

CALL TO ACTION

International Conference on AIDS and STIs in Africa,
Abidjan, Cote d'Ivoire, December 2017

Community action is crucial for achieving the 2030 global health targets in Africa

Communities make vital contributions to improving health.¹

In countries where health systems are supported by civil society and communities, remarkable progress can be made in achieving better health outcomes for all.² In the longstanding global response to HIV, tuberculosis and malaria, community action has been central to many of the milestones achieved. This is also true of the approaches adopted to curb the spread of Ebola and polio eradication.^{3,4,5}

In the context of HIV, community action is the collective of community-led activities in response to HIV. These activities include: (i) advocacy, campaigning and participation of civil society in decision-making, monitoring and reporting on progress made in delivering HIV responses; (ii) direct participation in service delivery; (iii) direct participation in research; (iv) community financing. Community action bridges silos and constitutes an integral element of resilient and sustainable national health systems, which in turn contribute to the achievement of global and national targets.

Community action is entrenched in global and regional commitments and declarations:

- The Sustainable Development Goals (SDGs) represent a people-driven, transformative agenda built on the foundations of transparency, participation, and inclusion⁶.
- The 2016 Political Declaration on HIV and AIDS states that 6% of total expenditures⁷ should be allocated to community action.
- The World Humanitarian Summit led to commitments on the Charter for Change, which sets a specific target of 20% of humanitarian funding to be channelled to southern civil society organizations by May 2018.⁸ Grand Bargain, 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."^{9,10}
- The new World Health Organization (WHO) Framework on integrated people-centered health services recognises the need to put people and communities, not diseases, at the centre of health systems and prioritizes empowering people to take charge of their own health, rather than being passive recipients of services.¹¹

- The Africa Health Strategy 2016 – 2030, and the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, includes community action to assist in addressing the effects of public health emergencies in a more systematic and comprehensive manner.
- A major new initiative to rapidly recruit, train and deploy 2 million community health workers in Africa has been endorsed by the African heads of state last July 2017.

Even so, **political commitments have not translated into action.** According to the Global Humanitarian Assistance Report 2016, for example, funding provided directly to local and national NGOs was just 0.4% of international humanitarian assistance in 2015.¹² In 2014, UNAIDS estimated that funding for community-led services comprised about 1% of total global resources for the AIDS response, and that this amount would need to grow to 4% by 2030¹³ to achieve the global AIDS targets.

In order to address the glaring gap between commitments versus actual support for community action, **we call on African governments and their development partners to:**

1. Fully resource community action from international and domestic sources.
2. Integrate community action into national health and SDGs implementation plans, including in national health systems strengthening and universal health coverage (UHC) strategies and budgets.
3. Protect communities from violence and discrimination and end criminalisation of key populations.
4. Make community action an integral part of emergency and humanitarian responses and interventions in complex settings.

JOIN US as we call on African governments and development partners to invest in and support community action to achieve the global health targets by 2030

Support community action by sending the name of your organisation to CSOstatement@aidsalliance.org

BACKGROUND INFORMATION

Fully resource community action from international and domestic sources

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, and community based delivery of antiretroviral treatment (ART) should grow to 3.8% of total investment. In 2016, member states committed to reach 6% of total AIDS expenditure to community action.¹⁴ It is time for a paradigm shift in how governments and donor agencies think about, plan, and finance local community action in order to create resilient and sustainable systems for health and development.

Integrate community action into national health and SDGs implementation plans, including in national health systems strengthening and universal health coverage (UHC) strategies and budgets

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. Countries must facilitate the creation of effective multi-sectoral plans and platforms that meaningfully engage key populations and people affected by diseases to implement the SDGs. Countries must also ensure national monitoring reports, including the SDGs Voluntary National Reports, include data on community action, HIV, key populations, adolescents and young women.

United Nations' (UN) member states endorsed UHC¹⁵ in a 2012 resolution¹⁶ and adopted it as a SDG target in 2015.¹⁷ African states must ensure not only that prevention, treatment and care services exist but that they can be accessed without discrimination and are needs-based. UHC must be anchored in the right to health and ensure adequate and sustainable funding for community action as a means to achieving stronger health systems. Countries should incorporate the lessons learnt from the HIV response in areas such as governance, financing, community-based service delivery, political mobilization, accountability and human rights to move towards UHC. For example, community-based service delivery has measurable impact, plays a critical role in generating demand for quality services, responds to the needs of marginalized groups, including key populations, adolescents and young women, and serves populations that are not accessing public health services.^{18 19 20}

For community action to be integrated into national health and development plans, UN agencies, WHO and African states must work towards adequate high level technical guidance that addresses the whole spectrum²¹ of community responses for health and its linkages with the formal public health system. For example, the recognition of community action in the WHO programme of work 2019 – 2023 is an essential step forward towards achieving better health outcomes.

Protect communities from violence and discrimination and end criminalisation of key populations

African states must remove key barriers, including barriers for (1) registering and financing community-based organisations; (2) criminalization of key populations and HIV exposure and transmission; (3) human rights violations; stigma and discrimination based on age, gender, sexual orientation, gender identity and expression, and ethnicity and migratory status; (4) unequal access to justice; (5) a general lack of democratic participation, which prevent communities from realising their full potential and disproportionately affect key populations, adolescents and young women. They must take all necessary steps to end gender inequality and gender-based violence, and ensure full respect for the right to health, including sexual and reproductive health.

By adopting the SDGs, member states recognised as fundamental the human rights and dignity of the individual, the empowerment of all women and girls, and the need for gender equality. The goals and targets set in the SDGs should be met for all nations and people as well as for all segments of society, leaving no one behind.²² States must respect, protect, and fulfil the rights of all persons by prohibiting all forms of discrimination.

Make community action an integral part of emergency and humanitarian responses and interventions in complex settings

Local communities are central in preventing, detecting, and responding to health challenges. This is particularly true in responding to "future outbreaks of highly infectious diseases, and the global rise in chronic diseases".²³ By providing life-saving assistance during emergencies as first responders, community action is indispensable for responding to humanitarian crises and to the needs of people in complex settings. Communities support health and development activities within increasingly complex and protracted crises and operate in challenging environments. During the most recent World Humanitarian Summit (May 2016), the consultation process reaffirmed that "people affected by crises should be at the heart of humanitarian action".²⁴ The UN Secretary General's One Humanity: Shared Responsibility campaign called upon the international community to put local responses at the heart of humanitarian efforts as well as investing in local capacities.²⁵ The World Humanitarian Summit led to commitments on the Charter for Change that sets a specific target of **20% of humanitarian funding to be channelled to southern civil society organizations** by May 2018.²⁶ Grand Bargain, 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".^{27 28}

This Call to Action was prepared by Stop AIDS Alliance, the International HIV/AIDS Alliance and Aidsfonds with the support from the Partnership to Inspire, Transform and Connect the HIV response (PITCH). Please contact David Ruiz Villafranca, Senior Policy Advisor, Stop AIDS Alliance for more information Druiz@stopaidsalliance.org



PITCH

Partnership to Inspire, Transform and Connect the HIV response

- 1 www.who.int/publications/almaata_declaration_en.pdf
- 2 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.
- 3 *Community-Based Antiretroviral Therapy Delivery: Experiences from MSF*. 2015, UNAIDS: Geneva
- 4 Sharp, J., et al. *Outcomes of Patients Enrolled in ART Adherence Clubs After Viral Suppression (# 1031)*. in *Conference on Retroviruses and Opportunistic Infections*. 2016. Boston, USA.
- 5 Cleary, S., et al., *Adherence clubs for long-term provision of anti-retroviral therapy: A cost-effectiveness and access analysis from Khayelitsha, South Africa* (in press). *Trop Med Int Health*. <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>
- 6 http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Reference_FastTrack_Update_on_investments_en.pdf
- 8 S.S. Singh. "As Local as Possible, As International as Necessary: Humanitarian Aid International's Position on Localisation" [Online]. Available: charter4change.org/2016/12/16/as-local-as-possible-as-international-as-necessary-humanitarian-aid-internationals-position-on-localisation/
- 9 S.S. Singh. "As Local as Possible, As International as Necessary: Humanitarian Aid International's Position on Localisation" [Online]. Available: charter4change.org/2016/12/16/as-local-as-possible-as-international-as-necessary-humanitarian-aid-internationals-position-on-localisation/
- 10 More information on Charter for Change and the Grand Bargain is available at: charter4change.org/ and www.agendaforhumanity.org/initiatives/3861
- 11 Quotation retrieved online from: www.who.int/servicedeliverysafety/areas/people-centred-care/en/; WHO Framework on integrated people-centered health services available online: apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1&ua=1
- 12 *Global Humanitarian Assistance Report 2016*. (Bristol: Development Initiatives Ltd), 7. Available: <http://devinit.org/wp-content/uploads/2016/06/Global-Humanitarian-Assistance-Report-2016.pdf>
- 13 *An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response*. NGO Report to the UNAIDS PCB. 2016
- 14 http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Reference_FastTrack_Update_on_investments_en.pdf
- 15 UHC is conceptualized as ensuring all people's access to the health services they need, with sufficient quality to be effective, while protecting against the financial risk of out-of-pocket health spending.
- 16 United Nations General Assembly. *Global health and foreign policy*. Resolution A/67/L.36 (2012).
- 17 United Nations General Assembly. *Transforming our world: the 2030 agenda for sustainable development*. Resolution A/RES/70/1. http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E
- 18 Rodriguez-García R, Wilson D, York N, Low C, N'Jie N, Bonnel R. Evaluation of the community response to HIV and AIDS: learning from a portfolio approach. *AIDS Care*. 2013;25(Suppl 1):S7-19.
- 19 Barr D, Odetoynbo M, Mworeko L, Greenberg J. The leadership of communities in HIV service delivery. *AIDS*. 2015;29(Suppl 2):S121-7.
- 20 Ayala, G., Santos, G.M. (2016). Will the Global HIV Response Fail Gay and Bisexual Men and Other Men Who Have Sex With Men? *JIAS*, 19: 21098.
- 21 Rodriguez-García R, Bonnel R, N'Jie N, Olivier J, Pascual FB, Wodon Q. Analyzing community responses to HIV and AIDS: operational framework and typology. Washington, DC: World Bank; 2011.
- 22 <https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind>
- 23 A. Zweynert, (2017). "Expert Views- Challenges and priorities for WHO's new director general Tedros" [Online]. Available: news.trust.org/item/20170523184027-0yr9g
- 24 World Humanitarian Summit secretariat, *Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit* (New York: United Nations, 2015), xi. Available: reliefweb.int/sites/reliefweb.int/files/resources/Restoring%20Humanity-%20Synthesis%20of%20the%20Consultation%20Process%20for%20the%20World%20Humanitarian%20Summit.pdf
- 25 United Nations. *One humanity: shared responsibility*. Report of the Secretary-General for the World Humanitarian Summit, 2016; A/70/709. Geneva, 2016, Paragraph 149-150. Online at: reliefweb.int/sites/reliefweb.int/files/resources/Secretary-General%27s%20Report%20for%20WHS%202016%20-%20Advance%20Unedited%20Draft%29.pdf; *Agenda for Humanity*. Annex to the Report of the Secretary-General for the World Humanitarian Summit; A/70/709. Geneva, 2 February 2016. Available: www.agendaforhumanity.org/sites/default/files/AgendaforHumanity.pdf
- 26 S.S. Singh. "As Local as Possible, As International as Necessary: Humanitarian Aid International's Position on Localisation" [Online]. Available: charter4change.org/2016/12/16/as-local-as-possible-as-international-as-necessary-humanitarian-aid-internationals-position-on-localisation/
- 27 S.S. Singh. "As Local as Possible, As International as Necessary: Humanitarian Aid International's Position on Localisation" [Online]. Available: charter4change.org/2016/12/16/as-local-as-possible-as-international-as-necessary-humanitarian-aid-internationals-position-on-localisation/
- 28 More information on Charter for Change and the Grand Bargain is available at: charter4change.org/ and www.agendaforhumanity.org/initiatives/3861