Community Engagement in Pandemic Preparedness and Response

Date published: 11 March 2025

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1. Key messages

Engaging communities for effective pandemic preparedness and response

The COVID-19 pandemic magnified inequalities within and between countries and affected the most vulnerable and marginalized populations the hardest. Countries responded by developing or refining pandemic preparedness and response (PPR) processes to better address COVID-19 and prepare for the next pandemic threat.

Community engagement is imperative in national and sub-national PPR decision-making processes to: (1) build resilient and sustainable systems for health (RSSH); and (2) strengthen equitable and inclusive PPR activities that integrate health equity, gender equality and promote human rights.

To achieve inclusive and community informed PPR processes, countries should consider:

- Including communities in national PPR governance structures, processes, planning, implementation and oversight.
- Integrating human rights-based and gender transformative approaches to pandemic preparedness as critical element to protect vulnerable populations and build resilient community systems.

PPR governance structures exist in some countries but have limited engagement with communities. For effective community engagement in national PPR processes, the following points are critical:

a. **Coordination and collaboration** – Communities should have safe spaces and coordination structures within PPR conversations that are supported logistically and financially.
b. **Capacity development** – Countries should build community knowledge and capacity as basis for informed decision making, including through PPR literacy trainings and awareness creation.
c. **Governance** – Countries should build on existing governance structures that support community engagement with other key stakeholders, including Country Coordinating Mechanisms (CCMs), and widen representation to include most marginalized and vulnerable communities.
d. **Policy and advocacy** – Countries should support and strengthen community-led monitoring (CLM) mechanisms to generate equity, gender and rights-based evidence to inform decision-making, build partnerships and support institutional capacity strengthening of existing community networks for a sustained community voice in PPR decision-making.

2. Introduction

The WHO defines pandemic preparedness as “a continuous process of planning, exercising, revising and translating into action national and sub-national pandemic preparedness and response plans”[1]. This involves activities that support prevention, detection, and responses to outbreaks with pandemic potential, and is linked to the Global Fund’s mission to defeat HIV, TB and malaria and ensure a healthier, safer, more equitable future for all.

Target audiences for this document are communities and civil society, as well as Global Fund Country Teams, technical assistance providers, country leaders and policy makers within Pandemic Preparedness and Response (PPR) structures.

The document aims to empower communities to engage with key PPR decision makers and other stakeholders when coordinating interventions and developing policies, strategies, and processes at the national and sub-national levels to strengthen PPR activities.

3. The Global Fund and PPR

3.1 The Global Fund Strategy

The Global Fund to Fight AIDS, Tuberculosis and Malaria raises and invests more than US$5 billion a year to fight these infectious diseases and strengthen systems for health and pandemic preparedness.

For over 20 years, the Global Fund has invested in strengthening health and community systems to end the three diseases. In its most recent Strategy for 2023-2028, Global Fund objectives focus on: (1) people-centered integrated systems for health to deliver impact, resilience and sustainability; (2) engagement and leadership of most affected communities to leave no one behind; (3) health equity, gender equality and human rights; and (4) contributing to PPR. These objectives highlight the importance of investing in systems for health and PPR activities to tackle human rights and gender-related barriers and better equip countries to prevent, identify and respond to new and existing pandemics.

[1] https://www.who.int/europe/news-room/fact-sheets/item/pandemic-preparedness

3.2 The Global Fund's COVID-19 Response Mechanism

In 2020, the Global Fund created C19RM to fight COVID-19 and mitigate its impact on AIDS, TB and malaria programs, and initiate urgent improvements in formal and community health systems. Countries were able to apply for funding from C19RM for COVID-19 tests, treatment (including medical oxygen), personal protective equipment (PPE) and critical elements of strengthening systems for health and pandemic preparedness.

As the COVID-19 pandemic evolved, C19RM investments adapted and evolved to respond to countries' needs and promote efficient use of investments, shifting from the acute emergency response to COVID-19 to strengthening systems for health and preparing for future pandemics. Countries were strongly encouraged to prioritize the five strategic areas: surveillance system strengthening; improvements to laboratory systems and diagnostics; human resources for health and community systems strengthening; medical oxygen, respiratory care and therapeutics; and health product and waste management systems.

3.3 Stakeholder engagement in COVID-19 and PPR

Through its multisectoral approach and existing structures, like Country Coordinating Mechanisms (CCM), the Global Fund partnership brings stakeholders together to uniquely collaborate and support countries to prevent, prepare for and respond to pandemics.

Through C19RM, the Global Fund worked with countries on promoting coordination across several actors. However, there is a continuous need to harmonize country level processes and facilitating consensus on the most appropriate PPR arrangements, taking into consideration country context. The case studies in the annex describe existing PPR structures and mechanisms and entry points for community engagement.

There is also a need to further broaden the PPR stakeholder base to include other health-related communities and civil society groups, such as those engaged in universal health coverage (UHC), human rights, gender, One Health, climate change, disaster/emergency response, and environment among others.

3.4 Community engagement through COPPER CE

C19RM also enables countries to invest in technical assistance to support the implementation of activities linked to the five strategic areas. One initiative is COPPER CE[2] which enables communities and civil society to effectively engage in country level processes and mechanisms related to PPR. The objective of COPPER CE is to ensure that national PPR policies, strategies and programs integrate health equity, human rights, and gender

[2] The full name of the COPPER CE initiative is "Communities in Pandemic Preparedness and Response through Community Engagement".

equality. COPPER CE also has conducted assessments in eight countries leading to the development of key lessons learned, analysis findings and best practices.

4. COPPER CE Initiative: Findings

4.1 About the assessment

COPPER CE supported community engagement assessments in eight countries: Cambodia, Cameroon, Kenya, Indonesia, Mozambique, Nigeria, Philippines and Sierra Leone, conducted by two regional partners: the Africa Coalition Against Tuberculosis (ACT Africa) and the Activists' Coalition on TB - Asia-Pacific (ACT! AP) [3].

The assessments took place between July 2023 and April 2024 and aimed to make recommendations on how to strengthen community engagement in PPR, while drawing lessons from COVID-19.[4]

The assessments also aimed to develop and test community engagement strategies and approaches that enable TB key and vulnerable populations (as part of TB networks) to influence COVID-19 and PPR decisions at the national and sub-national levels[5].

Each country identified worked with one or two of the following TB key and vulnerable populations: slum dwellers, people with disabilities, internally displaced populations, refugees, migrants, people in closed settings (such as prisoners), and tricycle drivers.

4.2 Findings

COPPER CE assessments and analyses revealed that:

1. A general observation was made across the countries that **national institutes working on pandemics are developing** with differing levels of community engagement.
2. To increase the impact of PPR, it is key to define **the role of communities** in conceptualizing, designing, implementing, and monitoring PPR activities.

3. There are designated **PPR coordination focal points** or desks within the health sector across all the 8 countries including Cameroon, Cambodia, Indonesia, Kenya, Mozambique, Nigeria, Philippines and Sierra Leone. These relatively new structures involve communities impacted by HIV, TB, and malaria, as well as communities

[3] These assessments were also done in collaboration with the Stop TB Partnership.
[4] https://copper.apcaso.org/resources/#, Engaging Last Mile Populations in Pandemic Responses: A compilation of community Engagement Assessment Reports, 2024
[5] https://copper.apcaso.org/resources/#, Lessons of inclusion in Pandemic governance, ACT AP, 2024

working on other health-related topics (e.g. One Health). These structures have initiated multi-stakeholder engagements to integrate human rights and climate change with health objectives. They are not formalized in a country's health and community system, but country stakeholders expect communities to be engaged in processes including the WHO Pandemic Accord negotiations, the amendments to the International Health Regulations (IHR) (2005) and Antimicrobial Resistance (AMR) initiatives, all of which are aimed at strengthening countries in PPR.

4. **Country context** also impacted how PPR was integrated into a country's health and community system governance. The analysis detailed two main approaches: (1) establish a stand-alone PPR engagement structure; and (2) integrate PPR into existing structures. Several factors also impact how countries determine their PPR structure, as summarized in Table 1.
5. **Key challenges and barriers for meaningful community engagement** include: limited PPR literacy, lack of adequate resources to sustain community engagement, geographical and language barriers, and the lack of communication and feedback mechanisms between community/civil society members in PPR decision-making fora. The assessments also noted that there was limited community engagement with the national COVID-19 task forces commissioned during the pandemic.

The results of the assessment have been used in the development of country specific engagement plans.

Table 1. Factors that determine the country PPR structure

- Agility and capability of health and community systems to respond to emerging or new pandemics.
- Existing governance and coordination mechanisms/stakeholders that can take the overall leadership of the PPR movement to ensure inclusion of health, human rights, climate justice, among other relevant actors.
- Existing mechanisms through which communities can effectively participate in PPR processes.

5. Recommendations: Community Engagement in PPR

5.1 Key role of communities

Communities play a key role in building and re-enforcing trust, risk communication, establishing lines of communication, and reaching communities with services during pandemics. Communities and civil society can be partners to prevent outbreaks from becoming pandemics, as the SDG 3 Global Action Plan and Accelerators[6] recognized. During pandemics, they can also ensure gender and human rights are considered in containment policies.

Community PPR infrastructure should include three elements: services and accountability led by communities, social contracting of community-led activities, and the engagement of communities in governance and leadership. Each component is crucial to develop community preparedness and infrastructure. Where community-led organizations are capacitated and authorized, they can provide cost-effective pandemic health services, improve accountability and influence PPR related strategies, policies and programs.

The Global Fund supports community engagement and participation in CCMs, as this is key to developing equitable and inclusive approaches to address a country's needs in the face of existing and emerging pandemics. These structures reinforce multi-sectoral/multi-stakeholder approaches. CCMs are critical in discussions of emerging pandemics, and to ensure stakeholder engagement. In many cases, it is through the CCM that discussions on PPR are introduced.

5.2 Recommendations for community engagement in PPR

Based on the COPPER CE experience and challenges within the existing community and civil society coordination mechanisms, strengthening community engagement in the context of PPR will require a more inclusive coordination mechanism to bring together community and civil society groups with continuous engagement and consensus-building/consolidating mechanisms.

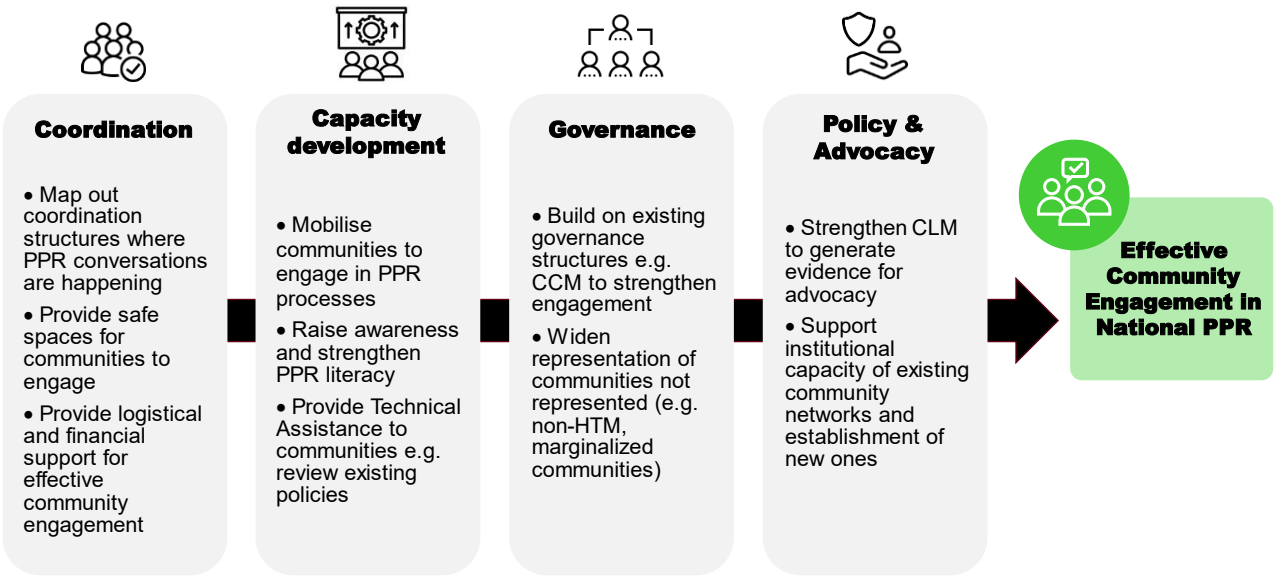
The effective mechanism depends on the country's context and level of engagement of communities and civil society. Findings point for the need of an inter-constituency mechanism to build consensus and promote a harmonized voice of communities and civil society linked to the national multi-sectoral PPR decision-making platforms.

The assessment also recommends a mechanism to support representatives with logistics, information, and other resources, including technical assistance, to ensure adequate

[6] https://indd.adobe.com/view/e97c624a-824e-459a-ba5a-78e71a05c9bb

consultation and feedback mechanisms. Figure 1 summarizes the recommended stages of this process.

Figure 1: Key considerations for community engagement in PPR



The processes identified above might vary according to a variety of factors, such as the effectiveness of the country PPR platform, public health and security programs, CCM and community structures, disease epidemiology, and investments focused on community systems strengthening.

To ensure that coordination efforts are inclusive, countries should consider aligning and identifying PPR priorities, and documenting issues for marginalized and most affected populations, including women, girls and gender-diverse populations, criminalized populations, and people affected by HIV, TB and/or malaria.

Table 2: Community engagement in national PPR processes

Coordination

- **Map sub-populations who are more vulnerable and/or affected by pandemics, health emergencies and the impact of climate change.** While pandemics impact all populations, it is notable that some sub-populations are more affected by health emergencies and climate change including women, girls, gender-diverse populations, internally displaced people, migrants and key and vulnerable populations.
- **Map out coordination structures where PPR decisions are taking place. Map out who coordinates these structures.** Identify the various jurisdictions/levels where PPR discussions are held and the leaders of these platforms. For example, who is leading PPR technical conversations and decision-making at the national level (e.g., understanding which government office is in charge of PPR and how they are linking and working with communities and civil society). The mapping should also include identifying community and civil society already involved in PPR conversations, assessing their capacity gaps and determining the additional technical assistance needs.
- Once the platforms have been mapped, **community and civil society members need to ensure representation** in all their diversity (i.e., women and girls, most marginalized and vulnerable populations). Engaging communities ensures that interventions are tailored to address their unique challenges and priority needs, and they have capacity to participate in decision-making based on lived experiences.
- **Provide safe spaces for communities to consult and engage.** Ensure the PPR platforms and coordination structures enhance trust and foster collaborations where communities are valued as equal partners and empowered to play a leadership role. The PPR structures should facilitate the meaningful engagement and participation of most marginalized and vulnerable populations.
- **Provide logistical, technical and financial support for effective community engagement.** Communication strategies should also be clear and tailored to the needs of different communities. Issues related to language barriers including for people with differing disabilities must be addressed to ensure that the voices of all communities are heard, and their needs are expressed.

Capacity Development

- **Mobilize and raise awareness of communities and civil society on PPR and conduct PPR trainings.** The concept of PPR should be shared by ministries of health or other government agencies involved in PPR activities. By understanding the idea of PPR, communities are more empowered to play a significant role. Countries should also consider supporting communities through dedicated learning resources to strengthen PPR literacy.
- **Strengthen community strategizing to engage in PPR processes.** The development of community engagement plans is a good entry point to identify key opportunities and barriers for engagement in PPR decision-making. Engagement plans could be structured around key national PPR processes, policies and plans, including National Action Plans for Health Security (NAPHS), Joint External Evaluations (JEE), Performance of Veterinary Services (PVS) and AMR National Action Plans.

  Provide technical assistance to communities e.g. to review existing PPR policies and plan subsequent advocacy. Provide technical assistance to support community capacity-building efforts in PPR and engagement, particularly through local and national TA providers. The development of community-friendly tools and guides would also support implementation of PPR activities and in the development of funding requests or other proposals for external financing. This support should also include participation of communities in national platforms to enable policy advocacy.

Governance

- **Build on existing governance structures (e.g. CCM) to strengthen engagement.** Strong CCMs have mechanisms to ensure communities and civil society are engaged at all levels of the implementation of the Global Fund grants. Capacity building on PPR could build on these mechanisms, especially by leveraging the bidirectional feedback mechanism among the communities and their constituencies. Capacity building must be done while acknowledging that PPR conversations are happening beyond the CCM and that CCMs are not representative of all PPR-concerned communities. Therefore, the CCM should be seen as one of the several platforms used to strengthen community engagement in PPR.
- **Widen representation of marginalized and vulnerable communities not yet represented in disease-specific decision-making fora.** Support community organizing and/or strengthening for communities and constituencies who are not well-represented in CCMs and disease-specific decision-making platforms, especially for TB, malaria and criminalized populations.

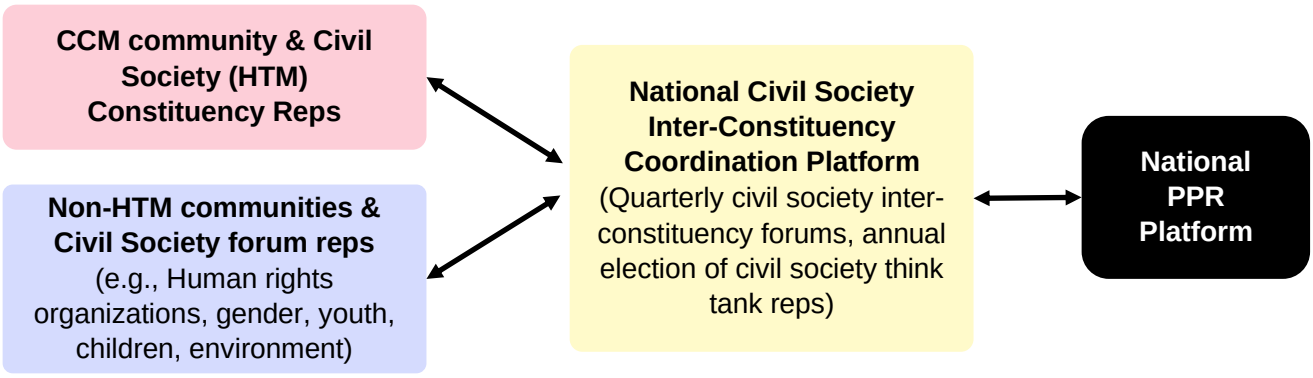
Policy and Advocacy

- **Provide technical assistance or support the development of advocacy plans.** Communities should have solid and context-specific PPR advocacy plans with messages that are tailored to specific target audiences.
- **Strengthen community-led monitoring (CLM) to generate evidence for advocacy.** Support the institutional and technical capacity of community-led organizations and CLM implementers to generate CLM data for advocacy, including through technical assistance and the development of CLM tools.
- **Support the institutional capacity of existing community networks, as well as the establishment of new ones.** Institutional capacity building of existing community networks should include training in communication and feedback mechanisms for members and constituencies, organizational strategic planning, and use of strategic information for advocacy. This should particularly focus on networks of communities with currently lower levels of representation.

(a) Civil society inter-constituency coordination forums

Figure 2 below illustrates how civil society inter-constituency coordination forums could be a platform for effective community engagement in national PPR processes. These forums have the potential to coordinate with civil society representatives at the national level to support the national PPR platforms. Similar platforms existed during the peak of the COVID-19 pandemic. However, most platforms were discontinued once the pandemic declaration was lifted.

Figure 2. Communities and Civil Society Inter-Constituency Coordination Forums



(b) Integrating health equity, gender and human rights

The list below identifies additional collaborative strategies to ensure the integration of gender equality and human rights in Global Fund grants, which can also inform future work on PPR and RSSH:

- **Develop culturally sensitive programs that promote gender inclusivity and accessibility**, through a consultative process.
- **Strengthen community groups collaboration with community health workers (CHW),** including opportunities to promote more diversity and representation among CHWs in underserved areas, emphasizing participation in preventive care, reducing pandemic containment policies that aggravate stigma and discrimination against key and vulnerable populations, and community participation and engagement.
- **Analyze and promote the review of PPR policies, strategies and frameworks** in relation to health equity, gender equality and human rights. This will ensure that policies that are being implemented protect and promote human rights, ensuring fair distribution of resources and opportunities.
- **Foster cross-sectoral public-private partnerships and collaborations** to address social determinants of health. This includes ministries of agriculture, education, finance, gender and social welfare.
- **Prioritize inclusivity, cultural competence, and human rights principles** to support pandemic preparedness investments that can forge resilient, equitable health

systems capable of responding effectively to crises and promoting sustainable development.

- **Integrate pandemic preparedness into the Community systems Strengthening (CSS) framework and model** by integrating PPR into CLM, community-led advocacy and community capacity building.
- **Develop** health equity, gender equality and human rights pandemic preparedness related **tools and community guides.**

(c) Strengthening community engagement as a key component of CSS in PPR

- **Mobilize technical assistance for CSS beyond funding request development**. Technical assistance for CSS should be considered throughout grant implementation and oversight, throughout the duration of the grant life cycle. This will ensure that communities are well informed and guided in performing their oversight functions (i.e., a CCM member).
- Engage regional community and civil society partners to **provide coordination, communication, short term and long-term accompanied mentorship and technical support at the country and regional levels**. This involves building the knowledge base and confidence of communities and civil society to have the required skills and information to influence decision-making as well as capacity building on gender, equity and human rights issues in PPR.
- Maintain **CCM budgets for community and civil society engagement and technical assistance** during funding request development, which also includes reprogramming/portfolio optimization processes. Country dialogue and community consultations are key processes during funding request development and reprogramming. CCM Secretariats should continuously support these processes, including **gathering input from a broad range of most affected communities**, including women and girls in all their diversity and providing feedback on final agreed budgets and interventions.
- **Integrate community and civil society representatives in the PPR national structures.**

6. Resources

- International Health Regulations: https://www.who.int/health-topics/international-health-regulations#tab=tab_1
- Joint External evaluation tool: https://www.who.int/publications/i/item/9789240051980
- Pandemic preparedness budget advocacy tool: https://www.budgetadvocacy.org/
- Pandemic Action Network: https://www.pandemicactionnetwork.org/
- Community Engagement and Leadership in Pandemic Governance website https://celg.apcaso.org/
- The Pandemic Fund; https://www.thepandemicfund.org/
- The Pandemic Fund Investment Case; ttps://www.thepandemicfund.org/investment-case
- Resolve to save lives; https://resolvetosavelives.org/prevent-epidemics/
- Lessons of inclusion in pandemic governance https://apcaso.org/wp-content/uploads/2024/06/CELG-Lessons-Learned-Report.pdf

Annex 1: Examples of Community Engagement in PPR from Liberia, Uganda, Ghana, and the Philippines

Liberia

As part of the PPR processes, Liberia has made strides in implementing a National Action Plan for Health Security (NAPHS), which serves as a foundational document for guiding PPR activities. The JEE, which is a critical tool for identifying strengths and weaknesses in national health systems, was conducted in Liberia in 2024.

Nonetheless, Liberia has established several platforms to coordinate PPR activities, including the Incident Management System, which oversees the response to public health emergencies, the Special Presidential Pandemic Coordinating Committee (SPAC), which provides high-level strategic direction, the One Health Platform, integrating efforts across human, animal, and environmental health sectors and County Health Teams (Public Health Emergency Center), which plays a pivotal role in local-level implementation.

These platforms are housed within and are coordinated by key national institutions, including the National Public Health Institute of Liberia (NPHIL), and the Ministry of Health. These bodies, along with the National Disaster Management Agency and County Health Teams, form the core of the PPR framework.

Through the COPPER CE initiative, the national institutions are slowly opening space for the engagement of communities and civil society, for example during the development of the NAPHS. This will provide new opportunities to ensure PPR strategies respond to the needs of the most vulnerable and marginalized communities as community participation is essential for grassroots-level awareness and response and ensures that gender and human rights considerations are integrated.

Uganda

Uganda experienced two recent public health emergencies of international concern (PHEIC): COVID-19 (2020) and Ebola (2023). In August 2024, when Monkeypox (Mpox) was declared a PHEIC by WHO, Uganda was one of the East African countries with confirmed cases. The national emergency response structures that were set up during COVID-19 such as the Scientific Committee, the Emergency Committee and the Emergency Operations Centre have been retained and cascaded to the regions and districts with a strong emphasis on strengthening surveillance. The Incident Management Team continues to function and holds two meetings every week. The National and District Task Forces were mainstreamed into the overall health response system and community structures were integrated in line with the National Community Health Strategy.

The multi-stakeholder PPR processes are coordinated by a dedicated desk officer in the Office of the Prime Minister, who engages all key sectors for example agriculture, animal industry and fisheries, water and environment, trade industry and cooperatives, Office of the President, and Defense and Veteran Affairs. The second JEE was conducted in September 2023, which assessed the implementation progress of recommendations made in the first JEE (2017) and National Action Plan for Health Security (NAPHS) (2019). A National Preparedness and Response Plan has been developed. The Parliament recently passed the amended Public Health Act and the Cabinet approved the principles for amending the Animal Diseases Act, strengthening surveillance of zoonotic diseases.

At district and sub-district levels, there is a strong focus on surveillance. For example, health facilities have defined facility catchment areas identifying households, as well as other communities. While these facilities used to depend on Demographic Health Survey (DHS) data, they have now shifted to analyzing granular data to effectively track any possible disease spikes in their areas. This has been facilitated by strengthening data analysis capacity and digitization of community health information systems.

Officials from the Community Health Unit and the Public Health Emergency Center at the MOH acknowledge that “pandemics start and end with communities” and therefore community engagement is critical. Only a few community and civil society health advocates and activists have been engaged in structures like the Vaccine Advisory Committees, JEE and NAPHS, Pandemic Accord and other processes.

Ghana

Ghana developed a costed National Action Plan for Health Security (NAPHS) between 2019 and 2023. The last JEE was conducted in 2017 and one of the key recommendations was to proactively engage other non-health sector stakeholders in the planning and implementing of the IHR to foster ownership and implementation underpinned by the One Health approach. The most recent JEE was developed in 2024 and the new NAPHS will be developed based on the findings of the upcoming JEE.

The Ministry of Health is responsible for leading and coordinating with other stakeholders in the development and operationalization of PPR policies and guidelines. Ghana has a National Public Health Emergency Operations Centre (PHEOC) and four regional (zonal) PHEOCs that are set up as platforms to help coordinate PPR processes. The PHEOCs are housed by the Ghana Health Service and within the Directorate of Public Health. The Director General is responsible for the operation of the PHEOCs as the head of the technical implementing agency of the Ministry of Health. At the national and regional levels, the PHEOC serves to coordinate other stakeholders like the veterinary services of the Ministry of Health, the Environmental Protection Agency, the security agencies and the National Disaster Management Organization.

At the national level, a Coalition of NGOs in Health works closely with the Ministry of Health and the Ghana Health Service as the representative of communities and civil society in the health space. The coalition is invited to stakeholder meetings and policy discussions on health security and is expected to communicate the interests of communities and civil society in health. However, the Ministry of Health has set up a desk/office for communities and civil society engagement and coordination. This will help to strengthen communities and civil society engagement on policies and activities related to PPR.

The Philippines

The Philippines, with its location on the Pacific Ring of Fire and archipelago geography, is a country prone to natural disasters such as typhoons, earthquakes, and volcanic eruptions. Over the years, the government's approach to responding to disasters has been steadily evolving, keeping the public informed and prepared.

The National Disaster Risk Reduction & Management Council (NDRRMC), formerly known as the National Disaster Coordinating Council (NDCC), is a pivotal working group of various government, non-government, civil society, and private sector organizations. Established by Republic Act 10121 of 2009, it is administered by the Office of Civil Defense under the Department of National Defense. The Council's primary responsibility is to ensure the protection and welfare of the people during disasters or emergencies, providing a strong foundation for the country's disaster response.

In March 2020, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) was formed amidst the rising cases of COVID-19 in the Philippines and after the declaration of a state of public health emergency. After that, the IATF-EID developed a National Action Plan (NAP) to slow down the spread of COVID-19 and efficiently implement and decentralize the system of managing the COVID-19 pandemic. A National Task Force Against COVID-19 was also created and headed by the Department of National Defense Secretary. Moreover, another task force, the Joint Task Force COVID-19 Shield (JTF-CV Shield), was created to enforce quarantine protocols at border checkpoints and maintain peace and order to help control the spread of COVID-19. The task force comprises the Philippine National Police, the Armed Forces of the Philippines, the Philippine Coast Guard, the Bureau of Fire Protection, and Barangay Tanods.

Nonetheless, at the height of the COVID-19 pandemic, civil society organizations that worked in providing TB and HIV services were the first to develop innovations to ensure continuity of services for the key affected population. The LoveYourself initiative was quick to innovate, introduced telemedicine, and delivered ARV refills through motorcycle riders. The community members shared many other anecdotal stories about how they supported the continuity of HIV/TB/malaria services during the pandemic. Y-Peer Pilipinas also shared how they are involved in the humanitarian response in a region in the Philippines at the

height of the COVID-19 Pandemic. Community engagement in governance will link the dots between policy makers and civil society organizations in the frontline.

Annex 2: Acronyms

AMR	Antimicrobial resistance
CBO	Community-based organization
C19RM	COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
CE	Community Engagement
CLM	Community-led Monitoring
COVID-19	Coronavirus disease, 2019
CS	Civil society
CSS	Community Systems Strengthening
CT	Country Teams
FR	Funding Request
GBV	Gender-based violence
HEPR	Health Emergency Preparedness and Response
HTM	HIV, Tuberculosis, and Malaria
IHR	International Health Regulations
INGO	International Non-Governmental Organization
IPV	Intimate Partner Violence
JEE	Joint External Evaluation
NAC	National Coordination Councils/Commissions
NAPHS	National Action Plan for Health Security

NGO	Non-government organizations
PHEIC	Public Health Emergency of International Concern
PPR	Pandemic Preparedness and Response
PR	Principal Recipient
RSSH	Resilient and Sustainable Systems for Health
SR	Sub-recipient
SSR	Sub-sub recipient
TA	Technical Assistance
TGF	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
UHC	Universal Health Coverage

Annex 3: Acknowledgements

- Rachel Otu Amponsah of the Africa Coalition on Tuberculosis (ACT-Africa) https://actafrique.org/
- Jeff Acaba of Activists' Coalition on TB!(ACT! AP) hosted by APCASO Foundation - https://apcaso.org/
- TB partners: KHANA- Cambodia https://khana.org.kh/ ; FIS – Cameroon https://fiscameroun.org/ ; JPI- Indonesia http://jip.or.in; STP Kenya – Kenya https://stoptbkenya.org/ ; YOUNETPO – Liberia https://www.younetpo.org/ ; ADPP – Mozambique https://www.adpp-mozambique.org/ ; JHF – Nigeria https://jannafoundation.org.ng/ ; ACHIEVE – Philippines https://achieve.org.ph/; CISMAT – Sierra Leone https://cismatsl.org/
- Titus James Twesige and Maria Christina Ignacio
- TB survivors, TB-affected communities, TB key and vulnerable populations and civil society organizations working on TB.