

UNDP INFORMATION NOTE

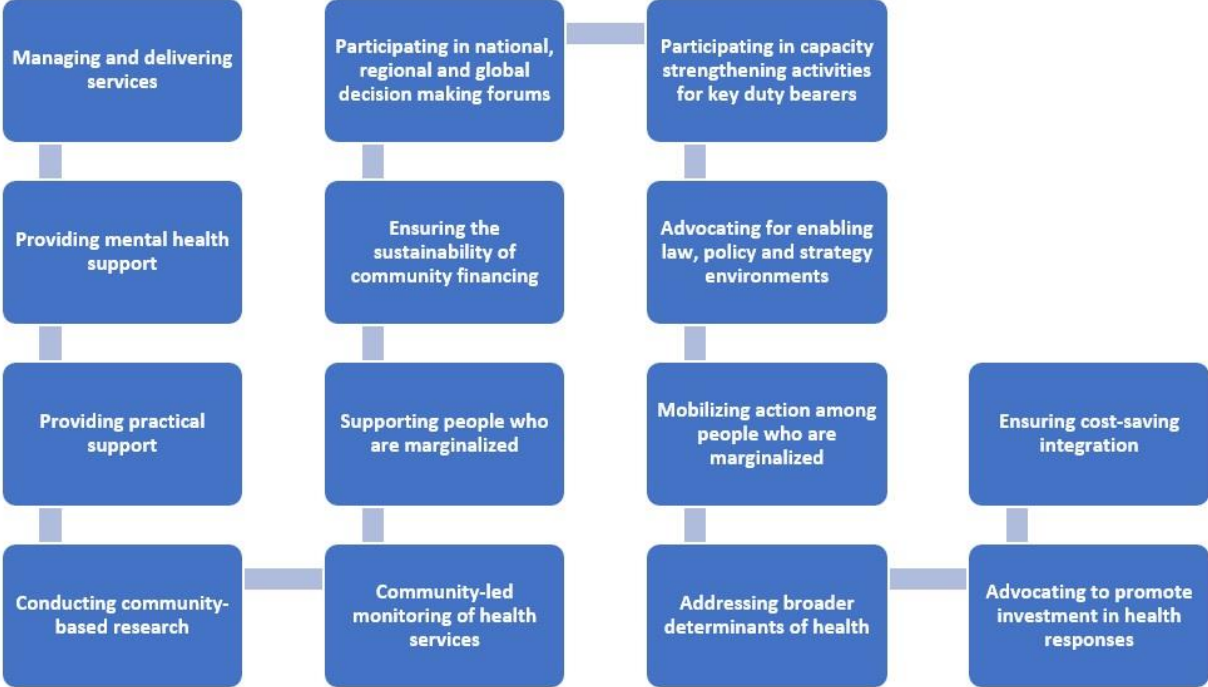
The role of community systems for health

How do community systems improve health?

Communities contribute to improving health in a number of ways. Below are some examples of the many ways in which community systems support health and well-being:

- **Managing and delivering services**, including facility-based clinical services and non-facility-based treatment, care and support services. This would incorporate such initiatives with and by communities to conduct treatment literacy among people with TB or distribute Antiretroviral drugs for people living with and/or at risk for HIV.
- **Providing mental health support**, including providing home-based counselling for women experiencing gender-based violence, befriending those who are isolated or cannot get out of their homes, and other psycho-social support.
- **Providing practical support**, such as food, clean water, mosquito nets, transport and help with everyday hygiene and care needs.
- **Supporting people who are marginalized** or who experience discrimination when accessing health services, such as LGBTI people, people who sell sex or use drugs.
- **Ensuring cost-saving integration** of what are sometimes delivered nationally as vertical programmes. For example, making sure that sexual and reproductive health and rights or maternal and child health needs are addressed along with HIV and TB treatment.
- **Community-led monitoring of health services** to identify challenges, find locally appropriate solutions, increase accountability and boost uptake and quality of services. At national and sub-national level this includes monitoring targets set and reached, tracking financial resources allocated to specific diseases or populations and analysing expenditure of national disease prevention and treatment programmes.
- **Conducting community-based research** such as to research the social determinants of health for excluded communities, to track the scale of drug stockouts in local health clinics or analyse the barriers to health services for marginalised young people.
- **Advocating to promote investment in health responses**, including, for example, to reduce the cost of medicines and ensure that services for key populations are included in national budgets.
- **Addressing broader social and environmental determinants of health** including gender and human rights-related barriers
- **Mobilizing action among people who are marginalized** for improved social conditions, and better-quality services, such as initiatives with and by communities to reduce discrimination experienced by sex workers when accessing health services.
- **Advocating for enabling law, policy and strategy environments** such as initiatives with and by communities to advocate for the reform of laws that criminalise vulnerable populations or perpetuate harmful gender norms.

- **Participating in capacity strengthening activities for key duty bearers** such as parliamentarians, national human rights institutions, service providers, policy makers, law enforcement officials, lawyers and the judiciary, in order to bring the lived experience and priorities of communities alive.
- **Participating in national, regional and global decision-making forums** and mechanisms and engaging in governance and decision-making bodies for local health programmes.
- **Ensuring the sustainability of community financing**, such as initiatives with and by communities to: advocate for health funding from diverse national and international sources; implement onward granting to community projects; and mobilise financial, technical and in-kind resources from local stakeholders.



The added value of community systems

There is growing evidence of the concrete and significant impact of community health systems. Community groups and networks have unique strengths. Close connections with communities facilitate a patient-centred approach, and an ability to strengthen the care continuum through wider, family-centred care and support. Communicating through people’s own culture and language, community groups are also able to articulate the needs of communities and mobilize the many resources that community members can bring to the processes of policy and decision-making.

Community systems should not be seen or used as a substitute for mainstream government health service provision. They add value because they involve interventions that fill strategic gaps, that can improve the quality and reach of mainstream health systems.

Community systems add value through¹:

- **Conducting evidence-based advocacy:** Community groups and networks can identify real-life priorities and concerns of people in communities and use them to advocate for changes to policies, laws and resource allocations.
- **Providing connected health responses:** Community groups and networks can serve as a bridge between communities and mainstream government health services, ensuring comprehensive, joined-up health care.
- **Conducting research:** Community-led organisations can build on relations of trust with local communities to explore what works and where there are challenges to improving health.
- **Behaviour change promotion:** Community groups and networks have an understanding of the local society and culture and can use this to support individuals to make and sustain behaviour change, such as for disease prevention.
- **Promoting health equity:** Community systems have the capacity to understand and ensure social inclusion, making sure that health services that are accessible for all community members, including those that are marginalized and criminalised, and that have complex health needs.
- **Eliminating stigma and discrimination:** Community systems can understand and tackle stigma and discrimination associated with: specific health conditions (such as HIV and TB); certain issues (such as sexual orientation, gender identity and expression, and sex characteristics (SOGIESC); particular behaviours (such as selling sex and using drugs).
- **Ensuring integrated and combined service provision:** Community systems can deliver or manage integrated packages that combine attention to different health issues, and that cut across prevention, care, support and treatment.
- **Attention to gender equality:** Community-led organisations can understand and address the gendered power dynamics and inequalities that limit access to health for women and girls.
- **Ensuring accessibility and quality of services:** Community-led organisations can ensure that health services are physically, socially and financially accessible to local communities, including those excluded by other providers. They can also ensure that services provision meets or exceeds national standards of care.
- **The scale of their reach:** Community systems have the connections and infrastructure to reach large numbers of community members, including those that are geographically or socially isolated.
- **Providing holistic care:** Community systems have the facility to provide innovative and tailored health interventions to address the 'whole person', rather than using a 'one size fits all' or disease specific approach.
- **Attention to governance and accountability:** Community-led organisations can bring communities' experiences and issues to the governance mechanisms of health services and hold stakeholders to account.

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

- **Providing value for money:** Community groups and networks can provide interventions that are cost-effective, affordable and sustainable – maximising local resources and minimising out-of-pocket expenses.
- **Monitoring, evaluation and attention to quality:** Community-led organisations can facilitate community-based and community-led monitoring, whereby programme quality and impact can be identified, learned from and improved.
- **Averting and responding to crises:** Community systems are able to identify emerging health problems and are often the ‘first responders’ within coordinated and localised responses to humanitarian emergencies.
- **Having the flexibility to respond to changing needs:** Community systems are able to rapidly switch focus when priority health needs change, as in the case of new emerging diseases or when responding to epidemics and pandemics.

Community systems and international frameworks

Community responses for health are essential to achieving all of the SDGs. This includes the health-related targets of SDG 3.17, to end the HIV, TB and malaria epidemics, provide universal access to sexual and reproductive health and rights and achieve Universal Health Coverage. Community responses are also critical to achieve targets that relate to the wider determinants of health and wellbeing. These include poverty reduction, education, peace, justice and economic empowerment, as well as the elimination of all forms of violence and promotion/enforcement of non-discriminatory laws and policies.

Agenda 2030 recognizes the imperative of multi-stakeholder decision-making and the role of communities and civil society in achieving the Sustainable Development Goals (SDGs). *SDG 16.7 commits stakeholders to ensuring responsive, inclusive, participatory and representative decision-making at all levels, while SDG 17.17 commits stakeholders to encouraging and promoting 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 in realizing the ambitious aims of the SDGs, including to improve health equity.

Accelerating progress on many of the health priorities included under SDG 3, *ensuring healthy lives and well-being for all at all ages*, requires significantly stronger collaboration and more integrated responses across development sectors. The concepts of universality and affordability encompassed by universal health coverage (*SDG 3.8*) present particularly important human rights and development challenges. Fully realizing the promise of universal health coverage will require measures that complement universally available and affordable health services.

Accelerating progress on SDG 3 and the health-related SDG targets overall, requires coordinated action on the social, structural, economic, commercial and environmental determinants of health. This includes changing laws, policies, norms and governance mechanisms that increase health risks and limit access to services, strengthening primary health care, and adopting measures to address inequalities and exclusion of the most marginalized and vulnerable, including through community and civil society engagement and participatory health governance and decision-making.

The ***Global Action Plan for Healthy Lives and Well-Being for All*** – coordinated by the World Health Organization (WHO) and uniting twelve global health and development agencies – identifies community and civil society engagement as one of its seven accelerators for progress on the health-related SDGs. In addition, the *13th General Programme of Work of WHO (May, 2018)* sets out an approach to communicable diseases that focuses on those most marginalised, expands community engagement and positions community-based service delivery, health promotion and disease prevention as central to all three objectives of universal health coverage.

The centrality of community responses is spelt out across many of the other key frameworks for global health. These include plans for collaborative action (such as the **Global Action Plan for Healthy Lives and Well-being for All**), strategies to end individual diseases (such as the **Stop TB Partnership’s Global Plan to End TB**) and normative guidance on good practice (such as **WHO’s Framework on Integrated, People-Centred Health Services**).