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# Technical Brief: Community Systems Strengthening

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OCTOBER 2019

GENEVA, SWITZERLAND

## Abbreviations

CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CSS	Community systems strengthening
GBV	Gender-based violence
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
LLIN	Long lasting insecticidal net
RSSH	Resilient and sustainable systems for health
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
TB	Tuberculosis
UHC	Universal Health Coverage

# Table of Contents

<b>1. Introduction</b>	<b>1</b>
1.1 Objective	
1.2 Audience	
1.3 Content	
<b>2. Background</b>	<b>2</b>
<b>3. The Importance of Community Systems Strengthening</b>	<b>3</b>
3.1 Communities	
3.2 Community responses	
3.3 Community systems	
3.4 Community systems strengthening	
<b>4. CSS Interventions that the Global Fund supports</b>	<b>6</b>
4.1 Summary of community systems strengthening priorities	
4.2 Description of community systems strengthening priority interventions	
<b>5. What goes where in a funding request</b>	<b>11</b>
5.1 Community systems strengthening interventions	
5.2 Areas related to community systems strengthening	
<b>6. Monitoring and evaluating community systems strengthening</b>	<b>12</b>
<b>7. Strengthening Community Systems in a Funding Request</b>	<b>14</b>
7.1 Building on national disease and health plans	

- 7.2 Adapting community systems strengthening to the three diseases
- 7.3 Contextualising community systems strengthening interventions
- 7.4 Assessing needs for community systems strengthening
- 7.5 Meaningfully engaging communities
- 7.6 Working in partnership for community systems strengthening
- 7.7 Accessing technical assistance for community systems strengthening

# 1. Introduction

## 1.1 Objective

This technical brief gives practical guidance to countries to maximize the impact of programs resourced by the Global Fund to Fight AIDS, Tuberculosis and Malaria through community systems strengthening.

### Focus of the Brief

The brief builds on the significant, existing commitments to communities and community systems strengthening mandated by global frameworks on health and development and supports operationalization of these commitments.

Community systems strengthening (CSS) is essential to achieving progress against the three diseases and to fulfil their principles of promoting human rights and gender equity. CSS interventions that the Global Fund supports are outlined in the Community Systems Strengthening Module in the Resilient and Sustainable Systems for Health (RSSH) component of the [Modular Framework](#) - the tool that the Global Fund provides for countries to structure their funding requests.

The module provides opportunities to invest in four priority **community systems strengthening interventions**:

- Community-based monitoring;
- Community-led advocacy and research;
- Social mobilization, building community linkages and coordination; and
- Institutional capacity building, planning and leadership development.

The Global Fund promotes effective community systems that underpin community-led and community-based responses, and which can complement and link with formal health systems. Community-led responses are those that are managed, governed and implemented by communities themselves and community-based responses are those that are delivered in settings or locations outside of formal health facilities.

The four priority interventions are described in this document, including examples and cases studies for each. The brief also clarifies when other interventions related to community systems strengthening – such as Community Health Workers (CHWs) and community-led and community-based service provision – can be included through other modules in the Modular Framework.

This brief applies to all three diseases and all types of contexts. This includes countries undergoing transition processes or classified as challenging operating environments.

## 1.2 Audience

The primary audience for this brief is stakeholders who are directly involved in country-level processes to develop and write funding requests for the Global Fund. This includes representatives of: community groups and networks; civil society organizations; government departments; consultants; technical partners; technical assistance providers and community and civil society advocates, and relevant decision-making bodies, such as Country Coordinating Mechanisms (CCMs).

## 1.3 Content

This brief is not a manual on how to design and implement community systems strengthening interventions. It rather sets out key concepts and opportunities, and suggests other useful resources produced by other organizations. It complements and refers to other materials produced by the Global Fund to support countries to develop strong funding requests. These include:

- Information Notes on [HIV](#), [TB](#), [Malaria](#) and [RSSH](#).
- [Technical Briefs](#) on Key Populations, Gender Equity and Human Rights.

See Annex 5 for a list of these and other key resources.

# 2. Background

Responses that are led by communities – and the systems and structures needed to support them – are central to the work of the Global Fund and its vision of “*a world free of the burden of AIDS, tuberculosis and malaria with better health for all.*”<sup>1</sup>

In Investing to End Epidemics, the Global Fund’s Strategy for 2017-22, Strategic Objective 2 (‘build resilient and sustainable systems for health’) has a specific operational objective to strengthen community responses and systems. Meanwhile, Strategic Objectives 1, 3 and 4 (‘maximize impact against HIV, TB and malaria’, ‘promote and protect human rights and gender equality’ and ‘maximize increased resources’) can only be achieved through the type of high quality, scaled-up and cost-effective approaches that strong community responses and systems provide.

This brief provides guidance for countries on how to include community systems strengthening interventions in their funding requests. It focuses on the priority interventions outlined in the Community Systems Strengthening Module. However, it is up to each country to select the modules, interventions and activities that best reflect its programmatic and financial needs.

The Brief is informed by the Global Fund’s extensive past work and lessons in this area. This includes the Community Systems Strengthening Framework that was developed in 2010 and modified in 2014 and continues to provide an important conceptual framework.<sup>2</sup>

*For more information, see the [Global Fund’s Strategy 2017-22: Investing to End Epidemics](#).*

## 3. The Importance of Community Systems Strengthening

### 3.1 Communities

'Community' is a widely used term that has no single or fixed definition. Broadly speaking, communities are formed by people who are connected to each other in distinct and varied ways. Examples include those who share particular characteristics or vulnerabilities due to: geography, living situations, health challenges, culture, gender, age, religion, identity and sexual orientation. Communities are diverse and dynamic. A person may be part of more than one community.

In the context of a Global Fund funding proposal, '**communities**' refers to people who are affected by HIV, TB and malaria. This includes '**key and vulnerable populations**' [see box 1].

### 3.2 Community responses

'**Community responses**' are how communities act on the challenges and needs that they face.

Community responses are multi-dimensional. For example, they can combine community-based service delivery with roles in advocacy, monitoring, research, governance and accountability.

Community responses make a vital contribution to national responses to HIV, TB and malaria – working alongside other sectors to develop evidence-based approaches, apply good practice and implement normative guidance. They also bring unique *added value* in comparison to others [see box 2]. For example, they are especially effective at: ensuring health equity, in particular for key and vulnerable populations; addressing the social determinants of health (such as human rights and gender equity); implementing safe, high-quality and people-centered services; and holding decision-makers to account<sup>3</sup>. Community responses often provide support that would not otherwise be available.

#### Box 1. Key and vulnerable populations

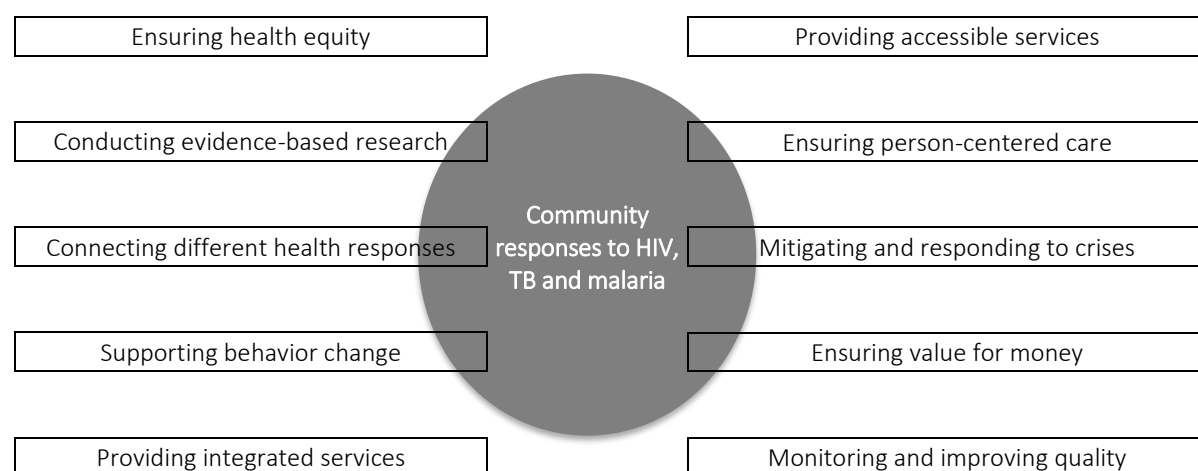
Communities include '**key and vulnerable populations**'.

**Key populations** in the context of HIV, TB and malaria, are people who experience *increased* vulnerability to and high epidemiological impact from one of the diseases, combined with *decreased* access to services. They are also criminalized or otherwise marginalized. They can include: male, female and transgender sex workers; gay men and other men who have sex with men; transgender people; people who use drugs; people in prison and other closed settings; people living with HIV, migrants, refugees and internally displaced people and indigenous populations.

Others who do not meet the criteria above but still have heightened risk and reduced access are recognized as **vulnerable populations**, including people who have increased vulnerabilities in specific contexts; for example, adolescent girls and young women, miners, people with disabilities, orphans.

*For more information, see the Global Fund's [Technical Brief: Key Populations](#).*

## Box 2. Added value of community responses to HIV, TB and malaria



Community responses can be seen as a spectrum of different types and scales of interventions. On one end, responses tend to be formally structured, managed by and reporting to public health institutions, and directly focused on health. An example is a community health worker (CHW) program for TB, where the workers are based in and contracted by a government hospital, serve as a link between medical staff and community members, and focus on TB contact tracing and case finding.

At the other end of the spectrum, community responses tend to be more informal, community-led [see box 3] and not necessarily recognised as directly health-related. An example is a local advocacy programme developed and managed by transgender people to campaign for laws and policies to recognise their gender identity and protect their human rights.

### Box 3. Community-led responses

The Global Fund encourages **'community-led responses'** as a key element of **effective systems for health**. These are actions and strategies that seek to improve the health and human rights of constituencies, and that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them.

Community-led responses include **'key and vulnerable population-led responses'**. These are implemented by entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers reflect and represent the experiences, perspectives and voices of key and vulnerable populations.

### 3.3 Community systems

'Community systems' is a broad term that describes the structures, mechanisms, processes and actors that are needed to support community responses.

Community systems include different types of formal and informal community groups, organizations and networks, and other civil society organizations. They are an essential part of a country's overall system for health – combining with and complementing the work of other stakeholders and sectors, such as the government and private sector.

### 3.4 Community systems strengthening

'Community systems strengthening' refers to interventions that support the development and reinforcement of informed, capable, coordinated and sustainable structures, mechanisms, processes and actors through which community members, organizations and groups interact,



coordinate and deliver their responses to the challenges and needs affecting their communities.

The exact need for and nature of community systems strengthening varies, according to a country's social, political and economic context and the strengths and weaknesses of its existing community and health systems. Factors such as the legal environment are especially important, as they dictate whether communities have the rights and recognition to operate freely and effectively or where the legal and policy environment allows for contracting and public funding of civil society and community organizations to deliver services.

Community systems strengthening is essential for safe, relevant, accessible and high-quality services and structures needed to end the HIV, TB and malaria as epidemics and to develop resilient and sustainable systems for health. It also lies at the heart of the integrated<sup>1</sup>, co-produced<sup>1</sup> and people-centered<sup>1</sup> packages that are vital to achieve Universal Health Coverage and progress across all of the Sustainable Development Goals.

Community systems strengthening is increasingly recognized in international commitments and normative guidelines. However, in some countries, interventions to strengthen community systems remain insufficiently acknowledged, prioritized or integrated in national plans and budgets (for either specific diseases or health as a whole).

*See Annex 1 for a glossary of definitions.*

#### **Case study: Emphasizing community systems strengthening in South Africa**

In **South Africa**, the National Strategic Plan for HIV, TB and STIs acknowledges that agile and well-resourced communities and civil society are critical to a seamless continuum of care from health systems to community systems. The strategy has a core goal to promote leadership and accountability across different sectors, including through increased dialogue on performance. To support the National Strategic Plan, the current Global Fund grant focuses on HIV prevention among adolescent girls and young women and key and vulnerable populations, including an allocation of US\$40 million to community systems strengthening.

For adolescent girls and young women, the grant's community systems strengthening interventions include a leadership development program, with mentorship and support to provincial-level ['She Conquers'](#) advocates.

For key and vulnerable populations, the interventions include a package of strategies to strengthen their networks and organizations. Examples include: convening of good practice forums on targeted programming; strengthening of provincial level coordination structures; community-based monitoring of HIV and TB drug stock-outs; provision of technical assistance on the collection and use of data; and building of capacity to manage, monitor and mobilize resources for HIV combination prevention. The interventions also include activities to strengthen local governance structures to monitor health policies and performance, with particular attention to the barriers to services - such as human rights violations and gender inequalities – experienced by key and vulnerable populations.

Through its Global Fund grant, South Africa is also developing a clear framework for community and civil society responses and how to evaluate them. This aims to ensure a central role for such stakeholders in the future response to HIV, TB and STIs, and to enable non-governmental organizations to enter into multi-year service-level agreements to reach key and vulnerable populations. While the South African National AIDS Council leads on the development of the framework, the national civil society forum will provide a critical steer, alongside Provincial Councils on AIDS.

## 4. CSS Interventions that the Global Fund supports

### 4.1 Summary of community systems strengthening priorities

Whilst the Global Fund recognizes that a wide range of community systems strengthening interventions can play an important role in a country's response to HIV, TB and malaria, as well as health in general, the Global Fund prioritizes funding for the following interventions:

<b>Priority community systems strengthening interventions Global Fund's 2020-22 allocation cycle</b>		
<b>Component of <a href="#">Modular Framework</a></b>	<b>Module of Component</b>	<b>Interventions in Module</b>
Resilient and Sustainable Systems for Health	Community Systems Strengthening	Community-based monitoring
		Community-led advocacy and research
		Social mobilization, building community linkages and coordination
		Institutional capacity building, planning and leadership development

## 4.2 Description of community systems strengthening priority interventions

This section describes the type of activities that each priority intervention can include. It also provides case studies of the types of interventions already being supported by the Global Fund or which could be included in future grants.

<b>Description of priority community systems strengthening interventions Global Fund's 2020-22 allocation cycle</b>
<b>Intervention: Community-based monitoring</b>
<b>Description</b> <p>Community-based mechanisms by which service users and/or local communities gather, analyze and use information on an ongoing basis to improve access to, quality and impact of services, and to hold service providers and decision makers to account.</p> <p>(Note: community-based monitoring is <u>not</u> the same as routine program monitoring).</p> <b>Activities can include:</b> <ul style="list-style-type: none"><li>✓ Development, support and strengthening of community-based mechanisms that monitor: availability, accessibility, acceptability and quality of services (e.g. observatories, alert systems, scorecards); health policy, budget and resource tracking, and monitoring of health financing allocation decisions; and/or complaint and grievance mechanisms.</li><li>✓ Community-based monitoring of barriers to accessing services (e.g. human rights violations, including stigma and discrimination and confidentiality; age and gender-based inequities; geographical and other barriers) for purposes of emergency response, redress, research and/or advocacy to improve programs and policies.</li><li>✓ Tools and equipment for community-based monitoring (including appropriate technologies).</li><li>✓ Technical support and training on community-based monitoring: collection, collation, cleaning and analysis of data; and using community data to inform programmatic decision making and advocacy for social accountability and policy development.</li><li>✓ Community engagement and representation in relevant governance and oversight mechanisms.</li></ul>
<b>Case studies</b> <p><b>Implementing community-based monitoring of HIV treatment, West Africa<sup>4</sup></b></p> <p>In Côte d'Ivoire, Mali, Senegal and eight other West African countries, Community Treatment Observatories have been set up by national networks of people living with HIV. These collect monthly quantitative and quarterly qualitative data on access to HIV treatment for key and vulnerable populations at selected health facilities. The resulting data provides unprecedented national evidence for advocacy to address key challenges in availability, accessibility, acceptability, affordability and appropriateness of treatment. In turn, the national data is combined under a Regional Community Treatment Observatory, providing a quantified assessment of the picture across the West Africa region.</p>

### **Establishing a human rights observatory to inform advocacy, Cameroon<sup>5</sup>**

This Global Fund HIV grant focuses on key and vulnerable populations such as men who have sex with men, transgender people, people who use drugs and sex workers. These community members experience high levels of stigma, human rights violations and criminalization, which limit their access to health services. The grant invests in the provision of community-based services and targeted interventions to address human rights barriers principally with regards to the uptake of and retention in HIV and TB services. These strategies are complemented by a community and civil society-led human rights observatory – established to monitor and document the scale and nature of HIV-related discrimination in the accessing of quality health services, particularly for people living with HIV (e.g. drug availability) and key and vulnerable populations. The data and analysis provided by the observatory will enable a rapid response to incidents and provides evidence for advocacy to improve practices as well as change laws and policies.

### **Intervention: Community-led advocacy and research**

#### **Description**

Local, provincial, national and/or regional-level advocacy activities led by community organizations, networks and civil society actors, particularly those representing marginalized, under-served and key and vulnerable populations. Advocacy activities can relate to health services; disease-specific programs; or broader issues such as human rights violations, including stigma and discrimination and confidentiality; age and gender inequities; sustainable financing and legal and policy reform.

#### **Activities can include:**

- ✓ Qualitative, quantitative and operational community-led research that takes into account human rights, gender and age considerations; and the production, publication and dissemination of reports and communication materials.
- ✓ Community-led mapping of legal, policy and other barriers that hinder/limit community responses (including barriers that impede registration, funding of community organizations).
- ✓ Data collection and analysis to inform development and/or improvement of key and vulnerable population programs.
- ✓ Research and advocacy to sustain/scale-up access to services by key and vulnerable populations, including public financing for the provision of services by community led and based organizations (e.g. costing of services and implementation arrangements; analysis of the legal and policy context, tendering and selection processes, and monitoring of implementation).
- ✓ Capacity building to develop and undertake campaigns, advocacy and lobbying, for improved availability, accessibility, acceptability and quality of services and social accountability.
- ✓ Capacity building to develop and implement advocacy campaigns for domestic resource mobilization for the three diseases and Universal Health Coverage.
- ✓ Advocacy activities, including conducting situational analysis, engagement and representation in policy processes, decision-making and accountability mechanisms and processes, and in the development of local, regional and national strategies and plans (including national health; disease-specific; community health and Universal Health Coverage).

## Case studies

### Developing civil society priorities charters, Sub-Saharan Africa<sup>6</sup>

In various countries across southern and eastern Africa – including Kenya, Malawi, Swaziland, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe – key population communities were experiencing low advocacy capacity, limited coordination and poor coherence in advocacy messages to influence national processes. To strengthen their contribution to Global Fund Funding Model processes, key populations groups and civil society came together, in each country, to develop Civil Society Priorities Charters – documents mapping out their shared priorities and advocacy ‘asks’. The development of the Charters included workshops to review country plans and latest data, share lessons, debate principles and identify common concerns. The products were used for a range of purposes, including as tools to influence the priorities agreed by CCMs and to advocate for the more meaningful involvement of communities in national disease responses.

### Engaging key and vulnerable populations in transition planning, Costa Rica<sup>7</sup>

As Costa Rica transitions away from Global Fund financing for HIV, its grant is focused on programs related to key and vulnerable populations and human rights, and the strengthening of related community systems. To support smooth transition, it has drawn on the expertise of populations such as men who have sex with men and trans women, with representatives engaged in all relevant processes, including the development of a national sustainability strategy and the funding request to the Global Fund. As a result, Costa Rica’s sustainability and transition plans have the support of communities affected by HIV - improving their potential for long-term success. The workplan includes specific programs so key and vulnerable populations organizations continue to receive financing to provide health services for these populations.

## Intervention: Social mobilization, building community linkages and coordination

### Description

Activities to mobilize communities, particularly communities of marginalized, under-served and key and vulnerable populations, in responses to the three diseases, barriers to accessing health and other social services, social determinants of health and progress towards Universal Health Coverage and the realization of the SDGs.

### Activities can include:

- ✓ Community-led participatory needs assessments.
- ✓ Building capacity on use of appropriate new information communication tools and technologies.
- ✓ Community-led development/revision of strategies, plans, tools, resources and messages for social mobilization.
- ✓ Mapping of community-led and community-based organizations and networks and their service packages as basis for improved planning, resourcing, integration and coordination of service delivery and advocacy.
- ✓ Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems, other health actors and broader movements such as human rights and women’s movements.

## Case studies

### A malaria platform for communities and civil society, Greater Mekong Sub-region<sup>8</sup>

In the Greater Mekong Sub-region, supporting the Regional Artemisinin-resistance Initiative to eliminate *P. Falciparum* malaria, stakeholders have collaborated to create the Malaria Civil Society Organization Platform. The platform brings together over 50 community and civil society groups, organizations and networks for the purposes of communication and advocacy. The platform engages with its constituents, bringing their voices to the regional governance body for the initiative, donors and the Global Fund. It conducts consultations, links members to opportunities for technical assistance and provides a space for the exchange of challenges and good practices on malaria programming for key and vulnerable populations.

### Building community partnerships across diseases, Tanzania<sup>9</sup>

Advocacy by the African Coalition Against TB has led to a stronger partnership between the National TB and Leprosy Program and community-based TB advocates. This has included the formulation and validation of a Community Action Plan to address policy, program and data gaps identified through human rights and gender assessments. It has also included the development of an advocacy strategy to tackle stigma and discrimination, and challenges related to diagnostics and treatment, together with the establishment of a Community and TB Care Technical Working Group that is endorsed by the National TB and Leprosy Program to define models of interventions that bring TB services closer to communities.

## Intervention: Institutional capacity building, planning and leadership development

### Description

Activities that support the establishment, strengthening and sustainability of community-led or community-based organizations and networks (informal and formal), with particular attention to those serving marginalized, under-served and key and vulnerable populations.

### Activities can include:

- ✓ Capacity building and mentorship of community organizations and networks in a range of areas necessary for them to fulfil their roles in social mobilization; community-based monitoring and advocacy.
- ✓ Technical and programmatic development to ensure high quality delivery of integrated community-based services.
- ✓ Development and/or revision of tools and other forms of support for community-led and community-based organizations and networks for:
  - Assessing capacity and developing appropriate capacity building plans.
  - Institutional and organizational capacity including governance, financial management, sustainability planning, internal policies, leadership development, program management, monitoring, evaluation and learning and reporting.
  - Partnerships, community organizing and advocacy.
  - Technical capacity to respond to human rights, gender and legal and policy barriers to services.
- ✓ Infrastructure and core costs of community-led and community-based organizations and networks to support/strengthen their capacity for service provision, social mobilization, community monitoring and advocacy.

## Case studies

### **Building organizational and technical capacity for integrated programs, Ghana<sup>10</sup>**

Ghana has developed a comprehensive program that addresses human rights related barriers to HIV, TB and malaria services. The work includes the delivery of peer education among key and vulnerable populations, and access to justice strategies, backed-up through a package of community systems strengthening interventions. These include organizational, institutional and technical capacity building of community groups and key and vulnerable population networks. It also includes the development and implementation of systems for community-based monitoring of stigma, breaches of medical confidentiality and other human rights violations. The data resulting from these monitoring activities will be used for advocacy purposes to inform policy development and program design.

### **Strengthening key and vulnerable population leadership and institutions, Kenya<sup>11</sup>**

In support of the HIV Prevention Roadmap and National Youth Strategy - a Global Fund HIV grant focuses on key and vulnerable populations and adolescents and young people. Key components of the grant, such as community-based service delivery and targeted human rights programming, are complemented by a range of community systems strengthening interventions. Examples include a capacity building program for community and civil society organizations – addressing areas such as leadership, policy and resource mobilisation, with the aim of increasing their meaningful engagement in national planning processes and their advocacy for improved health policies and program designs. A further example is institutional and technical capacity building for networks led by men who have sex with men, sex workers and people who use drugs – building on previous efforts which included the training of youth organizations that now serve as Sub-Recipients.

## 5. What goes where in a funding request

This section gives further guidance on ‘what goes where’ when including areas of work *related to* community systems strengthening in a funding request to the Global Fund. *Annex 3 further clarifies ‘what goes where’ using examples of interventions.*

### **5.1 Community systems strengthening interventions**

The Global Fund encourages countries to use the Community Systems Strengthening Module in the RSSH component of the Modular Framework to resource four priority interventions as highlighted in Section 4.1 above.

### **5.2 Areas related to community systems strengthening**

#### **Community-based service delivery**

This brief focuses on community systems strengthening interventions that *underpin and support* community responses to HIV, TB and malaria, including the delivery of services within communities. Such approaches are critical for action on the three diseases, bringing unique

value-added and impact, such as increased health equity. Countries should include community-based service delivery interventions in:

- **Relevant Modules in the HIV, TB or Malaria components of the Modular Framework.**

### Community Health Workers

CHWs are a large and broad group of people who are critical to resilient and sustainable systems for health, often connecting community members and more formal health services. They vary greatly in their nature and role, for example depending on whether they are based in formal health institutions, are part of government programs and/or are community members themselves. Countries should include CHWs in:

- **Human Resources for Health, Including Community Health Workers Module in the RSSH component of the Modular Framework.** This applies if the CHWs operate across different diseases and areas of health (the integrated approach to RSSH recommended by the Global Fund).
- **Relevant Modules in the HIV, TB or Malaria components of the Modular Framework.** This applies if CHWs are focused on an individual disease.

## 6. Monitoring and evaluating community systems strengthening

The Community Systems Strengthening Module of the RSSH component of the Modular Framework is supported by two indicators cited in the Global Fund’s Performance Framework:

<b>Performance framework indicators for community systems strengthening</b>			
<b>Indicator</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Definition</b>
Percentage of community-based monitoring reports presented to relevant oversight mechanisms	Number of Community Based Monitoring (CBM) reports presented to oversight mechanisms	Number of Community Based Monitoring (CBM) reports expected to be presented to oversight mechanisms	Community Based Monitoring (CBM) in relation to health can be general (e.g. scorecards for a range of health services at community level, or disease specific, or even sub-program specific (e.g. monitoring of age, gender and human rights barriers to services).  Examples of CBM in existing Global Fund grants include: support for methods such as health care scorecards,



			observatories and alert systems, complaint and grievance mechanisms, and monitoring of gender or human rights related barriers, with the aim of improving responsiveness of services and increasing accountability.
Number of community-based organizations that received a pre-defined package of training	Number of CBOs who received training i.e. completed at least 3 elements of pre-defined training package	Not applicable	Pre-defined package of training to strengthen organizational and institutional capacity includes: governance; financial management; internal policies; leadership development; program management; monitoring, evaluation, learning and reporting; sustainability planning and resource mobilization; partnerships and community organizing and advocacy. The specific content of the pre-defined organizational and institutional strengthening training package should be defined at country level and tailored to the results of organizational and institutional capacity assessments of CBOs.

Countries are also encouraged to consider the following work plan tracking measures to support monitoring and evaluation of community systems strengthening interventions:

1. National platforms and mechanisms that support community coordination, planning and engagement in country processes established/strengthened
2. Advocacy strategies/community briefs driven by key and vulnerable populations to inform national strategies, plans and guidelines developed
3. Engagement and representation of communities in national fora, processes and decision-making bodies
4. National strategies (e.g. NSPs, community health strategies, prevention roadmaps, AGYW) articulating roles of communities available (including differentiated service delivery, health governance, monitoring and advocacy)
5. Capacity of community-based organizations enhanced/improved
6. Business case for sustainability of community led and based services for key and vulnerable populations developed.

## 7. Strengthening Community Systems in a Funding Request

Countries can strengthen the likelihood of success for the community systems interventions in their funding requests to the Global Fund in several ways. For example, by supporting those interventions that are representative of the real needs of communities and are based on evidence and good practice. Also, by involving communities in the conceptualization and design of interventions that are well articulated, prioritized and planned. Ultimately, these approaches are likely to result in interventions that have the most impact.

### 7.1 Building on national disease and health plans

The Global Fund supports programs that are based on sound national strategies that recognize communities and civil society as critical partners in ending the three diseases as epidemics. National planning and budgeting processes should meaningfully engage communities and civil society to ensure that national strategies and costed plans address communities' needs before the development of a Global Fund funding request. This involves attention to not only *which* interventions are included, but *how* they are designed, delivered and monitored, including the explicit contributions of community-led and community-based responses.

### 7.2 Adapting community systems strengthening to the three diseases

Community systems strengthening interventions need to be informed by and adapted to the specificities of the three diseases. Funding requests should be based on a careful and detailed analysis of existing disaggregated data to assess the status of the epidemic and the response, and to identify the strategic challenges, gaps and weaknesses that need to be addressed. Data should be disaggregated by age, sex, geographic location and population to know the epidemic and to respond appropriately.

When identifying and planning community systems strengthening interventions, consideration should also be given to:

- **Communities who are most affected by and vulnerable to each disease.** For example, vulnerable populations for malaria are different to key and vulnerable populations for HIV.
- **Status of existing community systems for each disease.** For example, in some contexts, community systems may be less well established for TB responses compared to HIV, such as weaker capacity in areas like advocacy and community monitoring.
- **Legal and policy environment for each disease.** For example, in some contexts, advocacy to change human rights laws may be a higher priority for work on HIV (a disease often associated with stigma and discrimination) compared to malaria.

While recognizing such differences, there is also great potential for approaches to community systems strengthening that are shared and learned across the different diseases. For example, in some contexts, while there may be few existing community groups focused on malaria as compared to HIV, there may be many other types of community entities - such as groups of local women, adolescents or marginalized populations – whose existing skills and expertise could be reinforced and better mobilized to play a broader role.

Within the Sustainable Development Goals, the drive for Universal Health Coverage provides an important mandate for community systems strengthening efforts that cut across HIV, TB, malaria and other diseases, and that serve as a 'bridge' between formal health systems and communities.

### 7.3 Contextualising community systems strengthening interventions

Community systems strengthening is not a 'one size fits all' strategy and needs to be adapted to a country's specific profile, including its epidemiology, socio-economic environment and political and legal context.

Countries under the following classifications should pay particular attention to the role of community systems strengthening:

- **Transition and sustainability.** Communities play a crucial role in building a sustainable response in those countries that are planning to transition away from Global Fund resourcing. Examples include: contributing to the development of realistic transition plans informed by the needs of communities; reviewing implementation arrangements and costings for services; building a supportive legal and political environment that enables civil society to operate freely; advocating for domestic funding for programs for key and vulnerable populations, and for the adoption of policies that allow governments to sub-contract civil society and community entities to deliver services
- **Challenging operating environments.** In contexts of humanitarian emergencies, political instability or post-conflict, community systems can provide unique infrastructure and continuity, when other stakeholders are absent or in a state of change, and where other types of interventions are challenging or unfeasible. Community systems can also play a vital role as an early warning system – being able to identify and quickly respond to crises as they emerge.

### 7.4 Assessing needs for community systems strengthening

Funding requests for community systems strengthening should be based on a systematic assessment of needs that is completed *before* a request is developed. This includes using existing studies such as those related to community, rights and gender policy environment. Occasionally, it may be necessary to conduct additional assessments *during* the development of a funding request so plans for community systems strengthening have a strong basis and meet the needs of community groups and networks.

Needs assessment processes can help key stakeholders – such as Principal Recipients and CCMs – to better understand who communities are, what role they can play, and their needs for systems and structures. They can also show where community systems do not currently exist or are very weak – highlighting priorities for mobilization work that can be included in a country's funding request.

Needs assessments for community systems strengthening should be integrated into the Country Dialogue process for a Global Fund funding request, in consultation with a broad range of community representatives and other stakeholders. External support – such as from technical assistance providers – can help communities to clarify their needs and to reach consensus on their priorities.

## **7.5 Meaningfully engaging communities**

Meaningful engagement of communities, including key and vulnerable populations is a Global Fund requirement, which can be found on [eligibility requirement](#) documents. This applies to all stages of the grant life cycle, from Country Dialogue to program prioritization, grant negotiation, implementation, and monitoring and evaluation.

Meaningful engagement goes beyond a 'place at the table'. It means communities are able to voice their opinions and advocate for their priorities, influencing decisions on how programs are being resourced and delivered.

## **7.6 Working in partnership for community systems strengthening**

Technical partners such as the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the Stop TB Partnership support community systems strengthening and can provide technical input for the development and implementation of strong national strategies and funding requests. They can advise on the most relevant community systems strengthening interventions for a particular disease and support consultation and negotiation processes. This includes with national stakeholders who may be less familiar with the evidence about the benefits of community-related interventions.

## **7.7 Accessing technical assistance for community systems strengthening**

There are several sources of technical assistance to support communities to engage in Global Fund processes and to advocate for and support the inclusion of community systems strengthening in funding requests. Such sources can provide specific expertise, such as on the processes involved in designing and integrating community systems strengthening interventions.

*For more information about global, regional and national technical assistance initiatives, see Annex 4.*

## Annex 1: Glossary of terms

<b>Community</b>	Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic. 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 <sup>1</sup> . This widely used term has no single or fixed definition.
<b>Community-based response</b>	Responses that are delivered in settings or locations outside of formal health facilities. They can be provided by a range of stakeholders, including community groups and networks, civil society organizations, the government and the private sector <sup>2</sup> .
<b>Community-based organisation</b>	Those organizations that have arisen within a community in response to particular needs or challenges and are locally organized by community members <sup>3</sup> .
<b>Community-led organizations, groups and networks</b>	Entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led.
<b>Community-led responses</b>	<p>Actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups, and networks that represent them. Community-led responses are determined by and respond to the needs and aspirations of their constituents.</p> <p>Community-led responses include advocacy, campaigning and holding decision-makers to account; monitoring of policies, practices, and service delivery; participatory research; education and information sharing; service delivery; capacity building; and funding of community-led organizations, groups, and networks. Community-led responses can take place at global, regional, national, subnational, and grassroots levels, and can be implemented virtually or in person. Not all responses that take place in communities are community led.</p>
<b>Community response</b>	The means by which communities act on the challenges and needs they face <sup>4</sup> .
<b>Community system</b>	Community-led structures and mechanisms used to interact, coordinate and deliver responses to challenges and needs affecting their communities <sup>5</sup> .

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<sup>1</sup> *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014

<sup>2</sup> *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014

<sup>3</sup> *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014

<sup>4</sup> *In Focus: The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, April 2018.

<sup>5</sup> *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014

## Community systems strengthening

An approach that promotes the development of informed, capable and coordinated communities, and community-based organizations, groups and structures<sup>6</sup>.

## Key populations

Populations who experience both increased impact from HIV, TB or malaria and decreased access to services.<sup>7</sup>

While developing a common definition of key populations across the three diseases is not possible, there are several shared characteristics to help clarify who key populations are:

1. They experience increased risk or burden of disease due to a combination of biological, socio-economic and structural factors.
2. Access to health services that prevent, diagnose, treat, or care for the three diseases is lower than for the general population.
3. They experience human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization<sup>8</sup>.

## Annex 2: International commitments

This technical brief builds on the significant, existing commitments to community responses and community systems strengthening in key global frameworks on health and development. This includes those related to:

- **Sustainable development:** the 2030 Agenda for Sustainable Development calls for multi-stakeholder partnerships across the SDGs to ‘leave no one behind’. This includes for the targets of SDG 3 (‘ensure healthy lives and promote well-being for all at all ages’), notably to end the HIV, TB and malaria epidemics; provide universal access to SRHR; and achieve Universal Health Coverage<sup>9</sup>. Community and civil society engagement is identified as an ‘accelerator’ in the Global Action Plan for Healthy Lives and Well-Being: Uniting to Accelerate Progress Towards the Health-Related SDGs, a joint initiative of the World Health Organization, World Bank, Joint United Nations Program on HIV and AIDS, United Nations Development Program, United Nations Population Fund, United Nations Children’s Fund, UNWOMEN, UNITAID, GAVI and the Global Fund<sup>10</sup>.
- **Primary health care.** the Declaration of Alma-Ata (1978) calls for “*maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care*”; and the Declaration of Astana (2018) re-envisions “*enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being.*”<sup>11</sup>
- **Individual diseases**

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<sup>6</sup> *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014

<sup>7</sup> *Key Populations*, the Global Fund to Fight AIDS, Tuberculosis and Malaria; <https://www.theglobalfund.org/en/key-populations/>

<sup>8</sup> *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014

<sup>9</sup> *Sustainable Development Goal 3*; <https://sustainabledevelopment.un.org/sdg3>

<sup>10</sup> *Towards a Global Action Plan for Healthy Lives and Well-Being for All*, a joint initiative of WHO, UNAIDS, UNDP, World Bank, UNFPA, UNWOMEN, UNICEF, UNITAID, GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2018.

<sup>11</sup> *Declaration of Alma-Ata*, International Conference on Primary Health Care, 1978. *Declaration of Astana*, Global Conference on Primary Healthcare, 2018.

- **HIV:** the United Nations Political Declaration on HIV and AIDS (2016)<sup>12</sup> affirms the critical role of communities in advocacy and coordination, and commits to “*expanding community-led service delivery to cover at least 30% of all service delivery by 2030.*”<sup>13</sup>
  - **TB:** the End TB Strategy cites community engagement, advocacy and services as critical to an accelerated and high-quality response to TB<sup>14</sup>, while the United Nations Political Declaration on the Fight Against Tuberculosis (2018) calls for integrated, people-centred, community-based and gender-responsive health services based on human rights<sup>15</sup>.
  - **Malaria:** the Global Technical Strategy and Targets for Malaria (2016-30) cites “*country ownership and leadership, with the involvement and participation of communities*” as a principle<sup>16</sup>.
- **Key institutions:** the World Health Organization’s 13<sup>th</sup> General Programme of Work commits to an approach to communicable diseases that expands community engagement and positions community-based services, health promotion and disease prevention as central to Universal Health Coverage<sup>17</sup>.
  - **Normative good practice:** the World Health Organization’s Framework on Integrated People-Centered Health Services emphasizes the importance of communities in health services that are coordinated around people’s needs; safe, effective, timely, affordable and of acceptable quality; and co-produced (delivered in an equal and reciprocal long-term relationship between professionals and people using services, their families and the communities to which they belong)<sup>18</sup>.

### Annex 3: ‘What goes where’ in funding requests

The following table provides further guidance on ‘what goes where’ in funding requests to the Global Fund:

Identified activity	Where to include activity in a funding request			
	Component of Modular Framework	Module within component	Intervention within module	Rationale
Developing a community treatment observatory to collect and analyse data on access to and quality of HIV, TB and other health services	RSSH	Community systems strengthening	Community-based monitoring	Relates to a community systems strengthening intervention to promote and utilize community-based monitoring for HIV and TB.
Providing a national platform for key and vulnerable population groups to	RSSH	Community systems strengthening	Social mobilization, building community	Relates to a community systems strengthening intervention to build coordination and

<sup>12</sup> Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, United Nations General Assembly, 8 June 2016.

<sup>13</sup> Political Declaration on HIV and AIDS: On the Fast Track To Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, United Nations General Assembly, June 2016.

<sup>14</sup> The End TB Strategy, WHO.

<sup>15</sup> Political Declaration on the Fight Against Tuberculosis, United Nations General Assembly, September 2018.

<sup>16</sup> Global Technical Strategy and Targets for Malaria 2016–2030, World Health Assembly, May 2015.

<sup>17</sup> World Health Organization 13<sup>th</sup> General Programme of Work, 37<sup>th</sup> World Health Assembly, 3 April 2018.

<sup>18</sup> Framework on Integrated People-Centered Health Services, World Health Assembly, May 2016.

engage in Universal Health Coverage processes and advocate for HIV, TB and malaria issues			linkages and coordination	engagement across different diseases, while supporting the response to HIV, TB and malaria.
Establishing an advocacy coalition for people who use drugs to promote their needs within national planning and budgeting on health	RSSH	Community systems strengthening	Community-led advocacy and research	Relates to a community systems strengthening intervention to support community-led advocacy across different aspects of health, while enhancing the response to HIV.
Sex worker group managing and providing community-based HIV and STI testing and SRHR services	HIV	HIV prevention  Target population: Sex workers and their clients	Sexual and reproductive health services, including STIs	Relates to community-led and community-based service provision focused on HIV and SRHR.
Capacity building for members of community groups to provide targeted door-to-door TB screening in a mining community	TB	TB care and prevention	Key populations - miners and mining communities	Relates to community-led and community-based service provision focused on TB.
Implementing a capacity building program for key and vulnerable population-led community groups, addressing financial management, reporting systems and sustainability	RSSH	Community systems strengthening	Institutional capacity building, planning and leadership development	Relates to a community systems strengthening intervention, with capacity building addressing aspects of general institutional development that, in turn, supports responses to HIV, TB and malaria.
Community facilitators mobilizing members of a refugee community for mass distribution of LLINs	Malaria	Vector control	Long-lasting insecticidal nets - mass campaign-specific risk groups	Relates to community-led and community-based service provision focused on malaria.
Community groups conducting the Malaria Matchbox tool to assess – and produce quantitative and qualitative research on – the barriers to	Malaria	Case management	Removing human rights and gender-related barriers to case management	Relates to a human rights programming intervention focused on malaria.



malaria services for rural communities				
CHWs implementing an integrated health programme - including attention to malaria and maternal, newborn, child and adolescent health - at a civil society hospital	RSSH	Human Resources for Health, including Community Health Workers	Community health workers: remuneration and deployment	Relates to CHWs delivering an integrated health programme that includes attention to malaria and maternal, new-born, child and adolescent health

## Annex 4: Technical assistance providers

### Global technical assistance providers

The Global Fund website provides information about global technical assistance of relevance to community systems strengthening. It describes what type of assistance can be accessed, by whom, when and how. It also gives a list of relevant technical partners, such as the Stop TB Partnership.

*For more information, visit this: [page](#)*

### Regional technical assistance providers

Within its Community, Rights and Gender Strategic Initiative, the Global Fund provides information to communities and civil society actors on how to access technical assistance, including in relation to the inclusion of community systems strengthening in processes (such as Community Dialogue) related to the development of Global Fund funding requests.

*For more information, visit this: [page](#)*

Within the Community, Rights and Gender Strategic Initiative, the Global Fund also resources six Regional Communication and Coordination Platforms. These can provide advice to communities and civil society actors on sources of technical assistance that are available at regional and national levels, including in relation to community responses and community systems strengthening.

- **Francophone Africa Platform**  
Host: Réseau Accès aux Médicaments Essentiels (RAME), Burkina Faso  
Website: <http://www.prf-fondsmondial.org/>
- **Latin America and the Caribbean Platform**  
Host: Via Libre, Peru  
Website: <http://plataformalac.org>
- **Asia and the Pacific Platform**  
Host: APCASO, Thailand.  
Website: <http://apcaso.org/>
- **Middle East and North Africa Platform**  
Host: International Treatment Preparedness Coalition-MENA (ITPC-MENA), Morocco  
Website: [www.facebook.com/PlateformeRegionalMENA](http://www.facebook.com/PlateformeRegionalMENA)

- **Anglophone Africa Platform**  
Host: Eastern Africa National Networks of AIDS Service Organisations (EANNASO), Tanzania Website: [www.eannaso.org/anglorccp](http://www.eannaso.org/anglorccp)
- **Eastern Europe and Central Asia Platform**  
Host: Eurasian Harm Reduction Association (EHRA), Lithuania  
Website: [www.eecapplatform.org](http://www.eecapplatform.org)

## Annex 5: Useful resources

### Global Fund resources

- *Information Note: HIV*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2019; <https://www.theglobalfund.org/en/funding-model/applying/resources/>.
- *Information Note: Tuberculosis*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2019; <https://www.theglobalfund.org/en/funding-model/applying/resources/>.
- *Information Note: Malaria*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2019; <https://www.theglobalfund.org/en/funding-model/applying/resources/>.
- *Information Note: Resilient and Sustainable Systems for Health*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2019; <https://www.theglobalfund.org/en/funding-model/applying/resources/>.
- *Technical Brief: Human Rights*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2019; <https://www.theglobalfund.org/en/funding-model/applying/resources/>.
- *Technical Brief: Gender Equity*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2019; <https://www.theglobalfund.org/en/funding-model/applying/resources/>.
- *Technical Brief: Key Populations*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, August 2019; <https://www.theglobalfund.org/en/funding-model/applying/resources/>.
- *The Global Fund Strategy 2017-22: Investing to End Epidemics*, the Global Fund to Fight AIDS, Tuberculosis and Malaria; [https://www.theglobalfund.org/media/2531/core\\_globalfundstrategy2017-2022\\_strategy\\_en.pdf](https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf).
- *In Focus: The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria*, the Global Fund to Fight AIDS, Tuberculosis and Malaria, April 2018; [https://www.theglobalfund.org/media/8464/publication\\_communityresponses\\_focuson\\_en.pdf?u=636937007490000000](https://www.theglobalfund.org/media/8464/publication_communityresponses_focuson_en.pdf?u=636937007490000000).
- *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014; [https://www.theglobalfund.org/media/6428/core\\_css\\_framework\\_en.pdf?u=636917015670000000](https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf?u=636917015670000000).
- *Community Responses and Systems*, (webpage), the Global Fund to Fight AIDS, Tuberculosis and Malaria; August 2019; <https://www.theglobalfund.org/en/community-responses-systems/>.

### Other resources

- *Discussion Paper: Community Responses for Health: Issues and Ideas for Collaborative Action*, Aidsfonds, the Free Space Process, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Council of AIDS Service Organizations, Frontline AIDS, UNAIDS; MPact Global Action for Gay Men's Health and Rights, the Stop TB Partnership and WHO, December 2018.
- *Community Responses for Health: A Game-Changer for Primary Health Care and Universal Health Coverage*, advocacy brief, Free Space Process and PITCH, May 2019; <https://aidsfonds.org/assets/resource/file/Community%20Responses%20for%20Health%20-%20Advocacy%20Brief%20-%20WHA72%20-%20FSP%26PITCH%20%281%29.pdf>

- *Communities Deliver: The Critical Role of Communities in Reaching Global Targets to End the Aids Epidemic*, UNAIDS and Stop AIDS Alliance, 2015; [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_JC2725\\_CommunitiesDeliver\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_JC2725_CommunitiesDeliver_en.pdf)
- *Investing in Community Responses: A Case for Funding Non-Service Delivery Community Actions to End AIDS*, ICASO and ARASA, 2016; <http://icaso.org/investing-community-responses/>
- *Data for a Difference: Key Findings, Analysis and Advocacy Opportunities from the Regional Community Treatment Observatory in West Africa*, ITPC, June 2019; <http://itpcglobal.org/wp-content/uploads/2019/06/RCTO-WA-Data-for-a-Difference-Advocacy-Paper.pdf>
- Series of *Stop TB Field Guides, the Stop TB Partnership*. For example: *Field Guide 1: TB Case Finding with Key Populations*, Stop TB Partnership, 2018; [https://stoptb-strategicinitiative.org/elearning/wp-content/uploads/2019/04/STBFG\\_01.pdf](https://stoptb-strategicinitiative.org/elearning/wp-content/uploads/2019/04/STBFG_01.pdf); and *Field Guide 3: Finding Missing People with TB in Communities*, Stop TB Partnership, 2018; [https://stoptb-strategicinitiative.org/elearning/wp-content/uploads/2019/04/STBFG\\_03.pdf](https://stoptb-strategicinitiative.org/elearning/wp-content/uploads/2019/04/STBFG_03.pdf)

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- <sup>1</sup> *Investing to End Epidemics: The Global Fund Strategy 2017-22*, the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- <sup>2</sup> *Community Systems Strengthening Framework*, the Global Fund to Fight AIDS Tuberculosis and Malaria, 2010; and *Community Systems Strengthening Framework*, (revised edition), the Global Fund to Fight AIDS, Tuberculosis and Malaria, February 2014.
- <sup>3</sup> *Global Action Plan For Healthy Lives And Well-Being For All: Accelerator 3: Community And Civil Society Engagement, Discussion Paper for Non-State Actor Consultation on the Global Action Plan*, April 2019; [https://www.who.int/docs/default-source/global-action-plan/gap-consultation-accelerator-3-discussion-paper-30-april-2019.pdf?sfvrsn=190c0a5f\\_2](https://www.who.int/docs/default-source/global-action-plan/gap-consultation-accelerator-3-discussion-paper-30-april-2019.pdf?sfvrsn=190c0a5f_2)
- <sup>4</sup> *Data for a Difference: Key Findings, Analysis and Advocacy Opportunities from the Regional Community Treatment Observatory in West Africa*, ITPC, June 2019.
- <sup>5</sup> *Cameroon: Laying the Groundwork For An Equitable HIV Response*, (draft case study), the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019.
- <sup>6</sup> *The Civil Society Priorities Charter: Good Practice for Global Fund Country Dialogue*, AIDS Accountability International, 2014.
- <sup>7</sup> *Community, Rights and Gender Report*, 41<sup>st</sup> Board Meeting, the Global Fund to Fight AIDS, Tuberculosis and Malaria, May 2019.
- <sup>8</sup> *CSO Platform*, Malaria Free Mekong; <https://www.malariafreemekong.org/cso-platform-2>
- <sup>9</sup> *Community, Rights and Gender Report*, 41<sup>st</sup> Board Meeting, the Global Fund to Fight AIDS, Tuberculosis and Malaria, May 2019.
- <sup>10</sup> *Community, Rights and Gender Report*, 41<sup>st</sup> Board Meeting, the Global Fund to Fight AIDS, Tuberculosis and Malaria, May 2019.
- <sup>11</sup> *Kenya: A Holistic Approach To Community, Rights And Gender Across Populations*, (draft case study), the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2019.