

FOCUS ON

The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria



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The individuals and communities most affected by HIV, TB and malaria make critical contributions to the Global Fund's mission to accelerate the end of the three diseases as epidemics, while building stronger, more responsive systems for health.

Community voices and leadership in governance, implementation and oversight of Global Fund-supported programs is essential to achieving lasting impact.

Lessons from the Ebola response and the transition to the Sustainable Development Goals, with the specific target of achieving universal health coverage, have spurred the Global Fund to reflect on how people access health services and how countries respond to health crises. Rethinking our approaches to building resilient and sustainable systems for health will be essential in order to maximize equitable access and impact on HIV, TB and malaria.

Resilient and sustainable systems for health

Improved health is the result of harmonized policies, financing mechanisms and the delivery of services and other critical activities, both within and complementary to the health sector. Services and policies are developed and implemented by a variety of actors, including government or public health systems, community-based organizations and networks, nongovernmental, faith-based and private sector organizations. Together, these diverse actors constitute the broad health ecosystem that serves to protect and promote health and human rights.

With this in mind, resilient and sustainable systems for health (RSSH) can perhaps be better understood not as static structures with communities and health systems in silos, but as evolving systems that interact and complement each other, and adapt to emerging challenges.

Community action on health is diverse, spontaneous, dynamic, and is rooted in specific contexts. RSSH recognizes this complexity and values the critical role of communities in identifying health challenges and opportunities, and responding to crises.

What are communities?

The word “community” is widely used in the global health context, but it can mean many different things. It can be used to refer to people who are connected to each other in varied and distinct ways:

- ▶ People who health systems are trying to reach and whose health they aim to improve
- ▶ People who are particularly affected by a given health problem
- ▶ People who share particular characteristics or vulnerabilities due to gender, identity, geography, behavior, ethnicity, religion, culture, or age
- ▶ Groups that represent any of above communities

While individuals are often part of more than one community, they may not necessarily identify with all or any of those communities. Many people living with HIV, for example, are not aware of their status, and those who are may not join a network.

What are community responses and community systems?

The Global Fund uses the term “community responses” to describe the means by which communities act on the challenges and needs they face. While states have the primary responsibility to guarantee health and human rights, when this responsibility is not fulfilled, community actors may need to act outside the formal public health systems to protect the health and human rights of people who are neglected, marginalized or criminalized. In many cases, communities provide services and support that are not otherwise being provided, or which are not accessible to key and most-affected populations.

There is growing consensus that universal health coverage will not be attainable without the active engagement and leadership of communities, especially those most excluded and affected by the three diseases. We therefore need to better catalyze, organize and support community action and build stronger community systems that complement and work in synergy with formal health systems.



Community health worker Reuben Kimweli lives and works in Kibera, Kenya's largest slum. His close connections with Kibera's residents are a vital asset in his work. When someone is diagnosed with tuberculosis, Reuben walks the treatment journey by their side, and follows up with others who might have been exposed. He is one among thousands of community health workers on the frontlines of the global effort to track down more than 4 million cases of tuberculosis that go undiagnosed, untreated or unreported every year.

A spectrum of responses

The diverse types of community responses sit on a spectrum from closely linked with the formal health system to fully self-directed. Some types of community response are increasingly accepted by ministries of health and built into their systems. Countries like Rwanda and Ethiopia, for example, have established and formalized large-scale community health worker programs that enable the delivery of a wide range of basic health services to people as an extension of traditional facility-based care.

Other types of community responses include disease-specific interventions and/or for people disproportionately affected by the diseases. Such responses make it possible to reach people who would not otherwise be reached by mainstream services or generalist community health workers. While these actions are often included in national strategies, they are rarely implemented at scale and in a sustained way. Funding for these tends to be reactive – based on requests coming from NGOs/CBOs, and as a result can often leave large gaps in essential services.

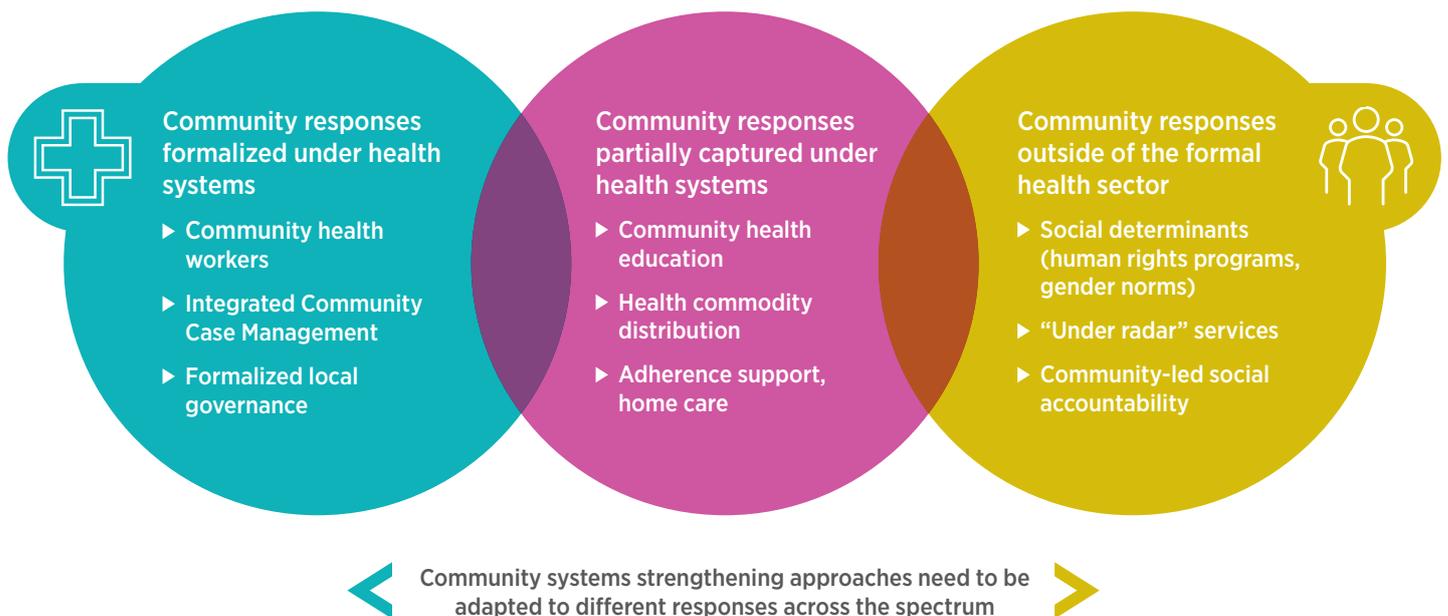
The right side of the spectrum below includes responses that are also essential to improving how programs work, but which are not necessarily recognized as health-related interventions. They are not always incorporated in national health or disease plans. Indeed, at times, they may be seen by the health sector as antagonistic, because they can challenge what national programs are doing or not doing. This includes community-based monitoring and feedback mechanisms that help improve quality and responsiveness of services. Nonetheless, there is growing recognition that these responses make an important contribution to better health.

What the Global Fund calls community systems strengthening – capacity building, strategic support and building enabling mechanisms – needs to be adapted to the specific aims and challenges of each type of community action across this spectrum.



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In the five countries of the Mekong region, Cambodia, Laos, Myanmar, Thailand and Viet Nam, village and mobile malaria workers are equipped with knowledge and resources to promote prevention activities, as well as test for and treat cases. These people are members of the community they serve – neighbors and coworkers. They report any cases of malaria to the government, so health professionals can follow up and prevent a case from becoming an outbreak. The Global Fund and partners support more than 20,000 malaria volunteers across the region. Their proximity to risk hot spots means more cases found and treated, and more lives saved.





At a community center in Sonsonate, El Salvador, sex workers can receive literacy lessons, as well as information about HIV treatment and prevention, alcohol and drug abuse, and how to prevent difficult situations with clients. With support from the Global Fund, centers like these have been set up throughout the country to reach and empower sex workers and other vulnerable groups in order to reduce social exclusion, discrimination, and to help stop the spread of HIV.

Looking forward

The Global Fund's approach to systems for health reflects a growing understanding of the complex nature of interactions that exist between disease control programs, primary health care and communities.

The Global Fund Strategy 2017-2022 acknowledges community responses and systems as crucial, diverse, dynamic and highly adaptable.

Communities contribute to improving health in a number of ways. These include:

- ▶ Managing and delivering services, including facility-based clinical services and non-facility-based treatment, care and support services;
- ▶ Supporting people who are marginalized or discriminated against to access services;
- ▶ Mobilizing action among people who are marginalized for improved social conditions, and better quality services;

- ▶ Addressing broader determinants of health including gender and human rights-related barriers;
- ▶ Advocacy for enabling environment;
- ▶ Monitoring and community-based advocacy for better access to quality health care.

Strengthening the role of communities is not just crucial and effective in responding to HIV, tuberculosis and malaria, but vital for making progress toward the goals of universal access to health care and realizing the rights of everyone to achieve the highest attainable standards of health.

About the Global Fund

The Global Fund is a 21st-century organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund's operating costs are approximately 2 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.