Global Action Plan for healthy lives and well-being for all

Accelerator 3: Community and civil society engagement

Discussion Paper for Non-State Actor Consultation on the Global Action Plan

30 April 2019

About the paper

This paper provides background information to generate discussion at the non-state actor consultation on the Global Action Plan for healthy lives and well-being for all on 30 April 2019. The paper outlines early thinking on some of the approaches and actions discussed by the Accelerator 3 Working Group to ensure that global health organizations adopt a set of concrete evidence-informed actions to strengthen meaningful engagement with communities and civil society to impact on health and well-being for all. Many of these actions will build on and/or strengthen existing efforts and still require significant development, such as how to monitor impact. The ideas outlined will be further elaborated during, and following, the consultation for sharing with all Global Action Plan signatory organizations for their consideration.

Overview

The Global Action Plan for Healthy Lives and Well-Being for All

The Global Action Plan (https://www.who.int/sdg/global-action-plan) represents an historic commitment to advancing collective action and accelerating progress towards the SDGs. Coordinated by the World Health Organization, the Plan unites the work of 12 global organizations active in health.

Coordination initiatives are enhancing efficiency and impact, from the Joint United Nations Programme on HIV/AIDS, to the H6, the co-location of several agencies at the Geneva Global Health Campus and UHC2030. The ambition of the Global Action Plan transcends such coordination initiatives—while connecting and building upon them.

The first phase of the Global Action Plan (delivered in October 2018) committed organizations to align joined-up efforts with country priorities and needs, to accelerate progress by leveraging new ways of working together and unlocking innovative approaches, and to account for their contribution to progress in a more transparent and engaging way.
The first phase has also identified a number of cross-cutting areas that merit distinct focus, given their potential to significantly accelerate progress across the health-related SDG targets. These include:

1. Sustainable financing
2. Frontline health systems/Primary health care
3. Community and civil society engagement
4. Determinants of health
5. R&D, innovation and access
6. Data and digital health
7. Innovative programming in fragile and vulnerable states and for disease outbreak response

Accelerators are being developed to guide multi-stakeholder engagement and concrete, country-relevant action at global, regional and country level. As a starting point, discussion frames were developed for each of the seven accelerators, which explore opportunities and bottlenecks to closer coordination and initial frameworks for joint action.

**Accelerator 3 ‘Community and civil society engagement’: Problem/opportunity statement**

Agenda 2030 recognizes the imperative of multistakeholder decision-making and the role of communities and civil society in achieving the SDGs. SDG 16.7 commits stakeholders to “ensure responsive, inclusive, participatory and representative decision-making at all levels”, while SDG 17.17 commits to “encourage and promote effective public, public-private and civil society partnerships”. To implement the SDGs, the 2030 Agenda calls for a revitalized Global Partnership to “facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, civil society, the private sector, the United Nations system and other actors and mobilizing all available resources.”

Such commitments reflect the essential and unique role of communities and civil society organizations (CSOs) in realizing the ambitious aims of the SDGs, including to improve health equity.

There is growing evidence of the concrete and significant impact of community responses. Community responses add value because they involve interventions that fill strategic gaps in – and/or are of a higher quality or larger scale than – other aspects of systems for health (Fig 1). This extends across all of the SDGs – including SDG 1 (no poverty), 3 (health), 5 (gender equality), 10 (reduced inequality) and 16 (peace, justice and strong institutions).
Yet, communities and CSOs often face a range of barriers that limit their effectiveness and influence, including a lack of resources, capacity and support, and challenging legal, social, and policy environments. In addition, the lack of opportunities to meaningfully convene civil society and community organizations working across different aspects of health at global and country levels restricts efforts to break traditional silos, harness synergies and collectively tackle common obstacles. This is particularly limiting in the SDG-era, at a time when all stakeholders are challenged to transform the way they work. Progress in this new era will rely on a more sustainable approach to system strengthening, based on the principles of efficiency, equity and people-centered care, as well as multistakeholder and multisectoral cooperation to address economic, social, environmental and commercial determinants of health.

Civil society and community organizations seek concrete solutions to creating and safeguarding more space for dialogue, co-creating and policy-making to improve health equity. A more harmonized approach across global health organizations could better leverage the unique role of communities and CSOs, from policy formulation to service delivery and accountability, to attain the health-related SDGs.

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Towards common standards guiding community and civil society engagement for better health outcomes at country level

Proposed common standards for signatories to the Global Action Plan have been drafted to support the realization of their shared commitment to work more closely and effectively with communities and civil society organizations in order to accelerate action to achieve the health-related targets of the Sustainable Development Goals. While good practice in engaging meaningfully with communities and civil society exists across the Global Action Plan signatories enhanced efforts will build and amplify this good practice, identify areas for further strengthening and secure cross-organizational synergies and learning.

Global Action Plan signatories recognize they have a shared responsibility to continuously strengthen meaningful and pragmatic collaboration with communities and civil society organizations to ensure a culture where trust and genuine partnership can flourish. Global health organizations are uniquely placed to optimize opportunities for communities and civil society to participate in national and multisectoral processes to achieve health, dignity and well-being for all.

The shared approach emerging through the Global Action Plan initiative recognizes the need to strengthen literacy and capacity within communities and civil society organizations, governments and other stakeholders, as well as inside global health organizations, to realize the potential of more sustainable engagement, collaboration and partnership in health.

Through engagement with communities specifically, it is proposed that the Global Action Plan signatories commit to (a) minimizing transaction costs, (b) preventing unnecessary transaction costs and (c) to acting swiftly should unintended transaction costs arise, recognizing that these and other burdens may be disruptive and disincentivize engagement among all partners.

The following draft common standards are proposed for consideration to support a new era of collaboration with the overall shared aim of achieving the health-related SDGs ensuring health, dignity and well-being for all.

Global health organization engagement will aspire to ensure:

1. Good practice is recognized and amplified and increased collaboration through the Global Action Plan initiative builds on established structures and approaches with proven impact.

2. Incentives for collaboration within their own contexts and processes, and the multisectoral contexts and processes in which they engage, to strengthen the unique contributions of community representatives and civil society.

3. People-centered, gender sensitive and human rights-based approaches that respect, protect, fulfill the human rights of each individual, including their right to health, without discrimination; noting that engagement should do no harm.
4. **High levels of transparency and communication** that allow for early, systematic and adequate sharing of information with communities and civil society to enable informed participation.

5. **Diversity and inclusion** by proactively seeking, supporting and increasing representation of communities who experience the greatest health inequities and poorest health outcomes in relevant health decision-making processes.

6. **Sharing, learning and adaptability** by fostering safe spaces where global health organizations, governments and other stakeholders have the opportunity to listen to and learn from communities and civil society and make mutual adjustments where needed.

7. **Advancing enabling legal, social, and political environments** so that civil society, community and other partners can realize their full potential including by supporting governments to adopt legislative, administrative, and other measures needed to create conducive national, regional and global environments.

8. **Capacity strengthening** for effective, innovative and accountable community and civil society partners, including through technical and financial support.

9. **Mutual accountability** within and across the organizations and with partners to monitor and evaluate engagement and collective impact and communicate on shared progress towards their common vision and goals for people.

**Proposed joint actions of Accelerator 3**

Global Action Plan signatories are developing actions guided by the common standards described above around two overlapping areas for impact:

1) Strengthening how GAP signatories meaningfully engage with communities and civil society in their own institutions and through cross-organizational collaboration;

2) Strengthening how GAP signatories can support increased meaningful engagement of communities and civil society in health discourse and action to generate impact in countries.

Actions will be designed to ensure that they:

- Add value and build on and learn from existing initiatives;
- Are country-centered;
- Deliver impact;
- Are measurable.

**Action 1:** Support enhanced meaningful community and civil society engagement through institutional engagement and governance mechanisms. Global health organizations to review
and, where necessary, strengthen efforts for inclusiveness and representation in governing and/or advisory bodies within the mandates of the organizations, including at country level.

**Action 2:** Create a virtual platform and community of practice that help users navigate evolving health initiatives (e.g., H6, PMNCH, UHC2030), connect users to tools and resources, and promote cross organizational learning.

**Action 3:** Identify joint and integrated ways that global health organizations can: 1) support and convene communities and CSOs more systematically in multi-stakeholder policy dialogue, programme planning and delivery in countries, particularly through their country offices and/or country leads; and 2) work with partners to protect and expand civic space to enable civil society to fully contribute to ensuring health and well-being for all, including through:

- Leveraging synergies across existing country initiatives for optimally coordinated, integrated, connected and sustainable health responses and ensure they are informed by communities and civil society;
- Jointly advocating for increased investment in communities and civil society with the aim of influencing better health outcomes at country level, including through shared publications that make the case for increased engagement and investment.

**Action 4:** Encourage each Global Action Plan signatory organization to explore ways to monitor and track engagement with communities and civil society and report jointly on progress annually.

**Towards a virtual platform to connect and support civil society action on SDG3**

**Exploring Action 2**

Create a virtual platform and community of practice that help users navigate evolving health initiatives (e.g., H6, PMNCH, UHC2030), connect users to tools and resources, and promote cross organizational learning.

**Potential output: Knowledge is power.** We envision a regularly updated, online global platform that 1) provides a virtual meeting space and promotes cross-organizational learning; 2) offers a one-stop shop that maps global health organizations and evolving health initiatives (e.g., H6, PMNCH, UHC2030) builds literacy and helps users navigate opportunities for engagement; 3) connects users to existing tools and resources, 4) reduces duplication at all levels (local, national, regional and global), transaction costs and inefficient engagement practices.

**Pathway to impact: Engagement leads to more relevant, accessible, quality services and accountability for health equity.** To more strategically engage in the SDG-era, civil society
needs to be supported in expanding literacy and capacity around issues of integration, systems strengthening, sustainability and cross-sector working, and to deepen their participation around sustainable development institutions and processes, especially at the local and national levels. The proposed virtual platform aims to empower civil society to more strategically mobilize around, engage in and influence discussions in ensuring health and well-being for all.

Objectives of the proposed platform:

- To provide an accessible online space to streamline information sharing on engagement and delivery on SDG3+ around the world.
- To support civil society advocacy, participation and influence in health governance and delivery at country, regional and global levels, including by sharing tools, innovative approaches, insights and good practice.
- To foster a community of engagement practice by providing an online convening space and connecting civil society organizations around the world, particularly from the global South, to broaden CSO coalitions, enhance coordination and effectively participate in ensuring health and well-being for all.

Potential elements of the platform:

- Global clearinghouse for civil society to share information and resources about data, monitoring, accountability and engagement around SDG3+
- Descriptions and links for each of the 12 GHOs, governance structures and institutional arrangements with civil society
- Descriptions and links for major multistakeholder initiatives, such as PMNCH and UHC2030, and links to web pages of their civil society process and constituencies
- Descriptions and links for global processes e.g. High-Level Political Forum, UNGA High-Level Meetings, particular those elements more relevant to civil society
- Information on several of the other GAP accelerators (incl. Financing, PHC, data and digital health, determinants, fragile and vulnerable settings)
- Links to capacity building tools (e.g. see CSEm resources), reports and literature on SDG 3+ related issues
- Global health calendar (with established criteria for inclusion)
- Platform to host training/briefing webinars
- Active twitter account

Key inputs/contributions from GAP agencies

- Information on their engagement mechanisms
Monitoring and accountability

- First milestone: GAP agrees on host institution; Working Group agrees on design and contents; Platform built, tested and launched
- Impact tracking: Website analytics

Challenges

- Identifying financial support to develop, maintain and curate (i.e. web development and support for one person to manage site) and an institutional host
- Balancing taking an iterative approach to developing and expanding the platform while ensuring its immediate added value
- Ensuring relevance and accessibility for smaller country-level civil society organizations as well as global CSOs - how to avoid reinforcing resource imbalance
- Exploring additional solutions for civil society with limited access to internet and/or computers (e.g. USB keys, hard copies, in-person workshop, physical meeting spaces)

Next steps

- Explore opportunities to build on and/or expand existing platforms, e.g. UHC2030, as well as assess process of development, functionality, impact and evaluations of similar platforms e.g. https://action4sd.org/about/ to fully incorporate lessons learned
- Map GHO roles, global and regional SDG3+ related initiatives and institutional arrangements to engage civil society
- Develop costing - initial start up and continued management
- Develop impact tracking approach for platform, including at country level, drawing from accountability mechanisms for human rights and other enabling interventions. In the first instance, could this take the form of a single indicator?

Key considerations

- Is the primary purpose of the platform to facilitate community and civil society engagement in global processes? How could we provide added value at country level?
- How could a platform best equip local, national and regional civil society to better fulfil advocacy, campaigning and accountability roles?
- Would a platform encourage/offer support to set up related country level platforms?
- Which institution(s) should host the platform? Could this platform be built upon an existing mechanism (e.g. UHC2030)?
- What kind of arrangements/mechanisms exist to update, curate and communicate around the platform? Who would be best placed to do this work?
● Is this a platform for civil society and communities - or more broadly for all non-state actors?

● What should be the role of the 12 partners of the GAP in maintaining and maximizing the platform?

Supporting meaningful community and civil society engagement in multi-stakeholder policy dialogues, programme planning and delivery

Exploring Action 3

Identify joint and integrated ways that global health organizations can: 1) support and convene communities and CSOs more systematically in multi-stakeholder policy dialogue, programme planning and delivery in countries, particularly through their country offices and/or country leads; and 2) work with partners to protect and expand civic space to enable civil society to fully contribute to ensuring health and well-being for all, including through:

● Leveraging synergies across existing country initiatives for optimally coordinated, integrated, connected and sustainable health responses and ensure they are informed by communities and civil society;

● Jointly advocating for increased investment in communities and civil society with the aim of influencing better health outcomes at country level, including through shared publications that make the case for increased engagement and investment.

Potential outputs: Engagement for impact.

We envision:

● Commitments made by global health organizations to reinforce the importance of community and civil society participation in decision making and to enhance efforts to open spaces for meaningful engagement in country level processes in which they participate;

● Joint advocacy undertaken on expanding civic space and enabling political environments for communities and CSOs to engage effectively in all health arenas;

● Good practice on community and CSO engagement and representation in the health sector jointly developed, shared, disseminated and promoted;

● Joint publications produced making the case for investing in communities and civil society;
● Support to country health coordination, governance and accountability platforms is increased and better harmonized to enable them to more meaningfully engage civil society;

● SDG3+/UHC2030 civil society country and regional networks established/strengthened.

Pathway to impact: Diverse, representative engagement has positive ripple effect across efforts to ensure health for all. Multi-stakeholder partnership is a key principle of Agenda 2030 and the aim of SDG targets 17.16 and 17.17. When communities and civil society sit at the table, policy-making is more informed, effective and sustainable. Ensuring gender equality and diversity in decision making, including through community and civil society engagement, and protecting civic space has a positive ripple effect in ensuring the right to health by leaving no one behind.

Enhanced support to multi-stakeholder policy dialogues and programme planning, including by promoting civic space, can serve to combine and leverage the complementary roles and diverse capabilities of a larger set of cross-sector civil society and community stakeholders and promote their inclusive participation in addressing SDG3+ challenges. It can serve to ensure the interests of women, minorities and marginalized groups are adequately reflected.

The full range of GAP priorities and Accelerators will rely on robust multi-stakeholder processes, buy-in and implementation.

Objectives

● To support countries in delivering more effective, rights-based, people-centered health policies and programmes by enhancing meaningful engagement and amplifying the voice of communities and civil society in country decision-making fora, particularly of disenfranchised and marginalized people, including women, minorities and young people

● To contribute to movements for progressive, people-centred multilateralism that reinforce the primacy of internationally agreed norms on health, human rights and sustainable development in achieving the SDGs

● To improve understanding among policy-makers, private sector and the public of the value in protecting and expanding civic space and support the development of stronger laws, policies and practices that protect safe and enabling civic space, including online

Key inputs/contributions from GAP agencies

● Collecting best practice resources on engagement of communities and civil society

● Mapping of engagement mechanisms

Monitoring and evaluation

To be developed
Challenges

- Ensuring GAP efforts to enhance alignment and accountability are inclusive of communities and civil society
- Ensuring relevance and accessibility for smaller country-level civil society organizations as well as global CSOs - how to avoid reinforcing resource imbalance

Next steps

- Develop an investment case for community and civil society engagement that provides concrete examples of impact on health and well-being
- Use GAP county consultations to review barriers and opportunities for strengthening engagement as well as support required from global organizations for such engagement
- Map best practices of meaningful engagement for better policy and public health outcomes
- Bring the UN leaving no one behind methodologies for UNDAF development together in the GAP

Key considerations

- How to build on, bridge and take forward related country level mechanisms and partnership platforms, such as inter-ministerial development planning committees, Global Fund Country Coordinating Mechanisms, Interagency Coordination Committees, and Regional/District Health Forums, etc.
- What is link to the global platform? Could a concrete deliverable be supporting communities to establish a clearinghouse for national mechanisms and players?
- How do we reconcile the need for more inclusive governance mechanisms with growing interest from governments (and organizations) to reduce transaction costs for health governance and simplify the health architecture?
Annex 1. What is the value-added of community responses for health?

Excerpt from **Community Responses for Health: Issues and Ideas for Collaborative Action (2019)**

**PITCH (Partnership to Inspire Transform and Connect the HIV Responses, a strategic partnership between Aidsfonds, Frontline Aids and the MoFA of the Netherlands) and the Free Space Process (FSP).**

**Main Author:** Sarah Middleton Lee, with the collaboration from Aidsfonds, ICASO, Frontline Aids, MPact Global Action for Gay Men’s Health and Rights, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Stop TB Partnership, UNAIDS and WHO.

There are a growing number of evidence-based examples of the concrete and significant impact of community responses. These extend across all of the SDGs – not only Goal 3, but others, such as Goals 1 (no poverty), 5 (gender equality), 10 (reduced inequality) and 16 (peace, justice and strong institutions). When focusing on health and, in particular, Universal Health Coverage, it can be seen that community responses not only bring results, but add value. This is because they involve interventions that fill strategic gaps in – and/or are of a higher quality or larger scale than – other aspects of systems for health.

Examples of their value-added include:

**Value-added: Evidence-based advocacy.** Community stakeholders - such as activists and community-based organisations - can conduct unique advocacy that uses people’s lived experiences to call for policy and legislative changes to improve access to and quality of health services, including for marginalised populations. Such efforts can be especially powerful when addressing issues such as human rights, funding and equitable access to medicines. As one example, within a regional grant from the Global Fund, REDTRASEX supported advocacy by national organisations of sex workers in fourteen countries in Latin America and the Caribbean. The work included monitoring national budgets and expenditure for HIV and sexual and reproductive health and rights, with the findings used to advocate for policy and funding changes to benefit the rights and needs of sex workers.

**Value-added: Connected health responses.** Community responses can play a vital role in connecting different levels within health ecosystems and leveraging different stakeholders’ comparative advantages to meet the needs of communities, including those that are marginalised. As one example, in Cambodia, KHANA is implementing a project in Siem Reap to strengthen relationships between people with TB, community support groups, health facilities and local authorities. A key feature is empowerment of the Siem Reap District Network of People With or Affected by TB who build on their relations with other stakeholders to find ‘missing’ people with TB and to conduct advocacy to demand more and better TB services.

**Value-added: Research.** Community responses are uniquely placed to inform the design of research initiatives and implement processes to gather evidence and data of the real needs of communities, in particular those that are marginalised. As one example, through a grant from the AIDS and Rights Alliance for Southern Africa, the Swaziland Association for Crime Prevention and the Rehabilitation of Offenders conducted the first ever study in Mbabane and Manzini on the distribution of people who use drugs (in terms of their age, gender, residence, family background and socio-economic status). The
resulting population size estimates were used to improve the quality of community-based programmes, including for harm reduction.

**Value-added: Behavior change.** Community responses can use their first-hand knowledge of local contexts and cultures to support community members to adopt health promotion measures and change harmful behavior. As one example, World Bank modeling of action on HIV indicated that increasing the number of community-based organisations (by just one group per 100,000 people) would result in a two-fold increase in people using HIV prevention services in Nigeria; and four-fold increase in people’s consistent use of condoms in Kenya.

“While states have the primary responsibility to guarantee health and human rights, when this responsibility is not fulfilled, community actors may need to act outside the formal public health systems to protect the health and human rights of people who are neglected, marginalised or criminalised. In many cases, communities provide services and support that are not otherwise being provided, or which are not accessible to key and most-affected populations.”

The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria, the Global Fund to Fight AIDS, Tuberculosis and Malaria

**Value-added: Leaving no one behind.** Community responses can use their local knowledge, reputation and networks to engage diverse communities, including those that other sectors cannot (or will not) reach. They can support people who are in remote areas or are socially marginalized, such as by providing differentiated models of care and using person-centered approaches. As one example, in Thailand, Rainbow Sky set up a community-based clinic for migrant gay men, other men who have sex with men and transgender people, all of whom face severe stigma and are not reached by mainstream health services. The clients are referred by peer educators and receive a range of services, such as screening for sexually transmitted infections and counseling and testing for HIV.

**Value-added: Stigma reduction.** Community responses can build on their relationship with local communities and their knowledge of local cultures to increase accurate understanding about health issues and marginalised populations and, in turn, to contribute to stigma reduction. As one example, in Samrong, Cambodia, improved TB treatment outcomes have been achieved through interventions by health volunteers, some of whom have had TB themselves. The volunteers seek out new suspected TB patients and organise village gatherings to teach people about the disease and its prevention. This approach has not only improved community members’ access to TB services, but raised awareness and fought stigma about the disease.

**Value-added: Integrated and combined services.** Community responses can provide packages of healthcare that address more than one area of health (such as both communicable and non-communicable diseases) and more than one type of need (such as both health and socio-economic). This not only provides more comprehensive support, but saves the time and resources of both individuals and systems for health. As one example, in Afghanistan, female community health nurses provide a package of services to women and girls - addressing malaria, TB and maternal and child health, all in one go. This approach is especially important as it makes maximum use of the programme’s time with the women and girls who are not able to attend other health services unless escorted by a male family member.

**Value-added: Gender equality.** Community responses can provide services that not only address the immediate health needs of community members, but the ‘bigger picture’ determinants (such as gender
and legal status) that are the underlying causes of vulnerability and ill-health. As one example, in Youna, Gambia, where communities are dominated by patriarchy and polygamy, peer educators use dramas to encourage men to engage in community health discussions. These focus on the role of men in providing moral and financial support to women to go for intermittent preventive treatment of malaria in pregnancy and to access insecticide-treated bed nets. The results have included a three-fold increase in the use of nets.

**Value-added: Accessibility of services.** Community responses can implement health and other interventions that are more accessible, flexible and tailored to the specific needs of local people. This, in turn, enables interventions to achieve better outcomes, in terms of both scale and quality. As one example, in South Africa task-shifting to community-based health centres led to 81% of people living with HIV accessing ART and staying alive, compared to 67.2% of those supported in hospitals. Similarly, in Malawi, 95.5% of people supported by Community Health Workers accessed ART and stayed alive, compared to 75.8% of those who lacked such support.

**Value-added: Scale of reach.** Community responses can use their location and relations with communities to influence and engage large numbers of people in health interventions, linking with other health stakeholders to achieve scaled-up results. In Eswatini, the Maximising ART for Better Health Prevention and Zero New HIV Infections programme supported 16 local community based organisations. Its work included training 5,761 Rural Health Motivators and Community Based Volunteers to expand their door-to-door visits to incorporate mobilising people for HIV testing and motivating people living with HIV to adhere to their treatment. It also included: training 98 traditional leaders and 12 political leaders; facilitating Demand Creation Community Dialogues in 220 communities; and providing rights literacy among people living with HIV. The programme contributed to Eswatini achieving: its highest ever level of HIV testing (over 250,000 people in a year, compared to 120,000 previously); almost nationwide access to ART; and reduced numbers of people living with HIV being lost to follow up.

**Value-added: Holistic care.** Community responses can – in combination with other aspects of systems for health – ensure that community members receive comprehensive support that addresses them as whole people (with multi-faceted lives and needs) rather than just medical ‘patients’ or ‘cases’. As one example, in El Salvador, at a community center in Sonsonate, sex workers can receive literacy lessons alongside information about alcohol and drug abuse, HIV and dealing with difficult clients. This intervention not only helps HIV prevention, but empowers the sex workers by reducing their social exclusion and discrimination.

**Value-added: Governance and accountability.** Community responses can play a unique role in monitoring the challenges and impact of health services in communities and, in turn, holding stakeholders to account to improve their performance. As one example, in Uganda, community groups and civil society organisations involved in malaria have engaged in the Global Fund’s Country Coordinating Mechanism through bodies such as the Malaria Childhood Illness NGO Network Secretariat. This has enabled people working at the local level (such as volunteers and members of community groups) to monitor the implementation of national Global Fund programmes by providing data and feedback directly from affected communities, in turn helping to hold the government to account for its results.

**Value-added: Value for money.** Community responses can provide activities and services that make maximum use of community infrastructure and expertise and are comparatively cost-efficient and cost-effective. As one example, in Sub-Saharan Africa, Médecins Sans Frontières supported community-based delivery of ART to people living with HIV through adherence clubs, community ART distribution
points and community ART groups. These models led to lower service provider costs and reduced financial burdens for patients. They also improved treatment adherence and retention in care.

**Value-added: Monitoring, evaluation and quality.** Community responses can play a hands-on role in monitoring the availability, accessibility, acceptability, affordability and quality of health services and advocating for actions to achieve improvements. As one example, in Maharashtra, India, successive surveys found that the process and results of community-based monitoring of health facilities led to the quality of health services being assessed as ‘good’ by 48%, 61% and then 66% of community members.

**Value added: Crisis aversion and response.** Community responses can operate in a flexible way, being reactive to evolving opportunities and challenges. In particular, they can play a life-saving role by providing early warning of emerging problems - preventing, or ensuring a prompt reaction to, health crises. They can also play a critical role in emergency situations (for example natural disaster or political unrest), when other stakeholders might become dis-engaged.

As one example, in the Mekong region (Cambodia, Laos, Myanmar, Thailand and Vietnam), over 20,000 village and mobile workers - who are members of communities in malaria hot spots - are equipped with the knowledge and resources to promote malaria prevention, as well as to provide testing and treatment. The workers report any cases that they find to the government, enabling health professionals to follow-up and preventing isolated cases from becoming outbreaks.

**Value added: Sustainability.** Community responses can support long-lasting and sustainable responses to health for individuals and communities, such as by working through local structures, building community capacity and empowering local stakeholders. As one example, in Algeria, El-Hayet, an organization for people living with HIV, combined life skills education with economic empowerment for women and girls. It provided training in microcredit for 177 participants, with many going on to set up their own businesses or to work in the private sector. The participants reported gaining better access to HIV treatment and other health services due to their increased knowledge and financial resources (which enabled them to attend the hospital). They also reported a sense of new hope, due to a feeling of contributing to society.

Many of the examples cited above are drawn from the field of HIV that, for many reasons (including the dedication of activists and urgent nature of the response), is one of the most well documented areas of global health. For example, a World Bank study of HIV service delivery provided robust evidence of how community-based efforts are the “cornerstone” of action on the disease and play a major role in increasing people’s uptake of services and, in turn, in decreasing incidence. However, within future efforts, it will be critical to articulate why community responses bring value-added across the whole, current remit, environment and architecture of global health. This includes in terms of different: types of diseases (including non-communicable diseases); areas of healthcare (such as immunisation); and determinants of health (such as gender equality).

It should also be noted that the examples cited here do not address humanitarian contexts. However, community responses are equally indispensable within challenging operating environments where, for example, community groups often serve as first responders. The 2016 World Humanitarian Summit affirmed that: “People affected by crises should be at the heart of humanitarian action … affected communities, their organisations and their communities should be recognised as the primary agents of their preparedness, response and recovery.”
Annex 2. Recommendations and examples from WHO-Civil Society Engagement

WHO-Civil Society Task Team Recommendations

A WHO-Civil Society Task Team convened in 2018 generated recommendations for WHO, civil society organizations and Member States to strengthen engagement at all levels – global, regional, and country – to improve health outcomes worldwide. The recommendations are easily transferable to all Global Action Plan signatories.

The Task Team recommended that CSOs work together through existing CSO platforms and leverage individual relationships to communicate the full breadth of values they bring and their commitment to shared goals, encouraging proactive engagement with CSOs. CSOs should actively participate in, and be jointly responsible for, WHO-CSO engagement training and the creation of national roadmaps.

While recognizing the strength of the diversity across the CSO landscape, the Task Team recommended that CSOs use existing mechanisms (including UHC2030, the Partnership for Maternal, Newborn & Child Health, Global Fund Country Coordinating Mechanisms, and Gavi CSO platforms) and broader health platforms, where possible, to aggregate input, liaise with WHO, and distribute CSO engagement opportunities.

Example of an existing initiative

WHO is working with partners, communities and civil society organizations to develop a handbook on how to better engage people, communities and civil society, ensuring an enabling environment for more effective and sustainable participation. The handbook draws on country evidence and case studies and responds to a recommendation of the report of the 2018 WHO Task Team on WHO-Civil Society Engagement for WHO to specifically emphasize and promote civil society participation in policy processes and provide guidance for Member States to do so.

The Handbook on Social Participation for Universal Health Coverage aims to support and encourage Member States to set up, fine-tune, improve, and institutionalize new or existing participatory health governance mechanisms, acknowledging the key role of health governance in efforts to achieve UHC.

Institutionalization of population engagement is the underlying theme and focuses on how civic engagement and civil society can be harnessed for more systematic and meaningful participation in national health policy, planning and review processes. The emphasis is to provide options into how, concretely, governments can:

(a) better engage with people, communities, and civil society; and

(b) ensure an enabling environment for people, communities, and civil society to give their best and most useful input, in a constructive and mutually beneficial way.

The handbook will be shared in draft format at the UHC High Level Meeting in September 2019 and finalized in the months that follow.