



Community-led organizations are led by the people who they serve and are primarily accountable to them. In the AIDS response, this includes organizations by and for people living with HIV or tuberculosis and organizations by and for people affected by HIV, including gay men and other men who have sex with men, people who use drugs, prisoners, sex workers, transgender people, women and young people.

Communities of people living with and affected by HIV have provided definitions as follows:

A. Community-led organizations, groups, and networks^[1],

irrespective of their legal status, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers^[2], reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies.

Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas.

Not all community-based organizations are community-led.

B. Key population-led organizations and networks

are led by people living with HIV, female, male and transgender sex workers, gay men and other men who have sex with men, people who use drugs, and transgender people^[3]. Key populations share experiences of stigma, discrimination, criminalization, and violence and shoulder disproportionate HIV disease burden in all parts of the world.

Key population-led organizations and networks are entities whose governance, leadership, staff, spokespeople, members and volunteers reflect and represent



the experiences, perspectives, and voices of their constituencies.

Key population-led organizations and networks and their expertise are anchored in our lived experiences, which determine our priorities. We speak for ourselves and are an intrinsic part of the global HIV response.

C. Community-led 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 organizations, groups, and networks that represent them.

Community-led responses are determined by and respond to the needs and aspirations of their constituents. Communityled responses include advocacy, campaigning and holding decisionmakers to account; monitoring of policies, practices, and service delivery; participatory research; education and information sharing; service delivery; capacity building, and funding of community-led organizations, groups, and networks. Community-led responses can take place at global, regional, national, subnational, and grassroots levels, and can be implemented virtually or in person.

Not all responses that take place in communities are community-led.



D. Key Population-led Responses:

Key populations are primary actors in, and intrinsic to, the global HIV response. Our responses are transformational, based on our priorities, needs and rights. Key populations should be included, on our own terms and with consideration to varying social and structural determinants, at all levels of the global HIV response.

Key population responses aim to strengthen the capacities of our communities and are committed to action, irrespective of resource availability. Key population communities are overlapping and thus our responses strive to be intersectional. Key populations choose our own representative and how we engage in HIV-, gender-, human rights-, and development-related processes.

^[1] Including collectives, coalitions, and other ways that people self organize.

^[2] These entities may structure themselves differently and may not have all of these actors.

^[3] This definition of key populations is not meant to preclude the ways that people describe themselves, including related to sexual orientation, gender, and gender identity.



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