From the Ground Up: How Community Action Redefines Global Crisis Management

KEY CONSIDERATIONS AHEAD OF THE 2024 UN SUMMIT OF THE FUTURE

A WHITE PAPER
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The following paper lays out the evidence base arguing that the package of community leadership, community data, equal and meaningful community engagement, and community-led action are sophisticated, cost-effective instruments that drive transformative change, better system outcomes, greater efficiencies, social accountability, and ultimately, more prepared, just and resilient societies. The paper ends with a series of recommendations ahead of the United Nations Civil Society Conference (Nairobi, 9-10 May) for the Pact of the Future, and the political declaration expected to be negotiated and agreed on by Member States in September 2024.

Executive Summary

The United Nations has described the Summit of the Future (22-23 September 2024) as a pivotal platform for enhancing international cooperation, serving as a unique opportunity to address and bridge critical gaps in global governance and foster a more integrated and collaborative approach to the daunting global challenges of our 21st century. At the Summit, Heads of State are to endorse a Pact for the Future: an action-oriented outcome document that is anticipated to hold bold commitments and re-focused efforts that prioritize and reaffirm global solidarity in addressing the colliding crises plaguing our current and future generations. The Zero Draft of the Pact was released in late January 2024. It outlines five sections of proposed action: global finance and development; international peace and security; science, technology, innovation, and digital cooperation; transformations in the multilateral global governance architecture; and safeguarding youth and future generations.
Whilst the impacts of unfettered climate change are an undercurrent throughout the draft document, it has three glaring omissions: the acknowledged criticality of global health and health equity as an ongoing dominant global challenge; the intersectionality of health and the climate-health nexus to the success of the SDGs; and the central role played by communities to ensure healthy, prosperous and resilient societies. “COVID-19 amnesia” or not, there are three resounding lessons learned from our most recent global pandemic:

1. **Our world is more interconnected than ever.** Health-related outbreaks somewhere mean health-related outbreaks everywhere.

2. **Health is a pivotal driver of economic growth, prosperity, security, and resilience against systemic shocks for all countries, communities, and households.**

3. **Communities are at the center of all system shocks and shoulder the brunt of any crisis. They are also at the center of all crisis responses. Communities are our first responders, the early detectors of crisis, a trusted source of information and services, and often the “gap-filler” when formal health systems are over-stretched and buckling under the strain of system shocks.**

*From the Ground Up: How Community Action Redefines Global Crisis Management* supports the UN’s urgent call to action to do things differently. However, our premise is that transformational change can only happen effectively, efficiently, and sustainably when it occurs from the ground up. We argue the need for a paradigm shift away from disparate concepts of sustainability to those of collective resilience. Countries and communities cannot be resilient without preparedness, and preparedness cannot be achieved without communities.

**Section One** of this paper sets the gravity of today’s global landscape and polycrises. **Section Two** looks briefly at the inequities and harm brought by our colonial global financial architecture and why resilient communities foster sustainable solutions. **Section Three** defines our understanding of “resilience” and community-led action. Here, the concept and practice of community-led monitoring (CLM) is introduced as one element of community-led action that is directly associated with improved service uptake, higher quality of services delivered, greater cost savings, and better health outcomes.

**Section Four** underscores the detrimental impacts of the climate-health nexus on communities illustrating upstream and downstream implications across the social determinants of health. Community-led technology transfer of CLM tools and its inclusive methodology is a crucial countermeasure to system shocks, such as climate change. **Section Five** draws from the global health sector to provide case studies evidencing how CLM and community-led action result in tangible system innovations, significant cost savings and efficiencies, greater demand for health services, and better outcomes through person-centered healthcare.

**Section Six** returns to the issue of our outdated global financial ecosystem. Here, we advance the concept of global public investment (GPI) as a transformative financing solution cemented in the democratic principles of everyone contributes, everyone benefits, and everyone decides. **Section Seven** presents a series of concrete recommendations to be taken forward into deliberations to further shape the draft Pact for the Future.

Community leadership, the full, equal and meaningful participation of communities, community data and community-led monitoring, and community-led action are the crucial countermeasures to system shocks and the foundation for strong, vibrant and resilient societies.
1 / The State of Play

Our world has changed considerably since 2015 when political leaders and the global community ushered in the Sustainable Development Goals (SDGs). At the time, the ambitious roadmap to 2030 was poised to accelerate progress, political commitment, and determination extending beyond the unfinished business of the Millennium Development Goals (MDGs) to execute a unifying action plan for people, the planet, and prosperity with strengthened peace through larger freedom.¹

Nine years later, earlier progress against the SDGs has largely stalled and, in many cases, regressed. The aspirational SDG framework has come face to face with the global realities of a world mired with increasing and complexly interconnected polycrises. We are confronted with: a challenging and rapidly changing health and development landscape; a soaring inflation and debt crisis; armed conflict and grave geo-political tensions; surging environmental catastrophes brought on by uncontrolled climate change; and human-generated and nature-borne famines and water insecurity. These are just a few of the crises we face.

Against this backdrop of successive system shocks (and their multiplier effects) across multiple, intersecting SDGs, inequalities are acute and topping record levels. Right-wing populism is on the rise; hard-won human rights are under fire; the shrinking space of civil society is quickly becoming more akin to a civil society in “shrink wrap”; and there is a wavering trust in Bretton Woods institutions, multilateralism, and cooperation.²⁻⁷ The bedrock of global peace and security is faltering, and the 2030 Agenda has seemingly hit a very complex and very real existential crisis.

As the world grapples with how to solve the mess of these intricate, tightly tangled crises, the failure to address any of them will be a failure to respond to all of them (Figure 1).²⁻⁷ This is the context in which the “UN Summit of the Future: Multilateral Solutions for a Better Tomorrow” will take place on Sept 22-23, 2024 on the margins of the 79th session of the United Nations General Assembly. To our detriment and despite learnings drawn from the COVID-19 pandemic, the centrality of good health and healthy societies to any progress against the SDGs has been largely absent from discussions to date.
It is also crucial to recognize that 2024 is not just another year; it represents a critical juncture for global democracy. With more than 60 countries scheduled to hold elections, encompassing nearly half of the world’s population, the collective outcomes of these elections will significantly influence the global agenda. This wave of electoral activity presents an unprecedented opportunity to advance community-driven solutions at a policy level, making it essential for community voices to be not only heard but heeded in the shaping of future governance.

**Recommendations for a Future-Forward Pact of the Future**

*(mirroring the sections of the zero draft) – To read more, see pages 12–14 of this white paper)*

### SECTION 1: Sustainable Development and Financing for Development

- Engage the most affected communities as agents of change and equal partners at all levels and phases of policy, programming, preparedness, and practice.
- Reimagine the current global financial architecture to embed and operationalize the principles of global public Investment (GPI).
- Make robust investments in community systems strengthening (CSS) that are commensurate with other (health) system financing.
- Prioritize the rigor of community-led monitoring.
- Acknowledge that impact takes time and resources.

### SECTION 2: International Peace and Security

- Prioritize human rights beyond mere lip service. Failure to uphold them threatens peace and security.
- Recognize and incorporate the “right to health” as essential for peace and security.
- Acknowledge that climate impacts and poor health can exacerbate risks, fuel conflicts, and undermine safety and security, especially for vulnerable groups of people.

### SECTION 3: Science, Technology, Innovation and Digital Cooperation

- Secure robust and reliable long-term funding for technology transfer of evidence-based community-led interventions, including community-led monitoring.
- Commit to a community-led action research and innovation agenda.
- Champion a “Thrive Agenda” that propels local community innovation forward.
- Ensure digital inclusion as a facilitator of community engagement, by acknowledging the role of digital tools in facilitating or hindering community-led solutions.
- Offer inclusive technological advancement to ensure that all community voices are heard and can contribute effectively.
- Encourage investment in digital infrastructure in vulnerable communities, promoting affordable access to technology, and support digital literacy programs.
- Utilize flexibilities in international agreements, such as TRIPS, to achieve Universal Health Coverage (UHC) for all.

### SECTION 5: Transforming Global Governance

*(following Section 4 on Youth and Future Generations)*

- Strengthen guiding accords, treaties, commitments, and accountability frameworks to enhance responses to present and future challenges.
- Empower country governments, civil society, and communities to hold duty-bearers accountable to these promises.
- Allocate meaningful resources to ensure meaningful and equal inclusion.
- Incorporate global public investment as a unifying framework with vast potential to transform the way we finance, govern, and tackle global challenges.

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Underpinning global debate is an international financial architecture for development that is no longer fit for purpose to meet the challenges of today and tomorrow. Efforts continue to focus on sustainable financing solutions, including domestic resource mobilization, with the goal to “sustainably” transition low- and middle-income countries (LMICs) away from external sources of funding to address their challenges with limited outside support.

The concept of “sustainability” is not new. Once, “sustainability” meant more about keeping the funding flowing to ensure that baseline outcomes did not go in reverse. Now, the term has an even more urgent tone casting concern about the very survival of life on Earth. Sustainable development financing and the structural issues surrounding the long-term sustainability of donor support is again a hot topic of debate in the G7 and G20, at the World Bank and International Monetary Fund (IMF), at the World Economic Forum, within the Lusaka Agenda, at the forthcoming UN Summit for the Future, and at the fourth International Conference on Financing for Development in 2025. It is also top of mind for the governance boards of global health institutions, such as the Global Fund to Fight AIDS, TB and Malaria, thinking about allocation methodologies for sustained in-country mission impact before their large-scale replenishments.

However, a recent alarming report released on 18 April 2024 analyzes data from the World Bank and the Organization for Economic Cooperation and Development (OECD), putting the spotlight once again on just how dysfunctional and inequitable our current global financial architecture really is. The report shows that in 2023, LMICs spent tens of billions of dollars more in debt repayments than they received through new lending and foreign aid. In fact, a net amount of USD 21.4 billion is estimated to have flowed out of LMICs in 2023 – and about USD 50.5 billion more is expected to flow out in 2024, signaling the worst balance of payments for the Global South in at least 25 years.

Off-balance debt repayments bring devastating consequences for people and communities. They leave significantly less fiscal space for LMIC governments to invest in public spending that would improve the lives of their people through, for example, equitable access to healthcare, education, and social protection systems. These are the very same foundations that are meant to cement progress in achieving the 2030 SDG Agenda. Yet, with mounting global turmoil, successive climate and economic shocks of the past several years, and the slow and uneven recovery from the COVID-19 pandemic, the UN now estimates the SDG financial gap in LMICs rests at approximately USD 4 trillion annually. This financial bottom line cuts to the heart of inequity, dysfunction, and power and begs the rethinking of how and by whom “sustainability” is defined, monitored, and assessed. As the world determines a Pact for the Future, we have the opportunity to “flip the script” to look at sustainability through the lens of preparedness and an end game where outcomes continuously improve rather than get stuck in the status quo or left to band-aid fixes. In one word: resilience.

The key to unlocking this challenge is simple. Fully and meaningfully engage the experts that have been left behind in the deliberations and actions to date: communities.

Communities are at the forefront as first responders to any system shock. In global health, history has shown that “pandemics begin and end in communities.” Community leadership, innovation, equal and meaningful participation, and community-led action have the power to shift the narrative and
co-create solutions that ensure resilience against emergencies that we collectively face. Communities are where early detection occurs and where recovery is real—a concept that equally applies to system shocks brought by climate change, conflict, economic crisis, and many other factors. **Simply put, countries and communities cannot be resilient without preparedness, and preparedness cannot be achieved without communities.**

By extension, good health is a cornerstone of resilient societies, as is equitable access to clean water. Resilience is not just a measure of response to and recovery from system shocks; it is a measure of how well we are able to keep shocks at bay. A society cannot be resilient if it is not prepared; preparedness cannot be achieved without the meaningful and equal participation of communities; and countries cannot be peaceful, or resilient, if they are water insecure. **Community-led action is the crucial countermeasure to any system shock.**

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**3 / No Sustainability Without Equity**

There are many ways to define resilience. One framing is the ability to prepare for, adapt to, absorb, and learn from system shocks. Global crises have local impacts. While specific needs differ by community, the most vulnerable, marginalized, and criminalized people are often the last to be involved in setting priorities or receive relief; yet they experience the harshest reverberations of any crisis. **Expanding community-led action is just one step towards a world that works differently to solve the challenges of today.**

Community-led action involves a series of things for it to be impactful and for effective community-led innovations to be brought to fruition. The fundamental elements include the fostering of community leadership, equal and meaningful community participation, and community data such as community-led monitoring. Community-led monitoring and action pinpoint the problems and work to address them with effective solutions that come from the grassroots, rather than from the top down. These elements, when combined and well-resourced, lead to community and system resilience.

Community system strengthening is vital for the development of informed, relevant, strong, vibrant, and coordinated communities. However, it is often overshadowed in the broader context of government-led systems strengthening, such as health systems strengthening. In this context, community system strengthening is less visible, and consequently, is underfunded, under-resourced, and underutilized.

By contrast, we argue that community-led monitoring (CLM) is a sophisticated diagnostic tool to determine, monitor, and assess system sustainability from the ground up. CLM is a holistic approach that engages communities from the onset through education, evidence-gathering, advocacy, and meaningful participation. **It is a model for shaping and acting upon evidence-based transformative solutions to current challenges and social injustices, making our systems, and communities, stronger, more responsive, and resilient to system shocks (Figure 2).**

When applied in a health setting, community-led monitoring has resulted in demonstrable improvements in health systems and health outcomes. CLM is associated with improved service uptake, improved service quality, cost savings, and key health impact indicators, such as fewer new HIV acquisitions and greater viral load suppression. In several instances, CLM helped monitored sites meet and exceed global health targets (see more in the case studies, pages 9–10).
One of the greatest threats to human health and prosperity is climate change. Extreme weather events, environmental degradation, and shifting disease patterns directly affect the health of societies and the capacities of their health systems. In an era where health crises and social injustices intersect with systemic challenges like pandemics and climate catastrophes, the necessity of fostering resilient communities that can withstand and quickly bounce back in the face of adversity is more crucial than ever.

Addressing the climate-health nexus will be central to ensuring a sustainable future and a higher quality of life and wellbeing for all – whether we are talking about the debilitating effects of extreme heat waves on pregnant women and the ageing population, the magnitude of devastating drought on food security and human and wildlife migration, or the rise in water-borne diseases due to unprecedented flooding.

Figure 3 connects the dots, offering an illustrative example of the intricacies and acuity in which climate change and environmental degradation impact access to clean water with an escalating ripple effect on the mental and physical health and wellbeing of communities. In other words, climate change and environmental degradation have enduring detrimental impacts on community health and resilience.

Upstream, increasingly polluted water sources lead to rises in the prevalence of water-borne disease (for example, cholera and malaria borne by mosquitoes) and food and nutritional insecurity that contributes to skin conditions and disease from contact with polluted water and soil. Downstream, climate catastrophe and environmental degradation directly intersect with the broader social determinants of health, which in turn can deplete a community’s ability to thrive. Downstream impacts increase vulnerability to poorer individual and community health outcomes.
due to loss of habitat, migration, and lack of economic stability, safety, security, and access to healthcare and/or traditional treatment options.

Here, community-driven technology transfer of CLM principles and tools will be a powerful and crucial countermeasure to solving the multidimensional impacts of climate insecurity. Through the generation and implementation of innovative, culturally sensitive, community-led policy and programming solutions, CLM provides evidence gathered by communities in real time and serves as a reservoir of Indigenous knowledge, empowerment, innovation, and action. As a tech transfer that engages generations of all ages, CLM is a formidable catalyst of transformative systemic change from the ground up. As a participatory methodology and intervention approach, CLM hits the “policy-science-society interface” head-on, as asserted in the Zero Draft of the Pact of the Future. xxii
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5 / Community Leadership = Community-Led Solutions that Equalize and Transform: Case Studies

Drawing from the global health domain, CLM’s proof of concept cannot be more explicit. Now it just needs to be taken to scale. CLM projects collect, analyze, and act upon information gathered through the continuous monitoring of health services. This evidence provides invaluable insight into key challenges that impact equitable access and impede the delivery of quality care. Joint problem-solving is rapid and has been shown to build increased trust between policy and decision-makers, healthcare providers, and community members at the national health system and facility levels. In today’s era of austerity, CLM helps ensure that scarce resources work better to serve the needs of people, especially the most vulnerable; it contributes to improvements in health outcomes, and it supports increased trust and uptake in health services.

CASE STUDY 1

South Africa’s TB treatment success rate (79%) remains below the global End TB Strategy target of 90% by 2025. The West Rand has the highest TB treatment success rate in the country, but remains below the global target, at 88.9%. Many different factors affect TB treatment success, including bottlenecks in health system supply chain management. Through CLM, a disproportionate challenge with stockouts of several TB medicines was identified at two high-volume health facilities in West Rand and was associated with low treatment initiation rates. Reactive approaches to stock management were identified as a root cause. Working with facility pharmacists to improve stock monitoring saw steady declines in stockouts from 120 cumulative days in the last quarter of 2022 to 26 days in Q2 2023, and just six days in Q3 2023 (Figure 4). TB treatment success rates also improved at the monitored sites, from 88% in 2022 to 91% in 2023, surpassing the End TB Strategy target of 90% by 2025 (Figure 4).

Compared with non-monitored health facilities, those that undergo community monitoring have been shown to have better health outcomes and lower costs and are able to implement improvements quicker. Healthy communities build resilient communities, which in turn breed healthier economies and more sustainable development for all.

FIGURE 4: Curing More People with TB by Alleviating Stockouts Through Community-led Monitoring for Action

Total Stockout Days of TB Medicines at our Monitored Sites, West Rand

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Stockout Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2022</td>
<td>120</td>
</tr>
<tr>
<td>Q1 2023</td>
<td>120</td>
</tr>
<tr>
<td>Q2 2023</td>
<td>26</td>
</tr>
<tr>
<td>Q3 2023</td>
<td>6</td>
</tr>
</tbody>
</table>

TB Treatment Success Rates (%) at our Monitored Sites (West Rand) and in South Africa, 2019–2023

<table>
<thead>
<tr>
<th>Year</th>
<th>CLM SITES, WEST RAND</th>
<th>NATIONAL DATA (WHO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>70</td>
<td>71</td>
</tr>
<tr>
<td>2020</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>2021</td>
<td>86</td>
<td>78</td>
</tr>
<tr>
<td>2022</td>
<td>88</td>
<td>79</td>
</tr>
<tr>
<td>2023</td>
<td>91</td>
<td>79</td>
</tr>
</tbody>
</table>
**CASE STUDY 2**

The second case study speaks about community action to transform a key driver of entrenched health inequities worldwide: access to affordable medicines. In Argentina, activists challenged patent applications that would have enabled monopoly owners to set high prices for the HIV medications, tenofovir and emtricitabine (TDF+FTC – brand name: Truvada), and the hepatitis C (HCV) treatment, sofosbuvir, which is a key component of the cure for HCV. The challenge was successful, and the patents were withdrawn. Several manufacturers were able to produce these drugs at lower cost and the government’s procurement of locally produced generic alternatives resulted in **substantial annual savings to the federal health budget** (Figure 5). Savings amounted to USD 14 million for TDF/FTC and USD 7.5 million for sofosbuvir per year.

**FIGURE 5: Community Action in Argentina Strengthens Health Systems and Equity with Reduced Costs for HIV Essential Medicines**

<table>
<thead>
<tr>
<th>Original price based on:</th>
<th>Filing of the opposition in April 2015</th>
<th>Withdrawal in July 2016</th>
<th>Average price in 2016:</th>
</tr>
</thead>
<tbody>
<tr>
<td>USD 2,304</td>
<td></td>
<td></td>
<td>USD 883</td>
</tr>
</tbody>
</table>

**CASE STUDY 3**

The **third example** lies in one of the world’s most recent system shocks: the COVID-19 pandemic. CLM was used in selected facilities across Nepal, Guatemala, Sierra Leone, India, and China to assess the impact of COVID-19 measures on access to and quality of HIV and/or TB treatment and other essential health and human rights provisions. Although the COVID-19 pandemic had severe consequences for people the world over, those living with pre-existing chronic conditions and marginalization shouldered a disproportionate burden. Reports evidence the exacerbation of these vulnerabilities resulting from intensified access barriers to health services (not to mention impacts on other social determinants of health, such as housing and employment), increased stigma and discrimination, experiences of human rights abuses, criminalization, and gender-based violence, all of which often resulted in delayed testing and loss to follow-up.

In the case of HIV and/or TB responses, CLM uncovered opportunities to enhance key service delivery approaches with program innovations, such as: the use of digital tools and technology, including eHealth and telemedicine; differentiated service delivery models; the scale-up of multi-month dispensing of HIV antiretroviral treatments (ART); and lifesaving community ART home delivery programs.
In each of these examples, we see that CLM is a crucial accountability tool that goes well beyond conventional feedback mechanisms and ensures that those in power address community concerns and priorities that directly impact their lives and wellbeing every day – even during periods of intense crisis and uncertainty. This underscores the vital role of communities as “first responders” and the huge, untapped potential of community leadership, meaningful community engagement, and community data for action as indispensable countermeasures to pandemics and other systemic shocks. By doing so, we move away from charity-based models and knee-jerk crisis measures to proactive models that meaningfully engage communities as veritable partners in co-creating tangible, future-forward, lasting solutions. The proof is in the pudding: CLM is an indispensable instrument of solutions-based community engagement, evidence, and action that is fundamental to building community and system resilience and sustainable development through better preparedness.

6 / Transformational Financing: Everyone Contributes, Everyone Benefits, Everyone Decides

The “acute global peril” in which we live cuts across high-, middle-, and low-income countries, forcing individuals, households, communities, and governments to do more with less and make ever more difficult trade-offs. Decision-making, transparency, and accountability become the subject of intense focus and scrutiny in these circumstances. When it comes to elevating community expertise, global public investment (GPI) offers a concrete plan that is fit for purpose in meeting the challenges of today and tomorrow.

Simply put, GPI is about how public money is used to invest in goods and services that are of global benefit. To make GPI work for civil society and communities, not just for countries or groups of countries, we must comprehensively apply and widen our understanding of GPI’s core principles of “all decide, all contribute, and all benefit.” GPI resists the status quo of top-down decision-making and demands a different way of working.

It calls for community Input (contribute), equal and meaningful engagement (decide), and equal access (benefits) to public goods, including essential health services, for all individuals. By deliberately designing a community leadership and mutual accountability approach, governments, civil society, communities, and other stakeholders can leverage GPI across the SDG framework for decision-making, resourcing, and equity-based long-term solutions that nurture community resilience worldwide.

As GPI is implemented, the principle of “all contribute” must equally recognize the resources of affected communities: their expertise, their time, their lived experience, their ideas, their data, and their community networks. By equalizing who is involved in designing the solutions and making the decisions, community-led action can change outcomes for the long term, making scarce resources stretch even further while ensuring that essential goods and services (such as healthcare) are equitably accessible to the people who need them the most.
The principles espoused in this paper should be urgently translated into action. ITPC has synthesized the main points into recommended language that should be included in the Zero Draft of the Pact for the Future under headings that mirror the sections of the Zero Draft itself.

We urge communities, civil society, and allies to advocate for the inclusion of this language with their respective UN Country Delegations who are currently shaping the Zero Draft.

**SECTION 1:**
Sustainable Development and Financing for Development

- Engage the most affected communities as agents of change and equal partners at all levels and all stages of policy, programming, preparedness, and practice, including in design, decision-making, resource allocation, implementation, and monitoring and evaluation. This necessitates the equalization and transformation of colonial and paternalistic relationships in how decisions are made and governed and how decision-makers are held to account.

- Reimagine the current global financial architecture to embed and operationalize the principles of GPI and activate at-scale initiatives, such as CLM, that will help the world move closer to achieving the SDGs by 2030, demonstrating how GPI can catalyze change from the ground up.

- Make robust investments in community systems strengthening, which must be commensurate with other (health) systems financing. Strengthening community systems is as critical to resilient societies as are robust health systems. They are inextricably linked and only optimize and accelerate outcomes and impact when they are done in collaboration and with commensurate resourcing. Investing in one over the other will only deepen an already lopsided response.

- Prioritize the rigor of community-led monitoring. The data presented in this paper has been made possible through financial support from two of the largest bilateral and multilateral funders in the global HIV response (PEPFAR and The Global Fund to Fight AIDS, TB and Malaria) and other technical partners, including UNAIDS and UNITAID. Implementation rigor must be matched with the resources necessary for innovation to take hold and lasting solutions to become second nature.

- Acknowledge that impact takes time and resources. The data presented above is derived from a rare multi-year investment in CLM. However, all too often, support for CLM ends after the start-up phase or is short-term in nature. Well-documented experience shows that real impact is only possible if CLM is embedded in health facilities, communities, and district review mechanisms. Trends in data pinpointing problem areas sometimes emerge only after several iterations, which involves the necessity for constant action, follow-up and rigorous tracking. Evidence of impact may be visible only several years later. Funders, implementers, policy and decision-makers, and governments must understand that transformative systemic change does not happen overnight and requires long-term commitment that transcends electoral cycles.

**SECTION 2:**
International Peace and Security

- Prioritize human rights beyond mere lip service: the failure to uphold human rights for all is an unacknowledged systemic shock in the Pact for the Future. Immediately implement measures to reverse and repair the egregious rollbacks on human rights witnessed around the world. Peace and security are the “safety net” for equity, equality, and resiliency and are only made possible when fundamental human rights are protected and promoted for all.
Recognize and incorporate the “right to health” as essential for peace and security, inclusive societies, and protection against marginalization and discrimination (para 52).

Acknowledge that climate impacts and poor health can exacerbate risks, fuel conflicts, and undermine safety and security, especially for vulnerable groups, which are already under the daily duress of hostile environments, threat of violence, and insecurity because of one’s health status, sexual orientation, gender, or other. Daily life under repressive legal frameworks has peace and security implications for vulnerable, marginalized, and criminalized people and communities. These implications are multiplied when crises intersect and magnified when there is an erosion, violation, or outright denial of human rights and freedoms.

SECTION 3: Science, Technology, Innovation and Digital Cooperation

Secure robust and reliable long-term funding for technology transfer of evidence-based community-led interventions, including community-led monitoring. This is to ensure equitable global access to innovation, research, capacity development and expertise, decision-making, and self-determination. Currently, community-led responses are affected by erratic, project-specific, and insufficient funding and are not resourced in a way that allows them to react to emergent crises, including new outbreaks or climate disasters. In today’s intricately interconnected emergencies, it is time to do things differently.

Commit to a community-led action research and innovation agenda that includes operational research, transdisciplinary collaboratives, and piloting and funding commitments to scale impactful strategies and approaches.

Champion a “Thrive Agenda” that propels local community innovation forward. Building research capacity reduces dependence on patented technologies and fosters Indigenous solutions for local challenges. This can be achieved by ensuring that policy reforms rebalance Intellectual Property (IP) regimes towards local innovation, equity, and access.

Ensure digital inclusion as a facilitator of community engagement, by acknowledging the role of digital tools in facilitating or hindering community-led solutions. The digital divide can impact how effectively communities can participate in the democratic process, especially in the context of elections and community-led monitoring.

Advocate for inclusive technological advancement to ensure that all community voices are heard and can contribute effectively. Bridging this gap that prevents equitable access to technology, particularly in under-resourced areas can underscore the necessity of inclusive technological advancement. Technologies can be harnessed to strengthen community resilience against system shocks, ie: mobile health applications, remote learning solutions during disasters, or digital platforms that allow for rapid community response and resource allocation.

Encourage investment in digital infrastructure in vulnerable communities, promoting affordable access to technology, and support digital literacy programs.

Utilize flexibilities in international agreements, such as TRIPS, to achieve Universal Health Coverage (UCH) for all.

Promote grassroots change through community education on the right to access affordable medicines, accelerate evidence generation, and demand price transparency and accountability for equitable access to medicines, technologies, and other health commodities.
SECTION 5:
Transforming Global Governance

- Strengthen guiding accords, treaties, commitments, and accountability frameworks to enhance responses to present and future challenges and the ability of multisectoral partners – including country governments, civil society, and communities – to implement, monitor, and be held accountable. There must be concrete, practical instruction within the Pact of the Future on how multisectoral principles and actions will be ensured and monitored and how civil society and communities will engage and contribute as equal partners with equal voting rights in the governance, oversight, implementation, and accountability of these processes and initiatives going forward.

- Allocate meaningful resources to ensure meaningful and equal inclusion: those most affected by system shocks must have an equal and robust voice and be equipped to influence decisions that affect them.

- Incorporate global public investment as a unifying framework with vast potential to transform the way we finance, govern, and tackle global challenges from a macro-level perspective, as well as from the vantage point of community leadership, meaningful participation, and action.

8 / Conclusion

In a world marked by increasing uncertainty, it is crucial to empower communities not only to survive but to thrive. Health is inextricably linked to the success of the SDG Agenda and to our ability to prevent, prepare for, respond to, and recover from any system shock. Moving beyond sustainability to a resilient world of strong, vibrant and thriving societies requires a paradigm shift where ensuring resilient communities is the common denominator. To do this, communities must be part of the solutions to the challenges they face. Community leadership, their full, equal, and meaningful participation, community data and community-led monitoring, and community-driven action are decisive countermeasures that have been crucial mitigating factors to all our global crises, including COVID-19.

In short, resilient communities offer practical pathways for refining strategies that enhance preparedness to ensure more responsive, effective, cost-efficient, and timely innovations to resolve the world’s most persistent and daunting challenges.

Endnotes


gi=1*715hfi"_qa"MzY5Nzc3NjgyLjE2NTM1NTY4MjE"_qa"SSEKZKSXY8"_MCcXJiCIODkxMMy4zOTkuMS4xNzEyNzUSNjM5LjYwUAuAA,"_qa"TK98QL5X72"_MCcXJiCIODg4My4zMDAuMS4xNzEyNzUSNTAyLJAUAM4w


viii. Ibid.

  * ga_MzY5NzczNjgyLjE2NTM1NTY4MjE.* ga_SSEKZSB89TMCwMjc1ODqzMy420TkuMS4xNzEyNzU5Mjly-wl]AuMA.* ga_TKB0LQ572*MCwMjc1ODq4My4M0DAuMS4xNzEyNzU5NTAyL]AuMC4w

x. Cancetta, B, Bonds MH, Nkomaza O, et al. Sustainability in global health: a low ceiling, a star in the sky, or the mountaintop? BMJ Global Health 2022; 7. Accessed at: https://gh.bmj.com/content/7/1/e011332


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xxxvi. Ibid.

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