



AFRICAN STRATEGIES FOR HEALTH



Photo by Warren Zeilman

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

The African continent has seen pronounced movement toward regionalism in recent years. Regional bodies are actively contributing to the development of many sectors, including health. In a region with over a quarter of the world's tuberculosis (TB) cases and the highest prevalence of cases relative to population, they have a particularly important role to play in supporting global TB initiatives such as the End TB Strategy, Global Plan to End TB, and Sustainable Development Goals (SDGs).

Historically, TB has been a neglected global epidemic, receiving less international attention and investment than other infectious diseases. Due to its more recent resurgence and new status as the leading infectious killer in the world, combined with the fact that the African region bears the highest TB and TB/HIV co-infection rates in the world and continues to struggle with multi-drug resistant TB (MDR-TB), a large number of African regional actors have scaled up their efforts to combat the disease. 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 prevent new TB infections and end preventable deaths.

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 tuberculosis work and their comparative advantages, challenges, and opportunities.

Types of Regional Actors Working in TB 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)** (e.g. Southern African Development Community, Economic Community of West African States) 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** (e.g. African TB Caucus, INDEPTH Network) include umbrella organizations for civil society organizations (CSOs); groups that bring together people living with TB, 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 TB in order to disseminate TB-related information, monitor the delivery of TB services, represent the voice of the community, or advocate for TB policies.
- **Regional technical organizations** (e.g. Regional Centre for Quality of Health Care) bring together groups of people with deep technical expertise in TB who understand the African context and can conduct research or provide guidance for transforming TB commitments and decisions into technically sound, evidence-based TB interventions.

Comparative Advantages of African Regional Actors in Addressing TB

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

■ **Convening power**

Africa's regional economic communities and networks have the unique ability to serve as platforms for the assembling of high-level political officials to discuss political, economic, and social issues, including health issues such as TB. The African TB Caucus, for example, was started at the convening of international parliamentarians during a meeting of the Global TB Caucus at the Global TB Summit in 2015. Recognizing the need to develop and support national-level politicians to lead the fight against TB in their local context, the Honorable Stephen Mule MP from Kenya and a group of other political officials declared their intention to form a regional caucus in Africa.¹ This network intends to collectively advocate for greater domestic investment in TB treatment and prevention. Like the Global TB Caucus, the African TB Caucus will work across geographic and political divides and leverage the capacity of civil society and other stakeholders engaged in the fight against TB. It will also address the TB-HIV co-epidemic, which is particularly prevalent in the region.

■ **Policy and strategy harmonizing**

TB can be highly infectious, and, due to high population mobility, it has become a serious cross-border issue, particularly in the

Southern African region. Levels of care vary across national borders, and difficulty in supervising long-term treatment has led to a rise in MDR-TB. Regional harmonization of TB policies and interventions is thus critical to ensure sustained treatment for TB and combat the spread of disease. RECs are well positioned to convene high-level officials for the development of coordinated strategic plans, frameworks, policies, and protocols to later be adopted and enforced by member states. One such example is the Southern African Development Community's (SADC) establishment of *Harmonized Minimum Standards for the Prevention, Treatment and Management of Tuberculosis in the SADC Region*.² In 2009, these standards were validated by member states, regional partners, civil society organizations, and finally the joint ministerial committee of Ministers of Health, following a participatory assessment of the TB situation and responses in all SADC member states. Recognizing TB as a public health risk and subject to regulations laid out in the International Health Regulations, the minimum standards provide guidance on how TB suspects and those on treatment for TB should be managed while traveling. They address key areas of TB management and include several cross-cutting issues, including laboratory services, cross-border control, and TB infection and prevention. The harmonized policies and minimum standards draw on strong collaborations with national programs and technical partners, and ensure member states respond separately and collectively to targets outlined in global development goals and by the Stop TB Partnership.

The Economic Community of West African States (ECOWAS) can also act as a platform for regional harmonization of strategies and agenda setting. With support from the World Health Organization (WHO), National TB Program Managers from ECOWAS member states convened in July 2015 to establish a channel for sharing experiences and accelerating research on TB in West Africa. Participants noted that because of the disparity in effectiveness of national programs in the region, many patients leave their home countries in search of better care. Thus there is a need for better coordination and accountability among national programs. At this meeting, the West African Regional Network of anti-tuberculosis programs (WARN-TB) was initiated to promote the harmonization of strategies and practices for TB control in the region, build capacity for operational and implementation research, and support high-level advocacy and resource mobilization.³

■ **Pooling expertise and promoting best practices**

Regional networks leverage the collective expertise, experience, knowledge, and skills of professionals from different countries and diverse settings. They serve as repositories for innovative TB research, best practices, and state of the art. Their forums enable information to be shared and made available for use in advocacy efforts. For example, the INDEPTH Network, an African network of health and demographic surveillance systems (HDSSs), leverages longitudinal data from members to improve estimates of disease burden, better document the impact of TB on health outcomes, and provide a low-cost way of testing and monitoring different interventions for the TB community at large. The network's Population-based Research on Tuberculosis



(PoRT) working group is designing and testing a low-cost clinical score/diagnostic tool and identifying methods of targeting diagnosis and treatment at the most at-risk populations across eight African countries.⁴ INDEPTH's longitudinal, population-level research across multiple countries enables policymakers to make more informed, evidence-based decisions.

Regional technical organizations may also play a key role in modelling best practices and supporting members to improve their capacity in TB infection control. One such example is the Regional Centre for Quality of Health Care (RCQHC) based at Makerere University in Uganda. RCQHC acts as a center of excellence in improving quality of health care in Africa through capacity building and promoting best practices. The TB technical area of RCQHC focuses on strengthening the management of TB in children, strengthening prevention and management of MDR-TB, and improving TB/HIV coinfection management through the use of more effective infection control strategies. RCQHC also facilitates the sharing of best practices through its web-based learning and TB data management tools. In 2010, RCQHC initiated the operationalization of a desk guide for diagnosis and management of childhood TB to inform frontline health workers in the East Africa region. Interest from the CDC and other regional stakeholders led RCQHC to host a Regional Stakeholders' Workshop to train 34 government officials and implementing partners from six East African countries on the use of the desk guide in improving diagnosis and management of TB in children in the region.⁵

■ **Connection to the ground**

Regional networks benefit from the membership of local and national civil society organizations (CSOs) and individuals that are directly impacted by policy implementation. These networks bring the lived experiences of citizens and create a platform for public involvement in the health system. The Africa Coalition on Tuberculosis (ACT!), for example, is a regional advocacy organization created by, for, and of people affected by TB in seven African countries. Established with financial and technical support from international nonprofit organization,

PATH, ACT! serves to bridge the gap between communities on the ground and decision makers at the national, regional, and global levels—integrating community needs into national plans and implementation strategies. The coalition's advocacy efforts focus on areas that may not otherwise receive adequate attention, such as the prevention of drug stock outs, access to services for MDR-TB, and increased attention to pediatric TB. ACT! has elevated community interest to the forefront of decision making processes through its strong presence at the Stop TB Partnership, Global Fund, and Union boards, as well as the Global Coalition of TB Activists.⁶ Strong relationships with technical partners and decision-makers also enable the reverse flow of information from the highest levels back to members on the ground.

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 to enforce policy implementation**

While regional economic communities and networks are able to convene high-level officials for the development of harmonized regional policies, they lack the authority to enforce the implementation of those resolutions at the country level. They can demonstrate evidence and advise countries to adopt and implement new policies, however they cannot force them to implement. Both RECs and regional networks and associations have a key role to play in monitoring and evaluating countries' implementation of previously adopted resolutions, as well as raising awareness of emerging issues.

■ **Difficulty measuring impact**

The nature of regional interventions—such as those aimed at best practice replication, advocacy for policy change, and knowledge sharing—often poses challenges in drawing a direct

connection between cause and effect. Measuring the impact of the activities of regional organizations on health outcomes is not always possible. However, in a foreign assistance environment in which donors want to see a specific impact, regional actors must take action to demonstrate their added value and influence on individuals and organizations fighting against TB. The development and use of robust performance management and impact evaluation systems is essential.

■ *Limited financing*

The global TB epidemic has historically been critically underfunded due in part to limited political will from national governments and foreign donors. Regional bodies may struggle in this environment, as they face the challenge of raising sufficient funds from members to support the operational costs of running the organization. High dependence on external donor funding with strict limitations on how money may be spent prevents regional actors from allocating resources to important communications and outreach efforts. In turn, these actors may struggle to communicate the impact of their work and establish and market themselves to future partners and donors. Throughout the health sector, regional entities must compete with bilaterally and multilaterally funded programs for resources, often receiving limited attention from international donors.

Opportunities

In a rapidly changing environment, rife with rising antibiotic resistance of TB and increasing population mobility and migration of infected individuals—for reasons such as work or civil unrest—regional actors have the opportunity to play an essential role in combatting TB. One area where regional actors can take greater action is in developing strategies to manage important emerging epidemiological drivers of TB, such as migration and urbanization, and leading regionally-based activities to strengthen lagging areas of TB control, including MDR-TB. Migration between countries is a growing phenomenon and has major implications for TB control efforts, particularly in the East Africa region. For example, the burden of MDR-TB in Somalia vastly exceeds national capacity to effectively respond. Thus, many infected Somalis seek refuge and treatment in neighboring countries, making disease control a regional issue. In this instance, regional institutions are well placed to initiate frameworks for mutual accountability in a regional response and play a lead role in coordinating and pooling necessary resources. Regional

economic communities and networks provide platforms for negotiation on issues that cross national boundaries, facilitate greater coherence between national health policies, and can catalyze or reinforce commitment to development. With measurable targets established in the End TB Strategy and the SDGs, these regional actors can also set the stage for healthy competition and inter-country accountability.

Conclusion

Regional actors have strong convening power, can harmonize policies and disease control strategies across countries, pool technical expertise from multiple contexts, and elevate community interests to policy-making and agenda-setting audiences to better control TB in Africa. Their comparative advantages do not come without some intricate challenges, however, which may hinder the achievement of their full potential. RECs, regional networks and associations, regional technical organizations, governments, donors, and implementers must therefore work together to leverage one another's strengths and maximize the benefits of collaboration. The fight to end the TB epidemic in Africa—a sustained outbreak of one of the world's oldest known yet preventable diseases—cannot be won without effective regional partnerships. ■

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. Global TB Caucus, "[African TB Caucus](#)," 2015.
2. SADC, "[Harmonised Minimum Standards for the Prevention, Treatment and Management of Tuberculosis in the SADC Region](#)," 2010.
3. WHO, "[West African regional network to develop national TB research agendas](#)," 2015.

4. INDEPTH Network, "[Tuberculosis: Findings & Accomplishments to Date](#)," 2016.
5. Regional Center for Quality of Health Care, "[RCQHC 2012-2013 Annual Report](#)," 2013.
6. PATH, "[Nothing for us without us: establishing a tuberculosis-free Africa through community action](#)," 2014.

Additional information can be obtained from:

African Strategies for Health 4301 N Fairfax Drive, Suite 400, Arlington, VA 22203 • +1.703.524.6575 • AS4H-Info@as4h.org
www.africanstrategies4health.org

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