WE ARE EXPERTS
Elevating Local Expertise and Global Experience to Drive Impactful Health Solutions

ITPC
ANNUAL REVIEW
2023
ACKNOWLEDGEMENTS

ITPC is grateful for the tireless efforts of our community partners, regional teams, global staff, members of our Board, executive leadership, and key collaborators. We express our particular thanks to the health workers and community activists who were involved in activities implemented and supported by ITPC in 2023.
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EXECUTIVE DIRECTOR’S LETTER

The world has lost trust in “experts.” This applies whether it’s in Kenya, Nigeria or South Africa; Mexico, Colombia, Brazil or Argentina; India or China. The message from citizens anywhere to their governments, policymakers, and media organizations is the same: we don’t feel we can trust you to genuinely work in our best interests and to work towards positive societal change.

In 2023, I spent a great deal of time thinking about what it means to be “an expert.” As part of my job, I am privileged to engage with experts every day. This year was no different. I listened to, spoke with, and learned from many experts, including those at the 2023 STI & HIV World Congress in Chicago, the 22nd International Conference on AIDS and STIs in Africa (ICASA) in Harare, CQUIN’s 7th annual meeting in Johannesburg, and the Health Justice Initiative’s meeting in Rio de Janeiro with the theme, “Why Health Justice Matters.” Some of the experts come from the very groups that ordinary citizens say they cannot trust to fulfil their mandates.

Of course, our own organization is also made up of experts in various fields—public health, advocacy, research design and implementation, policy development, and more.

So, how do we address this growing skepticism towards expertise?

The answer lies in reshaping our understanding of what makes “an expert.” That journey begins by turning to the communities with whom we work. The ordinary people we engage with each day—in community halls, villages, living rooms, and clinics—are deep reservoirs of local knowledge. They know what they need and have ideas on how to achieve it. There have been positive shifts away from the sort of “helicopter research” that sees academics, policymakers, and civil society organizations arrive in a community, extract its knowledge, and leave. However, there is a lingering tendency to treat robust community engagement as little more than a tick-box exercise.

Yet, community engagement is not the work: it is a means to the work. Robust engagement cannot begin and end with design and evaluation; we must continue to push to secure the resources needed to translate conversations into sustainable action. We recognized this in crafting our Strategic Plan 2024 – 2026, whose theme is “Creating lasting solutions through robust community engagement.” It is an acknowledgement of the gold to be found in every community—and a commitment not to view our goal as extraction but as exposure, bringing it to the surface so that all can benefit from its shine.

Let us commit to listening more intently, engaging more deeply, and acting more decisively. Together, we can build a future where trust is restored and communities are at the heart of every solution.

With unwavering determination,

Solange Baptiste
EXECUTIVE DIRECTOR
COVID-19 tested us. Developing a three-year strategic plan for ITPC at the height of a global pandemic was both an exercise in hope and a testament to the resilience of the ITPC team. We set out to challenge inequality, cultivate resilient health systems, and resist authoritarianism, all while being unable to meet in person or travel. Rather than breaking us, the past three years have made us more resilient and more resolved to stand in the power of community.

In 2021, ITPC stood firm in the face of devastating loss, crippling economic downturn, even greater barriers to accessing health services, difficult working conditions, and sorely unethical vaccine geopolitics.

As the world began returning to “normal” in 2022 and 2023, we commemorated ITPC’s 20th anniversary. We looked back to our founding in 2003 when a small, committed group of community activists dared to dream of a world where quality health is not a luxury and where communities affected by HIV and AIDS live long, healthy, and fulfilling lives.

The MAKE MEDICINES AFFORDABLE (MMA) team set out to make life-saving medicines available and affordable. In 2021-2023, the team worked with 27 partners across 17 countries in Africa, Asia, and Eastern Europe and Central Asia to remove intellectual barriers, such as patents, to accessing life-saving medicines and vaccines. They successfully leveraged evidence-based interventions to reduce prices for HIV, TB, viral hepatitis, and COVID-19 products in eight of those countries, which contributed to estimated savings of USD 630 million over three years.

The WATCH WHAT MATTERS (WWM) team held governments accountable for health commitments through community-led monitoring and research initiatives, such
GLOBAL HEALTH MATTERS: STRATEGIC PLAN 2021-2023 REVIEW

as Missing the Target, Citizen Science, and Community-Led Monitoring (CLM). Across more than 20 countries, ITPC worked with recipients of care to document emerging health issues and showcase gaps and disparities. We also worked with local providers to create solutions to overcome barriers to health, documenting the role of CLM in catalyzing greater differentiation of service delivery.

The BUILD RESILIENT COMMUNITIES (BRC) team worked to generate demand for appropriate and equitable healthcare and to strengthen community systems and networks to support health equity. The team disbursed small advocacy grants to people living with HIV and key population networks in 21 countries, revamped educational treatment materials, and held virtual and in-person educational workshops with community advocates on HIV prevention, treatment and care, hepatitis C care and treatment, COVID-19 prevention, treatment and vaccines, and advocacy skills for young treatment activists.

Throughout the three-year duration of this strategic plan, COVID-19 reaffirmed why ITPC’s approach is so vital. We work to improve access to optimal diagnostics, medicines, and vaccines by supporting communities, honing their ability to organize and hold those in power accountable. The “preparedness” built inherently through our model ensures that communities can drive change whether in response to HIV, mpox, new pandemics, mass shootings, changing climate, or war.

As we wrapped up the strategic plan in 2023, we recommitted ourselves to challenging inequality, cultivating resilient health systems, and resisting authoritarianism.
ITPC is an issue-based global organization working to achieve health and social justice for all through robust community engagement.

ITPC was birthed in 2003 in Cape Town, South Africa, by a committed group of 125 HIV activists from 65 countries who refused to accept a world in which people living with HIV were denied access to life-saving medicine. Today, we celebrate 21 years, highlighting progress in the fight for equitable access and affordability to treatment, amplifying community power, and building resilience within communities.

**OUR MISSION**

To achieve health and social justice through robust community engagement.

**OUR VALUES**

- Communities of people most affected by a particular issue are at the center of the response.
- We work in solidarity as a global movement.
- Equity and justice drive our solutions.
- We are transparent about our finances and how we work.
- We are accountable to communities.
As ITPC grew into a Global Activist Network (GAN) advocating for the needs of communities affected by HIV and TB, it also laid the groundwork for community-driven work extending beyond singular diseases and addressing the systemic issues affecting people’s health and quality of life—exposing and resisting entrenched global power dynamics that consistently prioritize privilege and profit over the right to health and dignity.
GLOBAL ACTIVIST NETWORK

BUILDING RESILIENT COMMUNITIES
Belarus
Botswana
Burundi
Cameroon
CIV
DRC
Eswatini
Ethiopia
Ghana
Kenya
Kyrgyzstan
Lesotho
Liberia
Malawi
Mozambique
Nigeria
Russia
Rwanda
Senegal
Sierra Leone
South Africa
South Sudan
Tanzania
Uganda
Zambia
Zimbabwe

MAKE MEDICINES AFFORDABLE
Argentina
Armenia
Belarus
Brazil
El Salvador
Georgia
Guatemala
Honduras
India
Kazakhstan
Kyrgyzstan
Moldova
Morocco
Russia
Thailand
Ukraine
Viet Nam

WATCH WHAT MATTERS
Algeria
Armenia
Belarus
Bolivia
Botswana
Burkina Faso
Burundi
Central African Republic
Costa Rica
Cote d’Ivoire
Dominican Republic
DRC
Egypt
El Salvador
Ecuador
Guatemala
Honduras
Jamaica
Jordan
Kazakhstan
Kenya
Kyrgyzstan
Lebanon
Malawi
Mauritania
Mauritania
Mexico
Morocco
Mozambique
Myanmar
Nigeria
Pakistan
Paraguay
Russia
Sudan
South Africa
Tajikistan
Togo
Tunisia
Ukraine
Uzbekistan
The first time ZAKARIA BAHTOUT met someone he knew was living with HIV, he wept. It was 2005 and Zak (as everyone calls him) was studying for a health-related university degree while working for an NGO focused on youth issues.

“A friend of mine was a volunteer in a UN program involved in responding to HIV in Morocco. He invited me to come with him, to see what he did. The term ‘HIV/AIDS’ ... I was scared to get involved. But he kept trying to convince me and, at the same time, I watched how the young people I worked with started to talk about sexual minorities and people who were vulnerable. I saw similarities between my friend’s work and what I wanted to do. I began volunteering with him, especially working on projects sensitizing young people about HIV.”

One day stands out during his time at Association de Lutte Contre le Sida in Marrakech. As he welcomed people for HIV testing, a father arrived with his two children—twins who were nearly two and a half years old—following the recent loss of his wife. Determined to get tested and to have his children tested, too, he sought our assistance.

Zak helped the doctor on duty: he held each of the twins so she could draw blood. One of the children was HIV negative. The other tested positive.

“I began crying,” he said. “It wasn’t fair. It wasn’t justice. It felt like a punishment for the child. That’s when I really started getting involved, talking to some people to see how I could focus on helping children.”

This experience deeply impacted Zak and fueled his dedication to supporting children affected by HIV. He began developing programs focused on the issue of perinatal
transmission and on young people, minorities, men who have sex with men, sex workers, truck drivers, and farm workers.

In 2010, he began hearing about Morocco’s alarmingly low treatment access rates. His journey to learn more drew him to ITPC. Nearly a decade on, he’s enormously proud of what the organization’s team in the Middle East and North Africa (MENA) region has achieved. The year 2023 was particularly significant, marked by important court cases, new voices in the HIV awareness and advocacy space, and a program to develop and nurture future activists.

In the last week of December 2022, ITPC MENA filed a lawsuit against drug manufacturers Eli Lily and Incyte over the monopoly of Baricitinib, a drug approved by the World Health Organization (WHO) for treating people with COVID-19 who were deemed moderately or critically ill. It was the first time an NGO from the MENA region was involved in such a suit. Similar lawsuits were filed by the National Network of People living with HIV in Thailand (TNP+) and the Vietnam Network of People living with HIV (VNP+), which, like ITPC, are partners of the Make Medicines Affordable campaign. The case is ongoing.

Zak is especially proud of the organization’s campaign for access to treatment education for people living with HIV, which is run in six countries in the MENA region: “We’re empowering people by giving them knowledge about treatment options, safe practices, and their rights.”

And the team is looking to the future of advocacy through its activist development program, which Zak calls a “valuable tool for enhancing the skills of young activists in the region.”

He’s also immensely grateful to the communities in which he’s privileged to work. “From them, I’ve learned how crucial listening and empathy are in our world. We need to carefully listen to people’s needs and concerns, to put them at the center of any strategy or program. This isn’t just a principle—it’s a cornerstone of effective advocacy and sustainable change.”

“WE’RE EMPOWERING PEOPLE BY GIVING THEM KNOWLEDGE ABOUT TREATMENT OPTIONS, SAFE PRACTICES, AND THEIR RIGHTS.”
Reggae music made **INNOCENT LAISON** an activist. A fan of Jamaican icons Bob Marley and Peter Tosh, he was particularly seized by perhaps Tosh’s most famous lyric: “I am that I am.” It was the late 1980s, a time when Innocent was realizing that he had a “gift from God—people would listen to what I said and they’d agree, ‘That’s the right thing to say, that’s the right way to go’.” This wasn’t something he took for granted, nor was it one that he wanted to harness for personal gain. He was raised with a strong sense of justice, fairness, and respect for human dignity.

His family also greatly encouraged debate. His elders had no problem hearing what the young man had to say: “I could have opinions, as long as I could defend them. I had to bring the evidence.”

These core values and his ability to get people listening to each other coalesced into a desire to foster a real change in society. In 1990, he was among the first students selected to attend Senegal’s second university, the then University of Saint-Louis (now renamed Gaston Berger University), where he bucked the family trend by opting to study sociology rather than going into health sciences like his mother, an aunt, and an uncle. After graduation, he was at the forefront of a movement with the technology to change Senegal forever: the internet. He worked at the NGO, Environment and Development Action in the Third World (ENDA-TM), and was an integral part of its Cyberpop project, which connected people in Dakar’s poorest areas at a time when some of the city’s wealthiest residents didn’t have access to the internet.

Innocent’s dedication to connection—whether literal or figurative—has been a hallmark of his career and remains a priority today in his role...
as Chair of ITPC’s West Africa Board, a position he has held since 2019.

The year 2023 was marked by several major achievements for the West Africa team. In September, it convened representatives from 16 countries in West and Central Africa in Cote d’Ivoire to discuss the implementation of community-led monitoring: “to share ideas and learn from each other.” The meeting included several government representatives from participating countries. Innocent and his team also navigated the successful closure of a grant cycle in Cameroon, a tricky technical process that ultimately ensured that the services provided by those grant funds were not disrupted.

Throughout this and other work, he remains laser-focused on listening to and learning from the communities with whom ITPC partners.

“I am close to the community of people living with HIV. When we talk about resilience, this is the kind of community that shows resilience. We’re seeing a new thing ... people are beginning to grow old with HIV ... we didn’t have that when people were being denied treatment in Africa. It brings new issues, like diabetes in people living longer with HIV. So, you need to pay attention to what people are experiencing, to understand how they’re dealing with it. Knowing that and turning that information into power—this is where we need to go.”

“When I think of experts, I don’t think of myself that way. My teacher is the community. I learn from them. I try to turn this into a way to help people listen and understand.”

As for two of the people who started him on this lifelong journey, “I will always listen to Peter Tosh and Bob Marley, they’re playing in my car every day, reminding me why I’m here, what my mission in life is. It’s not only about having your kids, but your friends also. It’s about being in service: being useful and serving your community, breathing and thinking and living for them. I’m a dreamer. If you don’t have a dream, it’s difficult to act for something. That’s what activism is.”
REMEMBERING SABINA BWANALI

SABINA BWANALI was passionate about pre-exposure prophylaxis (PrEP).

Before she joined the Citizen Science Life Maps Project in 2022 as one of 20 participants in Malawi, she worked with female sex workers, advocating for their sexual and reproductive health and safety. (Another 20 Life Maps participants were enrolled in South Africa; one has since left the project.)

“She called them ‘the girls,’” Life Maps Manager Ruby Tionenji Ng’ong’ola says with a fond smile. “She’d tell me, ‘The girls aren’t drinking PrEP because of all the myths around it; they’re just throwing it away.’ She was passionate. She wanted those girls to receive quality services, to be in good health.”

Sabina brought that same passion to the Life Maps Project. Always wearing one of her signature headwraps (she was a devout Muslim), she never missed a meeting and was a keen participant in discussions, bringing ideas and suggestions to the table every time the group held one of its regular gatherings.

On 3 April 2024, her bright light was forever dimmed. Sabina’s boyfriend, a police officer, collected a rifle and live ammunition from the station where he worked. He went to her home and shot her twice before turning the gun on himself. She was just 32 years old and left behind a young son who is now living with his grandmother in Salima in Malawi’s central region.

While the overarching focus of the Life Maps Project is on HIV care and treatment, several other themes have been explored since it began work in 2022 after being successfully piloted in 2021. These include water and sanitation, mental health, the economic effects of COVID—and gender-based violence (GBV).

Statistics show that up to 34% of women in Malawi have been victims of physical or sexual violence. Sabina, like every other victim of GBV or femicide, was far more than just a statistic. Her loss has shocked and devastated the Life Maps team, but her legacy lives on.

Ruby wants to increase the project’s focus on PrEP “so that people know what it is, how it functions and where it can be accessed; that, no, it’s not an ARV, and that it’s important to deal with the stigma and misconceptions.” It’s something she knows Sabina would have driven herself, into 2024 and beyond: “If she’s an angel looking down on us, she’d give us the thumbs up.”

Thank you, Sabina! We miss you.
IMPACT BY THE NUMBERS

**COMMUNITY LEADERSHIP**

- **69** Countries where ITPC projects were implemented
- **655** Community activists trained
- **45** Stakeholder engagements held

**ACCESS TO TREATMENT**

- **11** HIV/TB/HCV/COVID products made cheaper
- **51** Medicines for which intellectual property interventions have started
- **1** Countries where civil Society organizations filed oppositions for the first time
- **USD 187.4 MILLION** Projected impact in cost savings and efficiencies
- **21** Patent oppositions filed
- **6** Patent oppositions won
- **4** Legal policy amendments made

**Value of grants disbursed**

**USD 1,977,803**

**Strategic advocacy grants awarded and disbursed**

**43**
As we worked collectively to Build Resilient Communities, we capacitated powerful communities to organize, act, and drive change in 2023!

We strengthened existing and new community networks and partner support across regions (Eastern Europe and Central Asia, West and Central Africa, Eastern and Southern Africa, Latin America and Caribbean, Southeast Asia, and Middle East and North Africa) and across partners (Global Activist Network and beyond) despite political, economic, and environmental challenges. We used community-led monitoring as a platform to create safe spaces for communities to fight for equitable health services. By bridging knowledge gaps, communities are armed with data and better placed to advocate for quality treatment outcomes and access appropriate care. We ensured that community groups have access to much-needed information and resources to conduct CLM and other key activities on different issues, such as HIV, TB, hepatitis, malaria, and COVID-19, to inform access strategies and pandemic preparedness.

We bring community expertise into critical areas, such as clinical trials, supply chain management, therapeutics pipelines, laboratory network optimization, multilateral donor governance and development financing, climate and health, setting us apart in the participatory model landscape. We’ve engaged actively in influential global health forums, showcasing leadership and leveraging community data for impactful advocacy, and advocated for the involvement of recipients of care in shaping HIV policy, promoting community expertise in local, regional, and international guidelines and committees.
BUILD RESILIENT COMMUNITIES

We continued to invest in strengthening the leadership and influence of communities by collaborating with the Community Advocacy Network (CAN) to ensure that the voices of recipients of care are heard in demanding access to optimal HIV differentiated service delivery programs. Through evidence mapping, research, and community consultations, we highlighted community preferences, concerns, and recommendations for improving access to quality treatment, such as long-acting HIV treatment, HIV drug resistance testing, hepatitis C antibody testing and treatment, and access to viral load testing and CD4 counts.

Finally, we developed the report, **Community-Led Action is the Crucial Countermeasure to Address HIV, TB, Hepatitis, COVID-10 and to Prevent Future Outbreaks Equitably and Effectively**. By doing so, we presented evidence on the impact of community-led action, accompanied by a roadmap and advocacy tool for moving from a piecemeal approach to a global access plan for community-led action. With this evidence and the report, ITPC developed an advocacy toolkit for the #78 UNGA week in September 2023: with allies, we continued to amplify the voices of communities across the Sustainable Development Goal Summit, #TBHL, Universal Health Coverage meetings, and other key side events. ITPC also elevated community voices in global health and climate debates, linking with Global Health Activists and participating in events like #Rio2023 and “The Covid Pandemic: Global South Lessons, Reflections, and Intersection with Climate Justice.”

PROGRAM IMPACT

- **ITPC applied the CLM approach to community engagement** by rolling out a Community Engagement Tool across 20 countries in Africa. The key findings and corresponding recommendations bring further insight into how to strengthen meaningful community engagement in countries rolling out differentiated service delivery (DSD) programs.

- **ITPC disbursed small grants** to networks of people living with HIV and other key populations in 22 countries to assess the nature of, and advocate for increased, national-level community engagement in DSD decision-making and programming.

- **We held face-to-face dialogues with communities across Botswana, Eswatini, and South Africa**, which emphasized the role of community leaders in shaping the narrative around long-acting injectables and the broader HIV treatment landscape.

- **We expanded our treatment education portfolio** by developing a community engagement manual and **long-acting injectable factsheet** and organizing informative webinars.

- In collaboration with ITPC EECA, regional and national partners in Belarus and Kirghizstan implemented a CLM approach to monitor the current status of knowledge around HIV drug resistance, access to drug resistance testing, and options available for people living with HIV to access optimal ART.

- In New Delhi, **The Delhi Network of Positive People (DNP+)** monitored hepatitis C (HCV) antibody testing and treatment among homeless people who use drugs, using the CLM approach, and developed an advocacy strategy to remove barriers to treatment.
In 2023, the Make Medicines Campaign led by ITPC continued to provide financial and technical support to civil society organizations from 17 low- and middle-income countries to increase affordability of key HIV, TB, HCV, and COVID-19 health products (including vaccines) by addressing intellectual property (IP) barriers.

**Our work has a two-pronged approach:**

- In the short term, ensuring immediate access to specific products needed to address our specific disease areas (HIV, TB, HCV, and COVID-19)

- In the medium and longer term, reforming laws and policies related to IP and access to medicines to prevent abusive IP protection and create a legal and policy ecosystem favorable for access to medicines in general

Equipped with robust market and patent intelligence data, in-country civil society organizations involved in the campaign identify priority medicines in need of intervention, engage in policy dialogue with key stakeholders, and deploy context-specific advocacy strategies and IP interventions to remove IP barriers.

An MMA consortium workshop was organized in Marrakesh, Morocco, in October 2023. It brought together 24 activists from 11 countries to review progress made by the campaign, discuss challenges, and update strategies.
Eleven market and patent intelligence reports were developed and disseminated in 2023 covering Armenia, Argentina, Belarus, Brazil, El Salvador, Honduras, Guatemala, India, Kazakhstan, Kyrgyzstan, and Russia. The reports provide analysis on pricing, patent status, and supply of medicines, increasing transparency in procurement mechanisms and identifying priority medical products in need of IP interventions. We organized multistakeholder policy dialogues in 13 countries to share our data and seek support for targeted interventions, the use of TRIPS flexibilities, and policy reforms on IP and access to medicines.

Twenty-one patents and patent applications were challenged (six on ARVs, five on TB medicines, one on direct-acting antivirals, and nine on COVID-19 products) across eight countries (Argentina, Brazil, El Salvador, Morocco, Russia, Thailand, Ukraine, and Viet Nam). El Salvador filed its first-ever CSO-led patent opposition.

Eight law and policy amendments were submitted, and four of these were adopted in four countries (Belarus, Georgia, Moldova, and Russia), contributing to enabling environments for access to health technologies.

Four Community Advisory Board (CAB) meetings were organized at the global level (one meeting) and regionally (three meetings), enabling 96 community representatives to meet with 11 pharma companies to discuss drug development, pricing, and access initiatives.

USD 187.4 million in estimated savings were documented by consortium work on 11 products in seven countries.
Over the course of 2023, ITPC made significant strides in advancing CLM initiatives, resulting in tangible impacts across various regions. In Lilongwe, Malawi, the WWM team convened with implementing partners for a reflective CLM meeting and site visit, gaining valuable insights from rural health facility visits and fostering collaborative discussions on lessons learned and future strategies. In Marrakesh, the Francophone CLM Academy facilitated a gathering of expert CLM implementers from numerous countries, providing a platform to enhance technical skills, delve into complex CLM topics, and exchange insights on stakeholder engagement, indicator development, and impact measurement.

ITPC strengthened CLM programming through briefings for the Community Advocacy Network (CAN) during the CQUIN meeting in Nairobi, Kenya, in March 2023. We also provided technical assistance on CLM to community partners globally, tailored to individual country contexts and ranging from foundational support to addressing specific programmatic challenges.

Additionally, ITPC’s launch of the CLM Library expanded resources available on CLM, complementing efforts to empower citizen journalists in documenting experiences related to HIV prevention, treatment, and care and resulting in the issuing of two comprehensive reports on key themes identified through their work. Overall, these initiatives collectively contributed to fostering community empowerment, strengthening monitoring systems, and enhancing advocacy efforts in the realm of public health.
A reflective CLM meeting and site visit was held. The WWM team met with implementing partners from South Africa and Malawi for our Citizen Science CLM project in Lilongwe, Malawi, in April to discuss lessons learned and the way forward for CLM. As part of the meeting, we visited rural health facilities where community monitoring is taking place.

ITPC held its second CLM Academy – this time, entirely in French – in Marrakesh in October. A total of 29 expert CLM implementers from 18 countries came together over three days to expand technical skill sets, discuss complex CLM topics, and share insights. Key topics included stakeholder engagement, indicator development, and measuring impact.

We supported CLM briefings for the CAN on the margins of the CQUIN meeting in Nairobi in March 2023.

ITPC provided technical assistance (TA) on CLM to community partners in seven countries. The nature of the support was tailored to each country context and ranges from broad support for partners with no prior CLM experience to more mature CLM programs that have specific programmatic questions about designing and operationalizing CLM tools, working with facilities, and other aspects of CLM design and implementation.

Examples of our TA work in 2023 are:

- In Namibia (via Global Fund strategic investment), TA on enhancement of CLM indicator frameworks, data collection tools, data utilization training, and development of feedback mechanisms and advocacy plans
- Different CLM maturity level technical support in countries and regions such as the Asia-Pacific region, Côte d’Ivoire, Democratic Republic of Congo, Jamaica, Latin America and the Caribbean, and Mozambique

ITPC launched the CLM Library, which serves as an aggregator for a wide variety of information on CLM, as a new component of our CLM Hub.

Life Maps citizen journalists continued to document their lived experiences with access to HIV prevention, treatment, and care. They issued two reports on the key themes uncovered by their work.

The WWM team engaged with partners in key strategic meetings, including the EECA Regional CLM meeting in Istanbul, Türkiye, in January 2023, a global exchange on the role of CLM in malaria programming in Cape Town in May 2023, and a regional think tank on programming for adolescent girls and young women, organized by UNICEF ESARO in Nairobi in October.
MAKE YOUR MONEY COUNT

ITPC delivers impact in people’s lives, backed by solid expense management and continued strong resource mobilization. We deliver strong value for money.

Despite the significant global downturn in the non-profit sector, our financial operations continued with controlled growth in large part because of our focus on enabling communities to build resilience, hold officials to account, and demand what they deserve, as outlined in this annual report.

The year 2023 was characterized by wars, price increases for fuel, energy, and food, and a post-COVID-19 global order that presents existential challenges to our former business model. We expected large budget uncertainties and revenue shortfalls. However, we navigated these challenges successfully due to the ongoing commitment of our community partners, global and regional staff, our Global Activist Network, donors, Board, and management team. Through our prudent and responsive financial measures, we were able to close the year with an operating surplus.

USE OF FUNDS

We continued to maintain higher costs on the implementation of grants. In 2023, our personnel and overhead expenses made up 27% of our overall spending while direct program costs and strategic grants made up 73%.

For every dollar donated, only 27 cents went towards overheads, making ITPC a high-impact strategic investment.
REMEMBERING
JOHN ROCK

ITPC mourns the loss of our dear friend and former Board member, JOHN MICHAEL ROCK. John, beloved by many, was known for his many flavorful stories, multilingual talents, and genuine care for others.

What former Board Chair Ava Avalos remembers most about John is “his kindness and strength—he expressed his positions on HIV issues with courage and passion.”

John always knew something about almost everything ... he loved learning and devoted his life to improving health through advocacy roles for people with HIV and AIDS. In 2017, the Australian Government honored him as a Member of the Order of Australia for his tireless work in this field.

ITPC Executive Director Solange Baptiste reflected, “As a Board member, John was always on top of things, reliable and supportive.

We could count on John to take calls at odd times with no fuss given the crazy spread of time zones. We could be sure he’d read every word of a policy and was ready to provide helpful comments by or before the deadline.”

Former Board member Addie Gutttag added, “I loved the fact that he took minutes at all the Board meetings and did a really good job.”

And the Health Justice Initiative’s Fatima Hassan says, “I remember laughing a lot at his many jokes.”

We will always remember John’s big personality, his tireless work ethic, and his lifelong commitment to the communities he served. Anyone who knew John knows that he lived his life to the fullest!

Rest well, our dear John!

FORMER BOARD MEMBER
GREGG GONSAVALVES REMEMBERS JOHN

John Rock was a legend. As he would admit, he shouldn’t have been around into his 60s and 70s, given his HIV diagnosis almost at the start of the AIDS epidemic in the 1980s. Yet, given his good fortune and his accident of birth placing him in Australia when effective AIDS treatments came along, John devoted his life to people living with HIV and the LGBTQ community to the end, when he simply could have retired at any point over the past two decades. John’s accomplishments in the Asia-Pacific region, at home in Australia, and on the international stage are many, but it is this commitment that sets him apart: he stayed the course, never wavered.

Now, something must be said about his charm and humor. Again, someone who has lived with HIV for 40 years would have a right to be at least cranky about his own plight, angry at a system that leaves so many without treatment
REMEMBERING JOHN ROCK

even today. But seeing John at ITPC meetings— and he was there at the very start—was to be regaled with stories about his exploits, the absurdities of life in this day and age.

Altogether, his passion, commitment, and joviality made him a life force for his comrades, and I, for one, will miss him dearly.

FORMER BOARD MEMBER ROLAKE ODETOYINBO REMEMBERS JOHN

I have many memories of John. What I remember most was how caring he was. When I was struggling with my physical and mental health, he was the person who, unprompted, repeatedly reached out and urged me to take care of myself. His words to me were: “You just cannot be everything to everyone, but you already knew that. Spending time with your son will be therapeutic.”

John saw and responded to the struggling human in you. To John, you were more than an activist whose sole value was derived from fighting. He was a beautiful human being.

FORMER EXECUTIVE DIRECTOR CHRISTINE STEGLING REMEMBERS JOHN

I remember John as a Board member who was on the Board the entire time I was at ITPC. He was very sincere in his engagement, never shy of doing the not-so-glamorous parts of the job, such as note-taking for Board meetings.

John had a deep commitment that extended to mentoring younger activists into taking on institutional roles, such as representing communities at the UNAIDS Program Coordinating Board. He was personal in his engagements, always available even though time zones meant that he was often on ITPC calls at ungodly late hours and warm in his communications even if we didn’t agree.

John will not only leave a legacy in Australia and the region but also within the global community, including through his engagement with ITPC. I am thrilled that John got to visit Botswana for my own final board meeting with ITPC, which included a “braai” at my house and included John meeting my family and friends.

FORMER EXECUTIVE DIRECTOR DAVID BARR REMEMBERS JOHN

One of the many things I loved about John was that he was an old-school gay guy. He was usually the only one at an ITPC meeting who was older than me. He had a history as a gay man who saw the emergence of the gay community and he loved to talk about what it was like before Stonewall and how things had changed since then. He was funny and pragmatic and his approach to the work was based on common sense and camaraderie. I hadn’t seen him in many years and will miss him.

FORMER EXECUTIVE DIRECTOR SARAH ZAIDI REMEMBERS JOHN

John was passionate, kind, generous, and a committed activist. What I remember most about John as a member of ITPC is his deep and sonorous voice that filled any space with stories, experiences, humor, and thoughtful advice. Love and laughter summarize John. It’s best said through the poetry of W.H. Auden (1 September 1939, Another Time).

“All I have is a voice
To undo the folded lie,…
And no one exists alone;
Hunger allows no choice
To the citizen or the police;
We must love one another or die.”
THANK YOU

FUNDERS

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PUBLICATIONS

MMA
Access to COVID-19 Vaccines From Oxford/AstraZeneca, Johnson and Johnson, Moderna and Pfizer/BioNTech in 17 Middle-income Countries

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Community-led monitoring for increased community engagement in DSD decision-making and programming

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Community-Led Action is the Crucial Countermeasure

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Community Engagement Manual

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Bouncing Back – How a community lead monitoring initiative in Malawi and South Africa is supporting the recovery of HIV and TB services in the wake of COVID-19

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Citizen Science Life Maps 2022 Report
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