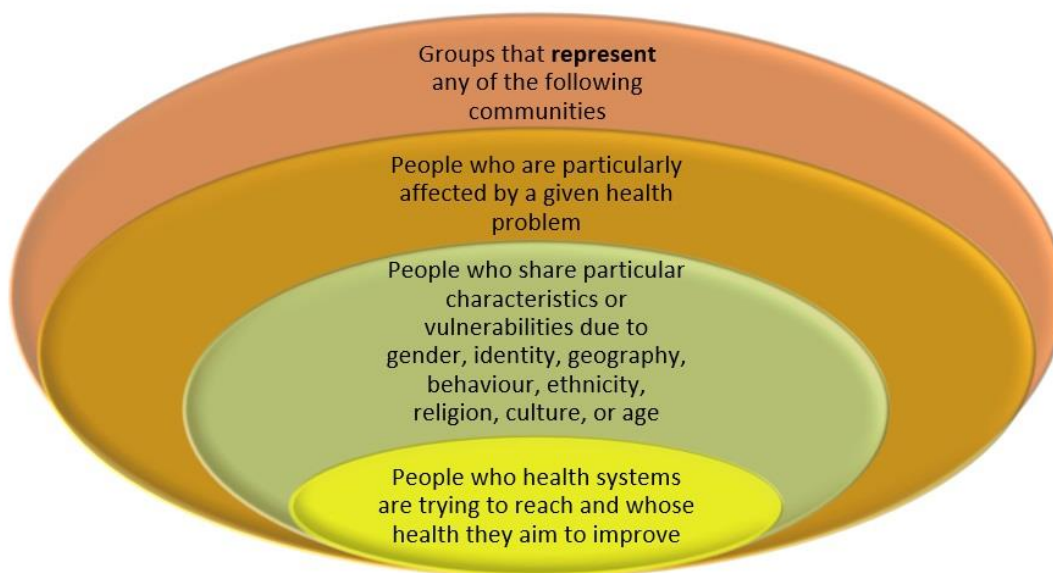## UNDP INFORMATION NOTE
Strengthening community systems for health: Key concepts

What do we mean by community?

The word *community* is widely used in the global health context and can be used to refer to people who are connected to each other in varied and distinct ways. This includes:

- People who health systems are trying to reach and whose health they aim to improve

- People who are particularly affected by a given health problem

- People who share particular characteristics or vulnerabilities due to gender, identity, geography, behaviour, ethnicity, religion, culture, or age

- Groups that represent any of these communities

Groups that **represent** any of the following communities

People who are particularly affected by a given health problem

People who share particular characteristics or vulnerabilities due to gender, identity, geography, behaviour, ethnicity, religion, culture, or age

People who health systems are trying to reach and whose health they aim to improve

What do we mean by key populations?

A group is deemed to be a key population if it meets all the following three criteria[1]:

1. Epidemiologically, the group faces increased risk, vulnerability and/or burden with respect to at least one of the three diseases – due to a combination of biological, socioeconomic, and structural factors.

2. Access to relevant services is significantly lower for the group than for the rest of the population – meaning that dedicated efforts and strategic investments are required to expand coverage, equity, and accessibility for such a group.

---

[1] https://www.theglobalfund.org/media/1291/publication_genderequalitykeypopulationsreview_report_en.pdf

3. The group faces frequent human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization – which increases vulnerability and risk and reduces access to essential services.

HIV	TB	Malaria
• People living with HIV • Gay and bisexual men and other men who have sex with men • People who inject drugs • Sex workers • Transgender people • People in prisons and other closed settings	• People living with HIV • People in prisons and other closed settings • Asylum seekers, refugees, internally displaced people, and other migrants • Indigenous populations • People with TB are always considered a key TB population	• Refugees • Migrants • Internally displaced people • Indigenous populations in malaria-endemic areas

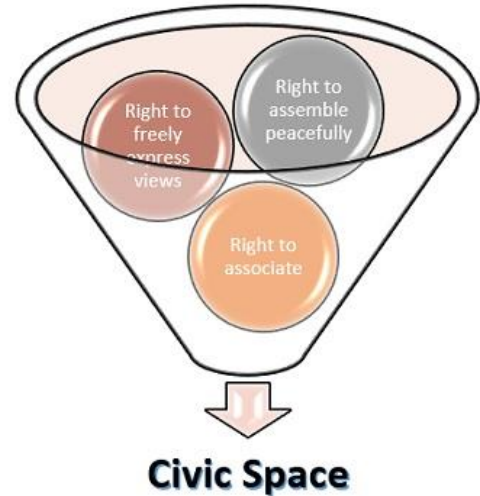## What is the difference between a community-based and a community-led organisation?

There is a difference between community-based and community-led organisations in a global health context. Community-based organisations are located in or near to the communities they serve and are run by professionals and staff who may or may not be from these communities. They often provide health services of one kind or another and may be closely linked with national health systems.

Not all community-based organizations are community-led however. Community-led organisations have the following **distinct characteristics**:

- Community-led organizations are led by the people who they serve and are primarily accountable to them. This includes organizations by and for people living with HIV or TB and organizations by and for people affected by HIV, including key populations.

- Community-led organisations are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies.

- Community-led organisations may provide health services tailored to the needs of specific groups they serve. They are most often involved in advocacy for a human rights-based approach to health and well-being and in activities aimed at maintaining the quality and accessibility of health services for those who are marginalised or who experience discrimination.

- Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas.

What is civic space?

Civic space is the bedrock of any open and democratic society and the place in which communities can operate. When civic space is open, citizens and civil society organisations are able to organise, participate and communicate without hindrance. In doing so, they are able to claim their rights and influence the political and social structures around them. This can only happen when a **state holds by its duty to protect its citizens** and respects and facilitates their fundamental rights to associate, assemble peacefully and freely express views and opinions. Having civic space that is open is important for community-based and particularly community-led organisations to function at full capacity.

Civic Space

What do we mean by community systems for health?

According to WHO, health systems are responsible for delivering services that improve, maintain or restore the health of individuals and their communities. This includes the care provided by hospitals and family doctors, but also less visible tasks such as the prevention and control of communicable disease, health promotion, health workforce planning and improving the social, economic or environmental conditions in which people live.

In many countries, private healthcare is beyond the means of most people and mainstream or government health systems may have insufficient infrastructure, capacity or reach to provide services to all those in need. Often people are cared for at home, with community groups and networks taking on multiple roles in prevention, care and support and making contributions to people's well-being beyond direct healthcare needs. Traditional healers are also important to people in many countries. **According to WHO**, traditional medicine backed with scientific methods, tools and guidelines can make a significant contribution to better access to medicines and to achieving universal health coverage.

Community groups operate across a spectrum from service delivery to advocacy. They can be part of mainstream health systems or totally separate from them. The **interventions furthest along the spectrum** – those that are most truly based in and led by communities, including those that are marginalised and excluded – play an especially important role in community systems. They complement, but are different from, interventions such as Community Health Workers – who are often part of and managed by institutionalised government systems.