UNDP INFORMATION NOTE
Issues to consider when strengthening community systems

There are a number of issues to consider when planning work with communities to strengthen community systems for health. These include paying attention to the enabling environment and the amount of civic space available for communities to have a voice; how community systems are viewed by policy and strategy makers and those in charge of resources; and what the current capacity of community groups, key population organisations and networks is like – their strengths and weaknesses. These considerations are detailed further below.[1]

Enabling environment: Community responses require a social, political and legal environment in which they can operate openly and effectively. This includes the removal of policies, laws and social norms that violate the rights of community members, including key populations who are **most** marginalized and vulnerable to health conditions. It also includes the provision of a structural environment in which community groups and civil society organizations can register, function and access resources freely and safely.

Voice and influence: Those involved in community responses need opportunities to state their needs and have their opinions heard within health governance at all levels (local, national, regional and global). Beyond a 'seat at the table', they require meaningful engagement – whereby they can influence decision-making on policies and resources. They also need to have the opportunities and safe spaces within which to hold others – including the government – to account for their performance on health.

Recognition and respect: Communities need to be understood as essential partners in countries' systems for health. Their unparalleled experience, evidence and expertise should be formally acknowledged – such as in plans and packages for universal health coverage – as a critical complement to other stakeholders, including the government and private sector.

Financial and technical resources: Community responses for health need an appropriate quantity and quality of resources. This includes adequate and sustainable funding. Communities need to be allocated resources within national budgets, including as larger proportions of government expenditure is targeted

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[1] Adapted from *Community Responses for Health, a Gamechanger for Primary Health Care and Universal Health Coverage. 72nd World Health Assembly Advocacy Brief*, FRONTLINE AIDS, PITCH, aidsfonds, Government of the Netherlands.

to health. They also require on-going support from international sources, which remains vital to fill strategic gaps – especially in responses for excluded and marginalised groups, which governments may be unable or unwilling to finance. Meanwhile, in all contexts, community responses also need access to technical resources, such as normative guidance and capacity building on good practice approaches.

Strong systems: Community responses do not 'just happen', but need effective, efficient and resourced systems. For example, to fulfil their role, community-led and based groups need opportunities to: strengthen their financial and administrative processes; conduct effective planning; access resources; develop monitoring systems; create alliances; build their leadership; and engage in advocacy.

Human resources: Community responses also require human resources that include, but go beyond, the conventional and widely recognised role of Community Health Workers. All types of stakeholders in **community** responses – from peer educators to homebased care volunteers – should be recognised as part of a country's health workforce and receive appropriate technical support (such as opportunities for training) and financial remuneration.

Considerations amidst COVID-19

To mitigate against health systems becoming overwhelmed, most countries have instituted public health and social measures aimed at containing the spread of the COVID-19 until such time as a vaccine becomes available. Many have declared states of emergency or disaster, which allow them to put in place drastic measures to limit human rights. These measures include compulsory blanket travel restrictions, limitations on the freedom of movement and association, quarantining large groups of people and instituting criminal sanctions for non-compliance with disease response measures.

Community leadership that would normally ensure checks and balances is being undermined by the logistical challenges thrown up by COVID-19. Community-led and key population-led organizations, which have been at the heart of community health responses for decades, have been unable to operate at full capacity if at all. Staff are having to work from home and organizations are experiencing difficulty in re-programming funds to implement programs differently. Some have not been able to pay staff and have closed, and people are being left isolated. Often, mobile phones and payment of data are part of salaries, without which, whole networks of vulnerable communities are without connection and much relied-on support. In other cases, they are unable to access equipment needed for virtual working or may be working from home where there is no privacy and potentially no electricity or connectivity. There may also be laws restricting access to the internet in some countries.

Lessons learned from HIV, EBOLA and SARS show that a rights-based approach to epidemics is a critical component of an effective response and as recommended by WHO, national COVID-19 plans in Africa include a component for community engagement. This is often, however, interpreted as support for community-based interventions rather than for community leadership, resulting in a dominant focus on the extension of service delivery through community health workers rather than on the **meaningful participation of civil society** in policy and strategy development. This impairs the capacity of community organisations.