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Celebrating CLM to date

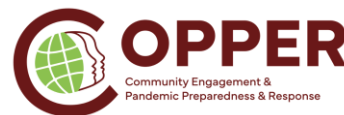


Celebrating CLM: Success stories from the Asia-Pacific

How building solid foundations for TB CLM paves building solid foundations for TB community systems strengthening: APCASO and MTC Mongolia experience



AIDS 2024





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Mongolia TB context

- Mongolia – 3.4 million people, 1.3 million km², 21 provinces, 50% of the population reside in the capital
- Extreme weather conditions
- High TB burden
 - 80% of people living with TB are undiagnosed
 - High level of stigma vs. people with TB
 - Lack of organized TB community organizations
 - TB communities missed in decision making



Wins: CLM foundations built

In just over 6-months, started from once-off technical assistance



1. CLM orientation + capacity building for TB communities + stakeholders

2. Establishment of TB CLM Task team

3. Development of TB CLM Framework

4. Development of TB CLM Strategy + Indicators

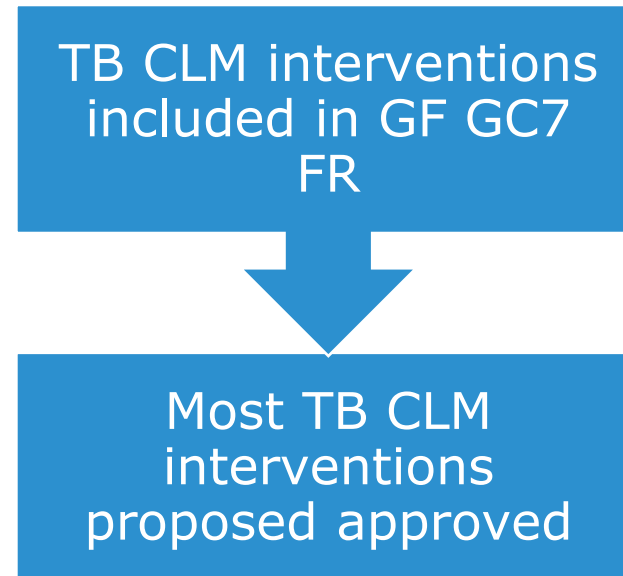
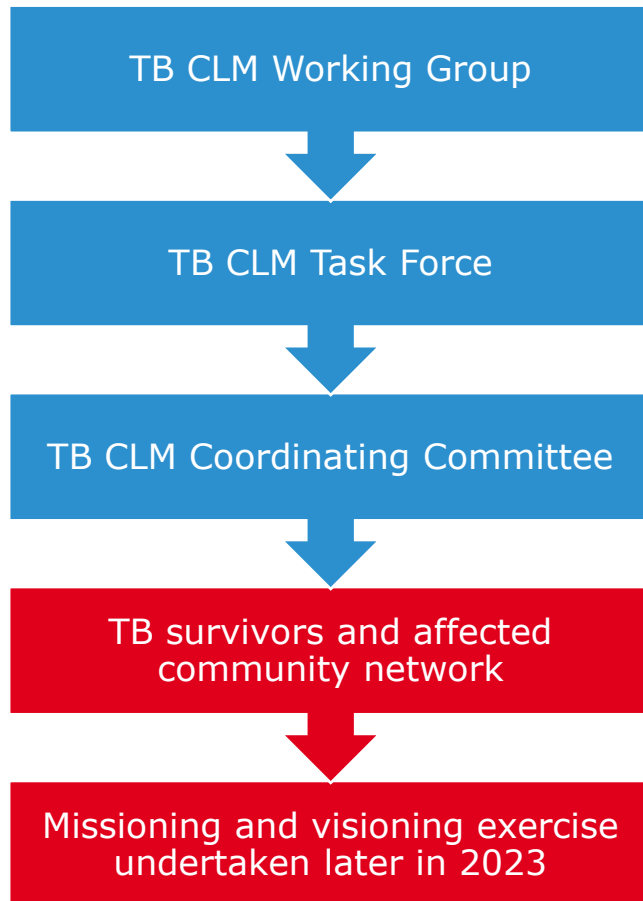
5. Establishment of TB CLM Coordinating Committee

6. Inclusion of TB CLM in country's Global Fund GC7 funding request

Bigger wins – foundations for community systems strengthening built as a consequence



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Mongolia TB community mobilization and capacity-building supported under GF GC7 Community, Rights and Gender (CRG) Strategic Initiative (SI)

TB CLM and community systems strengthening embedded in Mongolia TB National Strategic Plan (NSP)

TB CLM embedded in Mongolia TB M&E Framework

Mongolia now consistency showcased as CLM "Best Practice"

Mongolia made eligible for Stop TB Partnership (STP) Challenge Facility for Civil Society (CFCS) Round 12



Key takeaways

- Investing in CLM is important. But investments in CLM will be wasted if no counterpart investments for community systems strengthening (CSS) are also made.
- For disease areas such as TB which for the longest time has been addressed almost exclusively through biomedical approaches, and where survivors and affected communities are not organized/just beginning to organize, CLM has huge and transformative potential.