

COMMUNITIES AT THE CENTRE OF THE PATH TO ELIMINATION

From existing HIV community platforms to integrated, rights-based action for Triple Elimination

THE SHIFT

Keep what works. Add what is missing. Connect community action to facility system

WHAT HIV COMMUNITY SYSTEMS ALREADY DO

- Treatment literacy, adherence support and U=U conversations
- Peer support, peer navigation and community dialogues
- Referral, appointment support and re-engagement
- Caregiver, family and psychosocial support
- Community-led monitoring and facility engagement

WHAT TRIPLE ELIMINATION ASKS US TO ADD

- Bring HIV, syphilis and hepatitis B into one family-centred prevention and care journey
- Link SRH, ANC, maternity, infant, child and partner services
- Strengthen prevention, testing, treatment, follow-up and partner support across the continuum
- Use community intelligence to identify who is missed and why
- Close the loop between referral, service delivery, community feedback and accountability

THE PRINCIPLE

Do not build four new community programmes. Extend existing HIV relationships, skills and systems to address the wider mother-infant-child-partner continuum.



COMMUNITIES HELP PEOPLE FIND • INFORM • NAVIGATE • SUPPORT • MONITOR • HOLD SYSTEMS ACCOUNTABLE

FROM PRINCIPLES TO LOCAL ACTION

Human rights + gender equality + community engagement = better access,
better continuity, better outcomes

FOUR WHO PILLARS → COMMUNITY + FACILITY ACTION

01 PRIMARY PREVENTION

- Prevention, testing information, STI/HBV literacy and referral for women, girls and partners.

02 SRH LINKAGES

- Connect HIV work to SRH, ANC, STI, hepatitis, adolescent and family-planning services.

03 MATERNAL EMTCT

- Support ANC linkage, testing, prompt treatment/prevention, adherence and follow-up.

04 INFANT & CHILD CARE

- Strengthen infant follow-up, EID, immunisation, caregiver and partner support.

RIGHTS + GENDER ARE NOT AN EXTRA — THEY SHAPE WHETHER PEOPLE CAN USE SERVICES.

RESPECT

- Confidentiality, dignity and non-discrimination
- Information before decisions; no coercion

GENDER BALANCE

- Women's agency and shared decision-making
- Constructive male/partner engagement and safety

ACCOUNTABILITY

- Community feedback to facilities and districts
- Act on recurring barriers—not only report them

WHAT CAN COMMUNITY ORGANISATIONS DO NOW?

FIND

- Identify people and families who may be missing services.

INFORM

- Make testing, treatment and prevention choices understandable.

NAVIGATE

- Support referrals, appointments, initiation and re-engagement.

MONITOR

- Capture barriers, close referral loops and feed evidence back.

90-DAY COMMUNITY COMMITMENT

KEEP

What HIV intervention already works?

ADAPT

What can include syphilis/HBV?

CONNECT

Which facility/district partner?

MEASURE

How will we know the loop closed?

ACT

What will change within 90 days?