





Solange Baptiste, ITPC Global

CLM Pre-Conference, Session 1: CLM in a Changing

**World: Celebrating CLM** 

# Community-Led Monitoring as a Means to Lasting Change



# Overview

Context in which CLM has shown impact

Review of CLM

CLM Impact

Close with final thoughts







# **CLM Context**

A look at the environment within which CLM has proven its impact



Affected Communities are an *Integral Part* 



**2AIDS** 2024

#### Kenya's president withdraws tax plan after deadly protest

By Barbara Plett Usher & Farouk Chothia, BBC News, Nairobi & London

Share <

https://theconversation.com/kenya-protests-genz-shows-the-power-of-digital-activism-drivingchange-from-screens-to-the-streets-233065

of Civil Society

Kenya protests: Gen Z shows the power of digital activism - driving change from screens to the streets



Protesters scatter as Kenya police spray water canon at them during a protest over proposed tax hikes in a finance bill in downtown Nairobi, Kenya Tuesday, June. 25, 2024. File image/AP

https://www.firstpost.com/explainers/genz-has-arrived-how-tiktok-spurred-kenyas-tax-protests-13786219.html

The police have been accused of over-reacting to the protests

https://www.bbc.com/news/articles/c3gg30gm0x2o





# **A Complex Global**



Chanisk Evy the next 2 and 10 years ranked by severity

(based on the results of a survey of 1200 business and political leaders conducted by the WEF and published as part of the Global Risks Report 2023)

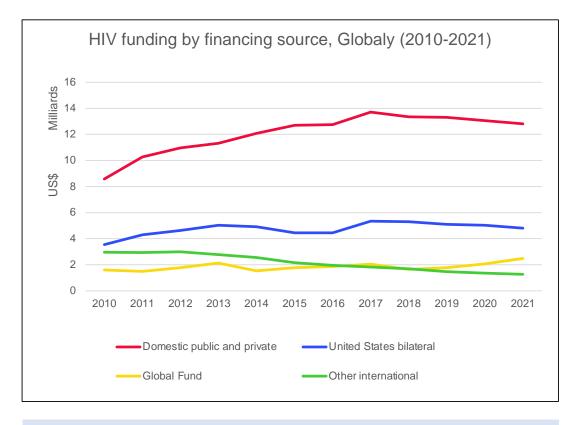
	2 years		10 years		
	1 Cos	st-of-living crisis	1	Failure to mitigate climate change	
	2 Nati	ural disasters and extreme weather nts	2	Failure of climate-change adaptation	
	3 Geo	oeconomic confrontation	3	Natural disasters and extreme weather events	
	4 Failu	ure to mitigate climate change	4	Biodiversity loss and ecosystem collapse	
	~	sion of social cohesion and societal arization	5	Large-scale involuntary migration	
		ge-scale environmental damage dents	6	Natural resource crises	
	7 Failu	ure of climate change adaptation	7	Erosion of social cohesion and societal polarization	
	8 Wid	lespread cybercrime and cyber insecurity	8	Widespread cybercrime and cyber insecu	
	9 Nati	ural resource crises	9	Geoeconomic confrontation	
1	0 Larç	ge-scale involuntary migration	10	Large-scale environmental damage incidents	
R	isk catego	ories Economic Environmental	Geopolitical	Societal Technological	





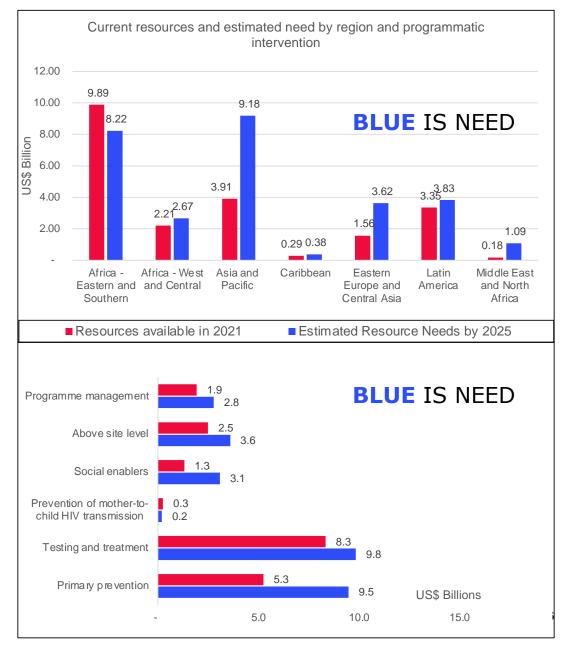


## HIV Financial Landscape



PEPFAR: Now year-on-year funding Global Fund: Constant replenishment challenges

THE GLOBAL FUND







#### In data

# things are not always what they a pear to be!



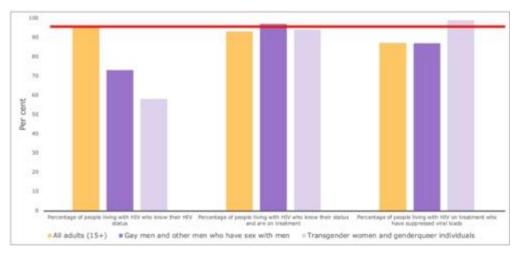


# Five countries reached 95-95-95 targets in 2022, but not across populations

Country	Total Population living with HIV	Men (15+ yrs.) living with HIV	Women (15+ yrs.) living with HIV	Children (0-14 yrs.) living with HIV
Eswatini	97-94-93	96-91-90	97-96-95	95-88-83
Tanzania	95-94-92	93-91-89	98-97-95	72-72-66
Botswana	96-93-92	94-87-87	98-97-97	58-58-56
Zimbabwe	95-94-89	96-92-88	97-97-93	69-69-59
Rwanda	95-92-90	94-91-89	95-93-91	76-75-73
Denmark	95-88-87	95-83-87	96-89-88	Data not available
Kenya	94-94-89	93-89-84	95-95-92	84-84-74

Slide Credit: UNAIDS, Dr. Mary Mahy, Director, Data for Impact, Charting the post-2030 AIDS pandemic and response Meeting; Botswana, October 2023

#### Inequalities in progress towards 95s in Zimbabwe



UNAIDS epidemiological estimates, 2022 (https://aidsinfo.unaids.org

Harris TG, Wu Y et al. HTV care cascade and associated factors among men who have sex with men, transgender women, and genderqueer individuals in Zimbabwe: findings from a biobehavioural survey using respondent-driven sampling. The Lancet HIV. Published online: 9 February 2022, s2352-3018.



# THE PATH TO EQUITY

## Means Elevating Community Data & Community-led Interventions

**Government** 

Clinics,
Sites,
Hospitals

Academia & Research, Projects

Community Input

#### NATIONAL SOURCES OF HIV DATA

Surveys
Medical Records
Claims Data
Vital Records
Surveillance
Grey Literature
Peer-Reviewed Lit.



Community Input

System

#### Persistent Issues



- Inconsistent and often low quality of services
- Discriminatory laws and stigma
- Prohibitive pricing
- Shrinking (health) budgets





# THE PATH TO EQUITY



Means Elevating Community Data & Community-led Interventions

**Government** 

Academia & Research, Projects

Data Sources Health System



- Whole Data Picture
- Triangulation
- Advocacy



## From Data Extraction to **Data Democracy**

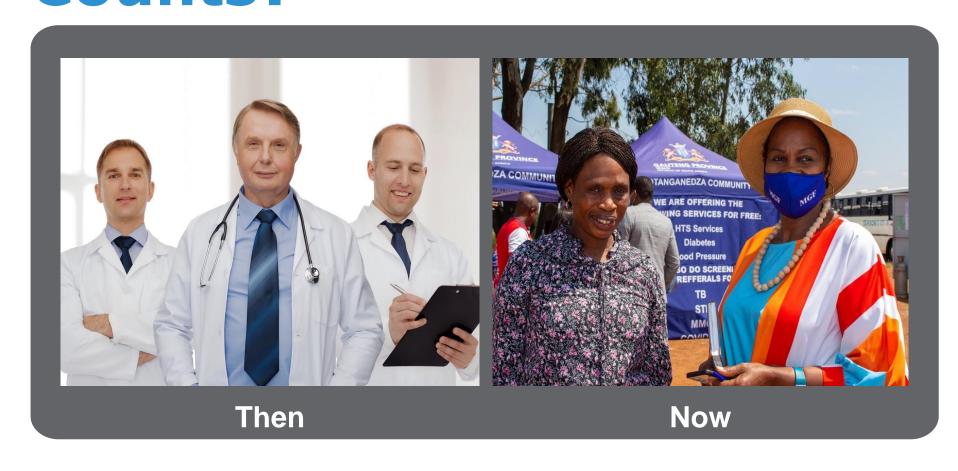






# Reframe: Whose Data Counts?





- Whose priorities?
- Whose targets?
- Whose analysis?
- Who should be included in defining spending priorities?
- Who is best positioned to see the cracks in the health system?







# **Review of CLM**

Core principles, definitions and models





# What is Community-led Monitoring (CLM)?





# **CLM** is

...a science-based accountability innovation that puts communities first.



# What do we mean by Community-lod?



CLM Is NOT	CLM IS	
X Community-BASED	✓ Community- <b>LED</b>	
X Indicators are set by outside entities (governments, donors); data collected corresponds to established M&E systems and frameworks	✓ Indicators are determined by communities and correspond to their own priorities; provide a valuable piece of the whole data story	
X One-time evaluation (a "snapshot")	✓ Routine, recurring data collection over time (usually monthly or quarterly)	
X Data is owned by entities outside of the community (governments, healthcare facilities)	✓ Data is owned by communities	
× Fault-finding	✓ Fact-finding	



# **Multiple CLM Definitions**

#### 1. UNAIDS

HIV community-led monitoring (CLM) is an **accountability mechanism** for HIV responses at different levels, **led and implemented** by local community-led organizations of people living with HIV, networks of key populations, other affected groups or other community entities.

(https://www.unaids.org/sites/default/files/media\_asset/establishing-community-led-monitoring-hiv-services\_en.pdf)

#### 2. PEPFAR

Community-led monitoring (CLM) is a technique **initiated and implemented** by local community-based organizations and other civil society groups, networks of key populations (KP), people living with HIV (PLHIV), and other affected groups or other community entities that **gathers quantitative and qualitative data about HIV services**.

(https://www.state.gov/community-led-monitoring/)

#### 3. Global Fund

Mechanisms that service users or local communities use to gather, analyse and use information on an **ongoing basis to improve access, quality and the impact of services, and to hold service providers and decision makers to account**. (<a href="https://www.theglobalfund.org/media/9622/core">https://www.theglobalfund.org/media/9622/core</a> css overview en.pdf)

#### 4. French 5%

Community Treatment observatories are based on community, local and **citizen involvement** and are located within the health system and provide a **complementary alternative to institutional information systems** and aim to improve health systems, from local practices to public policies, by highlighting the accountability of each actor.

(https://www.initiative5pour100.fr/sites/default/files/ressource-doc/2019-10/Community-health-observatories-capitalization 0.pdf)



# **Common Threads**

Despite slightly different CLM definitions across all agencies and donors, the three (3) key principles of:

- a) Community ownership
- b) Community organization
- c) Community action









...are **consistent** in them all.



# **CLM Principles**

# White Paper: **Best Practices** for Strengthening the CLM Model

This paper clarifies the principles behind community-led monitoring of health services, a methodology that uses systematic data collection by communities for evidence-based advocacy to improve accountability, governance and quality of health services.

This paper was developed by CD4C Consortium, CLAW Consortium and EANNASO-APCASO-ATAC Consortium and aims to support CLM implementers and donors into developing effective CLM programs

http://clm.itpcglobal.org/download/cd4c-claw-eannaso-atac-apcaso-community-led-monitoringbest-practices-for-strengthning-the-model.pdf



#### COMMUNITY-LED MONITORING

Best practices for strengthening the model

This paper clarifies the principles behind community-led monitoring of health services, a methodology that uses systematic data collection by communities for evidence-based advocacy to improve accountability. governance and quality of health services.

#### This document was developed by

Community Data for Change Global, with MPact Global Action 
Consortium formed by Advocacy Communities (CVC), Eurasian Gender, and Sexual Diversity (FCOM), Global Coalition of TB Advocates (GCTA), ITPC EECA

Community-Led Accountability Core Team (ACT), amfAR, Health with HIV Eastern Africa (ICWEA), Observatoire (OCSEVIH), O'Neill Institute. SMUG and Treatment Action

Campaign (TAC)

EANNASO-APCASO-ATAC and Alliance Technical Assistance





# Common CLM Models











# **CLM Impact**

What evidence do we have that CLM is leading to improved health systems, health services, cost savings or reaching targets?





# **Community Partners**









#### **SOUTH AFRICA**

- NACOSA is community service organization working to build strong, equal and healthy communities free from the burden of HIV, AIDS, TB and Gender-based Violence (GBV).
- CLM focused on prevention among youth in collaboration with SANAC and national Department of Health and West Rand District Health Services, and community partners Access Chapter 2 and Rotanganedza Community Care (RCC).

#### **MALAWI**

- MANERELA+ is an interfaith and voluntary membership network of religious leaders living with or personally affected by HIV and AIDS in Malawi.
- CLM focused on integrating with efforts of the Malawi Ministry of Health, and in collaboration with JONEHA (the Network of Journalists Living with HIV).



# **Top-line Outcomes from CLM in 2023 SOUTH AFRICA**



Following PrEP-related CLM feedback sessions with facility managers, people who visited our 19 monitored sites were 32% more likely to initiate PrEP following an HIV test compared to the other 70 West Rand health facilities (1.32 OR 95% CI 1.27-1.38).



The percentage of older men living with HIV who know their status increased from 86.8% in 2022 to 88.9% in 2023, following a CLM data-driven campaign to increase community-led HIV testing from 20.4% in 2022 to 33.6% in 2023 (UN target achieved).



After using CLM data to alleviate stockouts of TB medicines, the treatment success rate at our CLM sites increased from 88% in 2022 to 91% in 2023, surpassing the End TB target of 90% by 2025 as well as South Africa's national treatment success rate of 79%.



Enhanced patient tracking for pregnant foreign nationals was implemented based on CLM insights. In 2023, women at our monitored sites were twice as likely to deliver in the health facility as compared to other West Rand facilities (1.99 OR 95% CI 1.51-2.62), reducing risk of vertical transmission.



When CLM data suggested HIV/SRHR service integration would increase HIV testing uptake (r = 0.36, p = < 0.001), we promoted this approach. In 2023, the cost to diagnose one AGYW living with HIV was cheaper at our CLM sites, at \$2,852, compared with \$4,154 at non-CLM sites (in terms of numbers needed to test).





# **Top-line Outcomes from CLM in 2023 MALAWI**



People accessing ART at sites with a CLM-informed DSD strengthening intervention were six times more likely to be in a DSD model (6.79 OR 95% CI 6.04-7.63) and twice as likely to be virally suppressed (2.34 OR 95% CI 2.16-2.54) as sites without DSD strengthening.



The number of HIV tests among young sex workers doubled (from 217 in 2022 to 434 in 2023), as did HIV positivity (from 1.7% to 2.4%), following CLM engagements with district hospitals to designate key population focal points and KP clinic spaces.



CLM data was used to engage District Condom Coordinators and train condom distributors, which led to a 23.4% increase in condom distribution in 2023. This contributed to fewer new infections in the two districts, which fell from 868 in 2022 to 632 in 2023.



CLM advocacy secured a commitment from the Global Fund to procure 50 new GeneXpert machines. As a result, 39% of TB tests at our CLM sites in 2023 were Xpert tests, up from 18% in 2022. People diagnosed with TB and enrolled onto treatment nearly tripled, from 320 in 2022 to 907 in 2023.



Following CLM advocacy to expand static VMMC sites, the proportion of circumcisions among men aged 15 years and older increased from 77% in 2022 to 82% in 2023. According to the Naomi model, there were 205 new HIV infections among men in this age group in the two districts in 2023, down from 284 in 2022.





# **South Africa**

Increase in the Number of Men Living with HIV Through Early Achievement of the 2025 Targets on Community-led Service Delivery





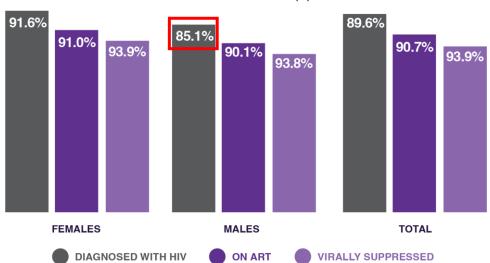


# **RAIDS** 2024 **THE ISSUE** – Men living with HIV have low knowledge of their status

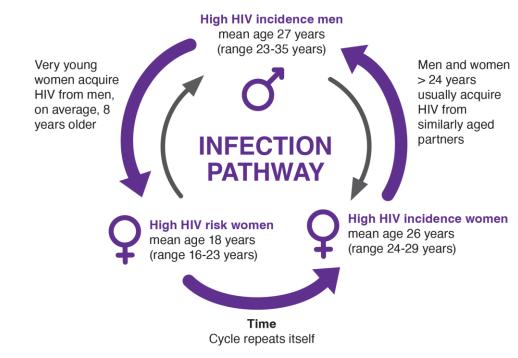
The largest gap in the cascade between men and women is **HIV testing**.

#### **95 95 95 Targets by Sex**





Low ART coverage and viral load suppression among younger men **contributes to onward transmission** to adolescent girls and young women.



Source: 2022 SABSSM VI https://hsrc.ac.za/special-projects/sabssm-survey-series/sabssmvi-media-pack-november-2023/

Source: NSP 2017-2022 https://www.gov.za/sites/default/files/gcis\_document/201705/nsp-hiv-tb-stia.pdf

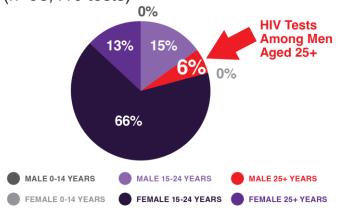
To achieve epidemic control and improve outcomes, it is critical to improve access and quality of testing, treatment and viral suppression among men.



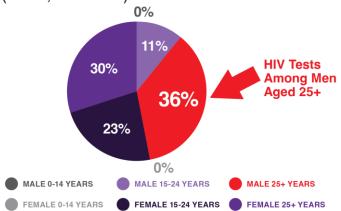
#### **THE INSIGHT –** Men prefer community-led HIV testing sites



HIV Tests by Age and Sex at 15 **Government Health Facilities** in West Rand, 2022 (n=98,410 tests)



HIV Tests by Age and Sex at 4 Community-Led Health Facilities in West Rand, 2022 (n=20.191 tests)



Through our CLM, we discovered a strong preference for community-led HIV testing services among men aged 25 years and older.

At our monitored government sites, just 5.6% of HIV tests in 2022 were among men aged 25 years and older, compared to 35.5% of tests at our monitored community-led sites.

We also discovered that community-led testing was below target across our monitored sites: just 20.5% of HIV tests in 2022 were done by community-led implementers, below the UN target of 30% by 2025.

We performed a sub-analysis of the 47 interview transcripts among men aged 25-34 years to understand their barriers to HIV testing. Participants expressed views that the non-governmental organizations are 'specialists' in HIV testing, so they prefer to go there (male, 30, ZA14, 19 July 2022).

Increasing <u>community-led</u> testing appeared to be a good strategy to reach and diagnose more men living with HIV.



## THE INFLUENCE - Advocacy to scale up community-led HIV testing

#### **2024**



**Photo:** Citizen Science CLM implementer, Caroline Tiba (Rotanganedza Community Care) (left) with local government HIV secretariat member Lulu Kotobe Sosibo (right) at the RCC community-led testing site at the busy intersection 5 minutes from Badirile Clinic in West Rand, South Africa (February 2022). This testing site strategically targets men by being situated at a busy intersection with a truck stop, and by offering integrated services for men including HIV testing alongside TB, diabetes and blood pressure screening.

In the following year, we used our CLM data to further promote community-led HIV testing among older men, engaging local government officials and recommending the strategic placement of community-led testing sites along busy transport routes, reaching long-distance truck drivers.

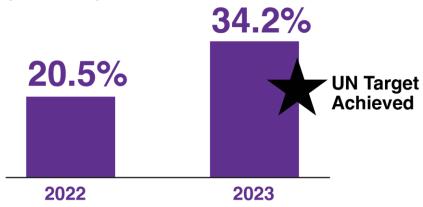
We also advocated for health facilities to distribute more test kits through community organizations with whom they work in partnership.



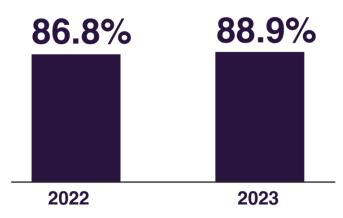
#### **THE IMPACT** – More men living with HIV know their status

#### **2024**

Percentage of HIV tests delivered by community-led organizations, West Rand (CLM data)



Percentage of men aged 25-34 years living with HIV who know their status, West Rand (Naomi Model)



#### The district prioritized community-led testing in 2023.

The number of HIV tests at community-led sites more than doubled, from 20,191 in 2022 to 46,891 in 2023, while testing at government sites declined slightly, from 98,410 in 2022 to 89,896 in 2023.

Community-led testing at our monitored sites increased from 20.5% in 2022 to 34.2% in 2023.

This demonstrates early achievement of the UN target of 30% by 2025.

As a result, more older men accessed HIV testing services. Naomi estimates that the percentage of men aged 25-34 years in the West Rand with HIV who know their status increased from 86.8% in 2022 to 88.9% in 2023.





# Malawi

Increasing Viral Suppression through Uptake of DSD for HIV Treatment Models









#### THE ISSUE - Differentiated service delivery coverage is limited

Differentiated ART services 103

#### 19 Differentiated ART services



#### Rey Facts: Differentiated ART services

- Different patient groups need different HIV services. Adapt the interval and range of services to suit current needs of each patient.
- DSD can reduce the burden of unnecessary clinical visits, allowing health workers to spend more time with unstable patients who need thorough review and management.
- DSD must be safe, feasible, cost-effective and have a clear benefit for patients and the health
- Offer approved MoH DSD models to all eligible patients but ensure they are returned to regular clinical services if they become unstable.
  - 3- or 6-months ART dispensing (See eligibility criteria below)
  - Teen Clubs (see section 18.9.1 on page 89 for eligibility criteria)
  - Outreach and mobile clinics delivered by a certified ART-provider
  - Drop-in-Centres for key and marginalised populations

Differentiated service delivery (DSD) models have been shown to improve viral load suppression (Long et al., 2020).

In Malawi, DSD guidelines exist but coverage of DSD models remains low.

There is a need to scale up enrollment in DSD models to improve treatment outcomes.





## **THE INSIGHT** – Facilities need support to implement DSD guidelines

We monitored those accessing ART through DSD models, including 6-month dispensing, teen clubs, after hours, and alternative pick-up points.

In January 2023, just 2,936 people were enrolled in a DSD model out of 10,837 people on ART at our 14 monitored sites (27% coverage).

Despite being part of Malawi's HIV Clinical Guidelines since 2018, one healthcare worker told us in May 2022, "We have not started providing services by using differentiated service delivery" (male 48, healthcare worker, MW03, 25 May 2022).

Another spoke about avoidance of healthcare: "This has also affected DSD, as we are failing to reach the targeted groups" (female nurse, 23, 7 October 2022, MW08).

There were clearly gaps on both the supply and demand side for DSD, and a need to strengthen this approach.



**Photo:** Citizen Science data collectors analysing HIV registers at the Bua Health Center in Kasungi, Malawi, April 2023





#### THE INFLUENCE - Funding mobilized for DSD strengthening interventions

#### **2024**

We used our CLM data to mobilize additional funding from ViiV Positive Action, with a main focus on increasing access to differentiated service delivery for adolescent mothers living with HIV.

"This is a brainchild of the CLM findings", according to CLM implementers in Malawi.

With this additional funding, we supported three DSD strengthening interventions in 7 of our 14 monitored sites (Table). We supported the establishment of 14 communitylevel platforms aimed at gathering the views of people living with HIV on various DSD models, organized 25 trainings for peer educators and people living with HIV on DSD, and implemented 8 community score cards and/or client satisfaction surveys for DSD.

Table. Targeted Interventions to Strengthen Differentiated Service Delivery at 7 CLM Sites in Malawi

Eccility.	DSD	DSD Strengthening Interventions		
Facility	#	Description		
MW03	1	Community scorecard of a DSD model		
MW04	1	Community scorecard of a DSD model		
	13	Community platforms established to gather PLHIV views on DSD models		
MW07	8	DSD trainings for people living with HIV and peer educators		
	3	Community scorecards of DSD models		
MW08	1	Community scorecard of a DSD model		
MW09	2	Community scorecards of DSD models		
MW10 13 DSD trainings for people living with HIV and peer educators				
MW14	1	Community platforms established to gather PLHIV views on DSD models		
IVIVV 14	4	DSD trainings for people living with HIV and peer educators		



Photo: CLM data feedback session & training for people living with HIV on differentiated service delivery models in Kasungu District, September 2022.



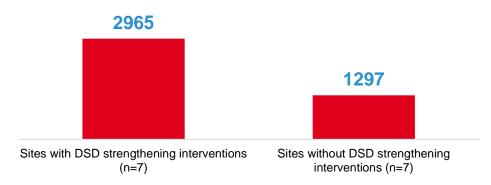


## THE IMPACT - DSD coverage and viral load suppression improved

Odds Ratio for DSD Access Based on Exposure to DSD Strengthening Interventions, December 2023 (6.79 OR 95% CI 6.04-7.63)

	Facilities with DSD strengthening Interventions	Facilities without DSD strengthening Interventions
People accessing ART though a DSD model	2,290	334
People accessing ART through standard care	17,389	17,221

**FIGURE.** Number of people who were virally suppressed (< 0-199 copies/ml or undetectable) at CLM sites with and without DSD strengthening interventions, 2023



By December 2023, people accessing ART at facilities with DSD strengthening intervention were six times more likely to be in a DSD model (6.79 OR 95% CI 6.04-7.63).

As a proportion of total viral load tests done, people at the DSD strengthening sites were twice as likely to be virally suppressed than at sites without DSD strengthening (2.34 OR 95% CI 2.16-2.54).



# CLM driving the Global Conversation on Data

ITPC and its partners started collecting data on multi-month dispensing of ART in September 2020 because it was particularly relevant to people living with HIV in the context of COVID-19.

A year and a half later, in February 2022, UNAIDS added multi-month dispensing of ART as a brand-new indicator in Global AIDS Monitoring UNAIDS 2021 GUIDANCE

# Global AIDS Monitoring 2022

Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS

Page 106



7.14 People living with HIV receiving multimonth dispensing of antiretroviral medicine

Proportion of people living with HIV and currently on antiretroviral therapy who are receiving multimonth dispensing of antiretroviral medicine

# **Burkina Faso: l'Observatoire** Citoyen Sur l'Accès aux Services de Santé (OCASS)



The Citizen Observatory on Access to Health

Data collection covering 903 health centers

Catchment area of **17,202 care recipients** (HIV, TB, Malaria)

Selected Outcomes for 2022-2023

- 80% of PLHIV were up-to-date with their viral load tests, as compared to 72% in 2022
- In 2023, 3% of PLHIV paid a fee for viral load testing (which should be free of charge) as compared to 21.15% in 2022

OCASS used community monitoring data on illegal viral load testing fees to enable a 2021 presidential decree making all follow-up examinations for PLHIV free of charge.





# **Democratic Republic of the** Congo:



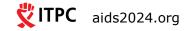
See ar stock-Jun Reduction ments

July 2023-March 2024

- HIV: ART stock outs reduced by an estimated 48% in Kinshasa and 34% in Kongo Central
- TB: Shortages of TB commodities were reduced by an estimated 23% in Kongo Central and 48% in Kinshasa
- Malaria: Stock-outs of malaria commodities were reduced by 23% in Kongo Central and 24% in Kinshasa

Spikes and troughs in stock-out rates are made visible through recurrent CLM data collection at monitored sites





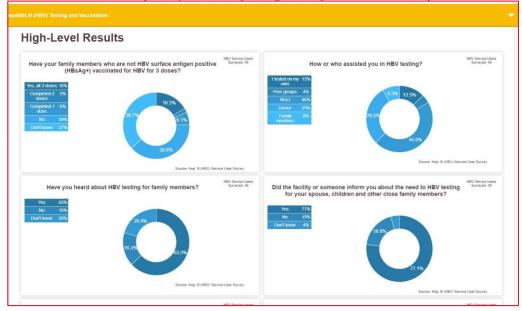
# **Community-led Monitoring**





- Digitalized with data dashboard in 2023 April
- Monitoring 16 facilities in Manipur, Delhi in India and in Indonesia
  - Implemented by Community Network for Empowerment (CoNE), Delhi Network of Positive People (DNP+) in India and Peduli Hati in Indonesia; with technical assistance from amfAR's TREAT Asia and Andelson Office of Public Policy
- Reached 2500+ care recipients since digitalization
- The only CLM;
  - Globally to monitor hepatitis B and C services
  - In Asia-Pacific digitalized with real-time publicly available data dashboard
- Besides monitoring facilities, have extensively documented CLM addressing human and social justice
- Wednesday, 24<sup>th</sup>, Room 13a, 4:30 to 5;30 pm, listen to **Giten** for more on this!



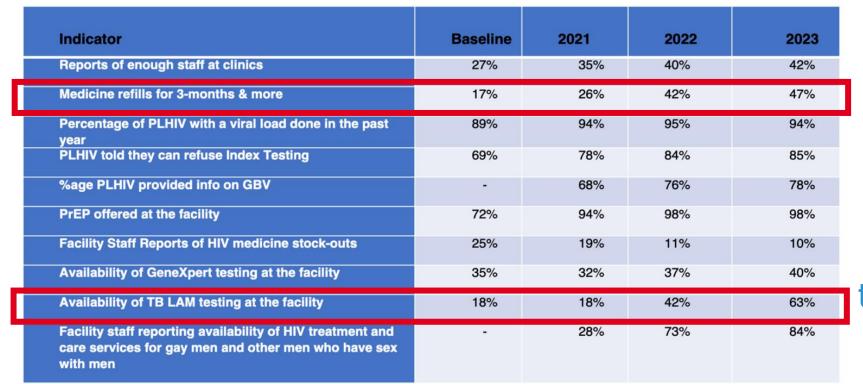






# Largest CLM Coverage in South Africa







#### Average Waiting Time improvement

Overall Reduction in waiting time is a good example of improvements...

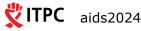
。Baseline: 6 hours 。 2022: 3.35 hours

。 2023: 3 hours

Almost 80% of all indicators have improved from baseline through Ritshide's work!

- External Evaluation Finding 2023

#### Remarkable progress on indicators since 2021







# Key CLM Wins across Latin America and the Caribbean (LAC)



In Costa Rica, the Community Consultative Group (CCG) used CLM data to enable the functioning of the **Ombudsman's Office** after more than four years of dormancy.



In Guatemala, CLM data was used to highlight the problem of AHD in women. As a result of disussions led by the Community Consultative Group (CCG), there is now an established **Interinstitutional Technical Table**, with the participation of the National STI/HIV/AIDS Program, National Reproductive Health Program, UAI coordinators, Monitoring and Evaluation Unit of the National STI/HIV/AIDS Program and other actors to promote implementation of the Manual for Sexual Health Care and Reproductive Health of women with HIV and Advanced HIV.



In Bolivia, CLM efforts led to a long-awaited alignment to the **package of essential noncommunicable disease** [interventions] (PEN) which will facilitate the development of strategies and actions for compliance with the indicators.



In Ecuador, due to CLM data and advocacy, the National AIDS Program has committed to providing support and monitoring of the actions indicated in the improvement CLM plan. As a result, the CLM ITPC LATCA Ecuador Improvement Plan is now **embedded in the National Multisector Strategic Plan** (NMSP).













#### **CLM Knowledge for All**

Open access to the best resources on community-led monitoring (CLM)

Search the library

EDUCATION EVIDENCE
ENGAGEMENT ADVOCACY





## Learn more at

**CLMHub.org** 









# **Final Thoughts**

Reflections and key considerations and we move in 2025 and beyond





# QUESTIONS AND REFLECTIONS

How can community-led monitoring address some of the key challenges of 2024 and beyond?

For every major challenge we face globally, CLM via communities, offer leadership, solutions and assets to enable positive lasting change.



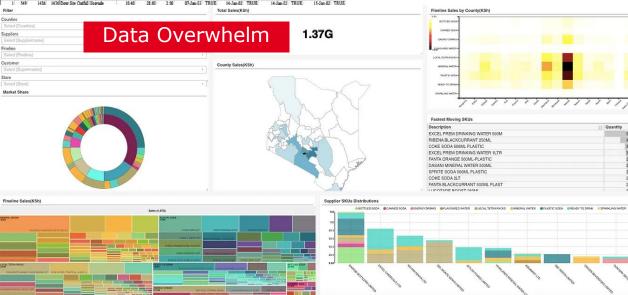


# Reflections

















Granular insights, lived experiences, solutions at point of need



# Reflections





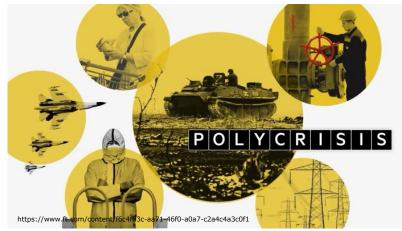




Affected-community generated data for informed decision-making; collaboration across multiple sectors

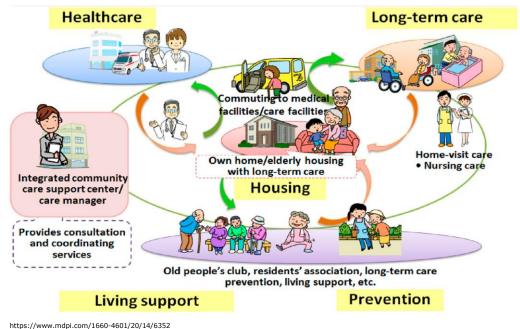


# Reflections



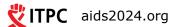






CLM as part of integrated community systems

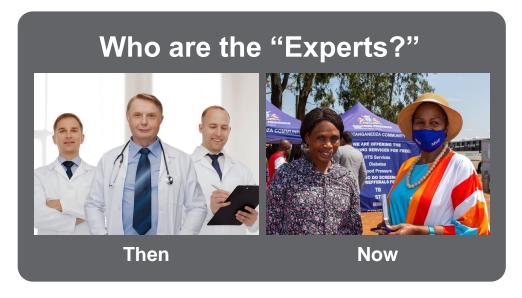
COMMUNITY LEADERSHIP & ENDURING CHANGE





#### Civil Society Action: Community Scientists at AIDS2024

Please join civil society from around the world to elevate community leadership, expertise, and engagement at AIDS 2024!





Come and decorate a White Lab coat (classic symbol of biomedical expertise) and re-purpose yours to elevate & celebrate your unique community expertise!

Who: All community experts from WITHIN communities themselves!

#### When & Where:

Meeting #1 – today at the end of the CLM Pre-conference

Why: Challenge the prevailing stereotypes of who are considered "experts"

