



AFRICAN STRATEGIES FOR HEALTH



Photo by Pinky Patel, USAID

REGIONAL ACTORS ADDRESSING HIV IN AFRICA: Comparative Advantages, Challenges, and Opportunities

Regional bodies have become active contributors to the development of Africa's health sector in the last 10-15 years. In a region where more than 70 percent of people living with HIV globally reside, they have a particularly important role to play in supporting global HIV initiatives such as the U.S. Government's call for an AIDS-Free Generation, the Global Plan to Eliminate New HIV Infections in Children and Keeping their Mothers Alive, and Ending Preventable Child and Maternal Deaths.

A large number of African regional actors have engaged in HIV-related work in response to the heavy burden of HIV/AIDS in the region and the considerable resources made available to support the response. They play specific and often complementary roles and have established a range of relationships with governments and donor agencies. Understanding how these actors operate, as well as their comparative advantages and challenges, will ensure that governments, policymakers, donors, and implementers partner with them effectively to end preventable child and maternal deaths and prevent new HIV infections.

The United States Agency for International Development's (USAID) Africa Bureau and their project, African Strategies for Health (ASH), conducted a landscape analysis of regional African health sector bodies. The study contributes to a larger analysis commissioned by Harmonizing for Health in Africa (HHA), supported by the Norwegian Agency for Development Cooperation (NORAD). This Technical Brief provides a summary of findings related to regional actors engaged in HIV work and their comparative advantages, challenges, and opportunities.

Types of Regional Actors Working in HIV in Africa

Africa-based regional actors are organizations or institutions headquartered in Africa and comprised of groups of individuals or organized entities from more than one country with a relationship structured around a common purpose. They can be grouped into the following three categories:

- **Regional economic communities (RECs)** are groups of individual countries in a region that partner for the purpose of achieving greater economic integration. They are responsible for the planning, coordination, and monitoring of the integration or regionalization process, and for this reason are often referred to as the 'building blocks' of regional integration.

- **Regional networks and associations** include umbrella organizations for civil society organizations (CSOs); groups that bring together people living with HIV, advocates, health professionals, researchers, or policymakers; and groups of research and/or academic institutions. They often cite knowledge exchange, capacity building, and advocacy as their main objectives, and closely follow current thinking about HIV in order to disseminate HIV-related information, monitor the delivery of HIV services, represent the voice of the community, or advocate for HIV policies.
- **Regional technical organizations** bring together groups of people with deep technical expertise in HIV who understand the African context and can conduct research or provide guidance for transforming HIV commitments and decisions into technically sound, evidence-based HIV interventions.

Comparative Advantages of African Regional Actors in Addressing HIV

This section describes four of the key advantages African regional organizations have in working to address HIV on the African continent.

■ **Convening power**

Africa's regional economic communities are unique in their ability to convene African countries at the very highest political level by organizing meetings of Heads of State, Ministers and other officials to participate in high-level negotiations about political, economic, and social issues, including HIV. During these meetings, government representatives discuss and make commitments on behalf of their individual countries. For example, in July 2013, the African Union convened leaders to the African Union Special Summit, dubbed Abuja + 12, to commit to "Abuja Actions toward the elimination of HIV and AIDS, tuberculosis and malaria in Africa by 2030".¹ Heads of state declared their commitment to an AIDS-free generation, elimination of mother to child transmission, increased mobilization of local resources, and focus on prevention for vulnerable populations such as youth, particularly young women.

An example of a regional network and association with convening power is the Organization of African First Ladies Against HIV/AIDS (OAFLA) whose membership includes more than twenty African First Ladies. Their aim is to advocate for policies and strategies towards the elimination of HIV and AIDS and reduction of maternal and child mortality. In January 2014 OAFLA issued the Addis Ababa Declaration: A Call to Action to the African Union and Member States to applaud the AU, reaffirm OAFLA's commitment, and call on AU to prioritize HIV in the post 2015 agenda.²

■ **Policy harmonizing**

Experience has shown the importance of regional harmonization of HIV policies and interventions, particularly since HIV knows no borders. As previously described, RECs can use their convening power to host summits with the participation of

high-level officials. During these meetings, regional strategic plans, frameworks, policies, and protocols can be proposed and endorsed or adopted by member states. The Southern African Development Community's (SADC) HIV and AIDS Strategic Framework 2010-2015³ is one such example. SADC describes it as an "intervention developed and aimed at intensifying measures and actions to address the devastating and pervasive impact of the HIV and AIDS pandemic in a comprehensive and complementary way".⁴ SADC and the Economic Community of West African States (ECOWAS) have been instrumental in harmonizing policies and implementing cross border HIV initiatives along major transport routes such as Cape Town to Kinshasa and Abidjan to Lagos.

■ **Pooling of expertise**

Regional technical organizations and networks leverage the collective expertise, experience, knowledge, and skills of professionals from different countries and diverse settings. They serve as repositories for innovative HIV research, best practices, and state of the art. For instance, experts at the Health Economics and HIV & AIDS Research Division (HEARD) conduct applied research that aims to improve private and public sector understanding of the socio-economic impacts of HIV and AIDS, promote multi-sectoral responses to the impact of HIV and AIDS, develop the practice of health economics and social/behavioral science, and train in strategic planning for the management of HIV and AIDS. Their research across multiple countries facilitates the sharing of best practice. Another example is the Southern Africa HIV and AIDS Information Dissemination Service (SafAIDS), which serves as a center of excellence to promote effective and ethical development responses to HIV, sexual reproductive health and rights, and tuberculosis through advocacy, communication and social mobilization. In May 2012, SafAIDS partnered with Knowledge for Health to host an online seminar for experts from across the region to discuss Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people and their access to HIV and sexual health services in eastern and southern Africa.⁵ The forum drew 140 experts from 20 countries and created a safe space for participants to share experiences and discuss solutions to the various barriers that hinder LGBTI access to health care services, including stigma and political and policy related discrimination.⁶

Regional networks, capitalizing on the talent of their membership, can also make substantial technical contributions. The African Network for Care of Children Affected by HIV/ AIDS (ANNECCA) is a network of clinicians and social scientists that aims to improve access to and quality of HIV prevention, care, treatment and support services for children in Africa through advocacy, technical assistance, training, research, and networking. ANNECCA acted as co-chair for the MCH Guidelines Development Group of the WHO 2013 Consolidated Guidelines for the use of Antiretroviral drugs for prevention and treatment of HIV in adults, pregnant women, adolescents and children.⁷ The group also wrote the Handbook on Pediatric AIDS in Africa, the first ever guide on prevention care and treatment of HIV in children in Africa, and updated it in 2011.⁸

ASH's landscape analysis of African regional health sector bodies identified

9 Regional Economic Communities, plus the African Union,
67 Regional Networks and Associations, and
24 Regional Technical Organizations
that list HIV/AIDS as a technical area of focus*



*For a complete listing of regional actors, please refer to the landscape analysis on ASH's website: <http://www.africanstrategies4health.org/>

■ *Advocating for change*

Regional organizations and networks can be powerful HIV advocates because they comprise multiple members across many countries and can elevate policy issues that might otherwise not receive attention. For example, advocates for a specific HIV-related issue, such as the human rights of key populations, may operate in challenging national policy environments and face legal restrictions or criminalization, as well as stigma and discrimination. While targeted advocacy may be difficult to implement locally, regional networks can provide an outlet for the sharing of experiences, exposing of restrictive environments and challenges, and a call for policy change in unison with many other voices from many other countries. One example of this type of network is African Men for Sexual Health and Rights (AMSHeR), a coalition of 18 member organizations across Africa that addresses human rights and the threat of HIV to gay, bisexual, male-to-female transgender, and other men who have sex with men (MSM) in Africa. More specifically, AMSHeR advocates for national policy reform and for the protection of gay men's human rights. For instance AMSHeR successfully advocated to AU's African Commission on Human and Peoples' Rights to establish a Committee on the Protection of the Rights of People Living with HIV and Those at Risk, Vulnerable to and Affected by HIV.^{9,10}

Challenges

Like other international and regional institutions and networks, some African regional bodies face complex challenges related to their mandates, organizational structure, coordination, and financial and human resources. Three key challenges are outlined in this section.

■ *Limited authority*

Both regional economic communities and networks and associations face challenges in enforcing the policies they design or advocate for. While RECs have the power to convene country leaders and lead the regional harmonization of policies, they lack the authority to enforce country-level implementation of resolutions adopted at the regional level because such enforcement is beyond their mandate. RECs can urge, demonstrate evidence, recommend, and advise countries to adopt and implement new policies, but they cannot force

them to implement. Similarly, regional networks and associations can play an important role in monitoring the implementation of policy and practice and raise awareness of issues, but their ability to directly enforce policies or modify national service delivery is limited.

■ *Multiplicity of players*

The number of African regional bodies engaged in the HIV response has grown exponentially in the past two decades; this has created confusion for governments, donors, and implementers alike. The majority of African countries are members of more than one REC, which could mean that they agree to implement different regional policies and programs that may, at times, contradict each other. Similarly, the proliferation of networks, associations, and technical organizations with similar missions, objectives, or membership can result in confusion for country-level members, national governments, and donors. For example, we have seen the emergence of regional HIV networks that focus on specific populations, such as youth, women, or MSM, or specialize in specific interventions or aspects of the response. This can lead to a fragmentation of the HIV response; if the various actors are not coordinating with each other, they may end up competing for the same resources and neglecting important programmatic components or populations at risk. Also, governments and donors may have difficulty determining who to work with and how to work together.

■ *Difficulty measuring impact*

Given the nature of regional interventions in the realms of coordination, best practice replication, knowledge sharing, and advocacy for policy change, measuring the effect of regional work on HIV and health outcomes can be a challenge, particularly for RECs and regional networks and associations. Even technical organizations that directly implement programs may not have the time or resources to dedicate to building performance management systems that include systematic evaluation of impact, due partly to their reliance on program-specific funding. Regional actors must strengthen their ability to demonstrate the influence that their regional programs and advocacy efforts have on individuals and organizations within their sphere of influence (e.g. MOHs and development partners).

Regional actors can serve as important, strategic partners in the effort to address HIV on the African continent. They have strong convening power, can harmonize policy across regions or continent-wide, pool technical expertise better than any single country, and advocate loudly at all levels to better address HIV in Africa.

Opportunities

Regional economic communities, regional networks and associations, and regional technical organizations are well placed to make substantial contributions to the development and harmonization of evidence-based policies to guide the delivery of HIV services in Africa. Leveraging their comparative advantages, some of which are highlighted in this technical brief, will be critical for governments and donors as they consider collaboration.

To maximize the cumulative impact of regional actors working to address HIV on the African continent, it is essential that the different types of regional actors stick to their mandates and roles in order to operate in a complementary way. Regional networks and associations can raise awareness about issues facing people infected with or affected by HIV or HIV service providers and advocate for improved policies and interventions. When they successfully advocate to heads of state, ministers, and officials at the highest levels, these recommendations become agenda items for summits convened by RECs and emerge as signed commitments and declarations. Regional technical organizations can advise or assist countries in operationalizing these commitments within their respective countries through evidence-based, technically sound approaches. Regional networks and associations can monitor implementation to help keep countries accountable to the HIV commitments they make.

Conclusion

Governments in many countries in Africa face alarming rates of HIV infections and HIV-related deaths. Regional actors can serve as important, strategic partners in the effort to address HIV on the African continent. They have strong convening power, can harmonize policy across regions or continent-wide, pool

technical expertise better than any single country, and advocate loudly at all levels to better address HIV in Africa.

Despite these advantages, some regional actors face challenges that prevent them from fully realizing their potential. RECs, regional networks and associations, regional technical organizations, governments, donors, and implementers must work together to leverage their comparative strengths and maximize the benefits of collaboration. Effective partnerships and coordination will ensure that African countries are better positioned to achieve an AIDS-Free Generation and end preventable child and maternal deaths. ■

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ABOUT ASH

African Strategies for Health (ASH) is a five-year project funded by the U.S. Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health. ASH works to improve the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.

ENDNOTES

1. African Union, "Declaration of the Special Summit of African Union on HIV/AIDS, Tuberculosis and Malaria" (Abuja, Nigeria, 2013), 1-6.
2. Organisation of African First Ladies Against HIV/AIDS, "OAFILA Update January-March 2014" (Addis Ababa, Ethiopia, 2014), 5.
3. SADC, SADC HIV and AIDS Strategic Framework 2010-2015, 2009.
4. SADC, "HIV & AIDS," Southern African Development Community: Towards a Common Future, 2012, <http://www.sadc.int/issues/hiv-aids/>.
5. UNICEF, "The new Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS)," UNICEF Children and AIDS Newsletter, 2012, <http://newsletter.childrenandaids.org/the-new-southern-africa-hiv-and-aids-information-dissemination-service-saf aids/>.
6. SAfAIDS, "Discussion summary: LGBTI communities and access to HIV and sexual health services," SAfAIDS Online Catalogue, 2012, <http://catalogue.saf aids.net/publications/discussion-summary-lgbti-communities-and-access-hiv-and-sexual-health-services>.
7. World Health Organization, "Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach," June 2013.
8. African Network for Care of Children Affected by HIV/AIDS, "Past and Present Activities," ANECCA, http://anecca.org/?page_id=912.
9. AMShER, "Regional Advocacy," *African Men for Sexual Health and Rights*, <http://www.amsher.org/advocacy/regional/>
10. African Commission on Human and Peoples' Rights, "163: Resolution on the Establishment of a Committee on the Protection of the Rights of People Living With HIV (PLHIV) and Those at Risk, Vulnerable to and Affected by HIV," ACHPR, May 2010, <http://www.achpr.org/sessions/47th/resolutions/163/>

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