THE ASPEN INSTITUTE
COMMUNITIES FIRST
GLOBAL COLLABORATIVE

Communities First Global Collaborative

2021 Insight Report

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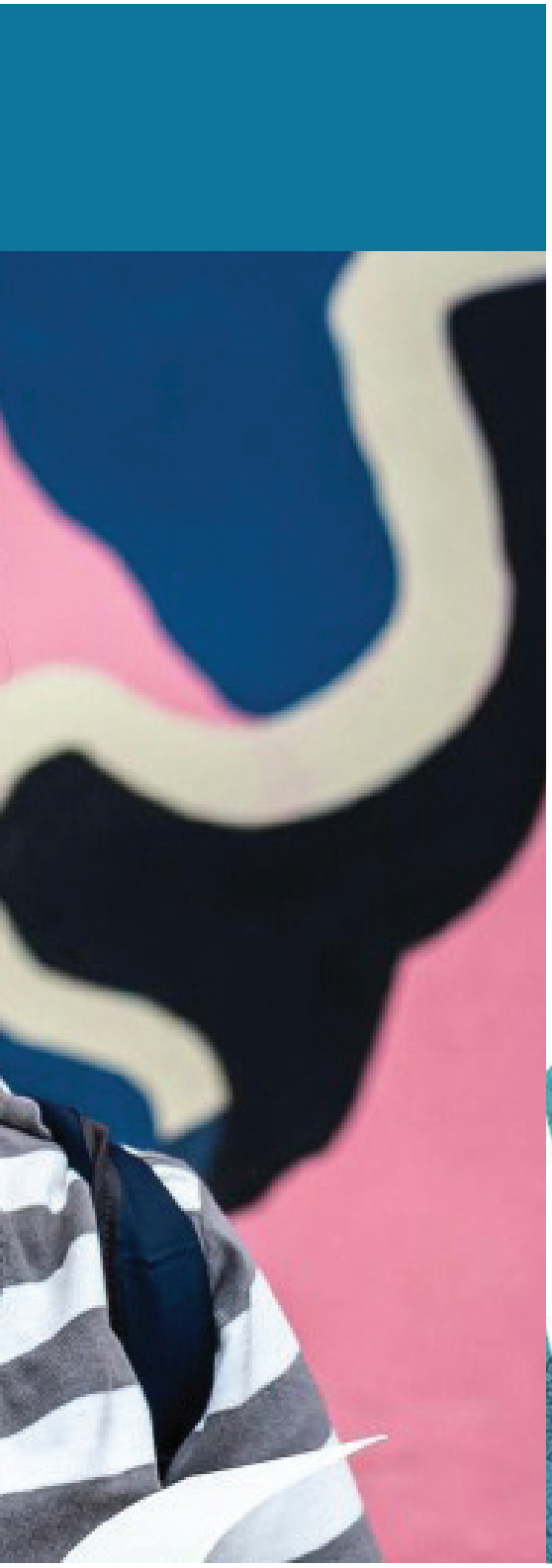
GLOBAL COLLABORATIVE

We need to acknowledge the leadership and assets that exist within communities and tap into that in an authentic and equitable partnership."

— Denise Octavia Smith

Founder and Executive Director,
National Community Health Workers Association



Communities First Global Collaborative

2021 Insight Report

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Preface

We at the Aspen Global Innovators Group launched the Communities First Global Collaborative to bring new voices and solutions to the table that are community-inspired and community-driven to address the deep health inequities exposed by COVID-19 and strengthen health systems to respond to future pandemics.

Community leaders have been instrumental in tackling the coronavirus pandemic in the United States and around the world, implementing innovative approaches from PPE manufacturing, to handwashing, community-based testing, community education and vaccination. Yet, these leaders are often removed from the public narrative and policy conversations. We are not effectively helping communities most impacted by COVID-19.

Through the Communities First Global Collaborative, with support from the Skoll Foundation, Robert Wood Johnson Foundation, and Western Union Foundation, we aim to build and amplify the collective voice and effectiveness of community leaders to influence plans and policies in the fight against COVID-19 and help us better prepare for the next pandemic.

Over the past year, community leaders have been calling for a forum to connect, share insights, and learn from others doing similar work on the frontlines of the pandemic. We believe fighting COVID-19 and future pandemics starts with supporting the expertise that exists within communities. By surfacing, sharing, and implementing the wisdom and proven practices from these community leaders in the U.S. and across the globe, we can support sustained, equity-centered, community-led efforts that strengthen the health system for all.

This report sheds light on the critical role community leaders have played throughout this pandemic and challenges and lessons learned to help us prepare for the next pandemic in their own words. Community power is at the center of this work – and we believe it's core to any approach to advance health equity. We hope you will join this movement to start with communities by joining or contributing to the collaborative at aspencommunitiesfirst.org.

Peggy Clark
Vice President of Policy Programs, Executive Director of the Aspen Global Innovators Group
The Aspen Institute

Photo: SHOFCO, Kenya

01.

Executive Summary and Key Findings

The COVID-19 pandemic has exposed deep fissures in health systems everywhere and has revealed long overlooked health inequities. Lower income and marginalized communities in every country have been hardest hit by the Covid-19 pandemic and are still struggling to save lives and rebuild economies. Community leaders and community-based organizations have been at the forefront of the crisis, serving as critical sources of health services, housing, food, and education.

Despite the impact these community-based organizations (CBOs) have had, successful community-based response strategies are often isolated and have not been shared with community leaders (CLs) in other regions, nor effectively or formally integrated into global pandemic preparedness policies. There is an urgent need for community leaders to both learn from one another about effective pandemic response practices and to work alongside policymakers and decision-makers in preparation for future health threats.

To meet this need, the Aspen Institute's Aspen Global Innovators Group created the Communities First Global Collaborative.

In January 2021, we launched a strategic planning process to better understand the challenges faced by community leaders; to assess the landscape of other non-profit organizations, foundations, and governments working to strengthen the role of community leadership in pandemic response; and to design a multi- year peer learning network for leaders to exchange best practices and advocate to global policymakers and decision-makers. We used human-centered design principles to gather insights from community leaders and release the key findings from those conversations in this report.

Through our interviews, we found that the trust community leaders had built within their communities was pivotal to their success. Community leaders fill a critical communication gap between government and health system officials and their communities. They also often operate in spaces where there are structural inequities and play key roles in supporting vulnerable populations. However, even as community leaders have played an essential role in tackling the pandemic, we found they face many challenges, including a lack of support. This is unfortunate as we found they are best placed to contribute to localization and customization plans that help health policies and preparedness plans actually work.

We launched the Communities First Global Collaborative to help fill this gap in support and elevate the voices of community leaders to help influence pandemic response and preparedness policies and plans. We hope this report shines a light on the pivotal role these leaders play in addressing public health challenges at the local level and that, through the collaborative, we will provide the space for community leaders to inspire shared knowledge that helps to create a healthy system that works for all.

KEY FINDINGS

1. During a pandemic, which is often a rapid onset and fast moving situation, community leaders play an important role because of the established trust and networks they have built in the community – which can help with critical tasks such as translating and 'distributing' public health messaging, encouraging uptake of vaccines etc, and the bridge they play between community members and more senior level officials. These relationships matter.

2. Community leaders on the frontlines of COVID-19 struggled with a lack of information in the local language and lack of access to wifi and technology.

3. Community leaders often operate in spaces where there are structural inequities and play key roles in supporting vulnerable populations.

4. Community leaders are often isolated in their work and their work is often stunted due to lack of knowledge of where and from whom to get support.

5. During COVID-19, community-based organizations had to shift the ways in which they delivered their work.

6. A lot of the work that community leaders have done as part of the COVID response has been outside their normal scope of work – much of it has been undocumented, unrecognised and uncompensated.

7. Community leaders and CBOs are best placed to contribute to localization and customization plans. They need to be involved in pandemic preparedness discussions and plans at all levels and need to be adequately trained, resourced and supported to respond quickly and effectively at the early onset of a pandemic.

8. Establishing formal networking systems together with pandemic preparedness plans– both are required to increase pandemic preparedness for communities.

Photo: SHOFCO, Kenya

> *Community leaders are the foundation of public health. They must have the courage to act when no one else will."*
>
> — Dr. Ngozi Erondu
>
> Research Fellow,
> Chatham House Centre for
> Global Health Security

ABOUT ASPEN GLOBAL INNOVATORS GROUP

The Aspen Global Innovators Group (AGI) is a policy program of the Aspen Institute, a non-profit organization that drives change through dialogue, leadership, and action to help solve today's most pressing challenges. AGI promotes breakthrough solutions in global health and development through innovative partnerships, programs, and policies. Its portfolio of programs includes the Aspen New Voices Fellowship, which brings expert voices from the Global South into the global development debate; the Healthy Communities Fellowship, a media fellowship for leaders addressing the social determinants of health; the Aspen Ideas Incubator, an action-oriented ideas lab to improve access and quality of healthcare across the globe; and Aspen Ideas: Health, a three-day conference on health preceding the annual Aspen Ideas Festival.

In response to the COVID-19 pandemic, in April 2020 AGI launched Aspen Health for All, a virtual series of solutions-oriented conversations bringing together leaders from around the world working on the frontlines of COVID-19. These conversations generated interest from members of both the New Voices Fellowship (NVF) and the Healthy Communities Fellowship (HCF) for more opportunities to hear directly from peers about their successes and failures in responding to COVID-19. At the same time, AGI recognized an opportunity to use the Aspen Institute's platform to bridge the gap between grassroots leaders in AGI's network and global policy conversations.

ABOUT COMMUNITIES FIRST

The Communities First Global Collaborative brings new voices and solutions to the table that are community-inspired and community-driven to address the deep health inequities exposed by COVID-19. We believe by surfacing, sharing, and implementing the wisdom and proven practices from community leaders in the United States and across the globe, we can support sustained, equity-centered, community-led efforts that strengthen the health system for all. Through our Peer-to-Peer Learning Exchange, Policy Roundtable series, and Catalyst Fund, AGI aims to build and amplify the collective voice of community leaders and provide new ideas to influence plans and policies in the fight against COVID-19 and help us better prepare for the next pandemic.

Photo: Aspen New Voices Fellows

ACRONYMS

Below is a list of acronyms used throughout this report.

AGI
Aspen Global Innovators

CBO
Community-Based Organizations

CEO
Chief Executive Officer

CL
Community Leader

Health policies and plans won't work unless you listen to the people you serve."

— Emma Robbins

Navajo Nation
Water for Dig Deep

Photo: Emma Naluyima and Misan Rewane, Aspen Global Innovators Event

02.

Background and Methodology

Photo: Community Testing

Community leadership is critical during infectious disease outbreaks, which are epidemiological, social, and economic phenomena.

Community-based organizations (CBOs) play a vital role in addressing the social determinants of health and reducing health inequities (Holden et al. 2016). Effective community leaders are recognized as "change agents; individuals with the ability to mobilize others, create conditions, and take the initiative" to break down barriers and improve social conditions (Lamm et al. 2017). The inclusion of trusted community members can play an essential role in contract tracing, early notification of infection, compliance with prevention recommendations, and combating misinformation (Camara et al. 2020). During the 2014-2016 Ebola crisis in Guinea, Liberia, and Sierra Leone, community leadership and involvement were associated with improved communication around the virus; heightened trust and resilience of health systems; increased case referrals; and increased secure burials (Alonge et al. 2019; Camara et al. 2020).

In the current COVID-19 pandemic, few governments and health systems leaders have adequately involved community leaders in COVID-19 response planning and implementation (Gilmore et al. 2020). In the first months of the pandemic, only 36% of WHO member states reported having a COVID-19 community engagement plan (Rajan et al. 2020).

Only

36%

of WHO member states reported having a COVID-19 community engagement plan at the start of the pandemic.

Source: Rajan et al 2020

A recent strategic assessment performed for AGI found there is a gap in support for community leaders across multiple sectors to help them respond to the current pandemic or prepare for future pandemics.

The COVID-19 pandemic presents a clear opportunity to mobilize communities to help enforce public health guidance, design effective contact tracing programs, and spread information about the virus.

However, few governments and health systems leaders have adequately involved community leaders in COVID-19 response planning and implementation (Gilmore et al. 2020). Country- and state-level decision-makers consulted virologists and epidemiologists but omitted both health and non-health experts including specialists in mental health, child health, preventive medicine, chronic disease management, and the social determinants of health (Rajan et al. 2020).

Despite being largely excluded from formal pandemic response, grassroots leaders across the globe rose to the challenge of providing health and social services to their communities.

Photo: Kennedy Odede, SHOFCO

Photo: Aspen Ideas Health 2019

In Utah, Mexico, and Arizona, the Navajo Water Project began distributing portable drinking water tanks to families without running water and helped out-of-work individuals pay their water and electricity bills. In the urban slums of Nairobi, Kenya, Shining Hope for Communities pivoted from providing education and leadership training for women and girls to assembling handwashing stations, spreading awareness around COVID-19 prevention, and distributing PPE.

But, in general, their work has not been shared with communities facing similar issues. Successful strategies have not been communicated to community leaders in other regions nor effectively integrated into global pandemic preparedness policies. There is an urgent need for community leaders to both learn from one another about effective pandemic response strategies and to work alongside policymakers and decision-makers to prepare for future pandemics. The Aspen Institute's Aspen Global Innovators Group created the Communities First Global Collaborative, to support community leaders working on the frontlines of COVID-19 around the world. The Global Collaborative was designed to meet a demand for peer learning through sharing experiences with the aim of informing policy and strategy solutions for local and global pandemic preparedness moving forward.

Photo: Aspen Artisan Alliance member

Methodology

Between March and May 2021, the interview team recruited community leaders through outreach to the following networks: Aspen Global Innovator Fellowships (including New Voices Fellowship and the Healthy Communities Fellowship), Women in Global Health, Unleash Global Innovation Program for the Sustainable Development Goals and the Skoll World Forum.

How we did it

- 47 Community Leaders (CLs) were identified through these networks as well as a "snowball method" of identifying other CLs from the CLs that were interviewed.
- Of the 47 CLs identified, 42 were invited for an interview, and 22 interviews were conducted.
- The community leaders we interviewed are based in 10 different countries and work on a wide variety of health and social issues, including community health work, education, criminal justice reform, and reproductive justice.
- Two researchers conducted interviews, and for most interviews two of the interview team were in attendance. All interviews were scheduled for 30 minutes and were recorded and transcribed, with the participants permission.
- Interviews covered two main areas: Area 1 - Describing their community leadership during the COVID-19 pandemic and Area 2 - Identifying skills and resources to equip leaders for community pandemic preparedness

See the Appendix for a list of the community leaders that were interviewed during this exercise. All community leaders gave permission for their names and responses to be used for purposes of this report.

Interview responses are presented within the themes and subthemes that emerged across participants. Participant's responses are included as quotes and case studies. Each section includes specific insights made by the researchers that articulate a dominant message across the interviews.

Simultaneously, AGI conducted desk research to identify and review 25 learning networks focused on COVID-19 response, community health, and health equity to understand the current market landscape and identify market gaps. Search terms included "learning network," "learning collaborative," "peer learning, "peer network," and "alliance," along with "community leadership," "community health," "health equity," and "social determinants of health."

This was coupled with the interviews with community leaders to best understand the landscape of other peer learning exchanges in order to best position the CFGC to address the key challenges described by community leaders.

Grassroots leaders in AGI's network define "community" in different ways.

Some see community as a geographic area (e.g., the Bronx, New York or Nairobi, Kenya), while others consider community a group of people with a shared characteristic (e.g., formerly incarcerated individuals, Black mothers, LGBTQ+ individuals). This broad understanding of community aligns with the results of other participatory public health research, which have found that definitions of community vary widely by group but have shared elements, including "locus, sharing, joint action, and social ties" (MacQueen et al. 2001).

> *[A community leader] is someone who has lived experience within the community and is approaching conversations with the community in a way that acknowledges the community's historical experience. They create opportunities for all residents to engage in a dialogue about the issues that are affecting them.*
>
> — Erasmia Monticciolo, Power of Two

Participants defined community leaders as:

1. **Trusted by community members**
2. **Deeply embedded in the community**
3. **Understanding the most vulnerable populations**
4. **Having ground knowledge and situational awareness of their community**
5. **Can communicate to and influence community, especially in the local language**
6. **Well connected and influential with key decision makers e.g. faith-based leaders, leaders of women's groups, and business leaders**
7. **Can act as a communication bridge-sometimes as a mediator-between the community, government officials, and/or other formal institutions**
8. **Can mobilize resources to address shared challenges**
9. **Having a vision that they can build out with the community**

The process of choosing a community leader may happen in formal or informal ways, and their 'title' may also be formal or informal. For example, CLs described that sometimes this person might be democratically elected while other roles are professional and social roles by nature. Some community leaders interviewed had already been in their role for a long time prior to COVID-19, and others were recruited specifically to respond to COVID-19.

Photo: Aspen New Voices Fellows

Photo: Community Food Programs during COVID-19 pandemic

03.

Community Leader Challenges and Lessons Learned from COVID-19

During a pandemic, which is often a rapid onset and fast-moving situation, Community Leaders (CLs) play an important role because of the established trust and networks they have built in the community – which can help with critical tasks such translating and 'distributing' public health messaging, encouraging uptake of vaccines etc, and the bridge they play between community members and more senior level officials. ***These relationships matter.***

Challenges community leaders faced during COVID-19

1. Lack of information

Lack of information and combating misinformation was the most frequently cited challenge from CLs interviewed. Throughout the pandemic, CLs found themselves responsible for not only developing and distributing information but also mitigating misinformation and mistrust around COVID-19 and taking on additional work to help their communities weather the crisis. However, this critical role of community-based organizations often went unrecognized and unfunded by both governments and private donors.

Based on CL responses, we surmised 7 reasons why communities lacked information:

- **Lack of access to information.** This was due to not being able to access information online- which was the result of not having a device, not having money for data, and / or a lack of internet or poor connectivity. In these cases, information sometimes came by word of mouth or radio.

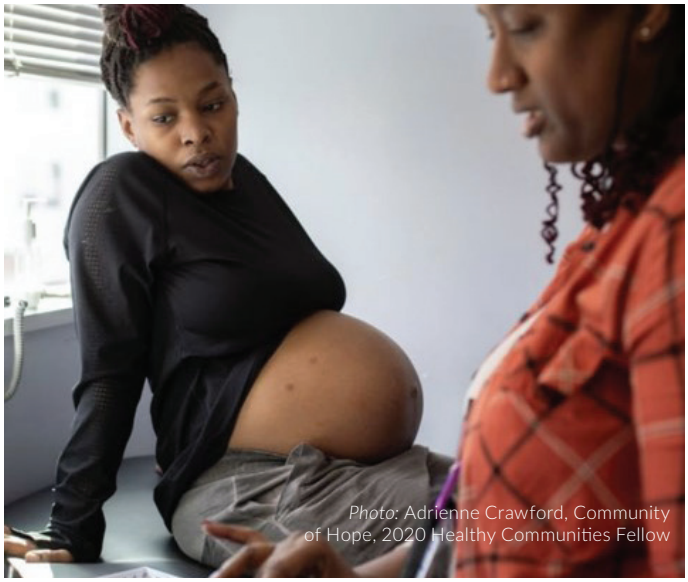

Photo: Adrienne Crawford, Community of Hope, 2020 Healthy Communities Fellow

> *Beating this pandemic and being better prepared for the next one starts with supporting the expertise that exists within communities.*
>
> — Tsion Ghedamu, Senior Program Manager, MSPH Aspen Global Innovators Group

> *The government had a lot of issues because they did no awareness campaigning in different languages. They completely ignored the cultural and language diversity. So many people throughout the communities did not have access to national materials."*
>
> — Suvecchcha Chapagain, Accountability Lab

- **Lack of information tailored to specific groups** (e.g. LGBT groups, specific language groups, women and girls, rural community members)
- **Lack of materials adequately conveying information in non-scientific terms for lay audiences.**
- **Information not provided in the right language or in an accessible medium** (e.g. information not provided or pictorially for those that were illiterate)
- **Rumours and misinformation.** This sometimes started in a community or country before there were documented cases there. In these cases, information usually reached communities because of technology. Rumours may have been more prevalent amongst certain groups.
- **Misinformation delivered by medical professionals** (e.g., because nurses were given the wrong information they told women not to attend appointments)

A lack of information was linked to a lack of a) online access and b) lack of information and resources in local language, culturally appropriate or contextually appropriate. There were sometimes delays in communicating with communities – people turned to CLs and CBOs, thinking that it was their responsibility (since they are embedded and well-regarded in the communities) – but when CLs and CBOs did not have the resources to be

Photo: Aspen New Voices Training, Kenya

Photo Left: Aspen Senior New Voices Fellows Jamila Abasss and Kusam Thapa (2015)

Photo Right: Doreen Ali, Michael Park, Matt Ramirez, Precious Phiri

able to translate and convey information adequately, there were delays and gaps in communication.

CLs and CBOs were critical in filling the communication gap between officials / authorities and communities. Due to already being embedded and trusted members of the communities, they were able to develop and deliver culturally and contextually relevant information, in a range of languages and mediums. Material, financial and human resources allowed CLs and CBOs to develop and distribute communication more quickly and efficiently.

II. Exacerbation of Structural Inequalities

Community leaders shared that although they knew systemic racism, lack of access to technology or broadband, and other structural issues preceded the pandemic, they wish they had known how much the pandemic would exacerbate those existing structural inequities. This has prompted a desire to renew advocacy efforts around those issues, particularly as having to contend with system level issues led to increased anxiety and suffering in addition to that caused by COVID-19.

Community Leaders often operate in spaces where there are structural inequities and play key roles in supporting vulnerable populations. We know that these populations are often more severely and disproportionately impacted during a pandemic—thus further supporting the case to support CLs working with these populations and community members.

Several community leaders reported that, in particular, a lack of access to technology exacerbated structural inequities experienced by several populations, this included socio-economic induced education inequalities and girl-child education.

III. Lack of Funding and Resources

Interestingly, this was not directly articulated very often in the interviews as a challenge faced by CLs and CBOs, however, when asked what they needed to be better prepared to respond to situations like COVID, many CLs spoke about needing access to funding. This suggests that CLs and CBOs see their role as being able to deliver services and commodities quickly and efficiently to communities –

> *"Scientists and medical folks are not the best communicators and cannot always relate to societal issues well."*
>
> — Lindiwe Sibanda, #BulawayofightingCOVID

to engage in the work. In many cases, issues related to logistics were the primary challenges listed, but funding was recognised as a downstream resource that could allow CLs and CBOs to more quickly and efficiently respond and would help mitigate the challenges described.

Community leaders are often isolated in their work and are stunted from supporting their communities simply due to a lack of knowledge of who could support their work.

IV. Other challenges experienced by communities

- Difficult to access contraception and sanitation products for women and girls
- Planning did not consider essential services
- Gender based violence increased
- Shelters had a hard time with COVID-19 compliance
- Lack of access to water
- Lack of acces to masks and testing centers

The pandemic was a wakeup call. It showed us that many of the things that we set up for the pandemic should be ongoing. Such as the mental and psychosocial support unit. Gender-based violence and other issues that young people have are ongoing."

— Raymond Bombo, Wings for Life

Case Study

Combating scapegoating of the LGBTQ community in Nigeria: The Bisi Alimi Foundation

When COVID emerged In Nigeria, some politicians blamed the spread of the disease on the LGBTQ population. In addition, many members of the Nigerian LGBT community were deeply suspicious of the medical community and reluctant to go into hospital due to decades of discrimination and neglect from the health care system. The Bisi Alimi foundation combatted this marginalization of the LGBTQ community, and rampant fear and misinformation during COVID by using technology and community outreach in creative ways.

The foundation hosted a series of phone-based webinars to inform the community and to combat misinformation, including sessions on mental health and the state of law in Nigeria with regard to LGBTQ people. They used creative and innovative webinar content featuring LGBTQ speakers talking about COVID and vaccines and hosted daily morning meditations to support LGBTQ people with their mental health.

Innovation and Organization Pivots to Respond to COVID-19

While many local CBOs were unprepared to respond to the pandemic and had to close their doors, the CLs that we spoke to were fortunate to continue their work during the pandemic, but all reported not only needing to task-shift but also having to expand the scope and scale of their work to meet the needs of their communities. Several CLs also described an expansion of partnerships during COVID-19. Often international partnerships were provided in the form of grants and trainings which helped meet the additional needs of communities; where these partnerships were already in place, they could easily be leveraged, and local needs responded to more quickly and efficiently. Local partnerships often provided foodstuffs, employment opportunities, and direct economic support.

A majority of the CLs interviewed led and worked in local community-based organizations (CBOs). In regard to having to adapt to COVID-19 conditions, CLs said there were three specific ways that CBOs pivoted, changed or expanded their work delivery:

1. **An organization that did X, had to adapt to do X a different way due to COVID-19.**
2. **An organization that did X, now began doing Y due to COVID-19**
3. **A new organization was formed in response to COVID-19**

Several of these adaptations were positive and opened up safer, more cost-effective, and wider-reaching ways of working to CLs and their organizations.. Several CLs remarked that these positive changes should outlast COVID-19.

Types of CBO adaptations during COVID-19

How CBOs expanded or modified their scope of work:

- Distributing and making PPE
- Distributing food
- Providing childcare
- Monitoring borders and coordinating import of supplies at the border
- Working collaboratively to identify homegrown organizations and coordinate efforts of CBOs to support businesses and families in need
- Support for the grieving
- Coordinating and distributing public bulletins and messaging
- Collecting data to map communities and their needs
- Creating and expanding volunteer networks

How CBOs changed the way they work:

- Conducting meetings, training, and outreach virtually (via Zoom, etc.)
- Using messaging apps like WhatsApp to distribute messages
- Reducing travel and in-person gatherings due to COVID-19
- Establishing all-new organizations that link community members to people with information (e.g., political and medical experts)

I wish that the donor communities could act quicker and mobilize their resources to support the government quickly."

— Nerayan Adhikari, Accountability Lab

In order to adapt to meet the needs of their communities during the pandemic, community-based organizations shifted the ways in which they delivered their work, even when the work itself stayed the same.

A lot of the work that CLs have done as part of the COVID response has been outside their normal scope of work – **much of it has been undocumented, unrecognised and uncompensated.**

Some of the new ways that CBOs and CLs worked to meet the needs of their communities may continue beyond COVID-19.

Key material resources (including funding) that were able to be tapped into quickly made it easier to pivot and expand the scope of work and the ability to serve communities.

> *A big thing was around data. We only recently had the urge to routinely collect ethnicity and faith data in a health setting. There is now a legal process method for all doctors to collect ethnic patient data."*
>
> — Salman Waquer, British Islamic Medical Association. Black, Asian, and Minority Ethnic (BAME) Consortium

Case Study

The creation #BulawayofightingCovid19 in Zimbabwe: Making vital information accessible

BulawayofightingCovid19 was created by community leaders in Zimbabwe to address the fact that most of the information regarding Covid19 was only accessible to elites in Zimbabwe due to lack of access of community members to broadband. BulawayofightingCovid19 was established to find ways to deliver information to community members without access to computers. The organization is composed of doctors, private sector leaders, and diaspora members.

Using WhatsApp, the most used commonly used and affordable platform, they share information on health facilities and medical information with community members. In addition they mobilized to equip front line health workers with information and PPE, and raised financial resources to enable community based health facilities to stay open and serve community members.

Case Study

The Makers Alliance transformed from a workspace for entrepreneurs to manufacturing more than one-million shields to protect people across India

The Makers Alliance in Mumbai, India, was established to support handworkers and to offer a space where people could come and share tools and ideas using design thinking. Shortly after lockdown in India, the Makers Alliance established the M19 initiative using laser cutters to make face shields quickly and cheaply. They shared their designs with communities, hospitals, police officers, and others and called for volunteers to increase production of face shields.

Collaborating with other labs in India and sharing information and design details, they exceeded their goal of producing 10,000 face shield in 49 days to produce more than a million face shields. Rapidly growing to meet demand, the Maker Alliance grew from 3 volunteers to more than 3,000 people in more than 40 cities producing PPE quickly and cheaply for communities without access to PPE.

Photo this page and opposite: Aspen Artisan Alliance members

> *I wish I knew how deep existing problems in the community were—COVID-19 has really revealed this."*
>
> — Alfred Andrew Kankuzi, Status

In their own words: Lessons learned for future pandemic response efforts

Lesson 1. Localization and customization is the way forward

In the words of one interviewee, "One size does not fit all. World leaders tried to have one methodology for all communities / countries at the beginning of the pandemic. This doesn't work [for example] in rural / slum communities. World leaders need to understand how issues are different per community, geographic location etc. and should be able to respond specifically to each country, location and need."

CLs and CBOs are best placed to contribute to localization and customization plans. They need to be involved in pandemic preparedness discussions and plans at all levels and need to be adequately trained, resourced and supported to respond quickly and effectively at the early onset of a pandemic.

Technology played several key critical roles during the COVID-19 response. CLs and CBOs need to be equipped to be able to access and use technology not only amongst themselves and within their organizations, but also within their communities.

Lesson 2. There is a need for information, expertise, and pandemic preparedness plans

As Naomi Tulay-Solanke of Community Healthcare Initiative INC put it, "I think we need information. But information that is empowering. This is a region that went from Ebola to COVID-19 and having people understand these different issues. I think there has been an 'arrogance of science.' Science needs to speak local and 'street.'"

We heard this same sentiment echoed throughout our interviews:

- "[I wish I knew] the power of information… I have come to learn that information is very vital. We are living in a world where information affects every sector of our lives… I also wish I knew how deep existing problems in the community are-- COVID-19 has really revealed this." (Interview 1)
- "I wish we knew real scientific facts about the disease." (Interview 4)
- "If we had known this virus would come, we could have been better prepared." (Interview 17)

> *One size does not fit all. World leaders tried to have one methodology for all communities and countries at the beginning of the pandemic. This doesn't work in rural or slum communities."*
>
> — Naomi Tulay-Solanke,
> Community Healthcare Initiative INC

- "I wish I knew that the pandemic was going to happen - that there would be a moment of time when people's movement and lives across the world would be so affected." (Tulay-Solanke)

Most CLs cited a lack of pandemic preparedness plans and most noted that this is not something that they would have ever thought would happen. This underscores the need for CLs to be involved in all-hazard emergency planning. CLs also need to have access to trusted experts in different fields of science and medicine.

Lesson 3. CLs need practical information to support pandemic pivots within their existing work

Many CLs spoke about needing knowledge to be equipped for the next pandemic. The information they need may not be directly related to the work that CL / CBOs are doing, but is essential to provide reassurance to their communities with regard to continuing essential life activities (e.g., school and work). We summarized frequent questions from CLs below:

- Where do we access personal protective equipment (PPE) during an emergency?
- If schools close down, how do we get internet for kids in low-income neighbourhoods? Also, how do we provide childcare, homework support and lunches if there is a lockdown?

[We] knew we lacked broadband access, but we didn't really understand that [until Covid]. Out of 3,000 respondents, 40% of the families in the Bronx had no access to broadband, and 37% in other two neighbourhoods."

— Erasma Monicciolo, Power of Two

expertise to shape the insights provided in this report.

Photo: Families seek medical care during the COVID-19 pandemic

Erasma Monticciolo

Erasma leads Power of Two based in Brooklyn, NY, which provides community-based dissemination of the evidence-based parent coaching intervention to equip them with the tools to transform their own lives and strengthen their communities.

Narayan Adhikari

Narayan leads Accountability Lab based in Nepal, which is an incubator for the world's most creative accountability ideas and helps innovative people and organizations in developing countries to create tools- and the communities around them- that can make power-holders more responsible.

Bisi Alimi

Bisi leads the Bisi Alimi Foundation based in Nigeria, which advocates for the rights and dignity of LGBT people in Nigeria.

Photo: Senior New Voices Fellows Adebisi Alimi and Anick Supplice Dupuy (2014)

04.

The Way Forward: Making Community Leaders a Part of Pandemic Preparedness

This report provides vivid examples of the crucial gaps that community-based organizations led by dynamic community leaders filled during the COVID-19 pandemic. They should be included in future pandemic planning and policy decisions.

Why community leaders deserve a seat at the table

When asked if they should be included in future pandemic preparedness efforts by governments or multi-lateral organizations, community leaders overwhelmingly responded affirmatively and voiced that those future solutions should be community-driven and informed by the ground-level perspective only they can offer. They explained and demonstrated that it is critical that they be part of the response early on and contribute to the planning phase.

It is imperative that CLs be invited and equipped to be able to contribute to planning for pandemic preparedness, as they are best positioned to offer a community perspective during planning, and they are often critical in the early response phase of a pandemic. While there were many reasons that CLs listed as why they should be "at the table" to prepare for the next pandemic, some of the most compelling reasons shared are:

- **Governments tend to impose rules that do not reflect the needs of communities.** CLs help ensure that policies can be adapted to meet the needs of people based on how they actually live and that communities have a local preparation plan that includes a localized approach that engages local leaders.
- **COVID-19 is not just about health – but also economics.** For example, you can't fight COVID-19 when you're not supporting farmers to grow food. CLs often play a vital role in supporting these components beyond health.
- **COVID-19 has taught us that there needs to be increased support for poorer communities as these are often disproportionately affected during a pandemic.** CLs play a critical role in supporting these communities.

> *"[We] need to give thought to who is a community leader, how they are chosen, how they are recognized, and who is invited to be involved. There are a lot of people who are community leaders who are not recognized. We need to recognize and mobilize those individuals."*
>
> — Jerry Blassingame, Soteria Community Development Corporation

The call for a peer-to-peer learning initiative

All of the community leaders interviewed expressed an interest to participate in a peer-to-peer learning exchange around the COVID-19 response and future pandemic preparedness. As one leader put it, "Connecting to other leaders would have been helpful. I felt we were in a silo, but it is the hardest we ever worked." (Interview 6)

While there is a strong interest in sharing best practices and experiences around COVID-19, community leaders also expressed a desire to build an informal network or support group of peers who also run community-based organizations. Additionally, a number of CLs that were

How community leaders thought a peer learning network could help meet their communities' needs:

1. Inform emergency preparedness plans
2. Develop strategies to be able to quickly adapt programming– some programmes went dormant while others ramped up
3. Hear what other CBOs have been doing to respond to the pandemic, what they have learned and will continue to implement post-COVID-19
4. Get new ideas to support immediate recovery needs and help prepare for future emergencies
5. Get support from other community leaders – as often community leaders don't feel like they can turn to their staff and ask for help
6. Get best practices related to the use of technology during a pandemic
7. Gather communications best practices and learn how to distribute messaging and materials efficiently and effectively
8. Learn how to more effectively work with government officials and serve as a bridge to communities

interviewed expressed that they could not share their own anxieties or stressors with staff or community members, and wished they had mentors or peers to support their work during the crisis—an important function that the peer-to-peer collaborative could help bridge.

Our interviews support the need to establish a formal networking system alongside pandemic preparedness plans– both are required to increase pandemic preparedness at the community level.

A way forward

Taking into consideration the need of community leaders the CFGC is working on developing a peer learning exchange to best meet the needs of the community leaders. AGI began by identifying and reviewing 25 learning networks focused on COVID-19 response, community health, and health equity to understand the current market landscape and identify market gaps.

Learning networks formed in response to COVID-19 include the Community Engagement Alliance Against COVID-19 Disparities and the National COVID-19 Resiliency Network. Both of these alliances are funded by US government agencies (US Department of Health and Human Services and the US Office of Minority Health, respectively), with a focus on connecting community members with critical health and social services. They work in partnership with community-based organizations, private companies, health systems, and other leaders to inform the national COVID-19 response and reach diverse populations across the country. There are a number of collaborative efforts focused on vaccine distribution that are working to support the acquisition and delivery of COVID-19 vaccines for low- and middle-income countries, including COVAX and the Learning Network for Countries in Transition.

However, none of the networks identified specifically engage community leaders or non-healthcare professionals. There are also a variety of community health worker networks (e.g., Community Health Impact Coalition) in the US and around the world that lead peer learning and advocacy efforts to increase community-based leadership in healthcare. Many grassroots leaders in AGI's network represent community health worker initiatives. There are a number of US-domestic learning networks focused on the social determinants of health that have pivoted to support the national response to COVID-19. Organizations like the Build Healthy Places Network and the Health Equity Leadership & Exchange Network have an explicit focus on health equity, and are currently working to ensure a more community-driven COVID-19 response. Partners in Health's Learning Collaborative on Public Health Responses to COVID-19 and the Community-Based Workforce Alliance.

As we are in a pivotal moment in time, the Aspen Institute hopes to use the Communities First Global Collaborative as the platform to support community leaders to strengthen their role and provide them a platform to share best practices.

To learn more about the Communities First Global Collaborative and how to join visit www.aspencommunitiesfirst.org.

Photo: Aspen Artisan Alliance member

"We are often silenced because we have different accents, we dress differently, we are not the right color. But it does make the difference if you speak up and make your voice heard (politely)."

— Samia Latif, BAME Staff Network for Public Health England

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Source: SHOFCO, Kenya

Table 1. Summary of Interview Participants

Interview Number	Name	Country	Organization Name	Role	Organization Mission
1	Alfred Andrew Kankuzi	Malawi	Status	Founder and CEO	Technology Sector. Uses design thinking to work with communities- identifying problems and developing solutions. They target marginalised communities that do not have access to technology; most solutions are geared towards young women and girls.
2	Jerry Blassingame	USA (Greenville, SC)	Soteria Community Development Corporation	Founder and CEO	Specializes in re-entry, working with men and women coming out of prison and their families. They provide a residential house for men where they can stay for one year.
3	Bisi Alimi	Nigeria	Bisi Alimi Foundation	Executive Director	The Bisi Alimi Foundation advocates for the rights and dignity of LGBT people in Nigeria. Taking people from invisibility to visibility.

Table 1. Summary of Interview Participants (continued)

Interview Number	Name	Country	Organization Name	Role	Organization Mission
4	Nerayan Adhikari	Nepal	Accountability Lab	Co-founder and CEO; Country Director for Nepal	Work with active citizens, changemakers and local institutions. Their community is young people, public servants and elected representatives- often marginalised and vulnerable communities who have little or no access to basic things. **Also partners with Transparency International in Sri Lanka
5	Agnes Igoye	Uganda	National Prevention of Trafficking in Persons	Deputy Chair	Preventing and stopping Migration and human trafficking
6	Dan Weidenbenner	USA (Greenville, SC)	Mill Community Ministries	Executive Director and Founder	Creating social enterprises; mobilising faith leaders to make systemic policy changes; runs a minority business incubator, community bike shop, urban farm, community organising in the faith community.
7	Denise Octavia Smith	USA (Connecticut)	National Association of Community Health Workers in the USA	Founding Executive and Director; CHW	Community of CHWs, public health education and advocacy
8	Erasma Monticciolo	USA (New York City)	Power of Two	Executive Director	Founded in 2015 with goal of helping decolonize parenting by focusing on radical caregiving as a way of helping our families heal from racial/historical trauma; break intergenerational cycle of trauma. The work focuses largely on rebuilding the family unit, and rebuilding the relationship between the parent and the child
9	Salman Waquer	England	British Islamic Medical Association Black, Asian, and Minority Ethnic (BAME) Consortium	General Secretary and Convener, British Islamic Medical Association Family Medicine General Practitioner, National Health Service (NHS)	Black, Asian and minority ethnic Consortium (which has over 40 diaspora ethnic and religious health professional groups) has come together to share platforms and resources related to COVID-19

Table 1. Summary of Interview Participants (continued)

Interview Number	Name	Country	Organization Name	Role	Organization Mission
10	Samia Latif	England	BAME Staff Network for Public Health England	Chair; Consultant	Works closely and engages with Pakistani UK Doctors. Also does radio talk shows and are invited to speak to the community. Through different channels they talk about health literacy, which also involves addressing myths. In the BAME community includes health professionals from minority ethnic backgrounds. Diaspora professional networks have bene brought together (including Better Health Africa, British Association of Indian Nurses, etc.) and faith-based organizations (but not charities or NGOs). They have also worked with the CMO- which is the first time that the government has worked with these professional networks.
11	Suvecchcha Chapagain	Nepal	Accountability Lab	Program Officer	Works on gender and social inclusion. Has been leading CovAct. Working with community leaders to fight infodemic.
12	Edinah Masiyiwa	Zimbabwe	Women Action Group; Women Civil Society Response	Chair	Work mainly with the most disadvantaged women and girls
13	Emma Robbins	USA (Navajo Nation)	Navajo Nation	Executive Director	Human rights organization focusing on water access- primarily installing home water systems (in Arizona, Utah, New Mexico)
14	Harshit Gupta	India (New Delhi)	Womenite	Founder	Works with school children, girls, women and the government on issues related to gender, child sexual abuse etc. Runs workshops and programmes. Distributes sanitary napkins, conducts sensitization workshops, distributes dry and cooked goods.
15	Isabelle Karmariza	Rwanda	Solid Africa	President and Founder	Assists patients in public hospitals have access to food (as hospitals do not cater food, and sometimes families are unable to provide food); they farm 80% of what they deliver. They also buy medicine that is not on insurance and produce and provide clean drinking water.
16	Lindiwe Sibanda	Zimbabwe (Bulawayo)	#Bulawayofig-htingCOVID	Trustee, Responsible for Information Publicity and Advocacy	Founded for the purpose of responding to COVID19. Brought in doctors, private sector and diaspora. Their main functions include: 1) support health facilities; 2) mobilise community by creating awareness; 3) equip front line workers with knowledge and PPE to do their work; 4) make sure facilities are open to provide support
17	Lizzy Igbine	Nigeria	Nigerian Women Agro Allied Farmers Association	National President	Nutrition, health and agriculture- going to communities to support them to plan. The organization uses networks across Nigeria. The National Centre supports the networks.

Table 1. Summary of Interview Participants (continued)

Interview Number	Name	Country	Organization Name	Role	Organization Mission
18	Naomi Tulay-Solanke	Liberia	Community Healthcare Initiative INC	Founder and Executive Director	Provides healthcare and social services to women in girls in slums / rural communities. Main activities focus on advocacy, rights for women, SRHR and sexual violence.
19	Vaibhav Chabra	India	Makers Asylum	Founder and Chief Learning Officer	A space where people come and share tools. Community of artists, engineers, designers, young adults, retired people etc. Focus on programme and education (share tools such as 3d printers, carpenters etc.). Most work is focuses on SDGs based on design thinking etc. Collaborates with universities in France, Australia and India. Can include things including face shields and respiratory parts.
20	Raymond Bombo	Liberia	Wings for Life	Executive Director	Works with the prison population across the country- serving 6 of 16 prisons. Work primarily on rehabilitation and lessons around substance abuse as well as food distribution
21	Enouce Ndeche	Kenya (Nairobi)	Vijana Amani Pamoja (VAP)	Executive Director	Works with young people from urban areas, including slums- both boys and girls between 11 – 27 years old. Uses soccer (football-based) programming for social and economic change for young people. Their work focuses on HIV, sexual and reproductive health, and employment. They also implement Skillz Kenya. They integrate individuals into vocational training and help them be economically independent – also through an employment and entrepreneurship programme.
22	Dorcas Gwata	UK and Zimbabwe	The Gogo Project	Founder; Facilitator	We work in communities where we were already engaged with young people. These communities were mobilized for humanitarian work supporting grandmothers. This project pushes the Friendship Bench further. Reaching more "child-led" homes (15- to 16-year-olds running homes). They are also doing amazing workshops with London School of Hygiene and Tropical Medicine alumni who are training young people on sexual health.

Trust is embedded in the definition of who we are as community leaders. We look like, we sound like, we live like the people we serve. We are the experts in the needs, the barriers, the assets our communities bring to bear.

— Denise Octavia Smith

Founder and Executive Director,
National Community Health Workers Association

Photo: Aspen Ideas Festival, 2017

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