DESK REVIEW OF CROSS-BORDER HIV/AIDS PROJECTS IMPLEMENTED IN WEST AND CENTRAL AFRICA

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ALCO	Abidjan-Lagos Corridor Organization
ATCs	Ambulatory Treatment Centres
BACC	Border AIDS Control Committee
BCC	Behavioral Change Communication
CARE	Cooperative Assistance for Relief Everywhere
CBO	Community-based Organization
CCM	Country Coordinating Mechanism
CEMAC	Central African Economic and Monetary Commission
CERPOD	Centre for Studies and Research on Population for Development
CRUZ VERMELHA	Cape Verdean Red Cross Society
ECOWAS	Economic Community of West African States
ES	Executive Secretariat
EMCCA	Economic and Monetary Community on Central Africa
EPP	Estimation and Projection Package
FEVE	Trans-border Vulnerability to HIV/AIDS in West Africa
FHAP	Family Health and AIDS Prevention
FHI	Family Health International
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GMF	Guinea Medical Fraternity
HIV	Human Immunodeficiency Virus
IDA	International Development Agency
IDU	Injection Drug Users
IEC	Information, Education, Communication
M&E	Monitoring & Evaluation
MORABI	Support Association to Self-promotion of women in Development
NAC	National AIDS Commission
NGO	Non Governmental Organization
OCEAC	Organization for Coordination of the Control of Endemic Diseases in Central Africa
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PPSAC	HIV/AIDS Prevention Project in Central Africa
PSC	Project Steering Committee
PSI	Population Services International
RMEA	Regional Agency for Monitoring and Evaluation
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
VERDEFAM	Cape Verdean Family Protection Association
VCT	Voluntary Counseling and Testing
WAHO	West African Health Organization
WHO	World Health Organization

I. INTRODUCTION

Sub-Saharan Africa is the continent most affected by HIV/AIDS, which is the leading cause of death. Throughout the West and Central African region, the border zones appear to be the areas most at risk due to the mobility of the population, which consists mainly of truck drivers, traders, women offering various services, young boys and girls accompanying their parents or guardians or wandering for survival, sex workers crossing borders, etc. The nonconformism of vulnerable groups settled or using the corridors can be perceived in addition to distance of the borders. The resultant mobility density increases the risk of HIV virus transmission. According to the 2010 UNGASS reports, the HIV prevalence rate in the countries along the Lagos-Abidjan corridor are as follows: 3.6% (Nigeria), 1.2% (Benin), 2.9% (Ghana), 3% (Togo) and 3.7% (Cote d'Ivoire) (2010 UNGASS Report). Sex workers (SWs), truck drivers, migrants and other mobile populations are considered as particularly vulnerable and are potential channels for transmission of the HIV virus to the general population.

To establish appropriate strategies for border and cross-border areas, it is not enough to have national programs (existing national programs that are centrally positioned in state institutions). Therefore, the establishment of inter-country programs focused on border areas is a major innovation.

This review focuses on such HIV/AIDS control programs in the transboundary areas in West and Central Africa. Six major HIV/AIDS programs have been analysed in this literature review.

The outline of this documentary review is as follows: First, a presentation of the problem and an analytical summary that attempts to draw lessons from best practices with emphasis on innovations. Secondly, each program is reviewed and then, finally, the identity elements for each program are described. To conclude, a summary of lessons learned is made followed by recommendations for implementation of cross-border programs.

This documentary research was made possible thanks to field visits to projects in Benin, (Abidjan-Lagos Corridor), Burkina (interviews with specialists from sub-regional bodies) Senegal (FEVE, Enda Health) and Central Africa (internet communication with UNAIDS officials).

Cross-border issues associated with STI-HIV/AIDS

The general observation is that population mobility has increased in Africa, particularly within the ECOWAS (Economic Community of West African States) space and the EMCCA (Economic and Monetary Community on Central Africa) region in Central Africa. The increase was facilitated by the adoption of the principle of "free movement of persons and property" by stakeholders from various economic community spaces. This resulted in strengthening of road and rail network. Thus, the "Abidjan-Ouagadougou" railway line was added to the "Dakar-Niger" railway line to create a route used by a large number of people. The Abidjan-Lagos highway is also highly patronized in West Africa.

The spread of HIV has always been associated with internal and external movement of persons. Therefore, the relation between mobility and HIV/AIDS has always been a major concern given that a mobile person is exposed to the risk of contracting HIV/AIDS and can

also be a potential carrier of the disease and can transmit it along his/her route to partners with whom he/she has sex.

Sex workers, truck drivers, officers on duty at border stations (police men, customs officers, water and forests), international traders, people fleeing conflict and local residents around border posts are mobile people who facilitate the spread of HIV/AIDS on a large scale. Interventions designed within one country have very little impact on mobile populations. Consequently, interventions must be directed to ensure support to mobile targets using transboundary routes.

The unfavourable status of women, combined with strong stigma and discrimination against people living with HIV (PLWHA), constitutes a barrier to voluntary counselling and testing and access to essential services.

These difficulties are further compounded by inadequate allocation of resources by technical and financial partners, lack of coordination of donor interventions and low transparency of operations by actors.

II. ANALYTICAL SUMMARY: LESSONS DRAWN FROM CROSS-BORDER HIV/AIDS PROGRAMS

The need to address the problems posed by the HIV/AIDS epidemic in Sub-Saharan Africa is considerable and constitutes an increasing concern to policy-makers and health service providers. Against this background, projects have sprung up all over Africa over the past few decades in response to the epidemic.

Countries have tried to prevent or minimize the risks, treat identified cases and address the psychosocial consequences, but without much success. Following the failure of local initiatives, harmonized approaches and comprehensive strategies were adopted. It was then that the new global perception led to innovative synergies such as targeting of mobile persons identifiable with cross-border circuits (roads or railways) in West Africa.

The following fourteen points attempt to summarize the lessons drawn from six inter-country projects covering border areas. Such projects aim to implement a harmonized strategy in the prevention, treatment and monitoring of STIs/HIV/AIDS.

1. Institutionalisation of transboundary HIV/AIDS programs

Six projects implementing cross-border interventions in four West African and two Central African countries are summarized below:

Name of Project	Area Covered	Donors	Major implementing partners	Year
AWARE-HIV & AIDS	ECOWAS Countries, Mauritania, Cameroon, Chad	USAID	Family Health International (FHI), Population Services International (PHI), Constella Futures Group	2003-2008
Abidjan-Lagos CORRIDOR	Côte d'Ivoire, Ghana, Togo, Benin, Nigeria	HIV Global Fund, Member countries	UNAIDS, Governments, AWARE-HIV, Coca Cola Foundation	2004-2014
RAIL LINK	Côte d'Ivoire, Mali, Burkina Faso, Senegal	Bristol-Meyers Squibb Foundation, Cooperative Assistance for Relief Everywhere (CARE), UNAIDS	CARE, FHI, PSIV, Governments	2003-2005
ENDA/Transboundary vulnerability to HIV/AIDS (FEVE)	Cape Verde, Senegal, Guinea, Guinea Bissau, Burkina, Gambia, Mali, Niger	Enda Health, Luxembourg Red Cross, Luxembourg Ministry of Foreign Affairs and Cooperation	UNAIDS, UNDP, Guinea Medical Fraternity (GMF), ENDA Senegal, ENDA Guinea Bissau	2011 – 2015
HIV/AIDS Prevention Project in Central Africa (PPSAC)	Gabon, Congo, Equatorial Guinea, Cameroon, Central African Republic, Chad	OCEAC/CEMAC, Government of the Federal Republic of Germany	KFW, OCEAC, ITS	2006-2012
LAKE CHAD	Countries bordering the Lake Chad Basin: Chad, Cameroon, Niger, Nigeria, Central Africa.	Initiative of the Congo-Oubangui-Chari Riverside Countries, Initiative of the Mano River Union Countries, Indian Ocean Commission	Lake Chad Basin Commission	2005- 2015

2. Adoption of a harmonized strategy on prevention, treatment and monitoring of STIs/HIV/AIDS

The objective is to establish a mechanism for prevention, quality integrated, comprehensive and continuous care in cross-border zones. Under the AWARE-HIV/AIDS project, the fight against STIs/HIV focused on the promotion of prevention of mother-to-child transmission of HIV (PMTCT), as well as management of care and treatment of STIs/HIV/AIDS.

The joint regional project along the Abidjan-Lagos migration corridor also invested a lot of effort in/for the improvement of health services and the development of a comprehensive and continuous approach to health care services.

The FEVE project implemented prevention strategies that enabled sensitization of more than 24,450 people and distribution of 302,662 condoms in the zones covered by the project.

3. Operationalisation of a continuous supply of preventive and curative services

The inter-country projects transcended national boundaries to achieve harmonization of strategies between countries and actors in order to contain the spread of HIV/AIDS by the mobile population along the transboundary routes. Caravans were organized, with the involvement of representatives and agencies from several countries in the sub-region, to allow various actors to engage in a common fight against the spread of HIV/AIDS.

4. Advocating a flexible offer for mobile populations

Priority should not be given to strategies that call for movement of patients to fixed centres. Any form of rigidity is replaced by a flexible, coordinated and regularly monitored setup.

The various projects promoted the establishment of health centres in several zones to ensure availability of health services to the most at risk populations. Any inaccessibility would be an obstacle to achieving the objectives of STI control projects, since sensitization coupled with condom distribution and management of patients is an efficient control strategy. Strengthening treatment sites is therefore an important aspect of the fight against STIs.

5. Rooting regional actions in sustainable regional organisations (ECOWAS and CEMAC regional health organisations)

Testing experiments should include, as one of the performance indicators, an agreement on sustainability negotiated with one of the competent organisations for purposes of replicating and scaling up the experiment initiated by projects or ad hoc mechanisms.

AWARE-HIV/AIDS initiated efforts towards the development of a strategic partnership with African institutions with the same objective on the fight against AIDS. These include ALCO (Abidjan-Lagos Corridor Organisation), WAHO (West African Health Organisation) and CERPOD (The Centre for Studies and Research on Population for Development). Such partnerships enable harmonization of disease control interventions and mobilization of additional funds, thus increasing sustainability of interventions.

6. Promoting full expression of national policies on HIV/AIDS and their links with the national health strategy and inter-program links (tuberculosis, malaria, etc.)

The leading causes of death in the countries of the Lake Chad Basin are HIV/AIDS, malaria, tuberculosis, infectious childhood diseases and maternal and antenatal diseases. The Lake Chad Basin project works to control the diseases decimating the people of Africa. The objective is to improve the health system in order to spare the most at risk populations. Furthermore, one of the goals of the FEVE project is the expansion of its themes to reproductive health and tuberculosis.

7. Behavioural change communication through regional campaigns in the form of caravans involving several countries at the same time to intensify dissemination of messages, increase their social legitimacy and visibility

All STI/HIV/AIDS control projects enabled organisation of caravans during which the people were highly sensitized on prevention, screening and stigmatization. Under the FEVE project, 24,450 people were sensitized through caravans as well as talks and information workshops on STIs. Annually, transboundary programs organized caravans that put HIV/AIDS control at the forefront.

8. Networking STI/HIV/AIDS control actors, countries and national strategies

This involves bringing actors together to act in synergy, i.e. productive and mutually beneficial links with the interface providing efficient and effective added value. The use of links on all sides is very important. Without the existence of the corridor project, for example, it would be difficult to take charge of cross-border areas. This is due to the fact that national programs set a premium on their own zones and also because the ECOWAS and CEMAC regional health institutions, which are WAHO and OCEAC respectively, are not field actors. Indeed, such institutions can only depend on projects to address issues related to cross-border areas. This interdependence has a positive impact on the fight against STIs and HIV/AIDS.

9. Developing an approach and tools for cross-cutting links: inter-country, inter-actors, inter-space, inter-institution and inter-service (complementarity, solidarity, mutual emulation)

For each project, there are various institutions and actors from different countries that collaborate for the achievement of set objectives. The coordination of these stakeholders allows the development of a joint approach and their differences produce complementarity. There are also several donors funding the projects, thus enabling sustainability of programs that are implemented. In addition, launching of initiatives by a project stimulates the development of other projects.

The joint regional project along the Abidjan-Lagos migration corridor, for example, received a significant boost due to the failures of previous interventions, compelling it to achieve satisfactory results.

10. Achieving sustainability of shared services and resources by enhancing the legitimacy and social usefulness of actors within their respective spaces

Actors include NGOs, local radio stations and associations that support actions at the grassroots. Under the Rail-Link project, Cooperative Assistance for Relief Everywhere (CARE), and Family Health International (FHI) carried out the action that was initiated in relation to HIV/AIDS control. Other organizations such as UNAIDS and UNDP worked very hard towards strengthening the social usefulness of the various categories of actors.

11. Promoting the principle of subsidiarity by clearly marking the interface areas and joint services

Statistical data are first recorded in national programs before they are recaptured in the regional program. The regional program intervenes only in the interface areas whereas each national program takes charge only of its border area. In this way, double counting of data is avoided. Similarly, national HIV/AIDS control programs do not feel divested due to the emergence of regional programs that mobilize huge financial and material resources.

Common tools are stamped with the seal of the regional program. Transboundary condoms are made to bear the brand name of the regional program whereas the national HIV control programs use other marks. The PPSAC project showed that male condom brands used in the CEMAC zone are not harmonized.

12. Encouraging reflexivity in the joint action, in order to make room for renewal of service delivery

Reflexivity in joint action is achieved through systematization of best practices, identification of new common needs and finally, development of a monitoring and evaluation system for national programs.

13. Always aim for intervention coherence since the network is not intended to compete with its members or associates

Each actor marks his territory while collaborating on the common interest, which happens to be the common border. Cross-border programs are organised as networks that avoid going to the same ticket desk as their members. Similarly, they seem to distance themselves from actions impinging on the areas of operation of others or act in a manner as to overlap the areas of operation of partners.

14. Acquiring tools specifically for network operations

The organizational framework for network interventions must be flexible, light and leave room for specific and intensified action of each member according to its expertise, negotiated territory and relay actors in its current and future space.

On the corridor project, the executive secretariat is the instrument of facilitation. Other coordinating tools facilitated project interventions. Examples include the Bristol-Meyers Squibb Foundation within the framework of the Rail-Link project, the Indian Ocean Commission for the Lake Chad Basin, or the Luxembourg Red Cross for the FEVE project. The projects lacked intervention mechanisms and highly qualified and selected personnel assigned for the occasion.

III. PRESENTATION OF TRANSBOUNDARY HIV/AIDS PROJECTS

Project 1: AWARE-HIV/AIDS

AWARE-HIV/AIDS, 2003-2008 COOPERATION AGREEMENT NO. N° 688-A-00-0-03-000-66-00/USAID/WA

STRENGTHENING THE WEST AFRICAN RESPONSE TO THE HIV EPIDEMIC

Presentation of project

The "Action for West Africa Region" (AWARE-HIV/AIDS) project was initiated by USAID/West Africa. It was jointly implemented by three partners: Family Health International (FHI), Population Services International (PSI) and Constella Futures Group.

The project covered 18 countries: Benin, Burkina Faso, Cameroon, Cape Verde Islands, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Chad and Togo. Apart from Mauritania, Cameroon and Chad, all the other beneficiary countries of the project are members of the Economic Community of West African States (ECOWAS).

AWARE-HIV/AIDS mainly targeted female sex workers (FSWs) and truck drivers: mobile population targets considered particularly vulnerable and potential vectors of the virus.

It was not, however, the first HIV/AIDS prevention project of the United States Agency for International Development in West Africa (USAID/West Africa). It was preceded by a regional project known as "Family Health and AIDS Prevention" (FHAP).

Project Challenges

AWARE-HIV&AIDS aimed to address challenges in the following areas:

- The fight against stigma and discrimination due to HIV/AIDS and access to HIV prevention, counselling and monitoring services for all citizens;
- Transcending national boundaries and other communication barriers so as to develop a communication plan to address the problems identified;
- Reduction of the rate of STI-HIV/AIDS infection in West and Central Africa;
- Conduct regional advocacy for policy change, influencing governments to increase resource allocation for HIV/AIDS interventions, ensuring the adoption of the rights of PLWHA and improving the status of women;
- Harmonisation of inter-country and inter-actor strategies so as to define integrated approaches to contain the spread of HIV/AIDS by the mobile population along the transboundary routes.

Another equally important challenge was associated with capitalization of the experiences of actors to strengthen responses for best and rapid replication of best practices.

Results

The final assessment of the project showed a very satisfactory level of achievement with a performance rate of 94%. Nineteen best practices were identified in detail; 13 out of 18 countries replicated at least one of them, amounting to a total of 30 replications. Apprenticeship sites were established throughout the project. The areas of specialization and location are presented below:

- Management of Sexually Transmitted Infections (STIs) in Benin,
- Voluntary HIV testing and counselling in Burkina Faso,
- Prevention of mother-to-child transmission (PMTCT) in Cameroon,
- Management of care and treatment of STIs in English speaking countries,
- Care and treatment of STI/HIV for francophone countries.

The project also provided support in terms of capacity building of reference institutions and networks: an advocacy tool on human mobility along the Abidjan-Lagos Corridor was developed under the AWARE-ALCO partnership.

In addition, AWARE-HIV/AIDS established a consortium of key and associate partners who constituted a fairly systematic intervention mechanism. The first category of partners intervened directly in project management, coordination and supervision. The second category was comprised of associate partners who were involved in the provision of technical services.

AWARE-HIV/AIDS also established regional networks (of youth, journalists and religious persons) and strengthened the capacity of people living with HIV (PLWHA). This support enabled the:

- conduct of awareness campaigns at the national and regional levels on good attitudes to be adopted towards PLWHA (against stigma and discrimination);
- conduct of awareness campaigns to promote voluntary testing;
- promotion of leading technical service providers capable of providing technical support and south-south training, especially in the areas of Prevention of Mother-to Child Transmission (PMTCT) as well as care and treatment of HIV;
- facilitation of contact between local NGOs and civil service organisations engaged in the fight against the epidemic.

The project organised training sessions in various areas including capacity building, research, analysis, advocacy and monitoring and evaluation. A series of other training sessions were held on the use of the following software:

- SPECTRUM for the production of impact models on AIDS (AIM) for PLWHA and new infections;
- Dem Project for demographic projections by age and sex for the next 50 years for any given country or region;
- Estimation and Projection Package (EPP) for estimation and projection of HIV prevalence in adults based on surveillance data.

AWARE-HIV/AIDS also developed strategic partnerships with African institutions operating in the same field as the project. These included ALCO (Abidjan-Lagos Corridor Organisation), WAHO (West Africa Health Organization) CERPOD (The Centre for Studies and Research on Population for Development). The partnerships facilitated the mobilization of additional funds, which enabled the project to take the path of sustainability of its intervention. In addition, it developed implementation control mechanisms (monitoring-evaluation, external technical assessment and quality control). The mechanisms put in place enabled the conduct of regular checks at clearly defined intervals. These tools helped to

ensure the quality of work done. The mid-term evaluation conducted in 2006 was highly appreciated.

Moreover, the project took measures and conducted advocacy with governments for the adoption of national policies and laws to facilitate access to counselling, testing, PMTCT services, care and treatment including Antiretroviral (ARV). The advocacy particularly involved and supported religious leaders, PLWHA, and youth and women's networks.

Concerning cross-border interventions, the project worked on:

- harmonization of strategies and messages. A consensual approach was defined to reach mobile populations. The approach was validated and adopted by the national HIV/AIDS response coordinating authorities;
- grouping of countries sharing a common border to promote harmonized strategies and messages;
- facilitation of inter-country interactions with the establishment of four integrated package service demonstration sites for four groups of countries with common borders.

Innovations

Between 2003 and 2008, the project developed two major innovations, the first being the transnational HIV/AIDS advocacy caravan, and development of a Prevention of Mother-to-Child Transmission program in Mauritania.

Sebkha is the biggest maternity ward in Mauritania. This health centre had no PMTCT. In 2004, with the support of AWARE-HIV/AIDS, Sebkha sent service providers on a study tour to Cameroon to learn from the PTMCT experience of the Cameroon Baptist Convention Health Board (CBCHB).

In Mauritania, the trainees were supervised by the Executive Secretariat of the Project and CBCHB; with support from the AWARE HIV/AIDS Executive Secretariat, the providers produced an action plan, a national policy document and PMTCT training modules.

This project support also enabled the Sebkha maternity ward to provide PMTCT services to all women receiving antenatal consultation, 95% of whom received counselling and submitted themselves for screening. Moreover, the experience was extended to 14 new centres in 2007.

The regional caravan, made up of representatives of networks of religious leaders, PLWHA, journalists and national HIV/AIDS control structures, was launched at the initiative of the network of religious leaders (established in February 2005) with technical and financial support from the project. The caravan crossed 6 countries, travelled 6500 km in 11 months, sensitized 1,500 religious leaders and informed 30,000 persons on the evils of stigma and discrimination against PLWHA.

Lessons learned

One of the main lessons learned is that groups that put their efforts together succeed in influencing policies and contribute more efficiently to the epidemic response. There is therefore the need to move towards grouping countries with similar health issues and challenges so as to promote concerted and common responses.

AWARE-HIV/AIDS: COOPERATIVE AGREEMENT N° 688-A-00-0-03-000-66-00/USAID/WA –STRENGTHENING THE WEST AFRICAN RESPONSE TO THE HIV EPIDEMIC

Key proponent and partners:
AWARE-HIV/AIDS is a USAID/West Africa project implemented by the following main partners: FHI (Family Health International), PSI (Population Services International) and Constella Futures Group.
These partners rely on the following institutions for technical services: Care and Health Program, West Africa project to Combat AIDS and STIs: Hospital Affiliated to the University of Quebec.

Period
2003-2008

Zone and countries covered:
ECOWAS, Mauritania, Cameroon and Chad, amounting to a total of 18 countries

Amount of funding:
US $34,672,944

Achievements: innovations:
Networks (of youth, women, religious leaders, journalists, PLWHA) were established;
Training in various domains, including capacity building in research, analysis, advocacy and monitoring-evaluation and on the use of software such as Spectrum, DEM Project and EPP.
The project organised cross-border caravans covering 6 countries.

Main lessons:
The main lesson learned from the AWARE HIV/AIDS project is that, in order to influence policies and promote joint responses to the HIV/AIDS epidemic, countries must come together and cooperate.

Project 2: ABIDJAN-LAGOS CORRIDOR

JOINT REGIONAL PROJECT FOR THE PREVENTION AND MANAGEMENT OF STI/HIV/AIDS ALONG THE ABIDJAN-LAGOS MIGRATION CORRIDOR (ALCO) - ABIDJAN-LAGOS CORRIDOR ORGANISATION (MAW-607-G01-H ET PPF Q 331-0BEN WAF4)

Presentation of project

The Abidjan-Lagos Corridor Organisation (ALCO) regional project is a Global Fund initiative implemented in two phases. The first lasted from 2004 to 2009. Its total cost amounted to US $19,092,500. The second started in 2010 with a cost of US $29 million.

The project operates along the highway connecting Abidjan, Accra, Lome, Cotonou and Lagos, and covers five West African countries: Côte d'Ivoire, Ghana, Togo, Benin and Nigeria. It is organized around the three components of HIV: (i) prevention, (ii) treatment and care and (iii) capacity building and coordination.

Actors and stakeholders

In addition to the Global Fund, initiator and key donor to ALCO, the Executive Secretariat and the governments of the five member countries and several other actors participated in the project implementation:

IDA (International Development Agency) took part in the dialogue with and between the governments of the five member countries. Furthermore, it ensured adoption of the participatory approach during the development of the project.

UNAIDS (Joint United Nations Program on HIV/AIDS), through its inter-country team, steered the preparatory phase of the project in collaboration with IDA. UNAIDS heavily supported the initial study and establishment of the Executive Secretariat and its management tools.

The governments of Côte d'Ivoire, Ghana, Togo, Benin and Nigeria contributed to the funding of the project in their capacity as host countries.

Compliance by member countries with key commitments largely contributed to the achievement of project objectives.

Other technical and financial partners provided support for implementation of the project. These included:

1. AWARE-HIV/AIDS,
2. The Coca-Cola Foundation which supported the ALCO, particularly during the caravans and mini-caravans conducted along the corridor,
3. The African Network of PLWHA,
4. Moriah Trust Limited, project partner in social marketing of condoms,
5. Technical health services in member countries,
6. NGOs, CSOs, CBOs, opinion leaders and influential persons also contributed to the project implementation.

The Joint Regional Abidjan-Lagos Corridor Organization (ALCO) Project is generally structured around the same concerns as AWARE-HIV/AIDS but focuses specifically on:

- how to significantly reduce the prevalence rate of STI/HIV/AIDS along the Abidjan Lagos corridor, especially in the road environment (carriers, sex workers, men in uniform);
- which strategies to adopt towards orphans and HIV/AIDS vulnerable children;
- how to improve the living conditions of people living with HIV/AIDS (PLWHA);
- how to reduce the negative impacts of the epidemic on the economic and social factors of the project countries;
- which strategies to adopt to facilitate access to preventive healthcare and especially support to PLWHA and carriers of STIs.

Project Challenges

During the two phases, the project encountered significant challenges including:

- operationalisation of mechanisms for coordination and close monitoring of interventions. This challenge was significant because of the size of the area covered by the project, its multisectoral dimension (health, transport and environmental management) and the cultural and linguistic diversity.
- a short time period within which to achieve project goals and a rather small team, resulting in overload of tasks on members of the Executive Secretariat.
- the choice of mobile population targets along a corridor of over 6,500 km that passes through several countries which are occasionally unstable, with significant differences in three areas: political, cultural and linguistic.

Obligation to achieve satisfactory results, where previous interventions had failed, was another challenged faced by the project.

Results

To better achieve its mission of prevention, the project carried out communication, education and awareness activities along the corridor. These consisted of the adoption of diverse communication methods focused on Information, Education and Communication (IEC), Behavioural Change Communication (BCC) and marketing of condoms.

The organization of caravans supported the full-scale awareness on HIV/AIDS, particularly in the areas of prevention, testing and stigma. It also managed to develop rational strategies for condom distribution in the corridor space in collaboration with Moriah Trust Limited, a company involved in social marketing of condoms.

ALCO embarked on facilitating treatment and providing support to patients. The intervention consisted of fighting against taboos associated with AIDS, which is still considered as a shameful and perverse disease by most people.

Innovations

The “Multi-Country AIDS Control Program” model was supposed to be a major innovation for grouping five West African countries under the sole guidance of the Executive secretariat from the onset. The project also developed other innovations on the modalities for program funding. It involved reversing the trend of one way funding of projects based on starting from

an almost exclusively northern source southwards (Global Fund, World Bank, UNAIDS, USAID etc.) towards a diversification that incorporates the contribution of member states and other donors.

The ALCO project used its sub-regional dimension to develop initiatives aimed at facilitating the free movement of persons and property in the ECOWAS space. The initiatives involved taking measures to reduce the border crossing time so as to minimize opportunities for contact between travellers and, consequently, occasions for STI-HIV/AIDS transmission. The project conducted advocacy with community leaders and government officials from the five countries to move towards the adoption of a common code on the harmonization of cross-border traffic.

Lessons learned

The involvement of NGOs and PLWHA in the project highly contributed to the efficiency of medical care for patients, as well as community support for PLWHA and OVC.

For the proper steering of a transnational project like ALCO, there is the need for an upstream foundation based on a firm political will and commitment of the governments concerned. This is essential to ensure the preparation and implementation of this kind of project.

Some tools can be effective in one context and not in another; it is therefore necessary to check and countercheck the tools to be used for monitoring and evaluation.

A significant physical investment is required to facilitate cross-border flow of persons and property. This requires actions from the security forces, economic operators, users and forwarding agents.

The strategy involving the use of intermediary agencies to provide local support to field actors was very useful. Strengthening the capacity of these implementing agencies increased their ability and capacity to absorb funds.

The satisfaction of the training needs of implementing partners can be a very relevant prerequisite. In other words, they should be given training in areas such as family planning, management, execution and implementation of activities before launching.

Recommendations

- Strengthening the capacity of health service providers was essential to meet the quality standards of a regional program.
- It appeared relevant to develop a comprehensive and continuous health care strategy in the border areas that concentrate on specific populations requiring the provision of service delivery adapted to a mobile group.
- Activity planning takes into account the capacity of stakeholder’s involvement. This has two advantages, first, it facilitates the successful achievement of project objectives and secondly, it enables the successful supervision of all aspects of the project.

JOINT REGIONAL STI/HIV/AIDS PREVENTION AND TREATMENT PROJECT ALONG THE ABIDJAN-LAGOS MIGRATION CORRIDOR

Proponent and partners
Global Fund
International Development Agency (IDA)
UNAIDS
Governments of affected countries
AWARE HIV/AIDS
PLWHA
Coca Cola Foundation

Year of implementation
2004-2014

Project zone
Côte d'Ivoire, Ghana, Togo, Benin, Nigeria

Amount of funding
Phase 1: US $ 19,092,500
Phase 2: US $ 29,000,000

Project objectives
Development of innovations on the modalities for program funding: diversification that incorporates the contribution of member states and other donors.
Launching ALCO project to take advantage of its sub-regional dimension to develop initiatives towards free movement of persons and property in the ECOWAS space, reduction of the time for border-crossing so as to minimize opportunities for STI/HIV/AIDS transmission, and adoption of a common code on the harmonization of cross-border traffic

Achievements and results
Organisation of caravans, enabling large scale awareness on HIV/AIDS, especially in the areas of prevention, screening and stigma.
Development of rational condom distribution strategies within the corridor space
Facilitation of treatment and management of cases
Fight against taboos.

Project 3 RAIL-Link

TRANSBOUNDARY HIV AND STI Programme ALONG THE DAKAR-BAMAKO AND ABIDJAN-OUAGADOUGOU RAILWAY NETWORK

The Rail-Link project was funded by the Bristol-Meyers Squibb Foundation. It was part of the "Secure the Future" program and was implemented by a consortium comprised of the following organisations:

- Cooperative Assistance for Relief Everywhere (CARE)
- Family Health International (FHI)
- Population Services International (PSI)

The "Rail-Link" program was started in October 2001 at the initiative of the West African Sub-region, with support from UNAIDS.

The project was intended to support the governments of Mali, Burkina Faso, Côte d'Ivoire and Senegal in their fight against HIV/AIDS. It particularly focused on minimizing the risk of vulnerability and marginalization experienced by mobile populations and their social networks. The achievement of this objective required the development of measures to prevent HIV/AIDS and sexually transmitted infections among the people.

The Rail-Link project was divided into the following three components:

- local response
- social marketing of condoms
- behavioural change communication
- control and management of STIs

The project sites were located at four railway stations: Thiès (Senegal), Kayes (Mali), Bouaké (Côte d'Ivoire) and Bobo-Dioulasso (Burkina Faso). The program could subsequently be extended to other towns.

HIV/AIDS awareness, as well as sale and demonstration of wearing of condoms, were organized at each station. The project also enhanced the resources of the dispensaries located near the railway stations, which enabled the dispensaries to offer services to persons accepting consultation and treatment for sexually transmitted infections.

The program was designed to allow implementation of "Rail-Link" interventions only by NGOs and local communities. The latter were selected on the basis of their experience in the prevention of sexually transmitted diseases, including HIV and AIDS, and were given special training to develop their own requisite action plans for implementation of the program.

The direct potential beneficiaries of "Rail-Link" were estimated at 1,843,500 persons, including:

- 1,200,000 travellers in the first year of the program;
- 600,000 travellers in the second year of the program,;
- 3,500 men in uniform assigned to the railway station including railway workers, police men and customs officers;
- 40,000 people living around the railway stations (sellers, sex workers, taxi drivers etc.).

The Rail Link project considers that human mobility by train has contributed to the spread of the STI/HIV/AIDS and that it is even a major determinant of vulnerability to HIV/AIDS, which requires immediate response. Mobility, which is a major risk factor, must be properly addressed in relation to HIV/AIDS. In spite of the existence of many AIDS prevention programs along the highways, no regional action had been developed along the railways.

The people living around or visiting the railway stations were considered as a vulnerable population. Similarly, the four sites (Bouaké, Bobo-Dioulasso, Kayes, Thiès) were considered a priority and the people living there needed to be informed about their HIV status, followed by appropriate counselling and treatment. The common challenge for all actors involved in the prevention or treatment of sexually transmitted diseases was to curb the spread of HIV and AIDS.

The Bristol Myers Squibb Foundation, the main donor to Rail-Link, was responsible for drug access and knowledge of the HIV status, particularly of people at risk. This involved the free supply of drugs in order to address emergency situations, especially in developing countries. The efforts were aimed at limiting the spread of the pandemic by encouraging voluntary testing, so as to allow people at risk particularly to know their HIV status so that they could receive appropriate counselling and treatment.

The Rail-Link project undertook an intervention in the rail transport sub-sector so as to contribute to protection of the mobile population through the provision of preventive products, as well as counselling and testing of the communities around the railway stations. It addressed these challenges by articulating the following three strategic areas: development of local responses by vulnerable groups, social marketing of condoms/behavioural change communication (BCC) and syndromic management of STIs. The main target groups were: rail travellers, men in uniform assigned to railway stations, porters, street vendors and satellite populations around the stations.

CARE was in charge of protection of the people at risk moving around the railway stations, especially female sex workers, men in uniform and street workers, etc.

Implementation of the project along the Bamako-Dakar and Abidjan-Ouagadougou railway lines enabled the establishment of 23 community-based organisations at the four sites. The railway station sites corresponded to cities of several hundred thousand inhabitants: Thiès in Senegal, Kayes in Mali, Bouaké in Côte d'Ivoire and Bobo-Dioulasso in Burkina Faso

The project trained 260 peer educators on HIV/AIDS, communication skills, savings, credit and management of income generating activities (IGA). The activities of peer educators enabled reference of 2,319 of their members for STI treatment.

Community-Based Organisations (CBOs) implemented 19 income generating activities. Overall, 39,074 sessions were organised and 598,426 target persons were reached with behavioural change communications (BCC), 59 condom sales outlets were established and 4,764 radio commercials were aired.

To ensure proper management of STIs in the project target group, five health facilities were rehabilitated, equipped and supplied with anti STI drugs. Furthermore, 77 providers were trained in syndromic management of STIs while 2,669 referred cases were treated with the method.

The results achieved by the projects were made possible due to synergy among stakeholders: public sector (CNLS, ministries of health and transport), private sector (Transrail SA and SITARAIL) and civil society (International and local NGOs and community-based organisations). Exchange tours between CBO members from the four countries and periodic capitalisation meetings enabled production of a document on the main lessons learned at the end of the pilot phase of the project, as well as the best practices to be promoted.

The participatory approaches used during analysis of disease fighting skills among vulnerable and marginalized groups also helped to make them understand their roles in the fight to reduce the spread of STI/HIV/AIDS.

The Rail Link was itself an innovation on account of its option to target railway networks as a means of curbing the spread of HIV/AIDS in West Africa. Its innovative character is also attributable to its ambition to create and test an integrated and replicable HIV/AIDS prevention and STI control model. It provided a set of training and technical assistance services to support the communities living or operating around the Bobo-Dioulasso railway station, so as to enable them to develop measures to prevent and fight against HIV/AIDS and STIs.

Finally, by dint of its approach and collaboration with the Bristol Myers Squibb Foundation, the project worked towards syndromic management of STIs.

RAIL LINK

Proponents and partners
A sub-regional project conducted by the governments of Burkina Faso, Côte d'Ivoire, Mali and Senegal in the field of HIV/AIDS prevention and STI control along the Dakar - Bamako and Abidjan - Bobo Dioulasso railway line.

It was funded by the Bristol Myers Squibb Foundation through the "Secure the Future" initiative in collaboration with UNAIDS and the governments of Burkina Faso, Côte d'Ivoire, Mali and Senegal. It was implemented by:
Cooperative Assistance for Relief Everywhere (CARE);
Family Health International (FHI);
Population Services International (PSI)

Local stakeholders included CNLS, the ministries of health and transport, the private sector (Transrail SA and SITARAIL) and the civil society (International and local NGOs and community-based organizations).

Project duration
2003 - 2005

Project zone
The Rail Link project covered four countries: Burkina Faso, Côte d'Ivoire, Mali and Senegal. Rail Link and was implemented around the following railway stations: Bobo-Dioulasso, Bouaké in Côte d'Ivoire, Kayes in Mali and Thiès in Senegal.

Challenges faced by actors
HIV/AIDS prevention and STI control along the Dakar- Bamako and Ouagadougou-Abidjan railway network targeting the communities living or operating around the railway stations.

Achievement and Innovations
The Rail Link project developed local responses and community programs aimed at fighting against vulnerability of the communities.
The project itself was an innovation in terms of response to the spread of HIV/AIDS. It targeted the railway stations in order to reach the mobile populations by establishing counselling sites and offering HIV prevention services.

Project 4: FEVE

TRANSBOUNDARY VULNERABILITY TO HIV/AIDS IN WEST AFRICA

Senegal, Guinea, Guinea Bissau; Cape-Verde, Burkina Faso, Gambia, Mali, Niger

FEVE Enda Health

The transboundary project known as "Transboundary Vulnerability to HIV/AIDS in West Africa" (FEVE), initiated by Enda Health, with the support of Luxembourg Red Cross and the Ministry of Foreign Affairs and Cooperation, is a West African initiative aimed at reducing vulnerability, transmission and impact of HIV/AIDS among the most vulnerable populations to the epidemic in human mobility zones and cross-border areas.

The first phase of the project was implemented in Senegal (Dakar, Mbour, Ziguinchor), Guinea Conakry (Conakry, Kamsar, Tanéné, Fria), Guinea Bissau (Bissau, Caheu, Cachungo, Gabu, Bubaque Island) and Cape Verde (Santiago, Sal and Sao Vicente), primarily for female sex workers, men having sex with men (MSM), PLWHA, orphans and vulnerable children (OVC), mobile groups and people living in border areas. Secondarily, the project targeted health professionals, health services and community-based organisations. The second phase of the project (2011-2015) will be extended to cover Burkina Faso, Mali and Niger, in addition to the phase I countries.

Project challenges

The major challenges identified in the four countries can be summarized as follows:

At the national level

- Strengthening the leadership and coordination of monitoring and evaluation by the national committee to fight against AIDS (SE/CNLS) (Guinea);
- Strengthening the capacity of SE/CNLS at the national level and among implementing technical partners (Guinea) ;
- Enhancing human resources in program monitoring and evaluation (Cape Verde).

Management and treatment of HIV

- Strengthening the capacity of management sites in PMTCT and VCT services (Guinea);
- Ensuring integration of psychosocial support services in the care continuum (Guinea, Guinea Bissau);
- Ensuring synergy of interventions among stakeholders for management of OVC (Guinea);
- Continuing decentralization of HIV management services (Guinea, Guinea Bissau, Senegal);
- Strengthening the capacity of health care providers in the management of HIV and groups at risk, PLWHA and OVC (Cape Verde, Guinea, Guinea Bissau, Senegal).

Partnership and multisectoral response

- Operationalising the civil society consultative frameworks and those of private sector organisations (Senegal);
- Involving the local authorities in the response (Senegal, Cape Verde);
- Strengthening private sector participation in funding the response (Guinea Bissau, Senegal);
- Developing and ensuring sustainability of large scale interventions and programs for the groups most at risk and most vulnerable to HIV including mobile groups, MSM, FSWs etc. (Guinea Bissau).

Monitoring the trends of the epidemic

- Strengthening the mechanisms for identification of groups at risk for better understanding of the dynamics of the epidemic (Cape Verde, Guinea, Guinea Bissau);
- Boosting research for better understanding of the dynamics of vulnerability to HIV among groups at risk (MSM, FSWs, IDUs etc.) (Cape Verde, Guinea, Guinea Bissau, Senegal).

Project strategy

In each country, the project maintains the principle of double intervention mechanism whereby the implementation of a comprehensive service package (prevention, screening, treatment, impact reduction, etc.) allows for the development of complementary activities for quality management of HIV.

It involves prevention, treatment and psychosocial services for infected persons and the most vulnerable groups to HIV, training of health personnel and strengthening of health and community facilities.

Development of a cross-border response allows countries to use an efficient and sustainable HIV response strategy. This involves networking with stakeholders from the civil society, the public sector and the private sector for concerted actions among project intervention countries. This strategy is in line with, and enhances, the existing cooperation policies in the sub-region.

Implementing actors

Original coordination mechanism included the Regional Centre for Training, Research and support to vulnerable groups (CREPEC West Africa), CREPEC, Mbour, Senegal.

The Mbour centre is the regional coordination mechanism for the project. With its headquarters at Enda Health, the centre primarily provides the following services:
- Coordination of conference calls to monitor the FEVE project;
- Regular support to project teams in member countries;
- Scientific animation on operational research among vulnerable groups;
- Mobilization of expertise from among development and health professionals.

The Luxembourg Red Cross and the Luxembourg Ministry of Cooperation and Humanitarian action, financial partners of the project, also monitor the strategic guidelines of the project. This field monitoring enables assessment of the contribution of the project to the achievement of the Millennium Development Goals.

In-country FEVE project stakeholders

In each country, a special strategic and operational partnership is built. Thus, agreements and MOU's were signed with various partners:

- Ministry of Health: hospitals, Ambulatory Treatment Centres (ATCs) for management of HIV, health centres, health posts, etc.
- Civil Society: associations of people living with HIV, AIDS control NGOs, microfinancing promotion NGOs, associations and community groups
- Private Sector: hotels, mining, trade sector, National Councils for the fight against AIDS – United Nations Agencies (UNUAIDS, UNDP, etc.)

During phase one of the FEVE project (2008-2010), existing Non-Governmental Organisations in each intervention zone were identified and assigned to various activities.

Enda Health, Senegal

Enda Health is the chapter of the international organisation known as Enda Third World. Enda Health aims to facilitate access to health care for vulnerable populations.

Guinea Medical Fraternity (GMF)

GMF is a nation-wide NGO based in Conakry. The NGO compliments the public health service delivery with the establishment of four community health centres in Conakry and Kindia.

MORABI, VERDEFAM, CRUZ VERMELHA, Cape Verde

MORABI (Support Association to Self-promotion of women in Development), VERDEFAM (Cape Verdean Family Protection Association) and Cruz Vermelha (Cape Verdean Red Cross Society) are the three implementing NGOs in Cape Verde.

Enda Guinea Bissau

Since 2008, Enda Guinea Bissau has played a significant role in the national and West African response to the HIV epidemic. This NGO established the first HIV vulnerability maps for female sex workers and MSM. In 2009, Enda Guinea Bissau diversified its partners and became a beneficiary of the Global Fund for tuberculosis.

Beneficiaries

The project targets female sex workers, people living with HIV/AIDS, truck drivers, traders, migrants, vulnerable boys and girls, as well as people living in border areas.

Results

Almost 300 persons from the most vulnerable groups, 69 CBO members, 228 health professionals and over 100 facilitators/field activists were strengthened in communication skills as well as HIV and STIs.

Over 24,450 persons were sensitized during IEC/BCC campaigns and 302,662 condoms, including 7,320 female condoms were distributed in the various intervention zones of the

FEVE project.

HIV screenings were provided to 4,671 vulnerable persons, in both outreach and fixed campaigns. More than 1,825 cases of STIs were diagnosed and treated in mobile clinics and fixed reference health facilities. In all, 4,274 female sex workers were treated in mobile and fixed clinics.

More than 2,814 PLWHA were given medical care in the fixed reference health facilities at the various sites in the country. Approximately 4,600 persons received treatment and psychosocial support services at the various intervention sites of the FEVE project. The most vulnerable groups, including FSWs, PLWHA and OVC, were the major beneficiaries of these services.

Innovations

The establishment of the Regional Centre for Training, Research and Support to vulnerable groups (CREPEC West Africa) in Mbour, Senegal facilitated the joint training of personnel responsible for HIV/AIDS prevention and treatment in the affected countries. The tools and strategies developed in the pilot countries were shared with a large number of actors. This infrastructure provided for a critical mass of knowledge on HIV.

The mapping of vulnerable areas facilitated targeting of groups and their locations in the border areas.

Lessons learned

This experience revealed the urgent need to ensure continuity in service delivery especially in border areas. Similarly, there appeared an urgent need to have a common database for monitoring treatment of people living with HIV.

The national HIV/AIDS programs developed more prevention activities in collaboration with non-governmental actors who, through this experience gained more credibility in outreach activities.

Prospects

In the light of constraints, the FEVE project sought to address the lack of visibility of transboundary measures and experiences in the HIV response by promoting and expanding inter-country collaboration. Such collaboration involves the establishment of a consultative and collaborative framework between countries, expansion of interventions to other countries in the West African region, and cooperation among operational actors from member countries. Feve also sought to boost collaboration with subregional institutions such as the West African Health Organisations (WAHO), ECOWAS and UEMOA.

The FEVE project aimed to make quality control of interventions a priority (monitoring and evaluation mechanisms, capacity building mechanisms, alternative drug supply mechanisms, etc.) and extend its themes to reproductive health and tuberculosis.

TRANSBOUNDARY VULNERABILITY TO HIV/AIDS IN WEST AFRICA (FEVE)

Proponents and partners
The strategic and financial partnership with Luxembourg
Enda Health, Senegal
Guinea Medical Fraternity (GMF)
MORABI, VERDEFAM, CRUZ VERMELHA, Cape Verde
Enda Guinea Bissau
UNAIDS, UNDP, Ministry of Health

Project duration
2010

Feve project zones
Senegal, Cape-Verde, Guinea, Guinea Bissau

Project objectives
Continue decentralization of HIV management services
Strengthen health care partner capacity in the management of HIV and groups at risk, PLWHA and OVC
Increase involvement of local authorities in the response (Senegal, Cape Verde)
Strengthen private sector participation in funding the response (Guinea Bissau, Senegal)
Strengthen the mechanisms for identifying groups at risk for better understanding of the dynamics of the epidemics
Boost research for better understanding of the dynamics of vulnerability to HIV among vulnerable groups (MSM, FSWs, IDUs etc.)

Achievements
The impact reduction activities were aimed at reducing the impact of prostitution and HIV among vulnerable groups. Such activities were conducted while taking into account the specific characteristics of the intervention zones as well as the particular characteristics of beneficiaries.
The activities covered contribution for OVC support, income generating activities for FSWs, MSM and PLWHA, support for training and social reintegration of FSWs, MSM and PLWHA, grants, emergency social support, legal assistance and policy advocacy.

Project 5: PPSAC

HIV/AIDS PREVENTION PROJECT IN CENTRAL AFRICA–II (PPSAC) No. BMZ 2008 66 228 (EUR 23 million)

The Central African Economic and Monetary Commission (CEMAC) covers six of the eight Central African countries sharing a single currency: CFA Franc. The member countries of this community are Cameroon, the Central African Republic, Chad, Gabon, Congo and Equatorial Guinea. These six countries cover a total surface area of 3,020,144 km^2 and account for a total population of 32,169,000.

Description of objectives

The HIV/AIDS Prevention in Central Africa (PPSAC-II) is a CEMAC project funded by the Federal Republic of Germany and implemented by the Organization for Coordination of the Control of Endemic Diseases in Central Africa (OCEAC) and the German Development Bank (KfW). OCEAC, as an implementing agency responsible for coordination of policies and health interventions in the Central African Sub-region, implements the AIDS Prevention Project in each of the countries concerned through social marketing associations.

In line with its objectives, PPSAC essentially aims to "ensure greater availability of condoms and positive change of behaviour among the target groups concerned in order to contribute to reduction of the spread of HIV/AIDS, as well as the evils of stigma and discrimination against people living with HIV/AIDS (PLWHA)".

The implementing agency, OCEAC, is assisted in the implementation of PPSAC II by the Swiss Tropical Institute (STI), which serves as a regional consultant to the project.

The project has gone through a first 3-year phase (from January 2006 to December 2008) funded by the German government to the tune of 10 million Euros (equivalent to 6.5 billion FCFA). The main beneficiaries were Cameroon, the Central African Republic and Chad.

The first phase focused on prevention measures to ensure availability of female and male condoms. It was followed by a transition phase covering the period between January and April 2009. This followed the prevention interventions of the first phase. The project is currently in its second phase, which started in May 2009 and will end in December 2012, covering a total duration of 44 months. The second phase includes three new member countries of the Economic Community, namely Gabon, the Republic of Congo and Equatorial Guinea.

Challenges

PPSAC focuses on the constraints related to the prevention and treatment of sexually transmitted diseases including HIV/AIDS, as well as the concerns about marginalization and stigmatization of people living with HIV.

Firstly, universal access to prevention and treatment is a major difficulty facing the Economic and Monetary Community; this results from the absence of a strategic plan in the six countries concerned. This lack does not facilitate implementation of policies at the national level, let alone ensure coherence of HIV/AIDS prevention and treatment interventions at the Central African Sub-regional level.

Secondly, accessibility and use of condoms are quite limited. Use of the female condom is not easy, thereby limiting its use. Additionally, the cost price of male condoms does not facilitate accessibility for the poorest in the society. Considering CEMAC as a whole, the availability of masculine condoms is partly associated with non-standardization of the brands in circulation.

Thirdly, the extreme vulnerability of the people to HIV/AIDS and the deficiency of related strategies have led to a coverage rate of voluntary testing of less than 10%. This performance level explains the high rate of infected persons in the CEMAC zone, with over 70% of infected persons unaware of their HIV status. This also explains the very high prevalence rate, which ranges between 4.8% and 15%. Ignorance of HIV status is a matter of concern, especially since it significantly reduces the impact of interventions in terms of treatment and care for infected persons. Thus, access to antiretroviral drugs (ARVs) for pregnant women (0.2% to 9.6%) and PLWHA (2%) is currently quite low and inaccessibility to ARVs in the CEMAC zone increases the risk of spread of sexually transmitted diseases, including HIV/AIDS and mother-to-child transmission.

Fourthly, stigma is caused by many factors and constitutes a universal and persistent obstacle. Stigma usually stems from myths about disease transmission, ignorance and the manner in which the disease is seen and prejudices about sexuality and fears associated with the disease and death. Family support is normally withheld from PLWHA; HIV positive women are often rejected and may have their effects and property seized by their husbands.

Reducing the number of new infections among sexually active populations, ensuring access to treatment for people living with the virus and reducing its impact on orphans and vulnerable children are the main challenges to be addressed by actors involved in the implementation of the HIV prevention project in Central Africa.

Funds mobilisation for PPSAC particularly challenges the Economic and Monetary Community of Central Africa (CEMAC), the Organization for Coordination of the Control of Endemic Diseases in Central Africa (OCEAC), and the German partners, especially through the KFW Development Bank. The project is charged with various activities related to fund mobilisation including support in the areas of financial resource mobilization and optimization of resource use by each of the member countries of the economic and monetary community and advocacy with financial partners in order to increasing their support. PPSAC also supports OCEAC in the development of regional programs for the fight against endemic diseases in Central Africa and in the establishment and capacity strengthening of specialized subregional institutions.

A strategic plan for HIV/AIDS control should be developed in each of the six countries; the developed strategic plans will constitute broad guidelines for the fight against HIV/AIDS for a specified temporary time space. The selection of guidelines will be based on the analysis of determinants of the spread of the infection, as well as the strengths and weaknesses of the response.

There are efforts to improve the quality of care so as to ensure better coverage of those infected and affected, in accordance with the recognition of the right to health and care as contained in the charter of the universal rights of human beings and the African Charter on Human Rights.

A needs assessment during the first phase found that the need for condoms was approximately 266,000,000 male condoms and 1,560,000 female condoms. Therefore, it was decided to promote a new standardized regional female and male condoms branded “Safety plus”. PPSAC also commissioned a market study and an economic impact study of condoms.

CEMAC (Economic and Monetary Community of Central Africa) and the Government of the Federal Republic of Germany are the initiators of the HIV/AIDS Prevention Project in Central Africa (PPSAC-II). Each partner provides support in line with its commitments (in respect of the collaboration of the various organizations):

- OCEAC (Organization for Coordination of the Control of Endemic Diseases in Central Africa) is the implementing agency of CEMAC responsible for implementation of the PPSAC project.
- The National Social Marketing Agencies (SMA) of each of the six countries assist and collaborate with OCEAC in the execution of field interventions.
- KfW, the German Development Bank, assumes joint responsibility with OCEAC for implementation of PPSAC on behalf of CEMAC and the Government of the Federal Republic of Germany.
- STI (Swiss Tropical Institute) is the regional consultant engaged to provide technical assistance to the HIV/AIDS prevention and control project in Central Africa (PPSAC).

OCEAC, which coordinates policies and health interventions in the subregion, has also signed implementation contracts with social marketing associations based in each of the following countries:

- ACMS in Cameroon
- AMASOT in Chad
- ACAMS in CAR

At the operational level, these social marketing associations collaborate at country level with their supervisory ministries. In addition, they operate in domains other than STI-HIV/AIDS and receive financial support from other development partners.

Innovations

Commitments have been given by the officials in charge of child education, CEMAC HIV/AIDS programs, in collaboration with UNESCO, to engage in a harmonized fight against the spread of HIV/AIDS in schools.

In October 2008, all CEMAC ministers of education met to review and officially validate the documents prepared by subregional experts and signed a statement committing to continue the fight against the pandemic in schools through scale-up at the national level. UNESCO undertook various types of technical support and continues providing support in the mobilization of requisite resources.

The introduction of preventive education on HIV/AIDS in school programs and university curricula was aided by government emphasis on making the fight against the pandemic one of the major priorities in its educational and health policies. The same holds for the proposal for the establishment of an intra/inter-university and multi-disciplinary network for the fight against AIDS in the CEMAC zone.

Under the HIV/AIDS Prevention project (PPSAC II), CEMAC is required to:

- Conduct advocacy with financial partners for increase of their support to enable expansion of the OCEAC program;
- Support OCEAC in the development of its regional programs for the fight against endemic diseases in Central Africa;
- Support the establishment and strengthening of specialized institutions in the CEMAC sub-region.

HIV/AIDS PREVENTION IN CENTRAL AFRICA–II (PPSAC) No. BMZ 2008 66 228

Proponents and partners

OCEAC, which coordinates health policies and interventions at the subregional level, has signed implementing contract with ACMS in Cameroon, AMASOT in Chad and ACAMS in CAR. These AMS collaborate with their respective supervisory ministries and receive support from partners. CEMAC and the Federal Republic of Germany have assigned the implementation of the PPSAC to KFW and OCEAC; the latter in turn works with STI and the AMS in each country for field interventions.

Project duration

Phase 1 ran from January 2006 to December 2008; a 4-month transition period ran from January to April 2009 and Phase 2 runs from May 2009 to December 2012.

PPSAC project zone

Gabon, Congo, Equatorial Guinea, Cameroon, the Central African Republic, Chad

Amount of funding

Phase 1: 10 million Euros (6.5 billion FCFA)
Phase 2: 23.0 million Euros (15 billion FCFA)

Project objectives

Overall objective: contribute to reduction of the HIV infection rate and transmission of other STIs, as well as the reduction of stigmatization and marginalization of PLWHA through cross-border interventions.
Specific objectives: contribute to improvement of the supply of best quality condoms at a subsidized price and improvement of the knowledge about efficient modes of prevention.

Achievements and results

The results of the project relate to:
Procurement and sale of subsidized male and female condoms;
Establishment or expansion of an efficient distribution network;
Development of appropriate awareness and publicity tools;
Awareness campaign to fight against stigma and discrimination against PLWHA;
Material and logistic support to national social marketing projects;
Organisation of joint cross-border interventions;
Subcontracts with local NGOs for implementation of the community-based approach;
Planning and implementation of social marketing activities.

Project 6: Lake Chad Basin Initiative

SUPPORT PROJECT TO THE LAKE CHAD BASIN INITIATIVE FOR THE REDUCTION OF VULNERABILITY AND RISKS ASSOCIATED WITH STI/HIV/AIDS

Presentation of project

The project was initiated in October 2005 by the countries bordering the Lake Chad Basin. It aims to contribute to the reduction of vulnerability and risks associated with STIs/HIV/AIDS. The project activities are implemented under the following four components:

- Capacity building of health care systems for management of STIs/HIV/AIDS;
- Capacity building of communities, leadership and partners;
- Monitoring and evaluation;
- Project management.

Component 1 focuses on strengthening the capacity of health systems for management of STIs/HIV/AIDS through enhancement of the health facility capacity, reduction of vulnerability factors through adequate syndromic management of STIs, and intensification of VCT and condom supply, improvement of the management of HIV infected persons, particularly through prevention of opportunistic infections (OI), and reduction of mother-to-child transmission of HIV/AIDS.

Component 2 relates to strengthening the capacity of communities, leadership and partners. It aims to sustainably strengthen NGOs, CBOs and associations actively involved in the community-based management of the epidemic.

Component 3 deals with monitoring and evaluation through strengthening of the information system in the EMI to include all data related to the STI/HIV/AIDS. Several important activities are provided for in this component in order to enable better understanding of the epidemic and its determinants in the Lake Chad Basin, acquisition of basic indicators for measurement of progress made, and greater visibility and transparency in project management.

Component 4 relates to project management. It will assist the LCBC and the Regional Project Coordination team to coordinate activities at both the inter-country level and the project sites.

The overall objective of the project is to reduce vulnerability and risks associated with STI/HIV/AIDS among the people living around the Lake Chad Basin. Specifically, the project will work to:

- Strengthen the capacity of health systems for management of STIs/HIV/AIDS;
- Reduce risky sexual behaviours in the five Lake Chad Basin countries with regards to STI/HIV/AIDS among migrants and people interacting with them;
- Build the capacity of affected communities for their participation in STI/HIV/AIDS prevention activities.

The specific activities of the project will concern STI treatment, BCC, information and education, PMTCT, VCT and prevention of OIs.

Challenges

The project also addresses the concerns of the five countries in relation to reduction of the socio-economic impact of STIs and HIV/AIDS on national development. This political commitment on the part of the governments is reflected in the joint signature of the framework for implementation of the LCBI at Douguia in Chad on 12th April, 2001.

The project design takes into account the structural and organisational weaknesses of the health systems in the intervention zones. The main strategies take into account the population mixing resulting from large population flows and economic activities around Lake Chad. The project therefore focuses on outreach services where people are found, especially at assembling or trade points.

Implementing actors

The anticipated project interventions are consistent with the national AIDS control programs and complementary to those being implemented by the Bank in the EMIs through various health projects. In addition, the project comes as a complement to a series of multinational AIDS control interventions funded by the Bank, namely:

- The Congo-Oubangui-Chari Rivers initiative which covers DRC, Congo, CAR and Chad, amounting to UC 6.55 million including 6 million ADF grant;
- Mano river union countries initiative, which includes Liberia, Sierra Leone, Guinea and Côte d'Ivoire, amounting to UC 6.26 million, including an AFD grant of UC 5 million;
- The support project to the regional initiative for the prevention of STI/HIV/AIDS in member countries of the Indian Ocean Commission comprising the Comoro Islands, Madagascar, Mauritius and Seychelles amounting to UC 7.64 million, including UC 6 million AFD grant. In addition, the Bank finances the initiative of the Great Lakes Countries (GLIA) including Rwanda, Burundi, DRC, Tanzania, Kenya and Uganda to a tune of UC 10 million.

Strategies

The principles guiding the project design are based on the lessons drawn from implementation of similar national and multinational projects, while taking into consideration the institutional capacity of the countries concerned and the need to carry out interventions within reasonable time. Therefore, the project will firmly attach the LCBI to a regional institution, direct activities towards prevention and reduction of risk factors, attach requisite importance to monitoring and evaluation, and strengthen the capacity of existing institutions through equipment and training, as well as that of the communities

The project will also simplify the procurement and disbursement procedures, while providing for retrospective evaluation and continuous assessment of project activities and acquisitions. Indeed, assigning a project to a structure without administrative or organisational attachment delays the start-up of the project, as show in the case of the support project to the initiative of the countries bordering the Congo-Oubangui-Chari Rivers (IFCOC). Moreover, the reduction of HIV/AIDS prevalence involves primary prevention (reduction of risk factors) and secondary prevention (reduction of the risk of AIDS).

As far as the system of project information is concerned, it is clear from all the projects and funding in the sector that there is very little traceability in the use of funds. Accordingly, the

project has put in place an information system to inform all stakeholders and partners. The excessive centralization of project activities reduces efficiency of interventions, as such, the project has opted for a decentralized strategy with flexible modes of procurement and disbursement to ensure diligent implementation of activities on the ground.

Project benefits

Impact on women
In the field of HIV/AIDS, vulnerability and risk of contamination of women are very significant from the physiological and socio-economic viewpoints. Besides, with feminization of the epidemic, the socio-economic status of women and their social position in the EMI keep worsening, significantly reducing their access to education and health. Moreover, women are one of the PVGs (Priority Vulnerable Groups) by virtue of their occupations (house wives, traders, prostitutes), economic dependence and even age (an increasing number of young girls are seen engaging in all kinds of trading). By targeting PVGs, the project reduces the risk of contamination of women by STIs and HIV. The project is mainly oriented towards the prevention and early treatment of HIV patients, as well as STIs, training of health personnel, monitoring of AIDS control associations, financial support to these associations and behaviour change communication (BCC). All these measures are intended to reduce risk among women. These measures will have a positive impact on women who fully engage in economic activities, as well as improvement of the living conditions of households in villages and transit towns for migrants.

Furthermore, the gender issue will be taken into account in all project interventions, especially, with regard to training of health personnel. The project will give priority to training of female staff so as to enable women to have easier access to health services. Under its various components, the project will also ensure the elimination of all forms of discrimination due to gender. Technical and financial support has been set aside to provide PMTCT support through training. The peer educator strategy is oriented towards better response to the specific needs of women in the fight against AIDS. Leaders of associations and NGOs, trained on gender issues in business planning, will also include this dimension in all their business plans. All these considerations presage a positive impact on women, in terms of health indicators.

Impact on poverty reduction
The major avoidable causes of death in the countries of the Lake Chad Basin are HIV/AIDS, malaria, tuberculosis, infectious childhood diseases as well as maternal and antenatal diseases. With the control of these diseases, especially STIs/HIV/AIDS, poor families can enjoy good health for a longer period and become more productive. Better health will result in increased revenues, enhancement of economic growth, and a slowdown of population growth. In the long term, an economic impact is expected due to the gains in working days and the reduction of deaths will have a positive influence in an area where agriculture, fishing and trade are an important part of economic activity.

Prospects

Implementation of the project allows prevention and early treatment as well as restoration of a satisfactory health status, particularly among younger and vulnerable populations. In this way, it will enable use of available human resources for increased productivity. Indeed, gains in manpower productivity will result directly from reduction of recurrent STIs. Participation of

the beneficiary population in disease prevention and support to infected and affected persons will ensure greater equity and broad participation in addressing health issues. Moreover, management of STIs and distribution of condoms at health centres will be subject only to a partial cost recovery so as to reduce household health expenditure and thereby improve equity in access to health services aimed at prevention and reduction of vulnerability.

SUPPORT TO THE LAKE CHAD BASIN INITIATIVE FOR REDUCTION OF VULNERABILITY AND RISKS ASSOCIATED WITH STI/HIV/AIDS

Proponents and partners / amount of funding
The Congo-Oubangui-Chari Rivers initiative covering the Democratic Republic of Congo, the Central African Republic, Chad, Cameroon, Nigeria and Niger for an amount of UC 6.55 million, including 6 million AFD grant.

Project duration
2005-2015

Project zone
Countries bordering the Lake Chad Basin

Project objectives
The specific objective of the project is the reduction of vulnerability and risks associated with STI/HIV/AIDS among the people living around the Lake Chad Basin.

Achievements
Reduction of the risk of female HIV contamination
Better access to education for women
Reduction of the risk of female STI contamination
Promotion of prevention and treatment of persons with STI
Training of health personnel and monitoring of AIDS control associations
Financial support to enable women to improve their living conditions by gaining economic independence

IV. CONCLUSION AND RECOMMENDATIONS

Conclusion

1. The intercountry programs, based on border areas, systematically introduced an approach for networking among the various national HIV/AIDS control programs in West and Central Africa.

2. Most of the programs are, in reality, projects in their second phase. The first phase consisted of testing the strategy while the second involves its consolidation.

3. The six experiences examined in this literature review are conclusive. By targeting mainly border areas, where vulnerability and potential for spread are highest, the experiences can be described as relevant.

4. Service delivery is appropriate since it involves operating in the interface areas between countries while leaving national programs to operate in their fields and project zones.

5. By applying a networking approach, the projects overcome two major challenges. First, the challenge of pooling national STI/HIV/AIDS programs together thereby ensuring the continuity of prevention, treatment, drug monitoring services and secondly the challenge of ordering the environment of HIV/AIDS programs due particularly to the influence of multisectoral action, management of biomedical waste or intervention to ensure free movement in border areas and avoid congestion and vulnerability factors at the borders.

6. Involvement of a variety of implementing partners, including national and local agencies, has resulted in the professionalization of local partners and the establishment of a critical mass to develop expertise for better quality of interventions. In the fields of HIV/AIDS and chronic diseases, local partners with good understanding of the cultural environment have a major role in replicating the experiences and adapting them to their environment.

Recommendations

1. Despite the existence of regional and inter-country HIV programs, certain cross-border areas are not covered by the relevant projects. Uncovered cross-border areas are a niche to be considered by the new program, since the national programs do not have any specific response. An experiment could be made by attempting to facilitate horizontal links between national programs in cross-border areas not covered by existing programs. This involves building links for continuity of services and monitoring of patients based on best practices drawn from existing programs.

2. Special mechanisms have been developed for cross-border areas including STI kits, counselling with medical staff for recovery of PLWHA, concerted management of drug supply as a means of addressing stock-outs, inter-country campaigns, software for inter-boundary monitoring of patients, and involvement of community radios. Scale-up is indispensable to cover all the contiguous spaces between boundaries of West and Central African countries.

3. There should be better integration of national programs into the design of cross-border programs. The financial support partners for transboundary programs are not different from those supporting the national HIV/AIDS control programs.

4. The cost of transboundary projects should be commensurate with the capacity to ensure sustainability of measures put in place, so as to ensure continuity of the services of regional organisations responsible for health policies in West and Central Africa. Involving these regional organisations in the formulation of intercountry projects is a guarantee for scale-up and sustainability of HIV/AIDS interventions.

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VI. ANNEXES

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Project presentation outline
(Depending on available information)

1. Title of project
2. Description of objectives
3. Challenges
4. Actors, stakeholders and /or beneficiaries
5. Strategies implemented
6. Results achieved
7. Innovations tested
8. Lessons learned
9. Recommendations or Prospects

The boxes contain the following points:

- Proponent and Partners
- Period covered
- Affected zone
- Main objectives
- Amount of funding
- Summary of innovations and achievements