commitments are upheld, enabling resources and progress on legal determinants of health. When communities, civil society and other relevant actors collectively monitor and publicly report on implementation gaps, they create political pressure that transforms commitments and community demands into funded actions.

CONCLUSION

Community-led initiatives have repeatedly demonstrated their ability to improve health outcomes and promote equity. When communities are supported, empowered and resourced, they can drive meaningful change in the HIV response and societal enabler initiatives. Despite this clear evidence, a significant gap remains between global commitments and local implementation. Structural, legal and financial barriers continue to restrict the capacity of communities most affected by HIV to lead the responses that impact their lives.

Progress and sustained success require collective responsibility:

- Governments must prioritise decriminalisation, legal reform and the removal of structural barriers
- Donors must establish direct, flexible funding mechanisms that strengthen community-led organisations
- Civil society must drive sustained accountability, ensuring that commitments translate into action

Bridging the gap between global ambition and local reality demands on more than policy alignment: it requires a transformation in how power, resources and decision-making are shared. Only by investing in genuine community leadership can societies move beyond survival and towards enabling communities to thrive.

> **"When we put people at the centre of our healthcare systems, it is not as beneficiaries, but as drivers of better health outcomes."**
>
> – Bience Gawanas, Global Fund Board Vice-Chair

Finally, building robust monitoring and accountability platforms is critical for tracking government and donor commitments. These platforms empower community organisations to report back to global institutions, ensuring that financial pledges are met and investments remain aligned with the goals of societal enabler programmes.

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