# INVITATION FOR PUBLIC COMMENT GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

## **Accelerator Discussion Paper 3: Community and Civil Society Engagement**

**Developed by:** UNAIDS & WHO

**Contributions from:** Working Group with representation from the Global Fund, GFF, Unitaid,

UNDP, UNFPA and representatives from civil society identified by the UHC2030 Civil Society Engagement Mechanism including Aditi Sharma and Revanta Dharmarajah (Frontline AIDS), George Ayala (MPact), Fiona Uellendahl (World Vision), Maureen Murenga (The Global Fund and TB Alliance), Mike Podmore (StopAIDS), and Tara Brace-John (Save the Children UK). The paper was informed by a face-to-face consultation attended by approximately 100 non-state actors as well as by the 12 signatory agencies to the Global Action Plan (see

Annex 1 for top-line messages).

**Disclaimer:** These documents are working papers and subject to change. They do

not necessarily reflect the views of the 12 Global Action Plan signatory agencies. Key elements of the accelerator discussion papers will be

used as inputs to the Global Action Plan.

#### PROBLEM AND OPPORTUNITY STATEMENT

Agenda 2030 is an agreement among UN Member States to a plan of action for people, planet and prosperity. It outlines how all countries and all stakeholders, acting in partnership, will collaborate to ensure sustainable development. The Sustainable Development Goals (SDGs) recognize the imperative of multi-stakeholder decision-making and the role of communities and civil society in achieving the SDGs – with specific targets for inclusive, participatory decision-making (16.7), multi-stakeholder partnership (17.16) and public, public-private and civil society partnerships (17.17).

Such commitments to meaningful engagement<sup>1</sup> reflect the essential and unique role of communities and civil society, and particularly country-level organizations, in realizing the ambitious aims of the SDGs, including its health-related goals, targets and indicators. Growing evidence demonstrates the significant impact of community-led responses, which add value by filling strategic gaps and being of higher quality or larger scale than other aspects of systems for health (see Annex 2).

Ensuring gender equality and diversity in decision making, including through community and civil society engagement, and protecting and strengthening civic space has a positive ripple effect in ensuring the right to health by leaving no one behind. When communities and civil society are engaged, they bring lived experience, perspectives and expertise to knowledge generation, policy-making and health responses that are nuanced, effective and sustainable. When communities are mobilized, they bring bottom-up political incentives to demand action and accountability. Conversely, when communities are not effectively engaged, health threats and challenges can escalate significantly, for example, as seen in Ebola outbreaks.

Despite clear and proven benefits in engaging communities and civil society, there are 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. Inequitable access to resources, policy dialogue and decision-making at the national and international levels especially affects already marginalized communities, including women, young people, ethnic/racial minorities, indigenous

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<sup>&</sup>lt;sup>1</sup> Engagement can be defined as meaningful when participants manage to influence decisions on issues that affect their lives. An important outcome of meaningful participation is participants' strengthened empowerment, which can be defined as their capacity to exert control over their lives and to claim their rights.

populations, lesbian, bisexual, gay, transgender and intersex people, migrants, and people with disabilities.

The lack of opportunities to meaningfully and strategically convene civil society and community organizations working across different aspects of health at global and country levels restricts efforts to expand from disease-specific and other silos, harness synergies and collectively tackle common obstacles. Siloed and issue-specific efforts are particularly limiting in the SDG-era, at a time when all stakeholders are challenged to adopt more holistic solutions. Progress in this new era will rely on a more sustainable approach to system strengthening, based on the principles of efficiency, equity and people-centred orientations, as well as multi-stakeholder and multi-sectoral cooperation to addressing economic, social, environmental and commercial determinants of health.

Community and civil society organizations seek concrete solutions to creating and safeguarding more space for dialogue and to join forces to influence policy-making, programming, and product and service delivery to improve equity in health outcomes. Global health organizations have variable capacity and records in terms of working with communities and civil society. There is an opportunity to learn from best practices, which have often been established by other global health organizations.

This Accelerator will guide a more effective and harmonized approach across global health organizations to better leverage and sustainably strengthen the unique role of communities and civil society in health, from policy formulation and advocacy to service delivery and accountability.

## VISION: ACCELERATING MEANINGFUL ENGAGEMENT OF COMMUNITIES AND CIVIL SOCIETY

Global health organizations have an important role in optimizing opportunities for communities and civil society to contribute to achieving the health-related SDGs including through their participation in country and global processes to achieve health, dignity and well-being for all. Global Action Plan signatories further recognize their shared responsibility to continuously strengthen meaningful and pragmatic collaboration with communities and civil society organizations and ensure a culture where trust and genuine partnership can flourish.

Signatory agencies provide ongoing engagement and support to communities and civil society through a variety of mechanisms. This accelerator identifies collaborative opportunities for strengthened engagement throughout the implementation of the entire Global Action Plan, particularly at country level.

While good practice in engaging meaningfully with communities and civil society exists across the signatory agencies, enhanced efforts will build and extend good practice across the group and identify areas for further strengthening through cross-organizational learning and enhanced coordination. Global health organizations are committed to minimizing transaction costs of engagement, recognizing that these and other burdens may be disruptive to and disincentivize engagement.

#### **JOINT ACTIONS TO BE TAKEN**

This Accelerator presents actions around two overlapping areas for impact: 1) Strengthening how signatory agencies meaningfully engage with communities and civil society in their own institutions and through cross-organizational collaboration; and 2) Strengthening signatories' support for increased meaningful engagement of communities and civil society in health discourse and action to generate impact in countries for all people.

Actions are designed to ensure that they: 1) learn from and build on existing initiatives; 2) are country-centred; 3) deliver impact; and 4) are measurable. Priority will be given to support capacity strengthening that enables communities who experience the greatest health inequities and poorest health outcomes to increase their engagement in knowledge generation, policy-making, advocacy,

implementation and evaluation. As part of the larger Global Action Plan accountability framework, engagement with communities and civil society will be monitored by interested signatory agencies.

# Action 1: Joint advocacy and enabling actions to expand civic space for health and investments in communities and civil society

On the basis of an evidence-informed case for strengthened involvement of communities and civil society, jointly developed by interested signatories, (1) undertake joint advocacy to ensure that key health-related bodies and processes, particularly but not exclusively at country level, meaningfully engage communities and civil society, and (2) actively seek out opportunities to link and align bodies and processes in-country.

#### **Outputs**

Joint advocacy targeted at governments and funding partners beyond the signatory agencies that makes the case for increased and better-coordinated resources and opportunities for engagement of communities and civil society with the aim of improving health outcomes at country level.

Good practice on community and civil society engagement and representation in the health sector jointly developed, shared, disseminated and promoted, particularly as guidance for the field.

Signatories' support to country health coordination, governance and accountability platforms harmonized and increased to enable them to more meaningfully engage communities and civil society.

Joint advocacy among signatories and with communities and civil society undertaken on expanding/protecting civic space and enabling political environments for communities and civil society to engage effectively in all health arenas, informed by independent monitoring of civic space for health, for example through the reports of CIVICUS and similar organizations.

#### **Objectives**

- 1. To support countries in delivering more effective, rights-based, people-centred health policies and programmes by enhancing meaningful engagement and amplifying the voice of communities and civil society in country fora, particularly of disenfranchised and marginalized people.
- 2. To contribute to movements that promote global goods and reinforce the primacy of internationally agreed norms on health and human rights in achieving the SDGs.
- 3. To improve understanding among governments and other stakeholders of the value in protecting, expanding and supporting safe civic space and enabling policy and legal environments, including online.

### Key inputs/contributions from signatory agencies

- Collecting of good practice resources and guidance on the engagement of communities and civil society, including monitoring and evaluation of the quality of such engagement to assess whose voices are heard and the extent of influence they carry in decision-making, for better policy and public health outcomes.
- Jointly leveraging the UN SDG operational guidance on leaving no one behind<sup>2</sup>, particularly the Common Minimum Standards for Multi-Stakeholder Engagement in the UNDAF, to align Global Action Plan efforts in countries with wider processes that aim to ensure meaningful engagement.

<sup>&</sup>lt;sup>2</sup> https://undg.org/document/leaving-no-one-behind-a-unsdg-operational-guide-for-un-country-teams-interim-draft/

## Action 2: Improving alignment of community and civil society funding and capacity strengthening at the country level

Initial analysis conducted by a number of organizations suggests that communities and civil society organizations at country and sub-national levels have insufficient funding and capacity to collaborate and engage in activities such as advocacy or budget tracking across a broader range of issue areas. Recognizing the different opportunities, mandates, funding mechanisms and Board-approved policies of the signatory agencies, this action proposes options to agencies wishing to increase coordination of support to and engagement of communities and civil society on cross-cutting health issues.

Coordinated support to communities and civil society organizations at the country level will aim to extend beyond institutional and thematic areas of focus to include health systems and enabling environments as framed by the SDGs. It will strengthen capacity and support networking for constituency-led community-based organizations and initiatives.

### **Outputs**

Funding mechanisms and modalities available to community and civil society organizations mapped to identify good practice, challenges, areas of duplication and gaps.

Efficiency and impact of funding support to communities and civil society organizations working on health continuously mapped and monitored, with a focus on the country level.

Analysis of initiatives undertaken to respond to gaps or opportunities revealed through the mapping at an individual agency and/or collective level.

Approaches to financing of communities and civil society harmonized and aligned, and duplication and gaps reduced, including through existing initiatives that extend beyond the Global Action Plan such as UHC2030, and particularly to support advocacy and social accountability such as health budget advocacy as part of strategic planning and budgeting.<sup>3</sup>

Alignment strengthened across health coordination, governance and accountability platforms through the creation of opportunities for networking and joint capacity strengthening of communities and civil society organizations.

#### **Objectives**

- 1. To build literacy, capacity and support for community and civil society engagement in health that strengthens national and sub-national health policy dialogue and social accountability processes and goes beyond institutional and thematic areas of focus to achieve the SDGs.
- 2. To develop or strengthen national and sub-national community and civil society coalitions in support of common and cross-cutting health issues and priorities.

#### Key inputs/contributions from interested signatory agencies

Willingness to engage in mapping the funding mechanisms and modalities available to communities and civil society working on health and engage in discussions towards harmonizing funding approaches at country / sub-national level.

# Action 3: Strengthening the mechanisms and capacity of global health organizations for meaningful community and civil society engagement

This action will encourage signatories to identify and seize opportunities for enhanced meaningful community and civil society engagement in and across their organizations at global, regional and particularly at country and sub-national levels.

#### **Outputs**

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<sup>&</sup>lt;sup>3</sup> See Sustainable Financing Accelerator.

Signatories' engagement of community and civil society mapped and reviewed to identify opportunities for enhanced engagement.

Signatories' engagement processes with communities and civil society strengthened, particularly at country and sub-national level.

Regular dialogue with communities and civil society on engagement in support of joint implementation, accountability and advocacy for health.

### **Objectives**

- 1. Adopt specific measures to increase opportunities for engagement in activities of global health organizations where such engagement is demonstrated to add value in delivering better policy and/or programmatic outcomes.
- 2. Support more meaningful, diverse engagement, especially of under-represented communities, in signatory agencies, particularly at country level.

#### Key inputs/contributions from signatory agencies

Willingness to collaborate across agencies and with communities and civil society in the mapping of civil society engagement mechanisms of signatories, at country and global level, and of other key multilaterals and where relevant to adopt practices to facilitate more meaningful engagement.

## Action 4: Building/Strengthening a Virtual Platform

Knowledge is power. This proposed virtual platform aims to empower communities and civil society, particularly at the country level, to more strategically mobilize around, engage in and influence discussions in ensuring health and well-being for all.

#### **Outputs**

Building on the UHC2030 Civil Society Engagement Mechanism (CSEM) pages, 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 particularly their engagement mechanisms) and evolving health initiatives (e.g., UHC2030, PMNCH, Health Workforce Network), 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.

Signatory agencies will also explore how to meet similar objectives for civil society with limited access to the internet and/or computers (e.g. USB keys, hard copies, in-person workshop, physical meeting spaces).

#### **Objectives**

- 1. To provide an accessible online space to streamline information sharing on engagement related to SDG3+ policy making and delivery around the world and expand literacy around systems strengthening and cross-sector working.
- 2. To support civil society advocacy, strategic mobilization, participation and influence in health governance and delivery at country, regional and global levels, including by sharing tools, innovative approaches, insights and good practice.
- 3. 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 civil society coalitions, enhance coordination and effectively participate in ensuring health and well-being for all.

## Potential elements of the platform

- Builds on the existing UHC2030 CSEM website, based on a review of the development, functionality, impact and evaluations of similar platforms
- Global clearing-house for civil society to share information and resources about data, monitoring, accountability and engagement around SDG3+
- Collate information on and present.

<u>Signatories</u>	<u>Platforms</u>	<u>Processes</u>	<u>GAP</u>
12 agencies' governance structures and engagement mechanisms	Links to multi- stakeholder initiatives and civil society platforms and constituencies	Global processes e.g. High-Level Political Forum, UNGA HLMs	Other Global Action Plan accelerators
<u>Tools</u>	<u>Calendar</u>	Meeting place	Social media
Capacity building tools (e.g. see CSEM resources), reports and literature on SDG3+ related issues	Global health calendar (with established criteria for inclusion)	Platform to host training/briefing webinars	Active Twitter account

## Key inputs/contributions from signatory agencies

- Share information on signatories' engagement mechanisms for civil society and community representatives.
- Map signatories' roles, global and regional SDG3+ related initiatives and institutional arrangements to engage civil society.
- Support to develop, maintain, curate and track usage and impact, and identify an institutional host for the platform.

# ANNEX 1. TOPLINE MESSAGES FROM GLOBAL ACTION PLAN (GAP) NON-STATE ACTOR CONSULTATION (30 APRIL) RELATED TO CIVIL SOCIETY AND COMMUNITY ENGAGEMENT

- Communities, civil society and governments have different ideas about how the GAP will
  contribute to the health-related SDGs and request greater clarity on the GAP's vision and
  scope. All stakeholders in health should be better informed and engaged in the GAP's
  development. Participants called for stronger communication to increase awareness and
  understanding of the GAP, and generally, more harmonized, common tools to facilitate
  information sharing between global health organizations and communities and civil society.
- Participants urged signatories to ensure meaningful engagement of communities and civil society in the development and implementation of all aspects of the Plan, at global and particularly at country level.
- Global health organizations should ramp up advocacy for increased prioritization of and funding for health as a precondition for development, as well as for expanded civic space and community and civil society engagement in health governance at country level.
- Participants urged GAP signatories to increase resources to support the engagement of communities and civil society in country, regional and global bodies and processes, and to align separate funding streams for civil society engagement for more efficient and rational allocation of funding and to move support out of thematic silos.
- Capacity needs to be strengthened and the bandwidth increased of headquarters, country and regional offices to engage meaningfully with communities and civil society. Capacity is perceived as stronger at global level, but weaker at country levels of the same organizations.
- An accountability mechanism for GAP signatories' engagement with communities and civil society needs to be developed. Signatories should transparently report on their engagement and ensure a participatory approach to monitoring progress on commitments in the GAP.

The full meeting report is available here: <a href="https://www.who.int/docs/default-source/global-action-plan/meeting-report-nsa-consultation-on-gap-april-2019.pdf?sfvrsn=f3f87c54\_2">https://www.who.int/docs/default-source/global-action-plan/meeting-report-nsa-consultation-on-gap-april-2019.pdf?sfvrsn=f3f87c54\_2</a>

## ANNEX 2. EXAMPLES OF ADDED VALUE OF COMMUNITY RESPONSES<sup>4</sup>

Evidence-based advocacy		Accessibility of services
Connected health responses		Scale of reach
Research		Holistic care
Behavior change	Added value of community	Governance and accountability
Leaving no one behind	responses	Value for money
Stigma reduction		Monitoring, evaluation and quality
Integrated and combined services		Crisis aversion and response
Gender equality		Sustainability

<sup>&</sup>lt;sup>4</sup> Middleton-Lee, Sarah in collaboration with 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. *Community responses for health: Issues and ideas for collaborative action. December 2018.* Publication pending.

## ANNEX 3. PROPOSED ACTION TO BE CONSIDERED AND FURTHER DEVELOPED IN THE ACCELERATOR 2 ON PRIMARY HEALTH CARE

This action has been outlined, but not fully developed, for consideration under the Primary Health Care Accelerator but given time constraints, it is presented here in draft format as an annex to the Community and Civil Society Accelerator.

## Action. Strengthening resilience and self-reliance of communities

Communities should be engaged in shared decisions and choice through better patient-provider relations and mechanisms for interaction with the health system. Health workers should be equipped with the sociocultural skills to serve as an effective bridge between more empowered communities and more responsive health systems. Investments in health literacy and empowering patients and their families with knowledge and skills will encourage them to become key stakeholders and assets to a health system and to collaborate actively in the production and quality assurance of care.

Community health worker (CHW) initiatives and programmes should be aligned to and part of broader national health and health workforce policies. Countries at all levels of socioeconomic development, including low-income, have demonstrated that it is possible to prioritize investments in large-scale CHW initiatives.

## **Outputs**

Signatory agencies committed to promote, as relevant to their respective mandates and programmes, the adoption of the following community engagement strategies in the context of the CHW, community outreach and peer education programmes they support:

- consultation on programme design with community leaders;
- community participation in CHW selection;
- community monitoring of CHWs activities;
- selection and priority setting of CHW activities;
- support to community-based structures;
- involvement of community representatives in decision-making, problem-solving, planning and budgeting processes.

#### **Objectives**

- Promote social dialogue and community participation in grass-roots decision-making processes and governance mechanisms.
- Support the routine integration of community-level elements in health system planning, financing and support.

### Key inputs/contributions from signatory agencies

In contexts where some external support is still required, signatory agencies commit to harmonize their assistance to CHW programmes and align it with public policy and national health systems as well as support countries to coordinate across their CHWs schemes.

Signatory agencies would be encouraged to feed information and data in the overall monitoring requirements of the WHO Global Strategy on Human Resources for Health and the guidelines on the integration of community health workers within health systems. WHO and UNICEF are already collaborating on the development of a monitoring framework. The implementation of these mechanisms will be embedded in existing relevant WHO monitoring and data management processes.