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The images presented do not imply or provide any information regarding the HIV status of individuals depicted. No assumptions should be made about their HIV status based on the visuals displayed.

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Community-led integrated HIV services: The future of a sustainable HIV response

57th PCB MEETING

December 2025

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Part 1

Introduction

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Purpose & Context

- **The Global AIDS Strategy 2021-2026 says:**
  - Community-led leadership is essential
  - Integrated care must expand
- **The reality:**
  - Integration discussions focus on governments, not communities
- **Our message:**
  - Protect and invest in community-led integrated models

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Definitions

- **Community-led AIDS responses** are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups and networks that represent them
- **Integrated health services** are people-centred and context-specific integrated services for HIV and other communicable diseases, non-communicable diseases, sexual and reproductive health care and gender-based violence.
- **Person-centred care** is an approach to care that consciously adopts the perspectives of individuals, caregivers, families and communities as participants in, and beneficiaries of, trusted health systems organized around the comprehensive needs of people rather than individual diseases, and respects social preferences

Community-led integrated HIV service delivery can be defined as *the delivery of HIV prevention, testing, treatment and care in combination with other essential health and social services, provided through platforms that are led, governed and accountable to communities themselves.*

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Global Frameworks & Targets

The 30-60-80 community leadership targets

By 2025:

- 30% of testing and treatment services, with a focus on HIV testing, linkages to treatment, adherence and retention support, and treatment literacy
- 80% of HIV prevention services for people from populations at high risk of HIV infection, including for women within those populations
- 60% of programmes to support the achievement of societal enablers

The 10-10-10 societal enabler targets

By 2025:

- Less than 10% of women, girls, people living with HIV and key populations experience gender-based inequalities and all forms of gender-based violence
- Less than 10% of countries have punitive legal and policy environment that lead to denial of limitation of access to services, and
- Less than 10% of people living with HIV and key populations experience stigma and discrimination

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Value-add of community-led, integrated delivery of HIV services

Why integrated services?

Integrating HIV and non-HIV services can improve HIV-related outcomes across the continuum of care

A 2021 systematic review (Bulstra et al., 2021) found that integrated service delivery resulted in:

- 67% higher uptake of HIV testing and counselling;
- 42% higher ART initiation rates;
- 55% faster time to ART initiation;
- 68% better retention in care; and
- 19% higher viral suppression rates

Why community-led?

Community-led models—including those led by key populations—have demonstrated success in delivering comprehensive integrated services.

Community-led approaches to integrated service delivery have unique benefits, including:

- Build trust;
- Ensure cultural safety and person-centred quality;
- Improve uptake and continuity;
- Reduce costs and time for clients;
- Support efficiency and quality for health systems;
- Contribute to broader equity and accountability

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What we asked

What do communities actually need?
What's working for them today?
What must change before donor withdrawal accelerates?

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Methodology

Qualitative, mixed-methods approach

- **Desktop literature review** of peer-reviewed and grey literature pertaining to community-led integrated HIV service delivery
- **Online community survey** with 151 responses
- **Key informant interviews** with community experts in English, French and Spanish (33 participants)
- **Ethical considerations:** All respondents were informed of the objectives of the data collection effort and provided explicit consent in writing (for those completing the survey instrument) and/or verbally (during interviews)
- **Limitations:** Findings are illustrative, not comparative; conducted during a challenging period where community time/capacity to fully engage was limited; condensed timeline for research

Case Studies

Six examples of innovative community approaches to providing integrated HIV services to meet the broader health and wellbeing needs of people living with and affected by HIV.

- Transgender-led integrated HIV services in Bangkok, Thailand (Tangerine Clinic)
- Youth leadership in Africa (READY+)
- A coalition model for integrated HIV care among indigenous communities in Manitoba, Canada (9 Circles Community Health Center)
- Women's leadership in Latin America and Caribbean (ICW Latina)
- Community-led integrated HIV, sexual health and harm reduction services in Spain (Apoyo Positivo)
- LGBTI leadership in Africa (GALZ)

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Part 2

Challenges

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Lack of sufficient, flexible, and empowering funding mechanisms

1. **Inconsistent, short-term grants.**
2. **Three primary routes for sustainable funding are proposed:**
    a) Public contracts,
    b) Direct multi-year funding,
    c) Budget recognition for frontline workers**.**
3. **Key Barriers:**
    a) Shrinking funding scenarios.
    b) Governments that criminalize marginalized populations cannot effectively fund community-led services, creating a critical funding gap.
4. **Transition Risks**

"Women-led responses have been chronically, disproportionately and profoundly underinvested in. That's not just in the HIV response, that's across the board. It's a very dangerous time for women's networks."

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Need for capacity building to equip community organizations with skills, systems, and resources

1. **CLOs need training and capacity building**
2. **Service Scope**
3. **Maintaining service quality = structured training + mentorship + supervision + formal certification processes**
4. **CLOs become recognised health system partners**

Successful **integration must address stigma**, ensure client safety, and develop robust referral systems to complement specialized healthcare services.

> *"There is a need for training, because today HIV is no longer the activism it used to be, when it was necessary to chant slogans at conferences. Today, people need to know there are IT tools, you need to know how to conduct a survey, carry out studies, generate data, and advocate based on data. And for that, you need to be trained. […] It's not just because we're the people [living with and affected by HIV] that we can automatically do it better. We need training, we need people to speak up, we need charismatic leaders, we need leaders who will champion the cause of these people in decision-making bodies such as the CCM [country coordinating mechanism], the Global Fund and others."*

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Need to preserve community leadership, ownership, and safe spaces

1. **A response to healthcare systems failing.**
2. **Safety, dignity, and confidentiality is paramount.**
3. **Anonymity, minimal data collection, strict consent processes, and protection.**

A. **Expanding services must maintain community ownership, preventing technical staff from undermining the organization's core advocacy and priority-setting roles.**

B. **Integration Risks: Broadening service delivery can potentially dilute specialized care, potentially attracting a more general population while risking the loss of targeted, population-specific support.**

> *"[Key populations-led clinics] do things that other clinics don't think about. For instance, having an escape route if they get attacked; having alternative means of entering and exiting the building. These are all things that are vital and integral to key population-led services, because we're criminalized in many places. And I don't think most standard government-run or hospital-run or charity-run clinics think about things like that."*

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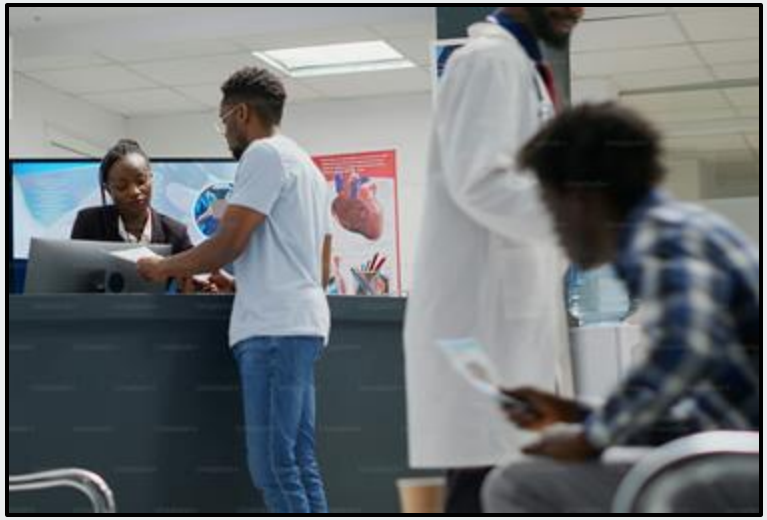
Enabling legal and policy environment

1. **Legal and policy conditions**
2. **Criminalization of KVP identities**
3. **Social contracting**
4. **Robust advocacy spaces**



"It's just not possible to integrate key population services entirely into government health-care settings without also decriminalizing laws that criminalize key populations."

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Part 3

A paradigm shift for the next phase of the HIV response

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Adopt an integrated package of services

Comprehensive set of HIV-related services

- HIV continuum of care
- Trans-specific health care
- Harm reduction services
- Comprehensive sexuality education
- Sexual and reproductive health and rights
- Mental health care and psychosocial support
- Peer support, counselling and accompaniment
- Basic social support (food programs, housing)

- Services should be delivered through **community-led organizations** (CLOs) in diverse settings like community centres, clinics, mobile stations, and outreach spaces.
- Community-led organizations must be **officially recognized** and adequately resourced as critical service providers.
- The recommendations aim to create a more inclusive, supportive, and multifaceted approach to HIV services that addresses medical, social, and psychological needs.

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Finance the future of community-led integration

Traditional donor-government vs. Direct, comprehensive funding:

- Covers indirect costs and overheads
- Supports staff professionalization
- Provides proper employment contracts and benefits
- Enables sustainable resource mobilization

Dedicated funding for community-led organizations

Social contracting pathways

In contexts where public healthcare systems perpetuate discrimination or barriers, international donors must continue to support earmarked resources for CLO-delivered services.

We urge the global community to:

- Commit to long-term, sustainable investments
- Support Global Fund replenishment
- Maintain robust bilateral HIV program support
- Continue supporting key partners

WE NEED a comprehensive 2027-2030 continuity-of-functions plan

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Build community capacity to deliver community-led, integrated services

Strengthen Community-Led Organizations by:

1. **Training, capacity building, and technical support**
2. **Hire technical staff**
3. **Resource mobilization skills**
4. **Expand service delivery capabilities**
5. **Develop cultural competency**
6. **Resource advocacy efforts**

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Conserve community leadership, ownership, and safe spaces

1. KVP/PLHIV valued in all stages of decision-making,
2. Community co-ownership
3. Community involvement in Global AIDS Strategy
4. Operational monitoring and accountability framework.
5. Community-led intervention targets.
6. Accountability platforms

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Create enabling environments and policy frameworks

1. **National governments:**
    a. HIV service funding, they must
    b. Revisit laws restricting sub-contracting
    c. Formalize government-community partnerships.
2. **CLO registration**
3. **Decriminalization as a fundamental prerequisite**
4. **Anticipate and prevent anti-rights, anti-gender, and anti-civil society.**
5. **Gender-transformative approaches**
6. **Early warning and rapid response.**

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Strengthen the legitimacy of community leadership and responses for alignment to national health systems

1. **Embed community-led models**
2. **Ensure CLOs are officially recognized**
4. **Comprehensive mapping of CLO service delivery models**
5. **Joint planning platforms**
6. **Revise regulations that restrict the range of services**

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Embed community-led monitoring, implementation and accountability in alignment with national health systems

1. **Community-led monitoring,**
2. **Routine, disaggregated data on service quality,**
3. **Accountability efforts beyond national governments**
4. **Comprehensive financing taxonomy.**
    a) Monitoring of progress on legal and policy reforms, social contracting, and civic space protections in accountability efforts.
5. **Improve service delivery**

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Conclusion and recommendations

The **HIV response faces an existential threat** due to diminishing donor funding, persistent criminalization, and growing anti-rights movements, putting global HIV strategy targets at risk.

Communities have identified **essential integrated services** beyond HIV testing and treatment.

These services are **not optional** but critical for enabling people to start and maintain HIV care, suppress viral load, and prevent transmission.

Services should be delivered through **both community-led and mainstream settings**, including non-clinical spaces like community centers and mobile stations.

Preserve and scale community-led, integrated services as a **permanent feature of national health systems**, ensuring integration does not compromise community infrastructure or rights.

Governments, donors, and UN partners must **resource, legally enable, and institutionally recognize** community-led organizations as essential partners in sustainable, rights-based HIV responses.

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