# EAST AFRICAN COMMUNITY TO TACKLE TRANSPORT CORRIDORS IN SECOND HIV STRATEGIC PLAN

A broad cross-section of stakeholders from government and civil society met in Nairobi from 9-11 June as part of a country-level consultation to inform the development of regional priorities across the East African Community for its second strategic plan (2015-2020).

The Kenyan meeting was one in a series of five coordinated meetings to occur across the member-states of the EAC: Burundi, Kenya, Rwanda, Tanzania and Uganda, the results for which aim to serve as the basis for a concept note for a regional grant from the Global Fund.

The EAC is one of more than 40 separate entities that submitted an expression of interest (EoI) to the Global Fund in May 2014, to access some of the $200 million that has been set aside for regional programs.

In a summary of the Kenya meeting, a copy of which was seen by Aidspan, how to develop regional measures of success, and what constitutes an appropriate target for success in overcoming the three diseases, featured prominently among the two days of discussions.

But it was the need for stronger coordination of a response to the high burden of disease along the transport corridors linking the five countries that occupied much of the discussion during the meeting. How to effectively reach mobile populations, including those displaced by conflict both within and beyond national borders, was also a key topic for discussion

Eight structural drivers of HIV in the region were identified at the Kenya meeting, four of which are related to mobility: conflict and other catalysts for displacement; human trafficking; a lack of harmonization of care

and treatment protocols; and supply-chain management and procurement. Also identified were sexual and gender-based violence, low levels of education about health, substance abuse and the challenge of domestic co-financing.

Responding to the challenges posed by high mobility will have important positive consequences for all countries, which are all grappling with high rates of co-infection for HIV and tuberculosis, and are trying to manage the spread of multi-drug resistant TB. Each country has separately been asked to develop a national concept note for joint funding from the Global Fund for HIV/TB, and the need to integrate funds at a regional level has been noted by the architects of the EoI.

One participant told Aidspan that there was more agreement than disagreement among the stakeholders about the way forward, specifically with respect to the critical need to integrate care services. “Having people in Kampala be able to access the same services in Nairobi and Rwanda was something everybody was in agreement with,” according to the representative from civil society. This integration extends to guidelines and protocols for treatment and care, the representative emphasized: “countries having different guidelines is the reason we are all in different places in ending the epidemic”.

Another issue that emerged from the Kenya meeting, which is likely to resonate in the other four countries, is a cost-cutting measure related to bulk or pooled purchasing of commodities and drugs by all countries. Not only would this be a cost-saving mechanism that will allow all five countries to stretch domestic and donor funds further but it would also help mitigate the changes in drug regimens that allow drug-resistance to cross borders. Stakeholders suggested that it would be appropriate to develop data about how a common treatment plan backed by a harmonized selection of appropriate medications to treat TB or HIV among the highly mobile population in the region would help improve adherence and decrease the risk of MDR-TB.

The region’s burden of disease remains considerable. UNAIDS statistics compiled at the regional level in 2013 suggest that infection levels have remained stable at around 400,000 new infections per annum, heavily influenced by stable incidence in Tanzania and increased incidence in Uganda. A total 4.81 million people are living with HIV in Kenya, Rwanda, Tanzania and Uganda (no statistics were included for Burundi), nearly two-thirds of whom are women. Anti-retroviral therapy coverage in those countries was tabulated at 1,225,293 people.

Among the challenges highlighted during the Kenya meeting included the EAC’s lack of enforcement power, which contributed to the absence of a clear linkage between the regional strategic plan and the individual national strategic plans being developed at country level. Nor was there significant discussion about how to effectively, and regionally, promote prevention-related activities, specifically within the key affected populations.

“Unless countries want [to implement the activities in the regional plan] nothing compels them to actually follow it through; that was the same challenge the previous strategic plans had,” observed the civil society representative.

The lack of representation of civil society in the regional discussions — a clear requirement for the Global Fund when considering both regional and national concept notes for funding — was also highlighted, alongside the lack of a strong, tailored strategic advocacy plan.

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