

# SDG 3 GAP Learning Note

## Civil society and community engagement in the context of the COVID-19 pandemic

May 2022

### Background

In October 2021 the SDG3 GAP civil society and community engagement accelerator working group facilitated a discussion among GAP signatory agencies about their approaches to and experiences with engagement of civil society and community-based/led organizations (CSOs, CBOs, CLOs), with a particular focus on how these organizations have been engaged and/or supported in the response to the COVID-19 pandemic. This note summarizes the approaches presented by several agencies and lessons that emerged, including potential lessons for the SDG3 GAP.

### Agency approaches

**The Global Fund** has long supported civil society and community responses through grant making and in its governance mechanisms. It has continued to do so through funds made available in the COVID-19 response mechanism (C19RM) together with rapid deployment of technical assistance to support grant applications from community-led organizations and networks, including in several countries that are engaged under SDG3 GAP. The Global Fund is also providing technical assistance to civil society and communities to conduct community-led monitoring (CLM) of the quality of health services in response to COVID-19.

**UNAIDS** reported that deep experience of community engagement in the HIV response is being leveraged for the response to COVID-19, for example through local, national and international organizations and networks of people living with HIV. These organizations are providing communities with social and financial support and undertaking community-led monitoring of the pandemic's impact on the HIV response.

**UNFPA** developed an Engagement Strategy for CSOs in line with the UNFPA Strategic Plan, 2022-2025, recognizing that this is a critical element of its work on sexual and reproductive health and rights. UNFPA continues to implement deliberate outreach and engagement with civil society actors outside of its traditional orbits, strengthening alliances with development, humanitarian, youth networks and women's groups. Amidst COVID-19, strategic partnerships with CSOs allowed UNFPA to enhance its advocacy for sustained funding; advance policies, decision-making and accountability to protect hard-won gains and accelerate progress towards implementing the ICPD Programme of Action. In the response to COVID-19, CSOs have been strongly engaged in infection prevention and control, ensuring continuity of SRH services. Women's groups particularly played key roles as crisis responders. Through the Global Fund for Women, UNFPA supported grassroots feminist crisis responses to COVID-19 by investing in local women-led organizations to directly support communities they serve and ensure their continuity. UNFPA also leveraged partnerships with youth networks, religious and traditional leaders, and women's rights organizations to support risk communication, community engagement in primary prevention and stigma reduction. Challenges for CSOs include shrinking civic space, growing opposition to expanding sexual and reproductive health and reproductive rights services, funding cuts and fragmentation/competition among organizations.

UNICEF has continued to scale up its efforts to improve the quality of implementation of people-centred and community-led Risk Communication and Community Engagement (RCCE) approaches which are fundamental to achieving inclusive, localized and more sustainable results for



the COVID-19 response. The organization has focused on improving and standardizing technical assistance and resources to support the application of community engagement and behaviour change interventions; improving coordination of key stakeholders and decision-making around this at the community level; and collecting and analysing quality data to inform service delivery. Commitments around community engagement and social & behaviour change are now integrated across sectors/clusters in UNICEF's revised Core Commitments. These commitments are critical to achieving sectoral outcomes – specifically, demand and utilization of services during crisis situations that consider the social, cultural and context-specific needs of communities and local populations. Acting on these commitments also builds community trust and means investing in local and community-based capacity building and partnerships.

As a lead on RCCE and through the global RCCE Collective Service, UNICEF supported the consolidation of structures and mechanisms for a coordinated community-centered approach to RCCE embedded across public health, humanitarian and development responses, in line with the pillar on RCCE in the World Health Organization's COVID-19 Strategic Preparedness and Response Plan for 2021. This work took place under the Access to COVID-19 Tools (ACT) Accelerator, a global coordination structure set up to develop and deliver tools to enable all countries to address the COVID-19 pandemic. In this context, UNICEF and partners worked in 106 countries in 2021 to implement people-centred behaviour change interventions – under the umbrella of formal RCCE initiatives – to build local capacities and create dialogue. In many places, this took the form of work with influencers and local leaders, youth and other networks to build community trust in basic services, promote public health and social measures aimed at stopping COVID-19 transmission and tackle misinformation around COVID-19 vaccines.

**Unitaid** has been working with communities and civil society for many years through its grants and collaborative partnerships. As co-lead of the Therapeutics Pillar and COVID-19 Oxygen Emergency Taskforce, Unitaid continues to engage with communities and civil society through new funding and the reprogramming of current investments to help ensure continuity and improvement of essential HIV, TB, and malaria services, to support community awareness about COVID-19 and to enable readiness and uptake of new tools for the response as they emerge. Unitaid and FIND recently launched a call to identify community and civil society organizations to advocate for and raise awareness about COVID-19 testing and treatment. The call is expected to result in a number of small grants to increase access to and uptake of COVID-19 testing and therapeutics through the development and implementation of evidence-based advocacy strategies, supported by treatment literacy materials, communication tools and initiatives adapted to specific geographic contexts and high-risk populations.

**WHO** held a series of nine thematic dialogues on COVID-19 with CSOs in 2020 and 2021, with participation by the Director-General. Topics covered included achieving a gender-transformative response to COVID-19; youth engagement and health and wellbeing for young people; social participation; integrating palliative care into COVID-19 responses, and digital health. Outputs from the discussions included a new WHO strategy on NGO/civil society engagement and a new handbook on social participation. WHO is also a member of Global Youth Movement (GYM), a partnership with organizations that is supporting youth projects globally. WHO has promoted civil society engagement and resilience-building and support for vulnerable populations within national COVID-19 response plans. Through its COVID-19 Solidarity Response Fund, WHO launched an initiative to strengthen community engagement and resilience in the face of COVID-19 and future health emergencies. The initiative has supported 54 CSOs in 40 countries including professional associations, indigenous groups, migrants and refugees, people with disabilities, religious leaders and youth organizations, and has a strong focus on participatory governance structures for health, data, tools and guidance on M&E.



The GAP Secretariat also noted that civil society perspectives will be sought as part of the GAP monitoring framework.

### **Key lessons from the presentations**

- Local CSOs, CBOs and CLOs are trusted resources in communities and are best positioned to identify community needs for inclusive health and development policies;
- Leveraging existing networks and integrating services - such as for HIV, tuberculosis, malaria, SRHR and PMNCH - has allowed for rapid adaptation and response to the COVID-19 pandemic, especially for key and vulnerable populations;
- Partnership and coordination with CSOs, CBOs and CLOs on the development and implementation of national COVID-19 response plans, accompanied by investments in these organizations and medium- to long-term technical support for capacity development, amplify government response efforts and the impact of other investments;
- CSOs, CBOs and CLOs can make a valuable contribution through CLM to evaluating quality of health services and the impact of investments and monitoring disruptions to health services; and  
Investing in strengthening the capacities of CSO, CBOs and CLOs is essential for building more sustainable and resilient communities and health systems to achieve UHC through PHC and other health-related SDGs.

### **Potential lessons for SDG 3 GAP**

- Investments in CSO, CBO and CLO capacities and provision of medium- to long-term technical support are vital to achieving UHC through PHC and many other health-related SDG targets; and
- GAP agencies can leverage their existing global, regional and national CSO networks to better support countries in engaging CSOs, CBOs and CLOs as partners in national plans to scale up primary health care, ensure sustainable financing, implement data and digital health approaches (including for M&E and CLM) and deliver equitable health services.

