

CALL TO ACTION

The central role of community action in supporting the achievement of the Sustainable Development Goals (SDGs)

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Eradicating poverty and promoting prosperity in a changing world

We call on Member States to make strong commitments to community action in the HLPF Ministerial Declaration. We urge Governments to consider the following points:

- **Community action must be fully resourced and integrated into national development and SDG implementation plans.** Communities are crucial partners in providing equitable, evidence-informed, gender-responsive and people-centered services to all who need them and deliver horizontal outcomes across the 2030 Agenda for Sustainable Development Agenda. Investment in community action on health, for example, can yield positive outcomes on several of the SDGs, including poverty, equity and gender.
- **Governments must support community action for more sustainable and effective results.** Where donors and government come and go, communities remain the driving forces for change and long lasting development outcomes.
- **Strengthening community action must be included as a key part of health systems strengthening and universal health coverage strategies and budgets.** Communities must have access to specific funding streams and mechanisms to deliver an effective health response to everyone in need.
- **Ensuring an enabling and responsive environment in which community action can be effective is criticalⁱ.** This includes removing key barriers, including barriers for registering and financing community-based organizations, human rights violations, stigma and discrimination based on age, gender, sexual orientation, gender identity and expression, and unequal access to justice, which prevent communities from realizing their full potential.

Introduction

The Sustainable Development Goals (SDGs) represent a people-driven, transformative agenda built on the foundations of transparency, participation, and inclusion.ⁱⁱ In committing to the realization of the 2030 Agenda for Sustainable Development, Member States recognized that the dignity of the individual is fundamental and that the Agenda's goals and targets should be met for all nations and people as well as for all segments of society, leaving no one behind.ⁱⁱⁱ

A crucial shift from the Millennium Development Goals (MDGs) to the SDGs is Goal 16, which calls for participatory decision-making at all levels, including the community level. The SDGs also call for integrated solutions, which is already happening at the community level. The very nature of community action is that it bridges silos and contributes to the overall health and wellbeing of the individuals served through **a people-centered approach**.^{iv} The SDGs need the engagement of communities **as agents of change** for resilient and sustainable development, from service delivery to advocacy, and to leave no one behind.

A unique opportunity exists for UN Member States gathering at the 2017 High-Level Political Forum to review the progress on the health and gender SDGs, as well as other critical goals, to formally commit **to investing in and supporting community action as vital to the effective implementation of the 2030 Agenda for Sustainable Development.**

Community action and health

For SDG 3, community action has been and continues to be a key success factor. Research and decades of experience demonstrate that in countries where health systems are supported by civil

society and communities^v, remarkable progress can be made in achieving better health outcomes for all.^{vi} The new WHO Framework on integrated people-centered health services (IPCHS) “recognizes the need to put people and communities, not diseases, at the center of health systems and empowering people to take charge of their own health rather than being passive recipients of services”.^{vii}

Approaches to community health care are reflected in the Alma Ata Declaration of 1978.^{viii} Communities were seen not just as beneficiaries of services, but also actors, making vital contributions to improving health. In most countries, community supports public health systems by filling critical gaps; **they work effectively with marginalized populations, provide supportive services that complement clinic-based care or extend the reach of health services into the community, and help to prevent and end epidemics.** This work is particularly important with regard to data collection: communities are better positioned to reach and gather data about the health of marginalized and vulnerable people, which will then be used as evidence for financing tailored interventions. Communities also play a social, protective, and empowering role. They work to realize the right to health for vulnerable and marginalized populations, including key populations^{ix} and women and girls, and they monitor quality, address inequities in access to services, and highlight cases of discrimination.

Community action and HIV

In the longstanding global response to HIV, community action^x has been central to many of the milestones achieved, such as the recent successes towards the bold Joint United Nations Programme on HIV/AIDS (UNAIDS) global treatment and prevention targets set in 2014 (fast track targets)^{xi} and the prevention of new infections. Community-based organizations of people living with HIV, key populations^{xii}, and other affected communities have proven critical in overcoming many of the major challenges in the AIDS response, including reaching people most affected by HIV with **critical HIV prevention services, providing support for adherence to treatment and other essential health services, and advocating for resources and the human rights of people living with and affected by HIV.** The indispensable role of communities in the AIDS response has been documented by key global health agencies and institutions including the Global Fund to Fight HIV, TB and Malaria (Global Fund), Médecins Sans Frontières (MSF), UNAIDS, the United Nations Development Programme (UNDP), the United States President’s Emergency Plan for AIDS Relief (PEPFAR), World Health Organization (WHO), and the World Bank.^{xiii,xiv}

UNAIDS has estimated that in order to achieve the fast track targets, by 2020 investment in community mobilization should increase three-fold to **3% of total resources dedicated to the response in low- and middle-income countries**, community based delivery of ART should grow to **3.8% of total investment**, and funding for social enablers - including advocacy, political mobilization, law and policy reform, human rights, public communications and stigma reduction - should reach **6% of total expenditures**.^{xv} This last target was reaffirmed in the 2016 UN Political Declaration, calling on governments to ensure that at least 6% of all global AIDS resources is allocated for social enablers including advocacy, community and political mobilization, and community monitoring...” (para 64(a)).^{xvi}

Despite the wide recognition of the important role of community action on HIV, many community organizations are facing **severe financial challenges.** Forty percent of more than 480 community-based organizations responding to a 2015 UNAIDS survey reported that their funding had decreased since 2013. Two thirds expected flat or reduced funding in the future. **The decline in funding is resulting in a decline in community services for HIV** - 89% of those who reported a decrease in funding also reported they had to scale down their services as a result, often to the detriment of HIV prevention and care services.^{xvii}

Community action and other Communicable Diseases

The recent re-emergence of critical public health threats (e.g. the 2014 Ebola outbreak in West Africa and cases of Yellow Fever in Angola, Uganda, and Democratic Republic of the Congo) has reinforced **the essential role of community engagement in a health crisis response.**^{xviii,xix} Elhadj As Sy, Secretary General for the International Federation of the Red Cross and Red Crescent called for the WHO to “**recognize the absolutely central role of local communities in preventing, detecting, and responding to health challenges.**” Particularly in responding to “future outbreaks of highly infectious diseases, global rise in chronic diseases... and there are pockets of hard-to-reach communities still left behind despite inroads globally on immunization, HIV, malaria, TB and maternal, adolescent, and child health.”^{xx} **Strengthening community action is also key to ending TB.** There are strong voices from the TB communities and increased participation of people living with TB in community monitoring and

active case finding to find the missing millions. Finally, **the fight against malaria critically requires social mobilization and encouraging and assisting communities** to work together to fight the disease and engage in activities aimed at changing behavior and assistance to households affected by malaria. **The Global Fund to Fight AIDS, TB and Malaria’s Strategy 2017-2022: Investing to End Epidemics states that “Civil Society and communities must play a central role in the design, delivery and oversight of the response, including community-based service delivery.”**^{xxix}

Community action and humanitarian crises

Community engagement is also indispensable to respond to humanitarian crises, providing life-saving assistance during emergencies as first responders. They support health and development activities within increasingly complex and protracted crises and operating in challenging environments. During the most recent World Humanitarian Summit (WHS), held in May 2016, the consultation process reaffirmed that **“People affected by crises should be at the heart of humanitarian action...affected communities, their organizations, and their communities should be recognized as the primary agents of their preparedness, response, and recovery.”**^{xxiii} The UN Secretary General laid out his vision in his report *One Humanity: Shared Responsibility* and its annex, *The Agenda for Humanity* and called upon the international community to put local responses at the heart of humanitarian efforts as well as investing in local capacities.^{xxiv} The WHS led to commitments on the Charter for Change that sets a specific target of **20% of humanitarian funding to be channeled to southern civil society organizations** by May 2018.^{xxv} The Grand Bargain (GB), another major outcome of the summit, seeks to make emergency aid finance more efficient and effective, committing to **“a global, aggregated target of at least 25% of humanitarian funding to local and national responders** as directly as possible.”^{xxvi}^{xxvii}

Community action and funding

Despite the wide recognition of the important role communities play in responding effectively to health and other key development and humanitarian related challenges, there continues to be decreased funding for communities.^{xxviii} In addition, funding from international donors is too often channeled mainly through multilateral organizations, international NGOs, and a growing number of private sector players and not sufficiently reaching local communities. In most countries, this has negative implications for local civil society and communities, hindering the full potential of community action and considerably reducing the amount of funding that reach the community and their structures. According to the Global Humanitarian Assistance Report 2016, in 2014, around **two-thirds of funding from government donors was channeled through multilateral organizations. Funding provided directly to local and national NGOs was just 0.4% of international humanitarian assistance in 2015.**^{xxix}

In countries where community responses are being funded by governments, **it is primarily for service delivery.** Other vital elements of community action are usually not directly funded^{xxx}, such as dialogue and engagement, community mobilization, advocacy, community monitoring, and efforts to improve social and structural determinants of health, such as human rights and gender equality.^{xxxi}

In most countries, community responses are also not meaningfully and systematically integrated into global and national development and health strategies, implementation and financing plans, including universal health coverage strategies. Donor financing of health and development efforts as well as national funding policies, regulatory frameworks, and inhibiting policy and legal environments need to be reviewed to remove barriers that prevent the flow of funding from national and international sources to community networks, organizations, and groups.^{xxxii}

It is time for a paradigm shift in how governments and donor agencies think about, plan, and finance community action in order to create resilient and sustainable systems for health and development in addition to removing constraints to ensure full investment in communities.

This Call to Action was prepared by Stop AIDS Alliance, a joint partnership between the International HIV/AIDS Alliance and Aidsfonds, with support from partners of the [Free Space Process](#).

ⁱ Community Systems Strengthening Framework. The Global Fund to Fight Aids, Tuberculosis and Malaria. Geneva, 2014. Available: https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf

ⁱⁱ <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

ⁱⁱⁱ <https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind>

- ^{iv} Smith J, Buse K, Gordon C. Civil society: the catalyst for ensuring health in the age of sustainable development. *Globalization and Health*. 2016; 12:40. doi:10.1186/s12992-016-0178-4.
- ^v "Community is a widely used term that has no single or fixed definition. Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic, and one person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values. Definition is from the Community Systems Strengthening Framework. The Global Fund to Fight Aids, Tuberculosis and Malaria. Geneva, 2014, 1. Available: https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf
- ^{vi} The following reports discuss local and national forms of civil society and state interaction and achieving health outcomes: Loewenson R. *Civil Society-State Interactions*. Geneva: WHO/TARSC, 2003. Available: <http://www.tarsc.org/sites/default/files/uploads/pdf/WHOTARSC2.pdf>; and UNAIDS. *Stronger together: From health and community systems to systems for health*. Geneva: UNAIDS, 2016. Available: http://www.unaids.org/sites/default/files/media_asset/JC2788_stronger_together_en.pdf.
- ^{vii} Quotation retrieved online from: <http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>; WHO Framework on integrated people-centered health services available online: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1&ua=1
- ^{viii} http://www.who.int/publications/almaata_declaration_en.pdf
- ^{ix} Key populations or populations most at risk of HIV are identified by UNAIDS as men who sex with men, sex workers, people who use drugs, and transgender people
- ^x A community response to HIV is the collective of community-led activities in response to HIV". These activities include: (1) advocacy, campaigning and participation of civil society in decision-making, monitoring and reporting on progress made in delivering HIV responses; (2) direct participation in service delivery; (3) participatory community based research; and (4) community financing. This definition is from UNAIDS and Stop AIDS Alliance. *Communities deliver: the critical role of communities in reaching global targets to end the AIDS epidemic*. (Geneva: UNAIDS; 2015) 9: Available: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf
- ^{xi} <http://www.unaids.org/en/resources/documents/2017/90-90-90>
- ^{xii} Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it, and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response, based on the epidemiological and social context. Definition is from UNAIDS and Stop AIDS Alliance. *Communities deliver*, 6 (footnote).
- ^{xiii} UNAIDS. *Stronger together*, 8; and Collins CJ, Greenall MN, Mallouris C, Smith SL. *Time for full inclusion of community actions in the response to AIDS*. *Journal of the International AIDS Society*. 2016;19(1):20712. doi:10.7448/IAS.19.1.20712. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4833769/>
- ^{xiv} Other agencies and institution sponsored documentation include: UNAIDS and Stop AIDS Alliance. *Communities deliver*, 10-14; UNAIDS and Médecins Sans Frontières. *Community-based antiretroviral therapy delivery—experiences of Médecins sans Frontières*. (Geneva: UNAIDS, 2015); Rodriguez-Garcia R, Bonnel R, Wilson D, N'Jie ND. *Investing in communities achieves results: findings from an evaluation of community responses to HIV and AIDS*. Washington DC: International Bank for Reconstruction and Development/The World Bank, 2013; and Barr D, Odetoynbo M, Mworeko L, Greenberg J. *The leadership of communities in HIV service delivery*. *AIDS*. 2015;29(Suppl 2): S121–127.
- ^{xv} http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Reference_FastTrack_Update_on_investments_en.pdf
- ^{xvi} Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (A/RES/70/266). Available: http://www.hlm2016aids.unaids.org/wp-content/uploads/2016/06/2016-political-declaration-HIV-AIDS_en.pdf
- ^{xvii} http://www.unaids.org/en/resources/presscentre/featurestories/2016/april/20160404_community_advocacy
- ^{xviii} UN High-Level Panel on the Global Response to Health Crises Protecting humanity from future health crises: A/70/723 (New York: United Nations, 2016), paragraph 99-105. Online at: http://www.un.org/ga/search/view_doc.asp?symbol=A/70/723
- ^{xix} The Global Fund to Fight Aids, Tuberculosis and Malaria Information Note. *Building Resilient and Sustainable Systems for Health through Global Fund Investments*. (Geneva, 2016) 5. Available: https://www.theglobalfund.org/media/4759/core_resilientsustainablehealth_infonote_en.pdf
- ^{xx} A. Zweynert, (2017). "Expert Views- Challenges and priorities for WHO's new director general Tedros" [Online]. Available: <http://news.trust.org/item/20170523184027-0yr9g>
- ^{xxi} Global Fund Strategy 2017-2022. *Investing to End Epidemic*. (Geneva, 2016), 10. Available: https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf
- ^{xxii} The Global Fund Strategy 2017-2022, 24: "Communities are critical actors in improving peoples' health serving a vital role to broaden service reach, engage people to facilitate better health, improve access to health care, and overcome stigma, discrimination, and other human rights abuses."
- ^{xxiii} World Humanitarian Summit secretariat, *Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit* (New York: United Nations, 2015), xi. Available: <http://reliefweb.int/sites/reliefweb.int/files/resources/Restoring%20Humanity-%20Synthesis%20of%20the%20Consultation%20Process%20for%20the%20World%20Humanitarian%20Summit.pdf>
- ^{xxiv} United Nations. *One humanity: shared responsibility*. Report of the Secretary-General for the World Humanitarian Summit, 2016; A/70/709. Geneva, 2016, Paragraph 149-150. Online at: <http://reliefweb.int/sites/reliefweb.int/files/resources/Secretary-General%27s%20Report%20for%20WHS%202016%20%28Advance%20Unedited%20Draft%29.pdf>; Agenda for

Humanity. Annex to the Report of the Secretary-General for the World Humanitarian Summit; A/70/709. Geneva, 2 February 2016. Available: <http://www.agendaforhumanity.org/sites/default/files/AgendaforHumanity.pdf>

^{xxv} S.S. Singh. "As Local as Possible, As International as Necessary: Humanitarian Aid International's Position on Localisation" [Online]. Available: <https://charter4change.org/2016/12/16/as-local-as-possible-as-international-as-necessary-humanitarian-aid-internationals-position-on-localisation/>

^{xxvi} Ibid.

^{xxvii} More information on Charter for Change and the Grand Bargain is available at: <https://charter4change.org/> and <http://www.agendaforhumanity.org/initiatives/3861>

^{xxviii} UNAIDS and Stop AIDS Alliance, *Communities deliver*, 73.

^{xxix} Global Humanitarian Assistance Report 2016. (Bristol: Development Initiatives Ltd), 7. Available: <http://devinit.org/wp-content/uploads/2016/06/Global-Humanitarian-Assistance-Report-2016.pdf>

^{xxx} ICASO. *Investing in community responses- A case for funding non-service delivery community actions to end AIDS*. (Toronto, 2016), 5-7; and Collins CJ, Greenall MN, Mallouris C, Smith SL. *Time for full inclusion of community actions in the response to AIDS*, 2.

^{xxxi} UNAIDS Programme Coordinating Board. Report by the NGO Representative – An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response. (Geneva: UNAIDS/PCB (39)/16.22, 11 November 2016), 20-21. Available: http://www.unaids.org/sites/default/files/media_asset/20161111_UNAIDS_PCB39_NGO-Report_EN.pdf

^{xxxii} Burrows, Dave, et al. "Transitions from donor funding to domestic reliance for HIV responses." (2016), 9. Available: http://apmglobalhealth.com/sites/apmglobalhealth.com/files/documents/transition_from_donor_funding_apmg_aidsfinal.pdf