



Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.





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29 July – 2 August · Montreal & virtual



Solange Baptiste, International Treatment Preparedness Coalition

Health Innovation

Community Data Matters: *A Look Into Community-led Monitoring*



 **AIDS 2022**



Sincere *Thank You*

- Access Chapter 2
- Centre Plus
- NACOSA
- NETHIPS
- MANERELA+
- Ritshidze
- Rotanganedza
- Wame Jallow
- Jane Harries
- Rebecca Hodes
- Gemma Oberth
- Susan Perez
- Emmanuel Simon
- ITPC West Africa Regional Community Treatment Observatory Team and 11 PLHIV Network Partners
- Global Public Investment Expert Working Group
- Global Fund Advocacy Network
- The Bill and Melinda Gates Foundation
- The CQUIN Project for Differentiated Service Delivery and the Community Advocacy Network (CAN)
- The Global Fund for HIV, TB and Malaria
- UNAIDS
- ITPC Regions
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HIV Justice	slide 48 https://www.hivjustice.net/news/brazil_law_withdrawn/
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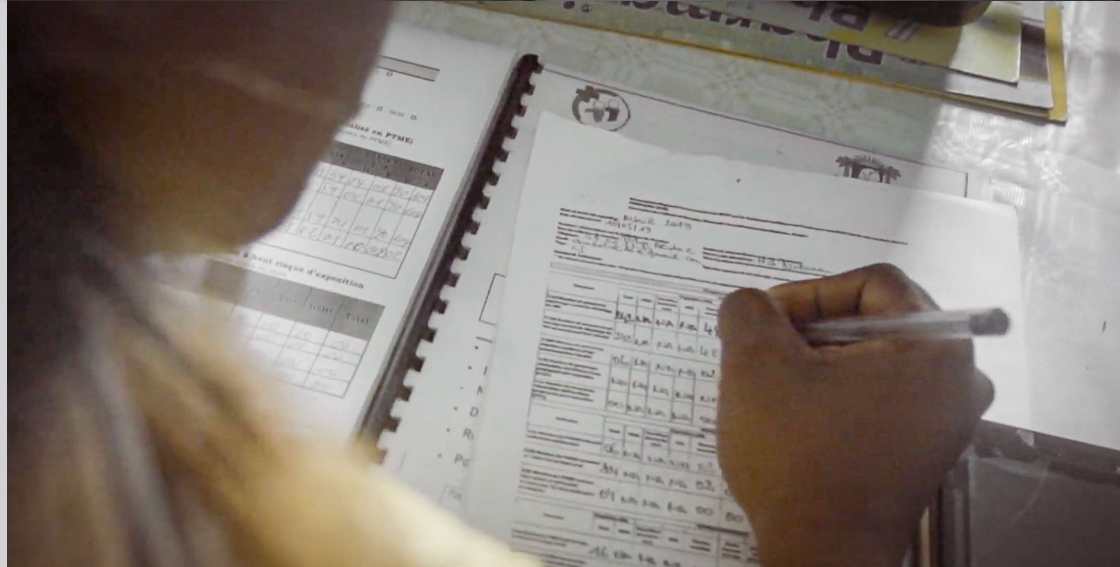
TEL (225) 23.50



A photograph showing a person in the foreground wearing a yellow and white patterned shirt, looking out a window. Another person in a red shirt is visible through the window. The scene is set in a room with blue walls and a desk with various items like boxes and papers.

“Come back tomorrow,
we are *out of stock!*”

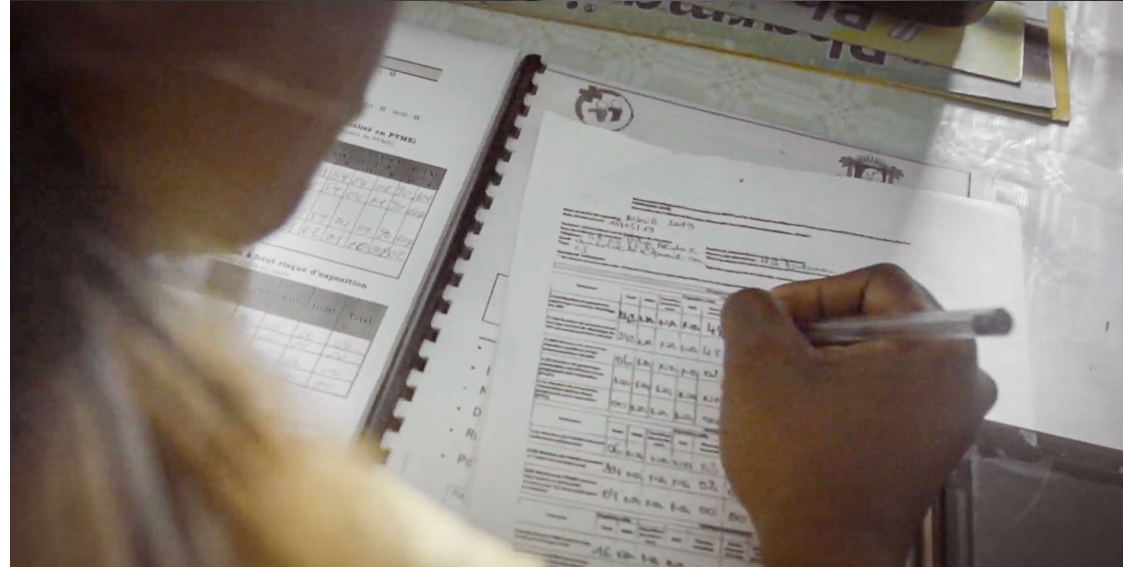




Community-led monitoring

is

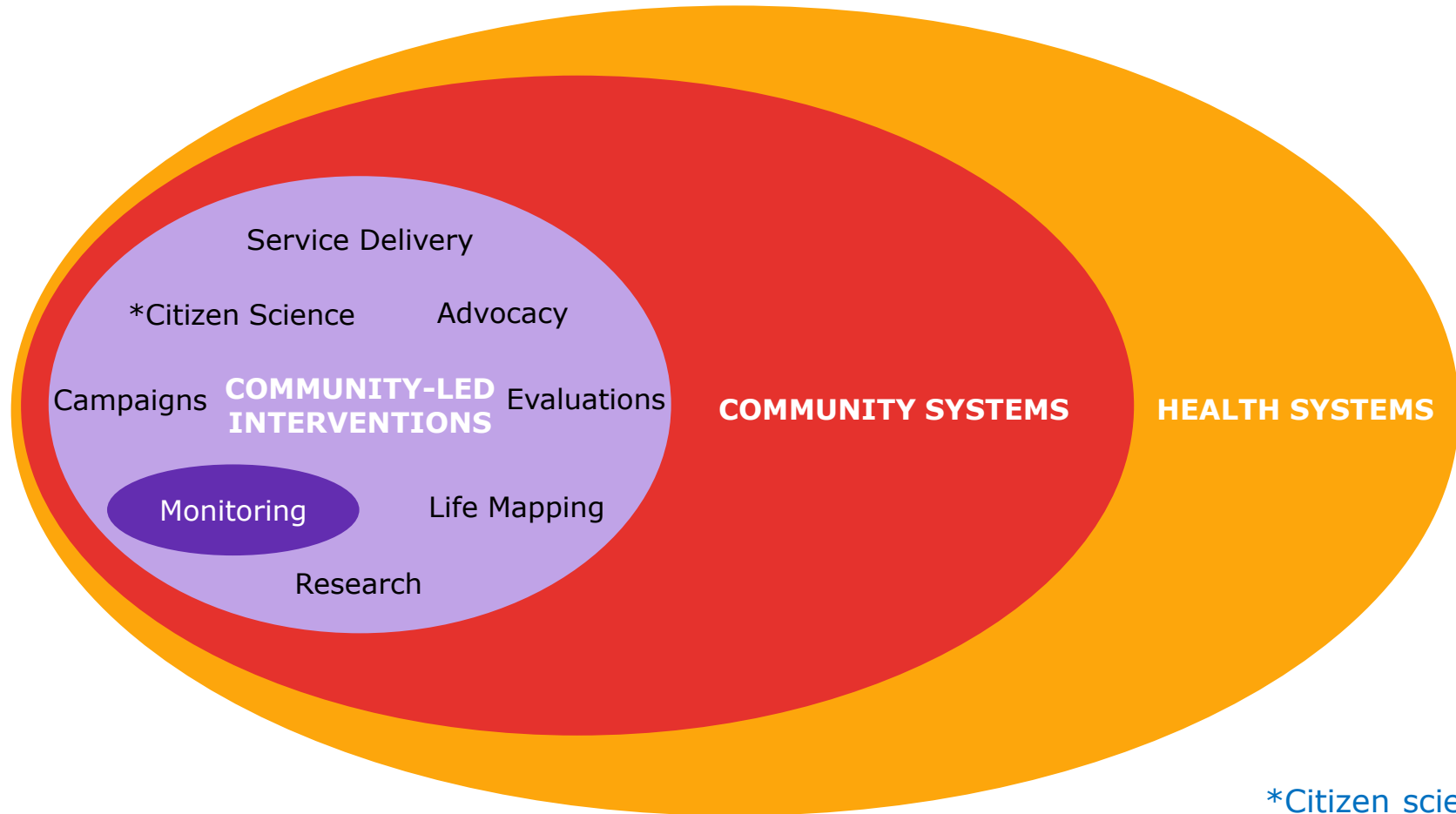
global health
innovation.



WHAT IS CLM?

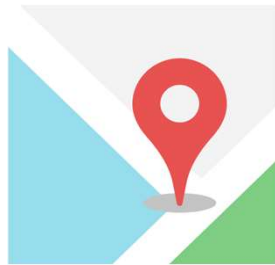
Understanding Community-led Monitoring in Context

CLM in Context



CLM is **NOT**...

Community-*based* Monitoring



WHERE

- ✗ *Monitoring people* by governments or any other group
- ✗ *Providers carrying out monitoring projects* with the support of recipients of care
- ✗ A *parallel M&E system* to the routine government monitoring and evaluation
- ✗ Communities covering *data collection gaps for donor M&E*
- ✗ Only data collection
- ✗ A *snapshot of data* (cross-sectional data) to understand recipient of care experiences
- ✗ A quality improvement (*QI*) initiative

Community-led Monitoring *IS...*

Community-**led**



WHO

- ✓ Monitoring of services **BY communities (end-users)** or recipients of care
- ✓ Same **data measured over time**
- ✓ Monitoring of **indicators that are relevant to communities** in order to improve services
- ✓ Monitoring that provides an **evidence base** for advocacy



Community-Led Monitoring *Defined*

CLM is a process where communities take the lead to routinely monitor ***issues that matter to them.***

Communities then work alongside policymakers to **co-create solutions** to the problems they have identified.

When problems uncovered through CLM aren't resolved, **communities escalate** with **evidence-based advocacy** and campaigning until they achieve implementation of corrective actions by duty bearers.

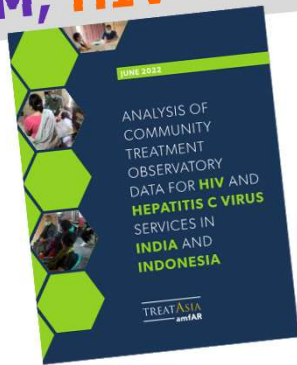


ITPC's Community-led Monitoring Model



Applying CLM as a Model in *Varying Contexts*

CLM, HIV & HCV



CLM, HIV & COVID 19



CLM & Tuberculosis



CLM, HIV Prevention



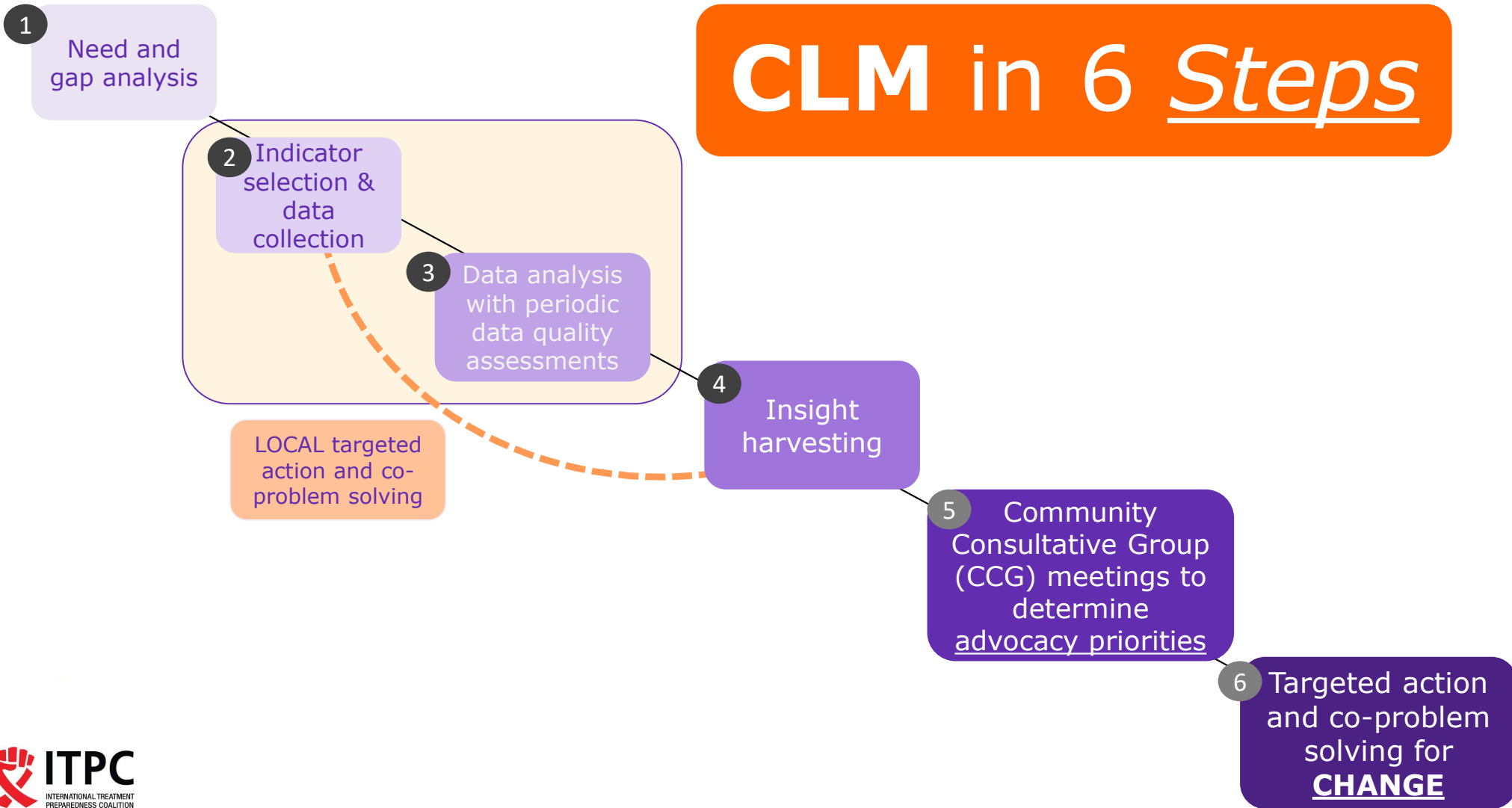
CLM, HIV & Human Rights



CLM, HIV & TB Treatment



CLM in 6 *Steps*

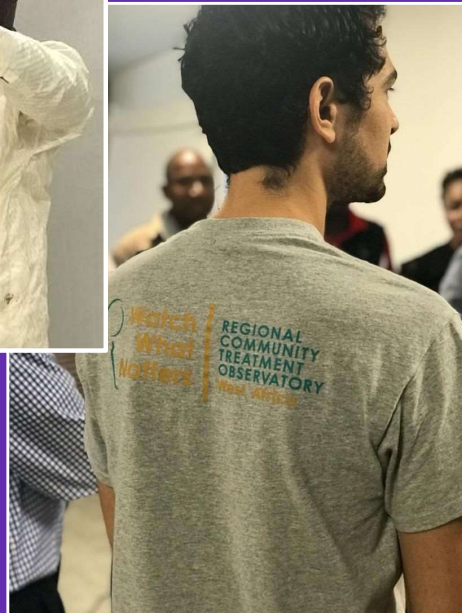


DATA IN ACTION

*Concrete Examples, Actionable Data Insights
and Advocacy Wins*



2018 Regional Community Treatment Observatory Project in West Africa (RCTO-WA)



CTO	HOST ORGANIZATION
BENIN	Réseau Béninois des Associations de Personnes vivant avec le VIH (REBAP+)
CÔTE D'IVOIRE	Réseau Ivoirien des organisations de Personnes vivant avec le VIH/SIDA (RIP+)
GAMBIA	Gambia Network of AIDS Support Societies (GAMNASS)
GHANA	National Network of Persons Living with HIV in Ghana (NAP+ Ghana)
GUINEA	Réseau Guinéen des Associations de Personnes infectées et affectées par le VIH/SIDA (REGAP+)
GUINEA-BISSAU	Rede Nacional das Associações das Pessoas Videntes com VIH (Network of Associations of PLHIV of Guinea Bissau) (RENAP+GB)
LIBERIA	Liberia Network of People Living with HIV (LIBNEP+)
MALI	Réseau Malien des Personnes vivant avec le VIH (RMAP+)
SENEGAL	Réseau National des associations de PVVIH du Sénégal (RNP+)
SIERRA LEONE	Network of HIV Positives in Sierra Leone (NETHIPS)
TOGO	Réseau des Associations de Personnes Vivant Avec le VIH au Togo (RAS+)

The Power of **BIG DATA** in the Hands of **Activated Communities**



11
Countries



2
Years of
monitoring



84
Data collectors



125
Health
facilities



1781
Quantitative
reports



631,863
HIV tests performed



105,435
People on ART



81,380
VL tests performed



1501
Interviews



143
Focus groups



98,651
Young people reached



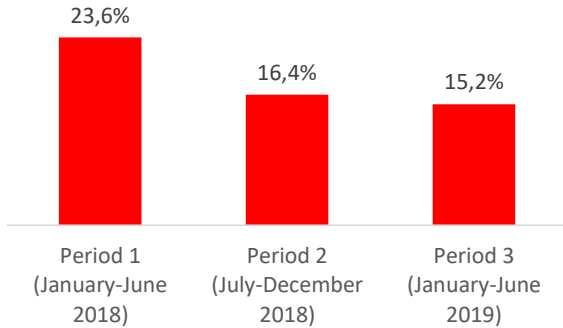
35,577
Key populations reached

**A representative sample
size for the entire West
and Central African region
(95% confidence interval).**

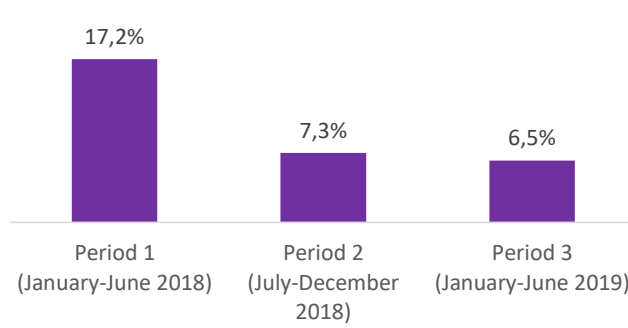


KEY RESULTS of the ITPC RCTO Project (2018)

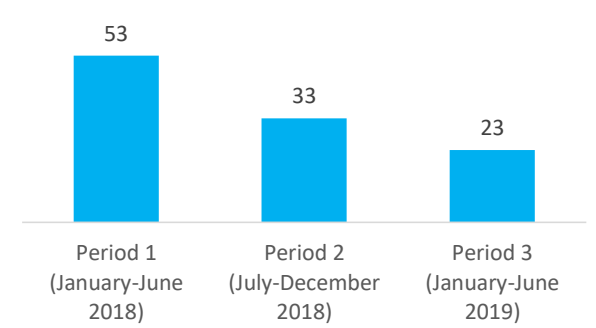
Frequency of Recorded ART Stock-outs at RCTO-WA Monitored Facilities



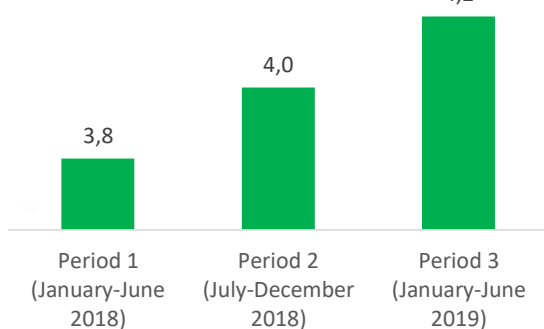
Frequency of Recorded VL Lab Supply Stock-outs at RCTO-WA Monitored Facilities



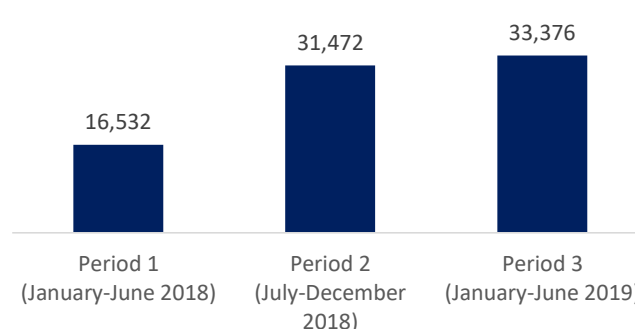
Average Length (days) of ART Stock-outs at RCTO-WA Monitoring Facilities in Côte d'Ivoire



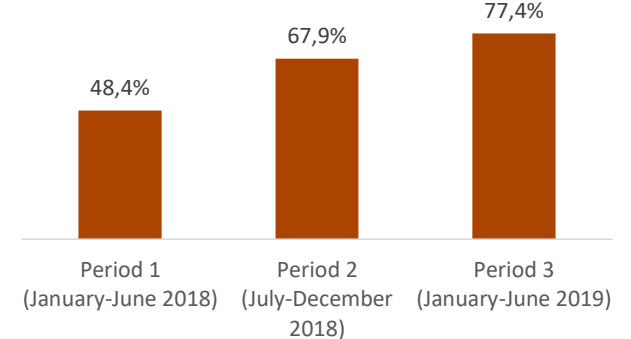
Average Quality of Care Rating (out of 5) at RCTO-WA Monitored Health Facilities



Viral Load Tests Performed at RCTO-WA Monitored Health Facilities



Rate of Viral Load Suppression at RCTO-WA Monitored Health Facilities



<http://itpcglobal.org/wp-content/uploads/2019/06/RCTO-WA-Data-for-a-Difference-Advocacy-Paper.pdf>

2020 *Citizen Science Project* DATASET AT A GLANCE



- **2 Countries HIV and COVID Monitoring**

- Malawi and South Africa



- **3 Districts**

- Dedza (MW), Kasungu (MW), and West Rand (ZA)



- **29 Health Facilities**

- 3 hospitals, 3 community health centers, and 24 clinics
- 5 in Dedza, 10 in Kasungu, 14 in West Rand



- **58 Data Collectors**

- 16 men (including 5 men who have sex with men, and 7 MLHIV)
- 41 women (including 5 sex workers, 2 lesbians, 1 transwoman, and 9 WLHIV)
- 1 gender non-conforming person



- **884,000 people**

- Total catchment area of the monitored health facilities



- **1 year of continuous monitoring (Nov 2020 – Oct 2021)**

- & retroactive data collection for a pre-COVID comparison (Nov '18 – Oct '19)



- **637 clinic records surveys**

- 330 in Malawi & 307 in South Africa, with a total of 32 indicators monitored



- **318 Interviews**

- 138 with healthcare workers and 180 with recipients of care



- **20 Life maps**

- Close anthropologies of how COVID-19 affects daily life for PLHIV



Young man (age 15 years) at the Badirile Clinic in South Africa, receiving PrEP information for the first time. ITPC's model always includes health education as part of community-led monitoring.

Community Data Collectors as Change Agents

40 of our 58 data collectors are from key or vulnerable population groups. This helps empower communities, sensitize health care workers, and reduce stigma.



9 are women living with HIV



7 are men living with HIV



6 are young people living with HIV



5 are men who have sex with men



5 are female sex workers



4 are young women aged 18-24 years



2 are lesbian women



1 is a trans woman



1 is a gender non-conforming person



Citizen Science data collector Makhatazle Engie Tiba (left) with local government HIV secretariat member Lulu Kotobe Sosibo (right) at the Badirile Clinic in West Rand, South Africa (February 2022)

Who asks the questions matters

The Citizen Science principle of going from *data extraction* to **data democracy** means that data collectors are not just gathering information—they are also **change agents**, providing **health education** and improved accountability. The data collectors **regularly interact** with the health facility staff about their findings and analysis and **co-create solutions**.



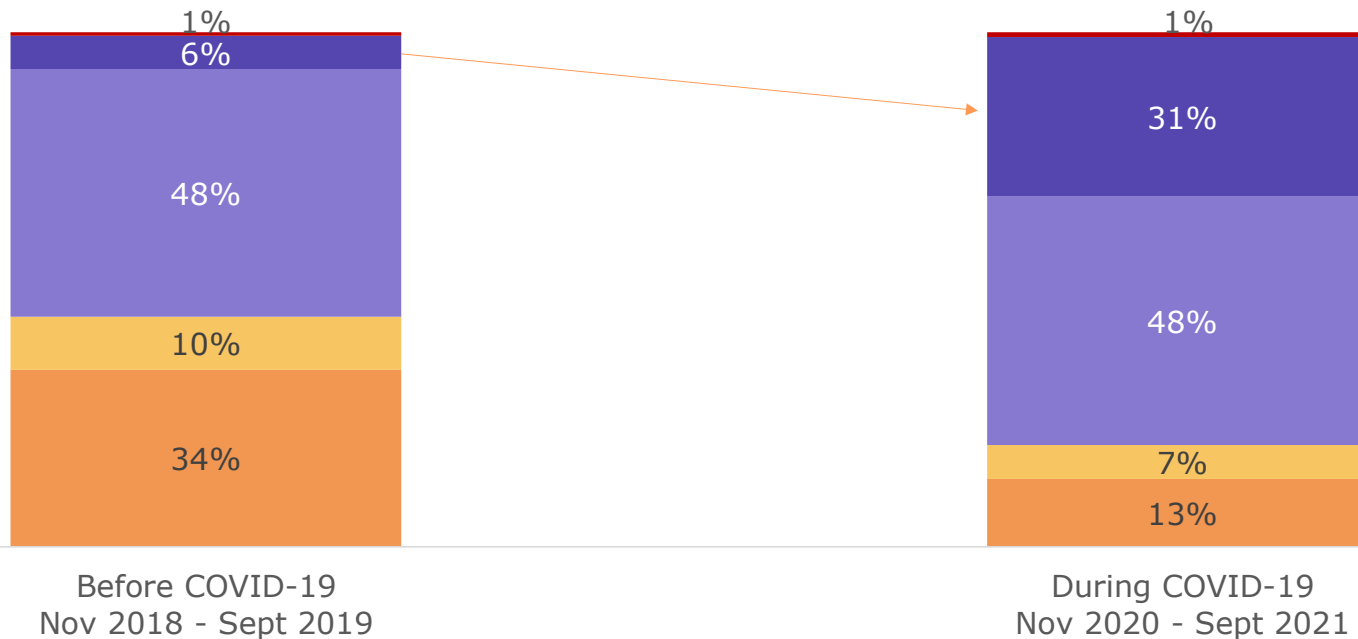


“THE GOOD”

Findings on the Scale-up of COVID-19 Adaptations

Expansion of Multi-Month Dispensing of ART

- At our 15 monitored sites in Malawi, six-month ART dispensing grew from 6% in the before COVID-19 period to 31% during COVID-19.



■ 1 month ■ 2 months ■ 3 months ■ 6 months ■ Other
Proportion of people living with HIV receiving multi-month dispensing of ART at our 15 monitored health facilities in Malawi



RITSHIDZE: CLM IN SOUTH AFRICA



SUMMARY OF KEY RESULTS

October 2021 to June 2022

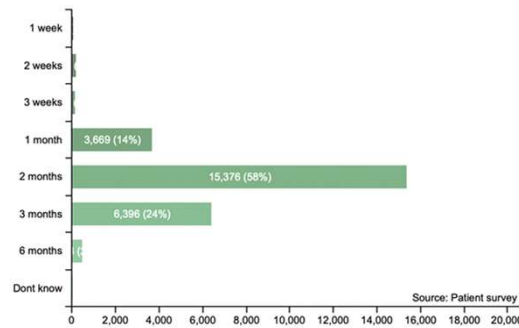
Facilities Assessed:	417
Observations completed:	1,189
Patient interviews:	44,361
PLHIV interviews:	29,999
Young people interviews:	9,482
Facility Manager interviews:	772
Medicines surveys:	804

We collect data through observations, as well as through interviews with healthcare users (public healthcare users, people living with HIV, key populations) and healthcare providers.

All Ritshidze's data collection tools, our data dashboard, and all raw data are available through our website: www.ritshidze.org.za

Length of HIV medicine refill?

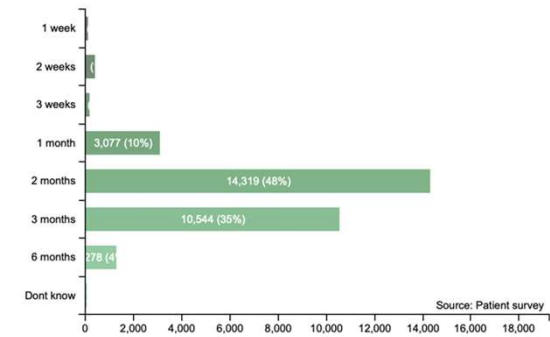
Patients Surveyed: 26,320



October 2020 to September 2021

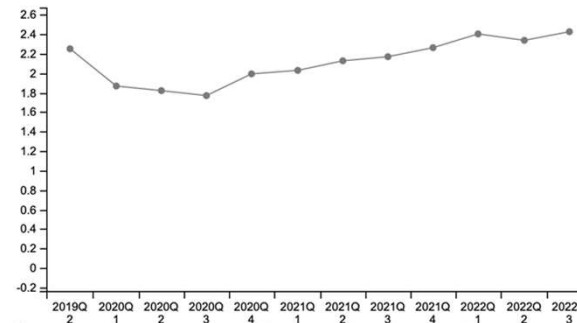
Length of HIV medicine refill?

Patients Surveyed: 29,941



October 2021 to June 2022

Length of HIV medicine refill?



Several key indicators of healthcare quality have improved in South Africa since the start of Ritshidze implementation. For example: ARV refill length has improved with 11% increase in people living with HIV collecting 3MMD in the last year.

Community-Led Monitoring *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**

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

UNAIDS 2021
GUIDANCE

Global AIDS Monitoring 2022

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

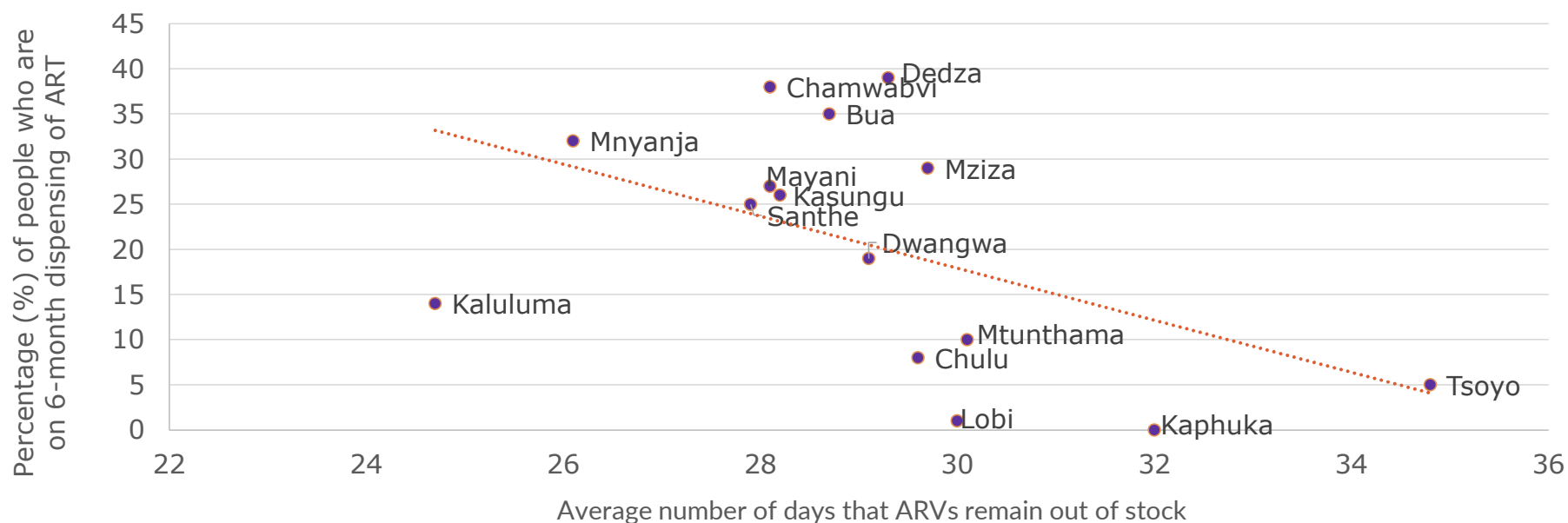
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Quickly Resolve Stock-outs to Promote Further Scale-up of Multi-Month Dispensing



Our data show that the main factor delaying further scale-up of six-month dispensing *is not whether stock-outs occur, but rather, how quickly they are resolved.*



Relationship between the duration of ART stock-outs and 6-month dispensing at our 15 monitored health facilities in Malawi





“THE BAD”

Findings on COVID-Related Service Disruptions and Quality of Care Challenges

Heightened Stigma and Discrimination

"We are serving a few people at a particular time and most people wait outside. The challenge is most people have not come out in the open, they think a relative might pass by and see them on the line. As a result, they are complaining that there is no privacy in the facility, hence we do not know how to help them. In the past, we used to allow all people to get inside the room and assist them all together and counsel them together, but now with COVID-19, that is not the case."

Health Surveillance Assistant in Malawi

As experienced by recipients of care...

"What makes it worse is the stigma and discrimination that as people living with HIV we are experiencing now with the pandemic. People have misinterpreted the messages of being at an increased risk to thinking that people living with HIV have the coronavirus and are infecting others."

Recipient of care, Malawi

As experienced by key populations...

"Us, as sex workers, people were talking bad rumors that we are spreading the disease COVID-19 because we meet with different people by the time we're doing our work."

Life maps participant

As experienced by health care workers...

"When I try to deliver my service in a community, people sometimes discriminate against me, saying that it is service providers who are spreading COVID-19 because they are mostly close to COVID-19 patients."

Health care worker



Life Maps submissions showing lack of privacy in South Africa from COVID-19 policy of queuing outside



Issues of confidentiality

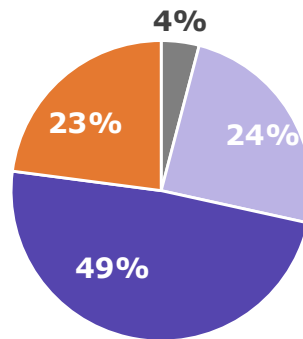
Poor Quality Viral Load Monitoring

Before the pandemic, 23% of viral load test results at our 15 monitored health facilities in Malawi took more than three months to be returned to the recipient of care. During COVID-19, this figure rose to 39%.

"This month was my blood [viral load] month. It was very different from the way they did things before COVID, because firstly, when I had to go take bloods at the clinic I used to go, weigh, and then see a Sister and then the Sister will see how am I doing. [This time] when I went back to her all she did was give me my new appointment card for June. It was very strange for me because I even asked 'why are they doing it this way' and they were saying 'they are trying to eliminate time spent at the clinic'."

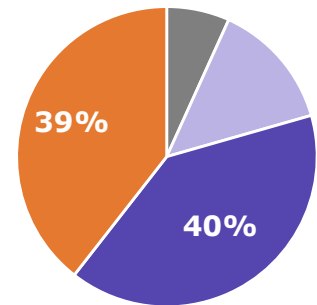
– Life Maps participant, South Africa

Before COVID -19
(November 2018 - September 2019)



- Within 2 weeks
- Within 3 months
- Within 1 month
- More than 3 months

During COVID-19
(November 2020 - September 2021)



- Within 2 weeks
- Within 3 months
- Within 1 month
- More than 3 months

Increased turnaround times for viral load test results at our 15 monitored sites in Malawi



Limited Access to HIV Testing Services, especially for Key Populations

Number of HIV tests performed at our 15 monitored health facilities in Malawi, by population	Before COVID-19 (November 2018 – September 2019)	During COVID-19 (November 2020 – September 2021)	% CHANGE
Number of HIV tests among the general population	80,215	59,864	Testing fell by 25.4%
Number of HIV tests among men who have sex with men	248	117	Testing fell by 52.8%
Number of HIV tests among female sex workers	132	27	Testing fell by 79.5%

"COVID has been one of the things that they prioritize, and when it comes to HIV testing, you don't get those mobile clinics or those tents anymore. Most of them, they focus on COVID testing. You might find that once in a week, there are tents that do HIV testing, but other than that, it's been COVID and COVID and nothing else but COVID."

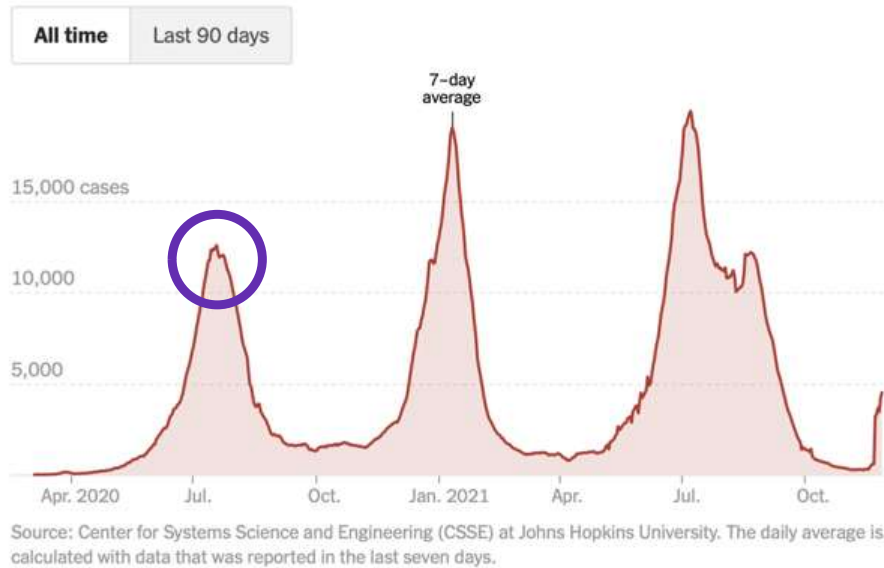
– Life Maps participant, South Africa



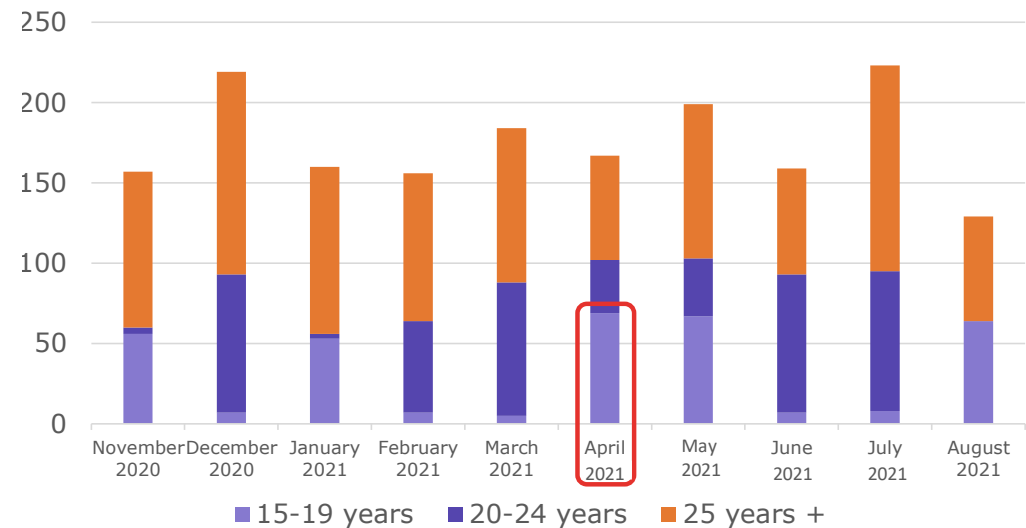
Spikes in Teenage Pregnancies

The highest number of live births to teenage mothers was in **April 2021 (n=69)**, which follows exactly nine months after the peak of South Africa's first wave in July 2020.

South Africa Coronavirus Cases >



Number of live births at our 14 monitored health facilities in South Africa



*“During this period, we have witnessed as a nation of over **20,000 teenage pregnancies** through coercion or by default falling prey to prevailing circumstances at the time. This ‘pregnancy boom’ was a result of induced school break for six months.”* – Life maps participant, Malawi



RITSHIDZE: KEY POPULATIONS



Ritshidze collects qualitative and quantitative data to document the challenges key populations face in accessing quality HIV, TB + other health services

Between August and October 2021 Ritshidze collected 5,979 surveys in 18 districts, across 7 provinces in South Africa

1476 quantitative interviews with gay, bisexual and other men who have sex with men

2397 quantitative interviews with people who use drugs

1344 quantitative interviews with sex workers

762 quantitative interviews with trans* people

398 additional qualitative interviews with key populations

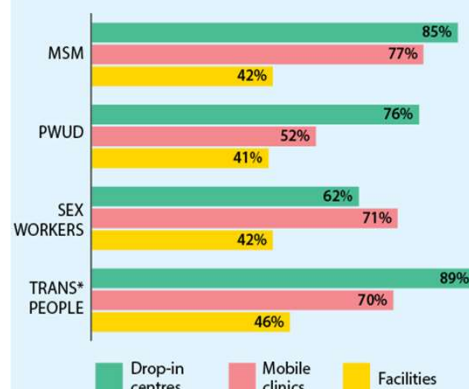
"The staff here in this clinic do not treat us people who use drugs as human beings. They are so judgemental towards us. They are calling us names that make us feel offended."

"Clinic staff have a negative attitude. They did not assist me when I asked for lubricants. They refused to give me and said they are used for and by women only. In reality, they must also give us, as we need them as well."

Percentage of respondents who had been refused access to services at the facility because they are a KP (percentage)



Percentage of respondents reporting staff are always friendly and professional (percentage)



KEY FINDINGS

- + 20% of KPs were no longer accessing healthcare anywhere, often due to ill treatment & openly hostile clinic staff
- + Of those who were accessing services, most used a public health facility instead of a drop-in centre (range 75%-86%)
- + Poor staff attitudes, lack of safety/privacy were the main complaints & many had been denied services
- + There is limited availability and/or accessibility of KP specific services including lubricants, harm reduction services, gender affirming care, PrEP/PEP etc.
- + While drop-in centres had better overall service satisfaction and acceptability — they are few and far between and not a panacea to KP health needs.



Influencing National Resource Mobilization Processes

- In **South Africa**'s most recent **Global Fund** application, submitted in August 2021, **community CLM data and methodology is explicitly referenced**. This helped rationalize a **five-fold increase** in funding for community-led monitoring (from \$318,221 in the 2019-2022 grant to \$1,578,691 in the 2022-2025 grant).
- In **Malawi**'s 2022 Country Operational Planning (COP) process for **PEPFAR** programs, **community CLM data was used** to advocate for **increased funding for viral load testing, including for additional sites and to speed up turnaround time to no more than 14 days**. They also pushed for an increase in funding for community-led monitoring, from \$694,898 in COP21 to \$1.08 million in COP22.



Monitoring Community Engagement: Amplifying the Voice of Communities

Community engagement is...

is...

“...a structured, supported, meaningful and accountable process that ensures **that people living with HIV have a SEAT and a VOICE** in decision-making, planning, implementation, monitoring and evaluation, in order to achieve access to quality HIV care for all.”

INDICATOR	COUNTRY A
PL.D1i. % of TWG on DSD where RoC participated	Red
PL.D2i. % of policy validation exercises where RoC participated	Red
PL.D3i. % of online DSD platforms that include RoC, policy makers, program implementers and health providers	Red
PL.I1i. # of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments	Red
PL.ME1i. % of M&E meetings that include RoC	Red
PL.ME2i. % of impact assessment exercises where RoC participated	Red
PRL.D1i. % of meetings focused on DSD program design where RoC participated	Green
PRL.D2i. % of DSD planning meetings where RoC provided recommendations on prioritization of DSD models	Green
PRL.I1i. % of DSD HF trainings that include RoC as planners and facilitators	Green
PRL.I2i. % of DSD supportive supervision visits that include RoC leaders	Red
PRL.ME1i. % of DSD M&E tools development meetings where RoC participated	Green
PRL.ME2i. % of DSD M&E activities where RoC participated	Red
PRL.ME3i. % of self assessments where RoC participated and led on community engagement domain	Red
CL.D1i. # of community-level platforms established aimed at gathering RoC views on DSD models	Red
CL.D2i. % of thematic working groups where RoC participated	Red
CL.I1i. % of DSD sensitization/demand creation activities led by or actively involving RoC	Green
CL.I2i. % of HF with DSD where RoC work as service providers	Red
CL.I3i. # of trainings organized for peer educators and RoC	Red
CL.ME1i. % of DSD facilities where community score cards and/or client satisfaction surveys are implemented	Red

Objective: promote community engagement across various levels (policy, programmatic, community) and areas (design, implementation, M&E)

- A **community engagement tracking tool** was developed for communities, by communities. It covered multi-level assessment areas of policy, programs and community
- **Application of CLM model:** indicator development > data collection > data analysis > advocacy and engagement for redress
- Move from **communities not being involved and no plans** for involvement (**red**) to **meaningful engagement** in implementation, evaluation and oversight (**green**)

Table: Detailed view of *community monitoring of community engagement for DSD in Country A* where Country A's government scored themselves an aggregate **green**.

Learn more here:

<https://cquin.icap.columbia.edu/country-to-country-learning/communities-of-practice/>





SIERRA LEONE: From “No Data” to a New National Indicator

- From August-December 2020, ITPC &, NETHIPS implemented a community-led monitoring project at five health facilities in Freetown, **Sierra Leone**.
- Field researchers aimed to collect data on the number of people living with HIV who experienced **ART treatment failure** during COVID-19.
- However, after the first month of community-led monitoring, NETHIPS discovered that the **current service registers do not capture this indicator**.
- Dialogue with National AIDS Control Program (NACP) revealed that facility-level committees examine individual clients’ need to change regimens and store this information on the appointment cards. **This data is not centralized or analyzed.**
- From this conversation, NETHIPS **secured a commitment from the NACP** to develop a new set of service registers that captures treatment failure as a key indicator.

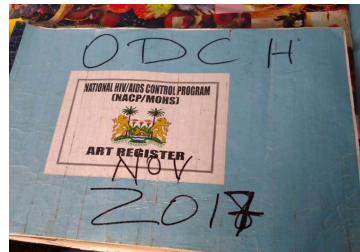


“That is the beauty of projects like this. They identify how people fall through the cracks. We will be bringing this issue to the community consultative group, and advocate for NACP to accelerate the production of new treatment registers that include treatment failure in them.”

– Martin Ellie, Network of HIV Positives in Sierra Leone (*NETHIPS*)



NETHIPS dialogue with decision-makers in Sierra Leone, 17 December 2020



Old ART register in Sierra Leone, before the update that NETHIPS advocated for

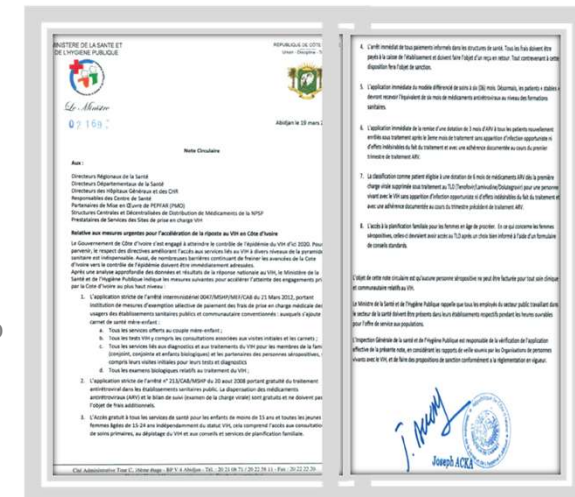
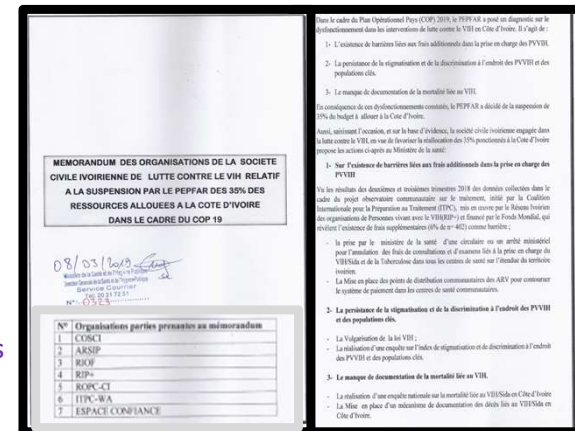


“The majority of people living with HIV were coming from disadvantaged communities and couldn’t afford to pay the fees for on-site treatment. The Observatory pressured the Ministry of Health to sign a by-law stating that from now on, on-site treatment wouldn’t be charged. This was a major aspect of our intervention.”

— Valentin Keipo, RCTO CLM Focal Point CÔTE D’IVOIRE

CÔTE D’IVOIRE : Eliminating user fees as a cost barrier to services

- From January 2018 – June 2019, ITPC & RIP+ implemented a community-led monitoring project at 27 health facilities across Cote d’Ivoire.
- Over this period, field researchers conducted a **total of 600 interviews and 34 focus group discussions** with recipients of care to assess barriers to HIV services along the cascade.
- Of these, 17% of the recipients of care identified payment or considerable out-of-pocket expenditure as a reason for not accessing ART. Even at facilities where ART was free, fees for diagnostic tests, consultations with healthcare providers, and medicines for opportunistic infections represented additional cost barriers.
- These findings on barriers to access were presented by CIV CTO team at the Johannesburg PEPFAR COP19 meeting, where the CIV MOH and Amb. Deborah Bix and PEPFAR team were present. **The advocacy messages were successful.**
- In April 2019, a **circular was issued by the Ministry of Health** which signaled its commitment to stop people being charged for accessing HIV testing and treatment services, declaring that it will strictly apply previously announced decisions to prevent people living with HIV being asked to pay user fees.



ITPC CLM Hub Launch: Global Village
Treatment Networking Zone @ 6pm today (1 Aug)

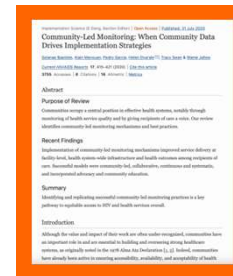
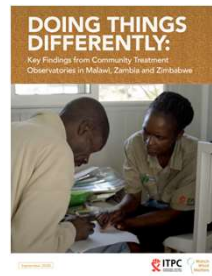
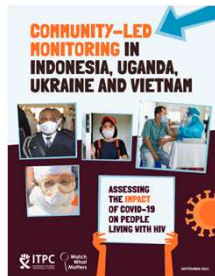
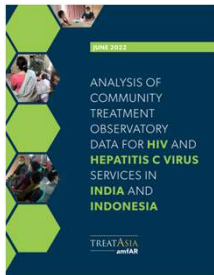
Refreshments will be served

To learn about the *ITPC CLM Hub* scan this QR code

www.clmhub.org



Resources on CLM



- OTHER KEY RESOURCES**
- ritshidze.org.za
 - healthgap.org
 - amfar.org
 - unaids.org
 - theglobalfund.org
 - initiative5pour100.fr

CLOSING THOUGHTS

CLM Challenges, Community Data and Key Considerations

Isolating the Effect of Community-led Monitoring

Group	Location	# of facilities	CLM in place	Data source	Time periods examined	Change in HIV testing uptake
Intervention	Dedza & Kasungu Districts, Malawi	15	Yes	Citizen Science project	<p>Before COVID-19: November 2018 – September 2019</p> <p>During COVID-19: November 2020 – September 2021</p>	25.5% fewer tests due to COVID-19
Control	Lilongwe District, Malawi	8	No	Thekkur, et al. (2021)	<p>Before COVID-19: March 2019 – February 2020</p> <p>During COVID-19: March 2020 – February 2021</p>	39.0% fewer tests due to COVID-19

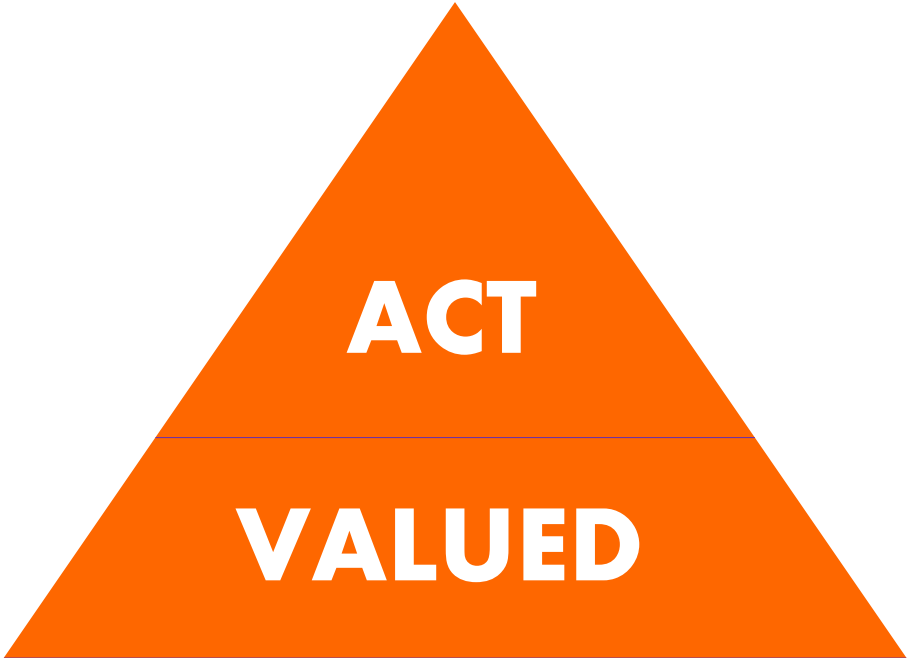
Our CLM intervention likely had a positive effect on mitigating the negative impact of COVID-19 on HIV testing services, translating to 10,845 more HIV tests at our monitored sites compared with the control group scenario.

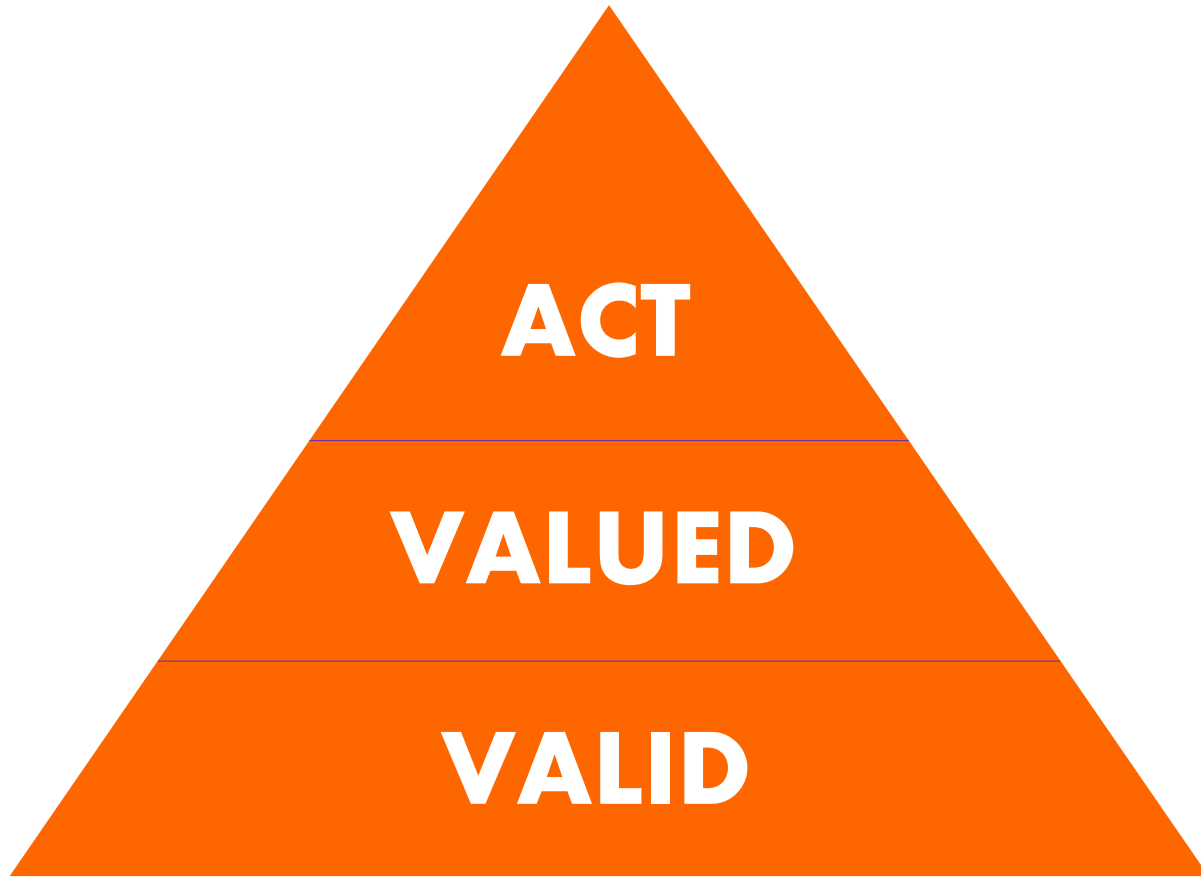
Challenges

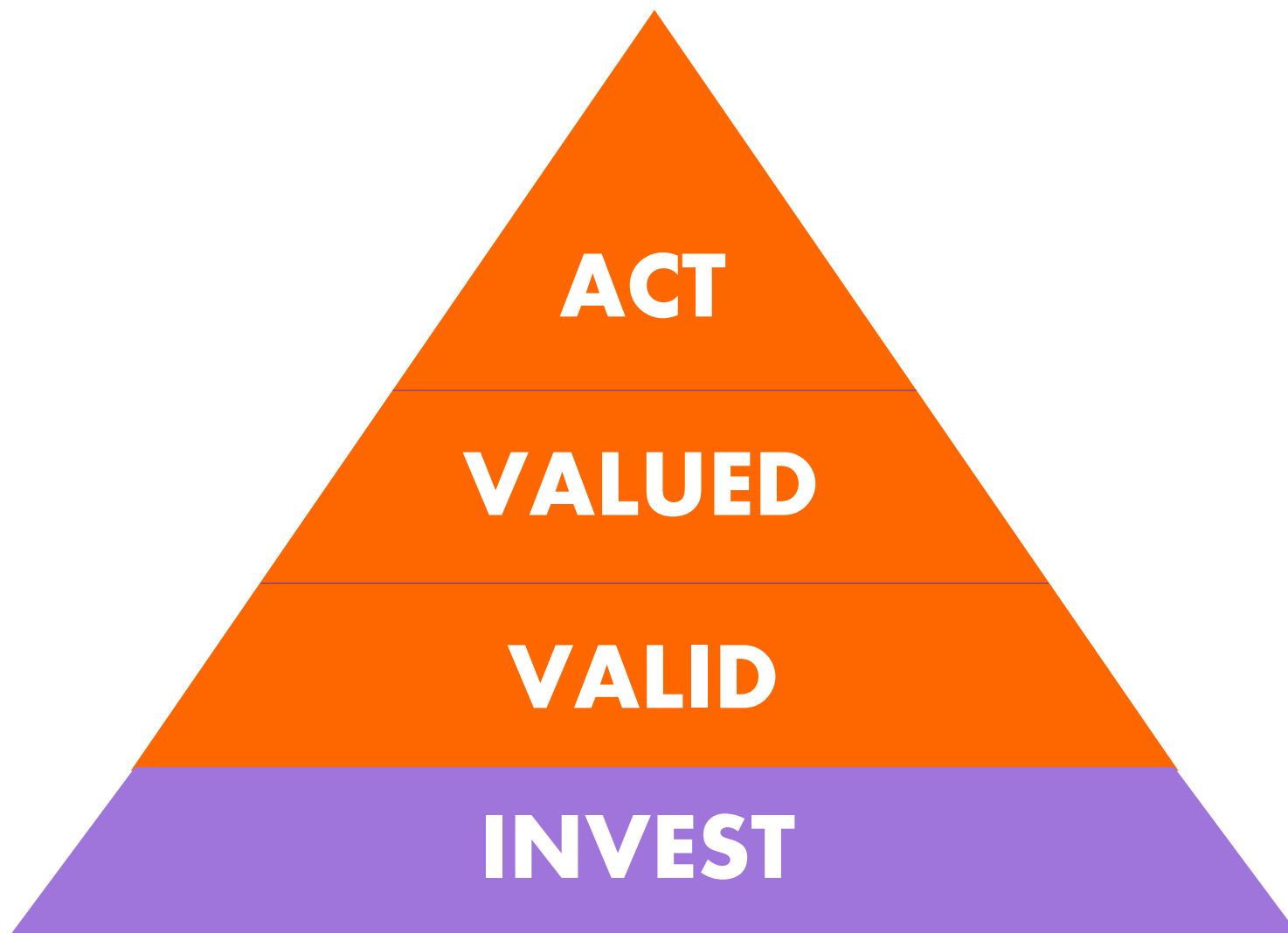
- Varying **nature of what is being scaled** in CLM:
 - *Conflate other critical community-led initiatives with CLM*
 - *Need for tighter national and global CLM coordination and harmonization*
 - *Aspects of CLM not resolved (data ownership, ethics considerations etc.)*
- The **need to accommodate donor indicators** while maintaining relevant community-defined ones when the don't overlap
- Sustainability concerns:
 - Heavy reliance on external funding
 - Not yet **refined value proposition** for governments to take up paying for CLM
 - Weaker (or no real) community ownership where governments are more authoritarian.
- Low levels of **investment** and a thin **research** on aspect of CLM required to make it a core discipline:
 - How much monitoring is enough?
 - What does effective monitoring cost?
 - Who is best placed to implement and/or host CLM?

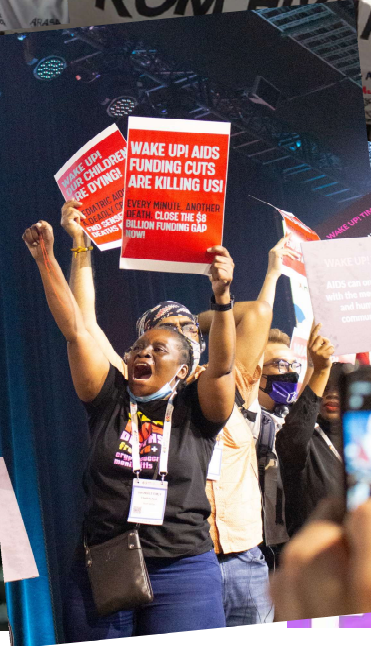
Improved but still sceptical view of **community role beyond advocacy and demand creation** leading to **undervaluing of community data and by extension CLM.**

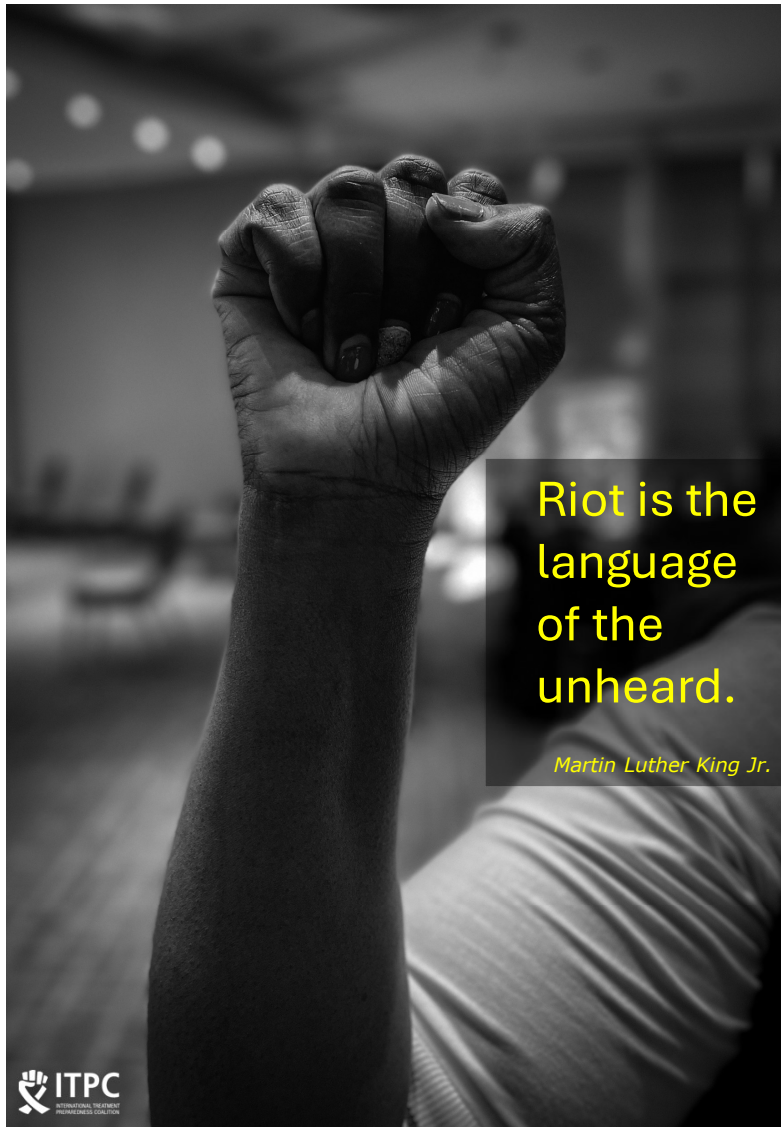
ACT











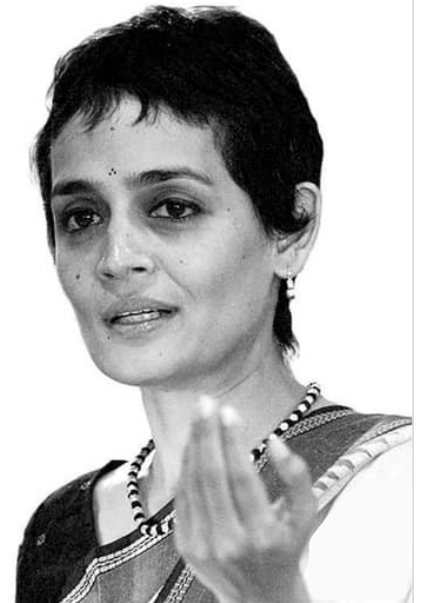
Riot is the
language
of the
unheard.

Martin Luther King Jr.

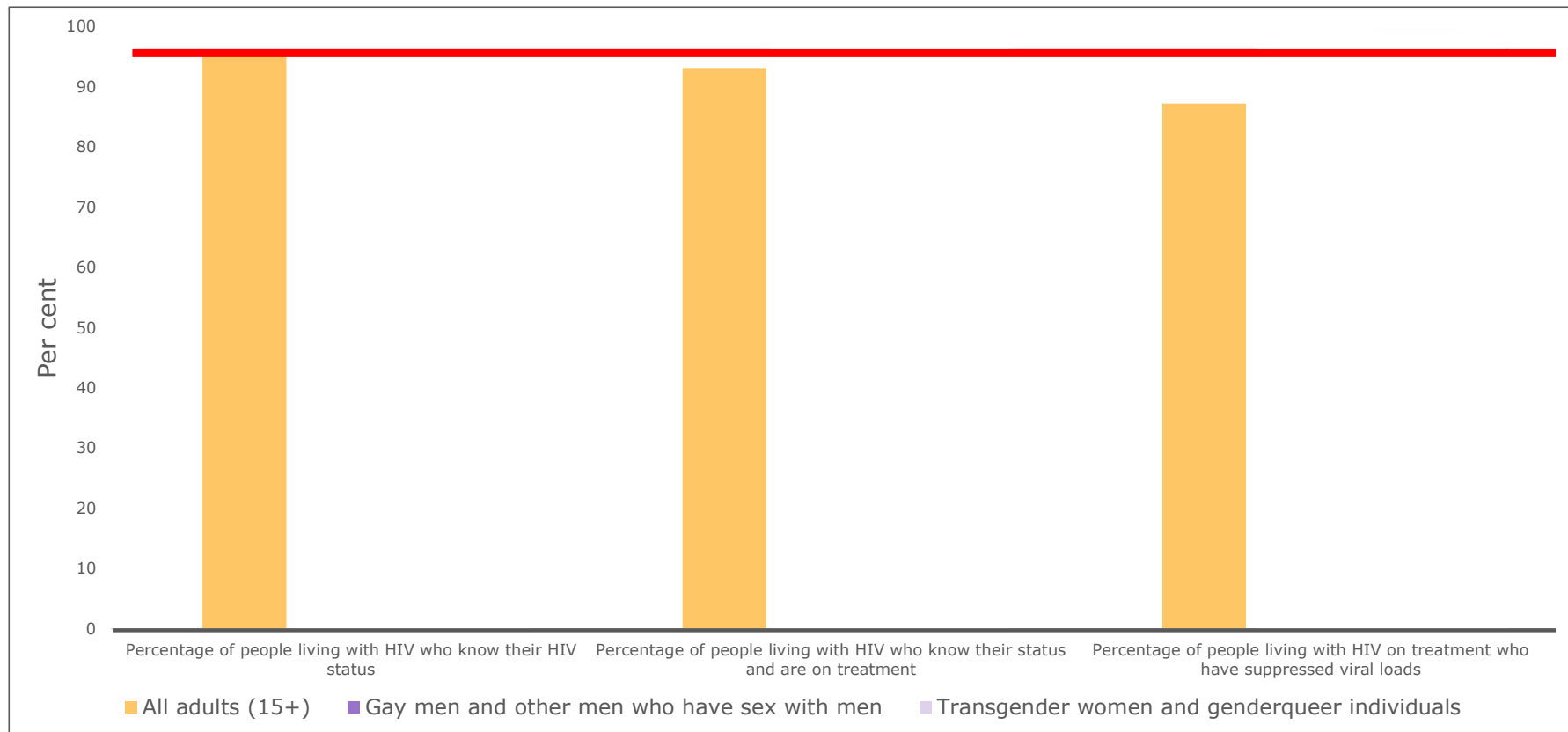
“

There's really no such thing as
the 'voiceless.' There are only
the deliberately silenced,
or the preferably
unheard.”

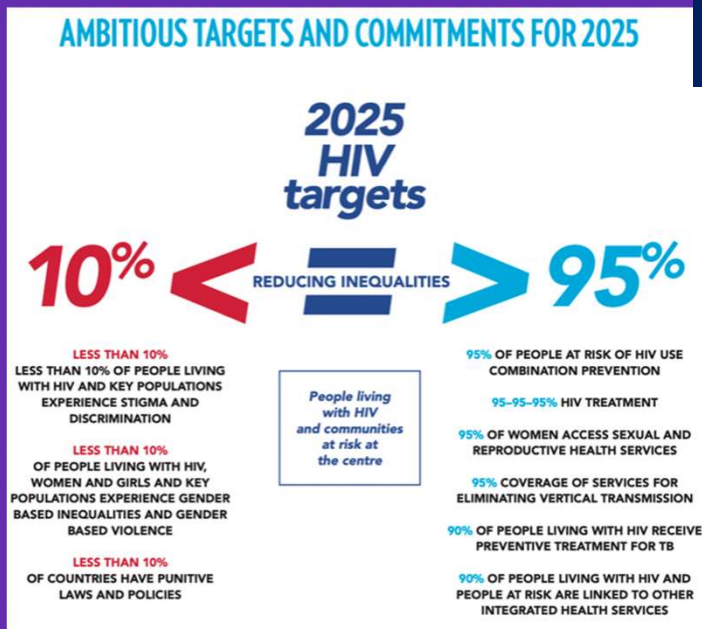
Arundhati Roy, writer



Inequalities in Progress towards 95–95–95 in Zimbabwe



Saving Lives & Reaching our Targets: Traditional Methods *Only* Will **Not Get Us There!**



DEPENDENT ON

- Science, Innovation
- Partnership, Political will
- Resources (\$, people)
- Evidence informed decision-making

- Reliable and *whole* data picture

- By sub-population, by KPs

Fast-Track Targets

by 2020

90-90-90

Treatment

500 000

New infections among adults

ZERO

Discrimination

by 2030

95-95-95

Treatment

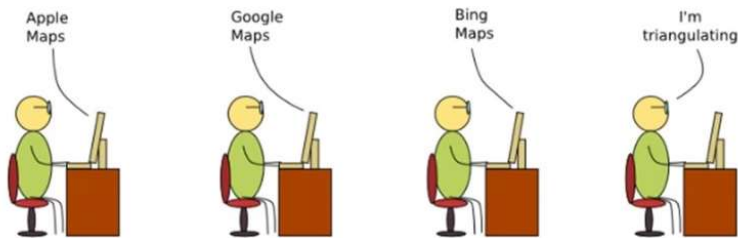
200 000

New infections among adults

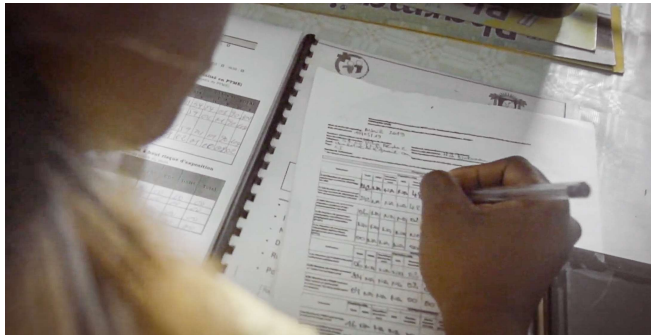
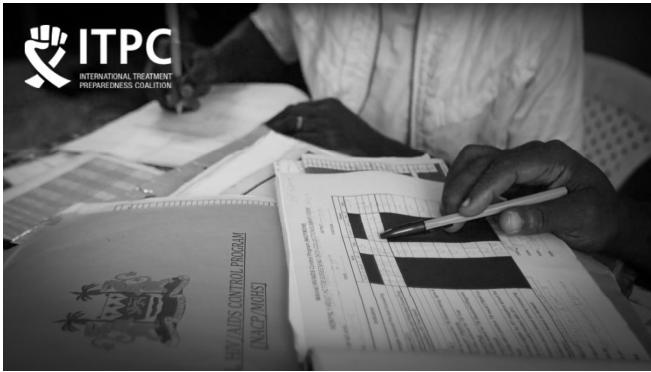
ZERO

Discrimination

The Demand Side: A **Critical Part** of the **Whole** Data Story



Community data is a *valuable* piece of the **whole data story** of the global HIV response.

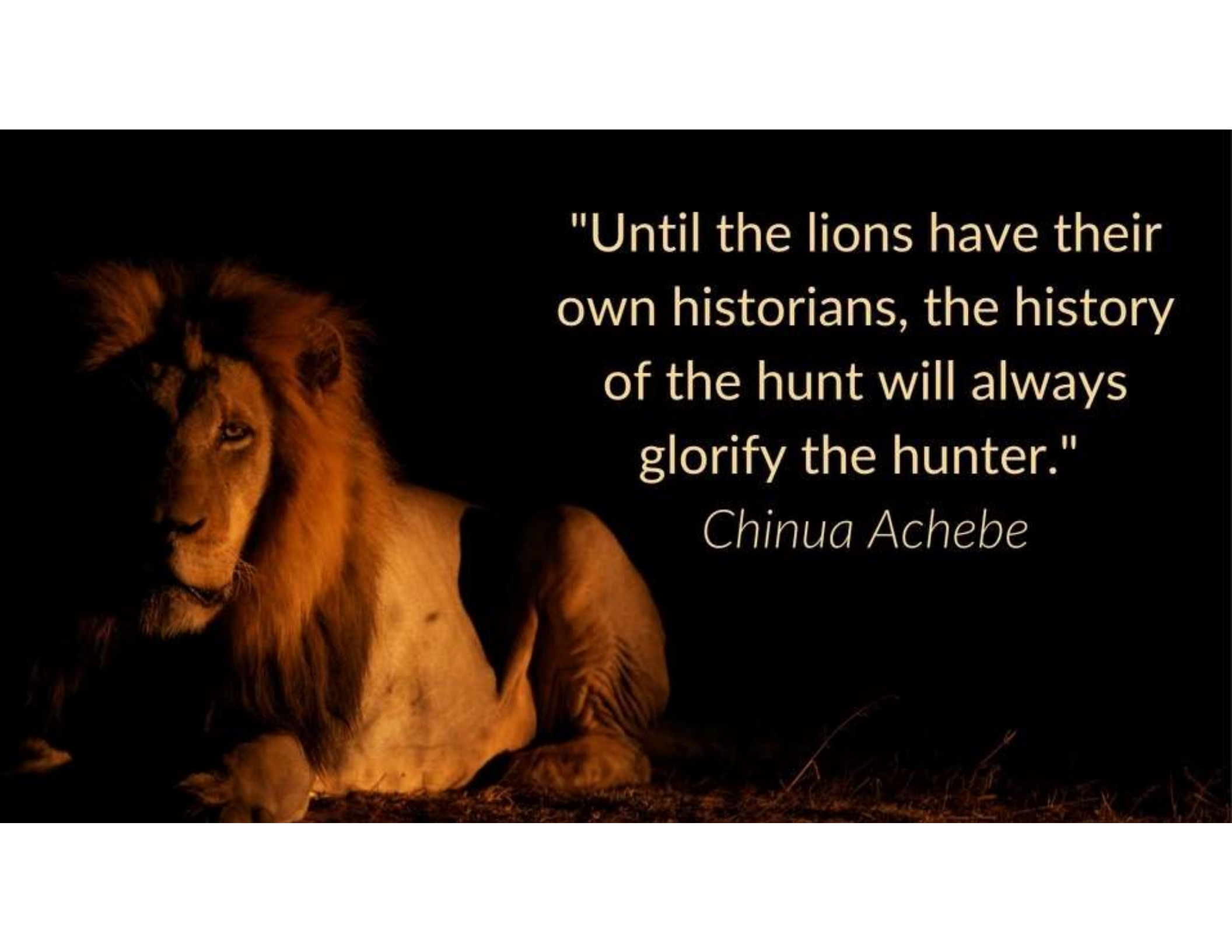


How will we know what we need to change *or* where/how to intervene before 2030?

Impossible to know without both supply side (provider data) and **demand** side (user/recipient of care) data.

Traditional M&E systems **do not adequately integrate community data** as part of the data story to effectively design and target interventions.

Community-led Monitoring is a **critical health innovation tool** in our arsenal.

A lion is lying down in a dark environment, possibly at night or in a cave. The lion's fur is a mix of golden-brown and darker brown, and its mane is thick and dark. The lighting is dramatic, coming from the side, highlighting the texture of the lion's fur and its face. The background is almost entirely black, making the lion the central focus.

"Until the lions have their
own historians, the history
of the hunt will always
glorify the hunter."

Chinua Achebe