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2025 NGO Report

Concept Note

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

Relevance to the HIV and AIDS community

Peer-led, integrated healthcare services are among the most effective models for reaching and providing services to key and vulnerable/at-risk populations. These services go beyond medical care, but also addresses social determinants of health, such as stigma, discrimination, and criminalisation and others, which often act as barriers to access. Evidence from successful models like the Tangerine Clinic in Bangkok or Checkpoint Berlin shows that community-led healthcare not only reduces HIV prevalence and increases retention in care but also builds trust in marginalized communities that may otherwise avoid traditional healthcare settings. Community-led services must be understood not simply as ‘best practices’, but as strategic investments in the future of the HIV response. In an era of constrained resources and shifting global priorities, these models offer not only effectiveness but adaptability, resilience, and community-rooted sustainability and demonstrate ongoing commitment to the 30-80-60 targets as stated in the existing global AIDS Strategy.

Peer-led services also have a rich history of connecting with communities in a way that national systems cannot and have consistently yielded good results while supporting larger national contexts.

Given the ongoing threats to global HIV funding, particularly following the US Stop Work Order, the sustainability of community-led initiatives is at risk, underscoring the need for long-term commitments and structural integration into national health systems through mechanisms such as social contracting, and formal policy recognition of the essential and irreplaceable role of communities in achieving equitable access to HIV prevention, treatment care and support services.

Relevance to the Global AIDS Strategy

This report aligns with strategic priority one of the UNAIDS Global AIDS Strategy 2021–2026: maximising equitable and equal access to HIV services and solutions. Peer-led models directly address barriers to HIV prevention and treatment by ensuring that key populations receive non-discriminatory, community-driven care. The report also supports strategic priority three, which calls for fully resourced and sustainable HIV responses. Given the increasing financial instability in global HIV funding, particularly for key population-led services, peer-led models must be recognised as essential components of long-term, sustainable HIV strategies. To remain effective and accountable to its commitments, UNAIDS must centre and prioritise community leadership in both its strategy and implementation.

What can we expect from it?

This report aims to highlight the effectiveness of peer-led, integrated HIV services by examining case studies. It will address key issues such as the role of community-led healthcare in improving health outcomes, increasing treatment retention, promoting health education, and fostering trust among marginalised groups. It will also underscore the importance of designing community-led models that are adaptable to local contexts while maintaining their core principles and effectiveness. A critical focus will be the impact of funding cuts and the need for sustainable financing mechanisms to protect peer-led initiatives from political and economic instability. The report will explicitly explore the pathways through which community-led services can transition from externally funded projects to fully embedded elements of national and regional health systems, while retaining their autonomy and community accountability. It will also discuss the concrete risks posed by underfunding and political neglect—including increased barriers to access, weakened service delivery, and the erosion of trust in public health infrastructure—should governments fail to take decisive action to sustain community leadership. Case studies will reflect a diversity of community-led interventions, not limited to healthcare delivery alone, but including outreach, legal support, harm reduction, advocacy, and mental health services. Expected outcomes include a stronger evidence base for the effectiveness of peer-led healthcare, increased advocacy for sustainable funding, and concrete recommendations for policymakers to ensure the long-term inclusion of peer-led models in global and national HIV strategies.

Proposed Decision Points

- Call for increased and sustained investment in community-led HIV services as a strategic priority within the evolving global HIV response, particularly in light of ongoing shifts in international funding landscapes.
- Call on UNAIDS and CCO, especially WHO to formally recognise and promote community leadership models in global HIV policy frameworks, and ensure direct representation, funding, and decision making power for community-led organizations.
- Call for Member States and governments to establish clear mechanisms for ensuring sustainable options (including financing) for community-led models, including through domestic funding channels and integration into national health plans, and to be held accountable for doing so.

Potential Sources and Literature

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11666330/pdf/JIA2-28-e26405.pdf>