Call to action

The central role of community action in supporting the achievement of the Sustainable Development Goals (SDGs)

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Eradicating poverty and promoting prosperity in a changing world

We, the undersigned organisations, call on Member States to make strong commitments to community action in the HLPF Ministerial Declaration. We urge Governments to consider the following points:

- **Community action must be fully resourced and integrated into national development and SDG implementation plans.** Communities are crucial partners in providing equitable, evidence-informed, gender-responsive and people-centered services to all who need them and deliver horizontal outcomes across the 2030 Agenda for Sustainable Development Agenda. Investment in community action on health and education, for example, can yield positive outcomes on several of the SDGs, including poverty, equity and gender.

- **Governments must support community action for more sustainable and effective results.** While donors and governments come and go, communities remain the driving forces for change and long-lasting development outcomes.

- **Strengthening community action must be included as a key part of health systems strengthening and universal health coverage strategies and budgets.** Communities, including women, youth and key population-led organisations, must have access to specific funding streams and mechanisms to deliver an effective health response to everyone in need.

- **Ensuring an enabling and responsive environment in which community action can be effective is critical.**[1] This includes removing key barriers, including barriers for registering and financing community-based organisations; criminalization of key populations and HIV exposure and transmission; human rights violations; stigma and discrimination based on age, gender, sexual orientation, gender identity and expression, and ethnicity and migratory status; unequal access to justice; and a general lack of democratic participation, which prevent communities from realising their full potential and disproportionately affect key populations and marginalised groups.

Introduction

The Sustainable Development Goals (SDGs) represent a people-driven, transformative agenda built on the foundations of transparency, participation, and inclusion.[2] In committing to the realisation of the 2030 Agenda for Sustainable Development, Member States recognised that the human rights and dignity of the individual, gender equality and the empowerment of all women and girls are fundamental and that the Agenda's goals and targets should be met for all nations and people as well as for all segments of society, leaving no one behind.[3]

A crucial shift from the Millennium Development Goals (MDGs) to the SDGs is Goal 16, which calls for participatory decision-making at all levels, including the community level. As well as in the implementation of the Agenda progress reviews.[4] The SDGs also call for integrated solutions, which is already happening at the community level. The very nature of community action is that it bridges silos and contributes to the overall health and wellbeing of the individuals served through **a people-centered approach.**[5] The SDGs need the engagement of communities **as agents of change** for resilient and sustainable development, from service delivery to advocacy, so that no one is left behind.

A unique opportunity exists for UN Member States gathering at the 2017 High-Level Political Forum to review the progress on the health and gender SDGs, as well as other critical goals and their important interlinkages, to formally commit **to investing in and supporting community action as vital to the effective implementation of the 2030 Agenda for Sustainable Development.**

Community action and health

For SDG 3, community action has been and continues to be a key success factor. Research and decades of experience demonstrate that in countries where health systems are supported by civil society and communities[6], remarkable progress can be made in achieving better health outcomes for all.[7] The new WHO Framework on integrated people-centered health services (IPCHS) recognises the need to put people and

communities, not diseases, at the center of health systems and empowering people to take charge of their own health", rather than being passive recipients of services.[8]

Approaches to community health care are reflected in the Alma Ata Declaration of 1978.[9] Communities were seen not just as beneficiaries of services, but also actors, making vital contributions to improving health. In most countries, community supports public health systems by filling critical gaps; **they work effectively with key populations, women and girls, young people and marginalized populations, provide supportive services that complement clinic-based care or extend the reach of health services into the community, and help to prevent and end epidemics.** This work is particularly important with regard to data collection: communities are better positioned to reach and gather health data about marginalized and vulnerable people, which will then be used as evidence for financing tailored interventions. Community-led organisations also play a social, protective, and empowering role. They work to realize the right to health, including sexual and reproductive health and rights for vulnerable and marginalized populations, including key populations[10] and women and girls, and they monitor quality, address inequities in access to services, and highlight cases of discrimination.

Community action and HIV

In the longstanding global response to HIV, community action[11] has been central to many of the milestones achieved, such as the recent successes towards the bold Joint United Nations Programme on HIV/AIDS (UNAIDS) global treatment and prevention targets set in 2014 (fast track targets)[12] and the prevention of new infections. Community-led organizations of people living with HIV, key populations, and other affected communities have proven critical in overcoming many of the major challenges in the HIV response, reaching people most affected by HIV with **critical HIV prevention services, providing support for adherence to treatment and other essential health services, and advocating for resources and the human rights of people living with and affected by HIV.** The indispensable role of communities in the HIV response has been documented by key global health agencies and institutions including the Global Fund to Fight HIV, TB and Malaria (Global Fund), Médecins Sans Frontières (MSF), UNAIDS, the United Nations Development Programme (UNDP), the United States President's Emergency Plan for AIDS Relief (PEPFAR), World Health Organization (WHO), and the World Bank.[13, 14]

UNAIDS has estimated that in order to achieve the fast track targets, by 2020 investment in community mobilization should increase three-fold to **3% of total resources dedicated to the response in low- and middle-income countries,** community based delivery of ART should grow to **3.8% of total investment,** and funding for social enablers - including advocacy, political mobilization, law and policy reform, human rights, public communications and stigma reduction - should reach **6% of total expenditures.**[15] This last target was reaffirmed in the 2016 UN Political Declaration (para 64(a).[16]

Despite the wide recognition of the important role of community action on HIV, many community organizations are facing **severe financial challenges.** Forty percent of more than 480 community-based organizations responding to a 2015 UNAIDS survey reported that their funding had decreased since 2013. Two thirds expected flat or reduced funding in the future. **The decline in funding is resulting in a decline in community services for HIV** - 89% of those who reported a decrease in funding also reported they had to scale down their services as a result, often to the detriment of HIV prevention and care services.[17]

Community action and other Communicable and Non-communicable Diseases

The recent re-emergence of critical public health threats (e.g. the 2014 Ebola outbreak in West Africa and cases of Yellow Fever in Angola, Uganda, and Democratic Republic of the Congo) has reinforced **the essential role of community engagement in a health crisis response.**[18, 19] Elhadj As Sy, Secretary General for the International Federation of the Red Cross and Red Crescent called for the WHO to **"recognize the absolutely central role of local communities in preventing, detecting, and responding to health challenges."** This is particularly true in responding to "future outbreaks of highly infectious diseases, global rise in chronic diseases...and there are pockets of hard-to-reach communities still left behind despite inroads globally on immunization, HIV, malaria, TB and maternal, adolescent, and child health."[20] **Strengthening community action is also key to ending TB.** There are strong voices from the TB communities and increased participation of people living with TB in community monitoring and active case finding to find the missing millions. Finally, **the fight against malaria critically requires social mobilization and encouraging and assisting communities** to work together to fight the disease and engage in activities aimed at changing behavior and assistance to households affected by malaria. **The Global Fund to Fight AIDS, TB and Malaria's Strategy 2017-2022: Investing to End Epidemics states that "Civil Society and communities must play a central role in the design, delivery and oversight of the response, including community-based service delivery."**[21, 22] The 2011 United Nations Political Declaration on the Prevention and control of Non-communicable Diseases[23] (NCDs) acknowledged the contribution of and important role played by communities, civil society, and other relevant stakeholders in supporting national efforts for the prevention and control of NCDs. This call for engagement is further reinforced in the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020.[24] **Community action, including the voices of people living with NCDs and those affected,** is a core component of the multisectoral partnerships necessary for the successful prevention and control of NCDs.

Community action and humanitarian crises

Community engagement is also indispensable to respond to humanitarian crises, providing life-saving assistance during emergencies as first responders. They support health and development activities within increasingly complex and protracted crises and operating in challenging environments. During the most recent World Humanitarian Summit (WHS), held in May 2016, the consultation process reaffirmed that **"People affected by crises should be at the heart of humanitarian action...affected communities, their organizations, and their communities should be recognized as the primary agents of their preparedness, response, and recovery."**[25] The UN Secretary General laid out his vision in his report *One Humanity: Shared Responsibility* and its annex, *The Agenda for Humanity* and called upon the international community to put local responses at the heart of humanitarian efforts as well as investing in local capacities.[26] The WHS led to commitments on the Charter for Change that sets a specific target of **20% of humanitarian funding to be channeled to southern civil society organizations** by May

2018.[27] The Grand Bargain (GB), another major outcome of the summit, seeks to make emergency aid finance more efficient and effective, committing to **"a global, aggregated target of at least 25% of humanitarian funding to local and national responders** as directly as possible."[28, 29]

Community action and funding

Despite the wide recognition of the important role communities play in responding effectively to health and other key development and humanitarian related challenges, there continues to be decreased funding for communities.[30] In addition, funding from international donors is too often channeled mainly through multilateral organizations, international NGOs, and a growing number of private sector players and not sufficiently reaching local communities, in particular key populations, youth and women's organizations. In most countries, this has negative implications for local civil society and communities, hindering the full potential of community action and considerably reducing the amount of funding that reach the community and their structures. According to the Global Humanitarian Assistance Report 2016, in 2014, around **two-thirds of funding from government donors was channeled through multilateral organizations. Funding provided directly to local and national NGOs was just 0.4% of international humanitarian assistance in 2015.**[31]

In countries where community responses are being funded by governments, **it is primarily for service delivery.** Other vital elements of community action are usually not directly funded[32], such as dialogue and engagement, community mobilization, advocacy, community monitoring, data collection and evaluation, and efforts to improve social and structural determinants of health, such as human rights and gender equality.[33]

In most countries, community responses are also not meaningfully and systematically integrated into global and national development and health strategies, implementation

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and financing plans, including universal health coverage strategies. Donor financing of health and development efforts as well as national funding policies, regulatory frameworks, and inhibiting policy and legal environments need to be reviewed to remove barriers that prevent the flow of funding from national and international sources to community networks, organizations, and groups.[34]

It is time for a paradigm shift in how governments and donor agencies think about, plan, and finance community action in order to create resilient and sustainable systems for health and development in addition to removing constraints to ensure full investment in communities.

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2   sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf
3   unstats.un.org/sdgs/report/2016/leaving-no-one-behind
4   Para 79 Agenda 2030: We also encourage Member States to conduct regular and inclusive reviews of progress at the national and subnational levels which are country-led and country-driven. Such reviews should draw on contributions from indigenous peoples, civil society, the private sector and other stakeholders, in line with national circumstances, policies and priorities. National parliaments as well as other institutions can also support these processes.
5   Smith J, Buse K, Gordon C. Civil society: the catalyst for ensuring health in the age of sustainable development. Globalization and Health. 2016; 12:40. doi:10.1186/s12992-016-0178-4.
6   "Community is a widely used term that has no single or fixed definition. Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic, and one person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values. Definition is from the Community Systems Strengthening Framework. The Global Fund to Fight Aids, Tuberculosis and Malaria. Geneva, 2014, 1. Available: www.theglobalfund.org/media/6428/core_css_framework_en.pdf
7   The following reports discuss local and national forms of civil society and state interaction and achieving health outcomes: Loewenson R. Civil Society-State Interactions. Geneva: WHO/TARSC, 2003. Available: www.tarsc.org/sites/default/files/uploads/pdf/WHOTARSC2.pdf; and UNAIDS. Stronger together: From health and community systems to systems for health. Geneva: UNAIDS, 2016. Available: www.unaids.org/sites/default/files/media_asset/JC2788_stronger_together_en.pdf
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9   www.who.int/publications/almaata_declaration_en.pdf
10 Key populations or populations most at risk of HIV are identified by UNAIDS as men who sex with men, sex workers, people who use drugs, and transgender people
11 A community response to HIV is the collective of community-led activities in response to HIV". These activities include: (1) advocacy, campaigning and participation of civil society in decision-making, monitoring and reporting on progress made in delivering HIV responses; (2) direct participation in service delivery; (3) participatory community based research; and (4) community financing. This definition is from UNAIDS and Stop AIDS Alliance. Communities deliver: the critical role of communities in reaching global targets to end the AIDS epidemic. (Geneva; UNAIDS; 2015) 9: Available: www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf)
12 www.unaids.org/en/resources/documents/2017/90-90-90
13 UNAIDS. Stronger together, 8; and Collins CJ, Greenall MN, Mallouris C, Smith SL. Time for full inclusion of community actions in the response to AIDS. Journal of the International AIDS Society. 2016;19(1):20712. doi:10.7448/IAS.19.1.20712. Available: www.ncbi.nlm.nih.gov/pmc/articles/PMC4833769/
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The Catholic Agency for Overseas Development (CAFOD)

The Federation of Associations connected to the International Humana People to People Movement

The Global Forum on MSM & HIV (MSMGF)

The Global Network of People Living with HIV North America (GNP+NA)

The Global Network of People Living with HIV, GNP+

The Global Network of young people living with HIV (Y+)

The International Community of Women with HIV/AIDS (ICW)

The Latin American and the Caribbean Council of AIDS Organizations (LACCASO)

The Latin American Institute for Peace and Citizenship – ILAPyC

The More Peace Less AIDS Foundation

The National Association of People living with HIV and AIDS of South Africa (NAPWA -SA)

The Stephen Lewis Foundation

The Umunthu Foundation (UMUFO)

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The Union for International Cancer Control

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