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# **REGIONAL NETWORKS AND ASSOCIATIONS**

Results from a Landscape Analysis of Regional Health Sector Actors in Africa:

Comparative Advantages, Challenges, and Opportunities

November 2014

This publication was produced for review by the United States Agency for International Development. It was prepared by the African Strategies for Health (ASH) Project.

**African Strategies for Health (ASH)** is a five-year project funded by the United States Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH). ASH improves 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.

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## ACRONYMS

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ACCPD	African Civil Society Coalition on Population and Development
ACHEST	African Centre for Global Health and Social Transformation
AfDB	African Development Bank
AFENET	African Field Epidemiology Network
AfHEA	African Health Economics and Policy Association
AfMA	Africa Medical Association
ANAC	African Network for Associate Clinicians
AFRICASO	African Council of AIDS Service Organizations
AfriComNet	African Network for Strategic Communication in Health and Development
AfriYAN	African Youth and Adolescents Network on Population and Development
AFROCAB	African Community Advisory Board
AfSHG	African Society of Human Genetics
AHJA	African Health Journalists Association
ALMA	African Leaders Malaria Alliance
AMA	Africa Medical Association
AMCOA	Association of Medical Council of Africa
AMREF	African Medical and Research Foundation
AMShEeR	African Men for Sexual Health and Rights
ANAC	Africa Network for Associate Clinicians
ANECCA	African Network for Care of Children Affected by HIV/ AIDS
ANEW	African Civil Society Network on Water and Sanitation
APCA	African Palliative Care Association
APCDR	African Partnership for Chronic Disease Research
APHRC	African Population and Health Research Center
ARASA	AIDS & Rights Alliance for Southern Africa
ARC	African Health Profession Regulatory Collaborative for Nurses and Midwives
ASH	African Strategies for Health
ASHGOVNET	African Health Systems Governance Network
ASWA	African Sex Worker Alliance
AU	African Union
AWA	AIDS Watch Africa
AY+ Network	Africa Young Positives Network
AYWDN	African Youth with Disabilities Network

BUZA	Netherlands Ministry of Foreign Affairs (in Dutch)
CAFS	Centre for African Family Studies
CAL	Coalition of African Lesbians
CANTAM	Central African Network on Tuberculosis, HIV/AIDS, and Malaria
CAPA	Council of Anglican Provinces of Africa
CARICOM	Caribbean Community and Common Market
CEFOREP	Centre de Formation et de Recherche en Santé de la Reproduction
CERPOD	Center for Applied Research on Population and Development (in French)
CESAG	Centre Africain d'Etudes Supérieures en Gestion
CHESTRAD	Centre for Health Sciences Training, Research, and Development
COMESA	Common Market for Eastern and Southern Africa
COSECSA	College of Surgeons of East, Central, and Southern Africa
CSO	civil society organization
DFID	Department for International Development
EAC	East African Community
EACCR	East Africa Consortium for Clinical Research
EAIDSNET	East African Integrated Disease Surveillance Network
EAHP	East Africa Health Platform
EACRC	East African Health Research Commission
EANNASO	Eastern Africa National Networks of AIDS Service Organizations
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
ECSACON	East, Central, and Southern African College of Nursing
ECSA-HC	East, Central, and Southern African Health Community
EQUINET	The Regional Network on Equity in Health in Southern Africa
ESAMI	Eastern and Southern African Management Institute
FBO	faith-based organization
FEMNET	The African Women's Development and Communication Network
FPD	Foundation for Professional Development
GIZ	German Agency for International Cooperation (in German)
HEALTH Alliance	Higher Education Alliance for Leadership Through Health
HHA	Harmonizing for Health in Africa
HS Research	Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region

HST	Health Systems Trust
IDRC	International Development Research Centre
IGAD	Intergovernmental Authority on Development
INDEPTH	International Network of field sites with continuous Demographic Evaluation of Populations and Their Health in developing countries
IHM	Institute for Health Measurement
ISED	Institut de Santé et Développement
IUCEA	Inter-University Council for East Africa
Jembi	Jembi Health Systems
Khulisa	Khulisa Management Services
LVBC	Lake Victoria Basin Commission
M2M	Mothers2Mothers
MNCH	Africa Coalition on Maternal, Newborn & Child Health
NARESA	Network of AIDS Researchers of Eastern and Southern Africa
NASPAR+	Network of African People Living with HIV and AIDS for Southern Africa Region
NGO	nongovernmental organization
NAPHI	Network of African Public Health Institutions
NORAD	Norwegian Agency for Development Cooperation
PAHJN	Pan-African Health Journalism Network
PABC	Pan African Business Coalition on HIV/AIDS
PATA	Pediatric AIDS Treatment for Africa
PPD ARO	Partners in Population and Development Africa Regional Office
PSO	private sector organization
RAANGO	Regional African HIV/AIDS NGOs
RATN	Regional AIDS Training Network
RCQHC	Regional Center for Quality of Health Care
REC	regional economic community
RHANA	Reproductive Health Advocacy Network Africa
RIPS	Regional Institute for Population Studies
SADC	Southern Africa Development Community
SACIDS	Southern African Centre for Infectious Disease Surveillance
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SAHARA	Social Aspects of HIV/AIDS Research Alliance
SAMA	The South African Medical Association

SIDA	Swedish International Development Cooperation Agency
SOMANET	Social Science and Medicine Africa Network
SAT	Southern Africa Trust
SWAA	Society for Women and AIDS in Africa
SWOT	strengths, weaknesses, opportunities, threats
TESA	Trials of Excellence for Southern Africa
UAPS	Union for African Population Studies
UEMOA	West African Economic and Monetary Union (in French)
USAID	United States Agency for International Development
USG	US Government
WAHO	West African Health Organization
WACD	West Africa Commission on Drugs
WACN	West African College of Nursing
WACP	West African College of Physicians
WACS	West African College of Surgeons
WAMPC	West African Postgraduate Medical College (Physicians, Nurses, Surgeons, and Pharmacists)
WAHSUN	West African Health Sector Unions Network
WANETAM	West African Network of Excellence for TB, AIDS, and Malaria

# TABLE OF CONTENTS

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- INTRODUCTION..... 1
- BACKGROUND ..... 2
- METHODOLOGY..... 2
- FINDINGS ..... 3
  - Mapping Regional Networks and Associations ..... 5
    - Location and Focus..... 5
    - Membership ..... 8
    - Roles..... 8
  - Working with Regional Networks and Associations ..... 9
    - Advantages..... 9
    - Challenges ..... 12
    - Opportunities..... 13
- CONCLUSIONS and RECOMMENDATIONS..... 14
- Annex 1: Questionnaire for Key Informant Interviews..... 15
- Annex 2: List of Key Informants ..... 20
- Annex 3: Literature Review Bibliography ..... 23



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## INTRODUCTION

Globally, there has been a growing trend towards increased regional multilateralism, integration, and cooperation in most sectors, including trade, transportation, infrastructure, tourism, water, agriculture, and peacekeeping. Some international affairs researchers have argued that the politics of austerity at home and pressing realities abroad necessitate a new form of foreign policy—one in which countries do not tackle issues alone, but in strategic alliances with other like-minded countries.<sup>12</sup> The African continent has perhaps seen the most pronounced movement towards regionalism.<sup>1</sup> With a third of African economies landlocked and dependent on cooperation with bordering countries for trade and development, regional integration may be even more important than elsewhere.<sup>3</sup>

In Africa's health sector, regional economic communities (RECs), inter-governmental institutions, regional networks and associations, and regional technical organizations have

become active contributors to its development during the last 10-15 years.<sup>45</sup> The RECs have typically been regarded as the “building blocks” of efforts to regionally integrate, tasked with coordinating, harmonizing, monitoring, and assessing health policies, programs, initiatives, and activities.<sup>1</sup> Regional networks and associations and technical organizations have in many ways complemented and directly or indirectly supported these efforts.

Most of the key African regional actors in health have well-defined political mandates, administrative structures, and technical capabilities, and have established a range of relationships with governments, donor agencies, and each other. But like other international institutions and networks, some African regional bodies face complex challenges related to their mandates, organizational structure, coordination, and financial and human resources.<sup>1</sup> The complexity of the relationships between regional actors, their optimal roles, and capacities are not well understood.

1. Economic Commission for Africa. (2012) *Assessing Regional Integration in Africa (ARIA V)*. United Nations Economic Commission for Africa. Addis Ababa.

2. Clinton, HR. (2010) *The First Quadrennial Diplomacy and Development Review (QDDR): Leading Through Civilian Power*. US Department of State, Washington, DC.

3. Africa Economic Research Consortium (AERC) (2007) *Meeting the Challenges of Regional Integration, Intra-African Trade and Economic Growth in Africa*. Policy Brief.

4. The World Bank. (2000) *Trade Blocs (A World Bank Policy Research Report)*. Oxford, Oxford University Press.

5. Agu, V., Correia, A.N. and K. Behbehani (2007) *Strengthening international health co-operation in Africa through the regional economic communities*. *African Journal of Health Sciences*, Vol. 14(3-4): 104-113.

## BACKGROUND

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Despite the growing international trend towards increased regional multilateralism, integration, and cooperation in health and other sectors, there is a limited body of literature examining the relationships, power dynamics, limitations, and strategic advantages of regional bodies. Similarly, the distinctions between and comparative advantages of the different types of regional actors are not well documented. Given the substantial financial and technical investments in regional bodies by international donor agencies and their implementing partners, and as funding for global health efforts stagnates,<sup>6</sup> understanding the role of regional actors in Africa becomes all the more critical.

To enhance understanding of the contributions and role of regional bodies engaged in health in Africa, the USAID-funded African Strategies for Health (ASH) project undertook a study to compile the evidence on regionalization and the

relationships, limitations, and strategic advantages of regional actors. This study contributes to the similar but larger scale landscape analysis commissioned by Harmonizing for Health in Africa (HHA) with support from the Norwegian Agency for Development Cooperation (NORAD).<sup>7</sup> This report provides an overview of regional networks and associations engaged in health in Africa and identifies advantages, challenges, and opportunities for collaboration to leverage impact and ultimately improve health outcomes. It complements an ASH report on regionalization in Africa and regional economic communities titled *Regional Economic Communities - Results from a Landscape Analysis of Regional Health Sector Actors in Africa: Comparative Advantages, Challenges, and Opportunities*. Both are available on the [ASH website](#).

## METHODOLOGY

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For the purpose of this study, an “African regional organization” is defined as being:

- A group of individuals or of organized entities with a relationship structured around a common purpose
- Involved in health-related activities in two or more African countries
- Headquartered in sub-Saharan Africa

Data collection for this study comprised stakeholder mapping, key informant interviews, and an extensive desk review.

Stakeholder mapping sought to identify key regional bodies to be examined as part of the study. These regional bodies were divided in three categories: 1) regional economic communities and inter-governmental institutions composed of groupings of member states; 2) regional professional associations and regional networks, and; 3) regional technical institutions.

The study team used convenience sampling to select key informants for interviews. Structured key informant interviews, guided by five interview protocols and a collaboration matrix, provided opportunities to verify information and collect additional insight and perspectives. ASH conducted interviews with 51 informants, including 38 with key organizations and 13 with other key informants (e.g. international donors and NGOs) who have worked

extensively with regional African organizations or other RECs (e.g. Caribbean Community and Common Market [CARICOM]). ASH collected information on the following topics: organizational, membership, and contextual factors; governance and structure; health programming, policies, and planning; and technical, financial, and human resources.

A review of both scientific and grey literature focused on regional integration and regional organizations in Africa was conducted to complement the data collected through the stakeholder mapping and key informant interviews. The study team searched for relevant resources using search terms such as “health [and] regional integration [and] Africa”, “health [and] regional-economic-communities [and] Africa” in search engines that indexed the full text of scholarly literature to include Google Scholar, PubMed, Medline, and EBSCO. The team collected 137 documents and analyzed them to identify themes and patterns.

The team compiled the collected qualitative and quantitative data in a database created for the study. Data analysis was performed using SWOT, social networking, and landscape analysis techniques. The study team categorized information from the review of academic and grey literature to identify and organize themes and patterns. Data from key informant interviews was triangulated with information gathered as part of the desk review.

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6 Institute for Health Metrics and Evaluation. Financing Global Health 2013: Transition in an Age of Austerity. Seattle, WA: IHME, 2014.

7 While ASH’s landscape analysis focuses solely on key regional actors, the HHA exercise seeks to include key actors at the regional, national and sub-national levels.

Table 1: Overview of Methodology and Data Sources

Methods	Information Sources
<b>Desk Review</b>	<p><b>137</b> documents were reviewed, including academic journal articles, technical reports, budgets, policy papers, strategy documents, press releases, and presentations.</p> <p><b>101</b> regional organizations with health programs identified, including:</p> <ul style="list-style-type: none"> <li>■ 11 regional economic communities</li> <li>■ 65 regional associations and networks</li> <li>■ 2 regional intergovernmental organizations</li> <li>■ 24 regional technical organizations</li> </ul>
<b>Key Informant Interviews</b>	<p><b>51</b> key informants were interviewed in person and via telephone in Africa, Europe, and the US.</p> <ul style="list-style-type: none"> <li>■ 38 interviews with key organizations</li> <li>■ 13 interviews with other key informants (e.g. int'l donors and NGOs) who have worked extensively with regional African organizations and with a REC from another region: the Caribbean Community (CARICOM)</li> </ul>
<b>Analysis</b>	Data triangulation, SCOT analysis, and quantitative analysis of financial data.

Several limitations should be acknowledged:

- Although data is cross-verified with websites and information from neutral other key stakeholders, the sensitive nature of information requested made some respondents uneasy about sharing data.
- Website data may be outdated (completed organizational profiles will be sent back to organizations for review).
- Some organizations were very responsive and willing to share information, while others were either unavailable, unresponsive, and/or had very limited information available.
- With other key informants (e.g. donors), interviewing one person only offers the perspective of his/her area of work.

## FINDINGS

While the landscape analysis study included a range of regional actors—including RECs, inter-governmental institutions, regional professional associations and networks, and regional technical organizations—this technical brief focuses on regional networks and associations. These entities were categorized separately by virtue of having membership of two or more organized bodies or individuals

in a relationship structured around a common purpose. Findings are discussed in the following section. The first part of the section describes the identified regional networks and associations, while the second part of the section presents thematic analysis of their advantages, challenges, and opportunities.

Figure 1: African Regional Health Networks and Associations



**BY REGION:**

**20** are based in West Africa

**27** are based in East Africa

**14\*** are based in Southern Africa

**4** are virtual networks

\*One is based in Zambia, which can be considered in East or Southern Africa.

## Mapping Regional Networks and Associations

### Location and Focus

Through this study, 65 African regional networks and associations were identified and are depicted by location in Figure 1. These networks and associations are largely

nonprofit and focus on a range of technical health areas that are often articulated as critical to achieving national and regional health targets and supporting broader economic and social development efforts in the region and continent. Areas of focus per network or association are presented in Table 2 – Legend.

**Table 2: Legend - African Regional Health Networks and Associations**

Name	Location	Areas of Focus
ACCPD - African Civil Society Coalition on Population and Development	Cape Town, South Africa	Sexual and reproductive health (SHR) and rights
AFENET - African Field Epidemiology Network	Kampala, Uganda	Field epidemiology, public health laboratories, disease surveillance
AfHEA - African Health Economics and Policy Association	Accra, Ghana	Health economics and financing
AfMA - Africa Medical Association	Johannesburg, South Africa	Physicians - standards of behavior and care
Africa MNCH Coalition - Africa Coalition on Maternal, Newborn & Child Health	Lagos, Nigeria	Reproductive, maternal, newborn, and child health
Africa Public Health Parliamentary Network	Abuja, Nigeria	Health financing
African Essential National Health Network	Virtual	Essential national health research
ARC - African Health Profession Regulatory Collaborative for Nurses and Midwives	Arusha, Tanzania	Nurses and midwives - standards of practice, professional regulatory issues
AFRICASO - African Council of AIDS Service Organizations	Dakar, Senegal	Community response to HIV/AIDS
AfriComNet - African Network for Strategic Communication in Health and Development	Kampala, Uganda	Strategic communication in health and development and HIV/AIDS
AfriYAN - African Youth and Adolescents Network on Population and Development	Ouagadougou, Burkina Faso	Youth voice for HIV/AIDS, SRH, and health and development issues
AFROCAB - African Community Advisory Board	Nairobi, Kenya	HIV and tuberculosis (TB) treatment programs
AfSHG - African Society of Human Genetics	Virtual	Human genetics
AHJA - African Health Journalists Association	Lagos, Nigeria	Health journalism
ALMA - African Leaders Malaria Alliance	Virtual	Malaria
AMCOA - Association of Medical Council of Africa	Accra, Ghana	Medical and dental boards and councils - regulatory issues
AMShEr - African Men for Sexual Health and Rights	Johannesburg, South Africa	HIV, SRH, and human rights for men who have sex with men (MSM)
ANAC - Africa Network for Associate Clinicians	Lusaka, Zambia	Associate clinicians - political and professional support, training
ANECCA - African Network for Care of Children Affected by HIV/ AIDS	Kampala, Uganda	Clinical and nonclinical care of children affected by HIV/AIDS

ANEW - African Civil Society Network on Water and Sanitation	Nairobi, Kenya	Sustainable water management, water supply, and sanitation
APCA - African Palliative Care Association	Kampala, Uganda	Palliative Care
APCDR - African Partnership for Chronic Disease Research	Virtual	Population research into non-communicable diseases (NCDs)
ARASA - AIDS & Rights Alliance for Southern Africa	Windhoek, Namibia	Human rights-based response to HIV/AIDS and TB
ASHGOVNET - African Health Systems Governance Network	Kampala, Uganda	Health system stewardship, governance, and leadership
ASWA - African Sex Worker Alliance	Nairobi, Kenya	Health and human rights of sex workers
AWA - AIDS Watch Africa	Addis Ababa, Ethiopia	Country ownership and financing for AIDS, TB, and malaria response
AY+ Network - Africa Young Positives Network	Kampala, Uganda	Young people living with HIV/AIDS - engage in HIV response
AYWDN - African Youth with Disabilities Network	Nairobi, Kenya	African Youth with Disabilities - Rights, access to services
CAL - Coalition of African Lesbians	Johannesburg, South Africa	Rights and health of lesbians, bisexual, and transgender women
CANTAM - Central Africa Network on TB, HIV/AIDS and Malaria	Yaoundé, Cameroon	Clinical trials on HIV/AIDS and malaria and clinical research activities on TB
CAPA - Council of Anglican Provinces of Africa	Nairobi, Kenya	Social development, including health and HIV/AIDS
COSECSA - College of Surgeons of East, Central, and Southern Africa	Arusha, Tanzania	Surgical care: surgical training standards and curricula, accreditation
EACCR - East Africa Consortium for Clinical Research	Entebbe, Uganda	Clinical trials on HIV/AIDS and malaria and clinical research activities on TB
EAHRC - East African Health Research Commission	Arusha, Tanzania	Health research
EAIDSNet - East African Integrated Disease Surveillance Network	Arusha, Tanzania	Disease surveillance
EANNASO - Eastern Africa National Networks of AIDS Service Organizations	Arusha, Tanzania	Civil society fighting HIV/AIDS
EAHP - East African Health Platform	Arusha, Tanzania	Health policy
ECSACON - East, Central, and Southern African College of Nursing	Arusha, Tanzania	Nurses and midwives - education, practice, and research
EQUINET - The Regional Network on Equity in Health in Southern Africa	Harare, Zimbabwe	Equity in health
FEMNET - The African Women's Development and Communication Network	Nairobi, Kenya	Women's leadership for equality, peace, and sustainable development
HEALTH Alliance - Higher Education Alliance for Leadership Through Health	Kampala, Uganda	Public health educational standards and curricula
Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region	Harare, Zimbabwe	Health systems research
INDEPTH Network	Accra, Ghana	Health and demographic surveillance systems

NAPHI - Network of African Public Health Institutions	Kampala, Uganda	Public health training
NARESA - Network of AIDS Researchers of Eastern and Southern Africa	Nairobi, Kenya	Prevention of mother-to-child transmission (PMTCT) of HIV
NASPAR+ - Network of African People Living with HIV and AIDS for Southern Africa Region	Johannesburg, South Africa	Human rights of people living with HIV (PLHIV)
PABC - Pan African Business Coalition on HIV/AIDS	Johannesburg, South Africa	Private sector engagement in HIV and AIDS response
PATA - Pediatric AIDS Treatment for Africa	Cape Town, South Africa	Pediatric HIV care and treatment
RAANGO - Regional African HIV/AIDS NGOs	Johannesburg, South Africa	Coordination of regional HIV/AIDS NGOs
RATN - Regional AIDS Training Network	Nairobi, Kenya	Training for health and allied workers in the field of HIV/AIDS and sexually transmitted infections
RHANA - Reproductive Health Advocacy Network Africa	Nairobi, Kenya	SRH and rights, safe motherhood, and family planning
SACIDS - Southern African Centre for Infectious Disease Surveillance	Morogoro, Tanzania	Disease surveillance and response
SAHARA - Social Aspects of HIV/AIDS Research Alliance	Port Elizabeth, South Africa	Social sciences research on HIV/AIDS and its impact
SWAA - Society for Women and AIDS in Africa	Dakar, Senegal	HIV/AIDS impact mitigation, women, and children
TESA - Trials of Excellence for Southern Africa	Durban, South Africa	Clinical trials and research capacity for HIV/AIDS, malaria, and TB
UAPS - Union for African Population Studies	Accra, Ghana	Population and development
WACD - West Africa Commission on Drugs	Accra, Ghana	Drug trafficking and drug dependency
WACN - West African College of Nursing	Lagos, Nigeria	Nursing - standards of professional practice and ethics, accreditation
WACP - West African College of Physicians	Bobo-Dioulasso, Burkina Faso	Physicians - standards of professional practice and ethics, accreditation
WACS - West African College of Surgeons	Lagos, Nigeria	Surgery - postgraduate education and training, standards, research, accreditation
WAHSUN - West African Health Sector Unions Network	Lome, Togo	Health sector spending, remuneration, and human resources for health
WANETAM - West African Network of Excellence for TB, AIDS, and Malaria	Dakar, Senegal	Clinical trials and research capacity for HIV/AIDS, malaria, and TB
WAPCP - West African Postgraduate College of Pharmacists	Accra, Ghana	Pharmacy - education and training, standards, research, accreditation
WAPMC - West African Postgraduate Medical College (Physicians, Nurses, Surgeons, and Pharmacists)	Lagos, Nigeria	Professional education and training, standards, and accreditation in all medical, pharmacy, and nursing disciplines
West and Central African AIDS Research Network	Dakar, Senegal	AIDS research

## Membership

Many of the regional networks and associations identified serve as umbrella organizations for local, national, or sub-regional civil society organizations (CSOs) or networks,

while others bring together individual medical professionals, researchers, or policymakers. Some bring together a combination of these, or provide a platform for exchange and collaboration between research or academic institutions. An overview of membership is depicted in Table 3.

**Table 3: Membership of Identified African Regional Health Networks and Associations**

<b>18</b> are coalitions or networks of civil society organizations (CSOs), faith-based organizations (FBOs), private sector organizations (PSOs), or unions	ACCPD, Africa MNCH Coalition, AFRICASO, AfriYAN, AMShE, ANEW, ARASA, ASWA, AYWDN, CAPA, EANNASO, East African Health Platform, NASPAR+, PABC, RAANGO, RATN, RHANA, WAHSUN
<b>11</b> are health professional associations	AfMA, Africa Network for Associate Clinicians, African Health Regulatory Collaborative for Nurses and Midwives, AMCOA, COSECSA, ECSACON, WACN, WACP, WACS, WAPCP, WAPMC
<b>11</b> offer membership to both individuals and networks/CSOs	AFENET, AfHEA, APCA, AY+ Network, CAL, EQUINET, FEMNET, NARESA, PATA, SAHARA, SWAA
<b>10</b> link research and/or academic institutions	APCDR, CANTAM, EACCR, EAIDSNet, HEALTH Alliance, INDEPTH Network, NAPHI, TESA, WANETAM, SACIDS
<b>10</b> are networks of individual professionals/advocates	African Essential National Health Network, AfriComNet, AFROCAB, AfSHG, AHJA, ANECCA, ASHGOVNET, UAPS, WACD, West and Central African AIDS Research Network
<b>3</b> comprise member country government focal points	Africa Public Health Parliamentary Network, EAHRC, Health Systems Research for Reproductive Health and Health Care Reforms in the Southern African Region
<b>2</b> are networks of high-level policymakers	ALMA, AWA

## Roles

The process of integrated regional development requires the involvement of multiple actors and interactive processes of engagement.<sup>8</sup> Networks have been seen by activists, researchers, and donors as effective mechanisms for moving initiatives forward by adding value to work that might otherwise have been done by an individual person or group and by serving as a “louder voice” to raise the profile of an issue.<sup>9,10</sup> Researchers have argued that within the health sector, regional networks and associations have a key role to play in bridging the gap between research and policymakers

by fostering greater use of research findings and evidence.<sup>11</sup> Networks and associations can also serve to support the development of their members, in terms of skills and capacity, or of professional standards of practice, as is the case with professional associations.<sup>12</sup>

Most regional networks and associations identified in this study cite knowledge or information exchange and capacity building as key objectives of their work. Knowledge and information exchange takes place through a variety of fora, including eLearning discussion platforms, regional meetings and conferences, trainings, and study tours. Networks and associations provide capacity building in the form of trainings, workshops, and focused technical assistance to local and national health system units, RECs, research institutions,

8 Sotarauta, M. (2010) Regional development and regional networks: The role of regional development officers in Finland. *European Urban and Regional Studies* 17:387.

9 Willard, T. and H. Creech (2006) Sustainability of International Development Networks: Review of IDRC Experience (1995-2005). International Development Research Centre and International Institute for Sustainable Development.

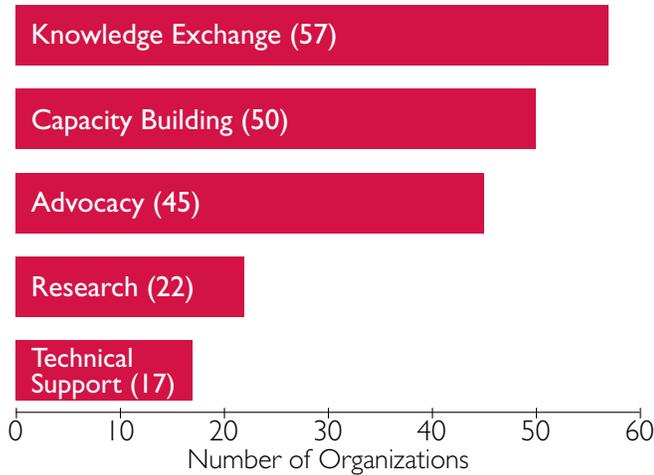
10 Earl, S. (2004) A Strategic Evaluation of IDRC-Support to Networks: “What’s it take to make a network work, if a network could work well?”. International Development Research Centre

11 Van Kammen, J., de Savigny, D. and N. Sewankambo (2006) Using knowledge brokering to promote evidence-based policy-making: the need for support structures. *Bulletin of the World Health Organization* 84(8):608-612.

12 McQuide P, Millonzi K, Farrell C. (2007) Strengthening health professional associations. Technical Brief No. 8. Chapel Hill, NC: Capacity Project.

technical organizations, civil society organizations, national networks, medical professionals, researchers, journalists, advocates, and policy makers. See Table 2 for the top cited objectives across the 65 networks and associations.

**Figure 2: Top Cited Objectives of Regional Networks and Associations**



## Working with Regional Networks and Associations

To understand how these networks and associations contribute to health and development through these key functions, the study team utilized the SWOT analysis framework (Table 4) to identify key strengths, weaknesses, opportunities, and threats. This analysis identified both internal and external factors that are favorable and unfavorable to achieving organizational objectives. Findings are described and categorized as advantages, challenges, and opportunities.

### Advantages

The following factors work to the advantage of regional networks and associations and enable them to achieve their organizational objectives to implement, facilitate, or promote knowledge exchange, capacity building, advocacy, research, and technical support.

**United (and louder) voice** By virtue of involving multiple members, regional networks represent the shared views of stakeholders in multiple countries or subregions. They are able to elevate policy issues that might otherwise receive little attention and access different, potentially higher-level audiences. For example, AMSHeR and CAL represent coalitions of organizations advocating for the health and human rights of sexual minorities; individual organizations may struggle to place minority rights issues on national policy agendas. However, regional networks like AMSHeR and CAL are able to engage in high-level political discussions and advocate for regional policy change. AMSHeR, for example,

**Table 4: SWOT Analysis Framework**

SWOT ANALYSIS		
<b>Strengths</b> Characteristics that give networks and associations an advantage over others	<b>Weaknesses</b> Characteristics that place the network or association at a disadvantage relative to others	Internal
<b>Opportunities</b> Elements that the network or association could exploit to its advantage	<b>Threats</b> Elements that could cause trouble for the network or association	

successfully advocated to AU's African Commission on Human and Peoples' Rights to establish a Committee on the Protection of the Rights of People Living with HIV and Those at Risk, Vulnerable to and Affected by HIV.<sup>13,14</sup> One key informant noted that engaging in advocacy for politically sensitive issues, such as the rights of sexual minorities, may be more effectively done at the regional level and thereafter rolled out to the national. These regional networks provide the platform for this approach.

**Connection to the ground** Regional networks benefit from the membership of national and local CSOs, organizations, and individuals that operate in their local policy contexts and environments.<sup>15</sup> Members provide critical insight into realities on the ground, such as the implementation of existing policies and the lived experiences of citizens. One informant noted that RECs and regional technical organizations may not have a thorough understanding of policy implementation in member states or countries where they do not have a physical presence. Relationships with multiple member organizations give networks a comparative advantage in monitoring policy implementation. This close relationship with organizations or branches in member countries also ensures the reverse flow of information (from secretariat to members). When policies are passed, network leadership can quickly transmit information to partners to trigger monitoring, or they can provide technical support to "weaker" members to ensure the adoption of new standards, such as with professional associations.

**Strong sense of ownership** Networks are seen to be membership-driven and, as one informant put it, "delivering a vision that has been developed and owned by groups." The groups and professionals that form the networks and

13 Nana, J. G. (2012) Challenges in Addressing HIV in MSM communities in Africa. [http://www.aidstar-one.com/sites/default/files/technical\\_consultations/sa\\_msm/day\\_one/7\\_Nana\\_1.pdf](http://www.aidstar-one.com/sites/default/files/technical_consultations/sa_msm/day_one/7_Nana_1.pdf)

14 African Commission on Human and Peoples' Rights (2010) I 63: Resolution on the Establishment of a Committee on the Protection of the Rights of People Living With HIV (PLHIV) and Those at Risk, Vulnerable to and Affected by HIV. <http://www.achpr.org/sessions/47th/resolutions/I63/>

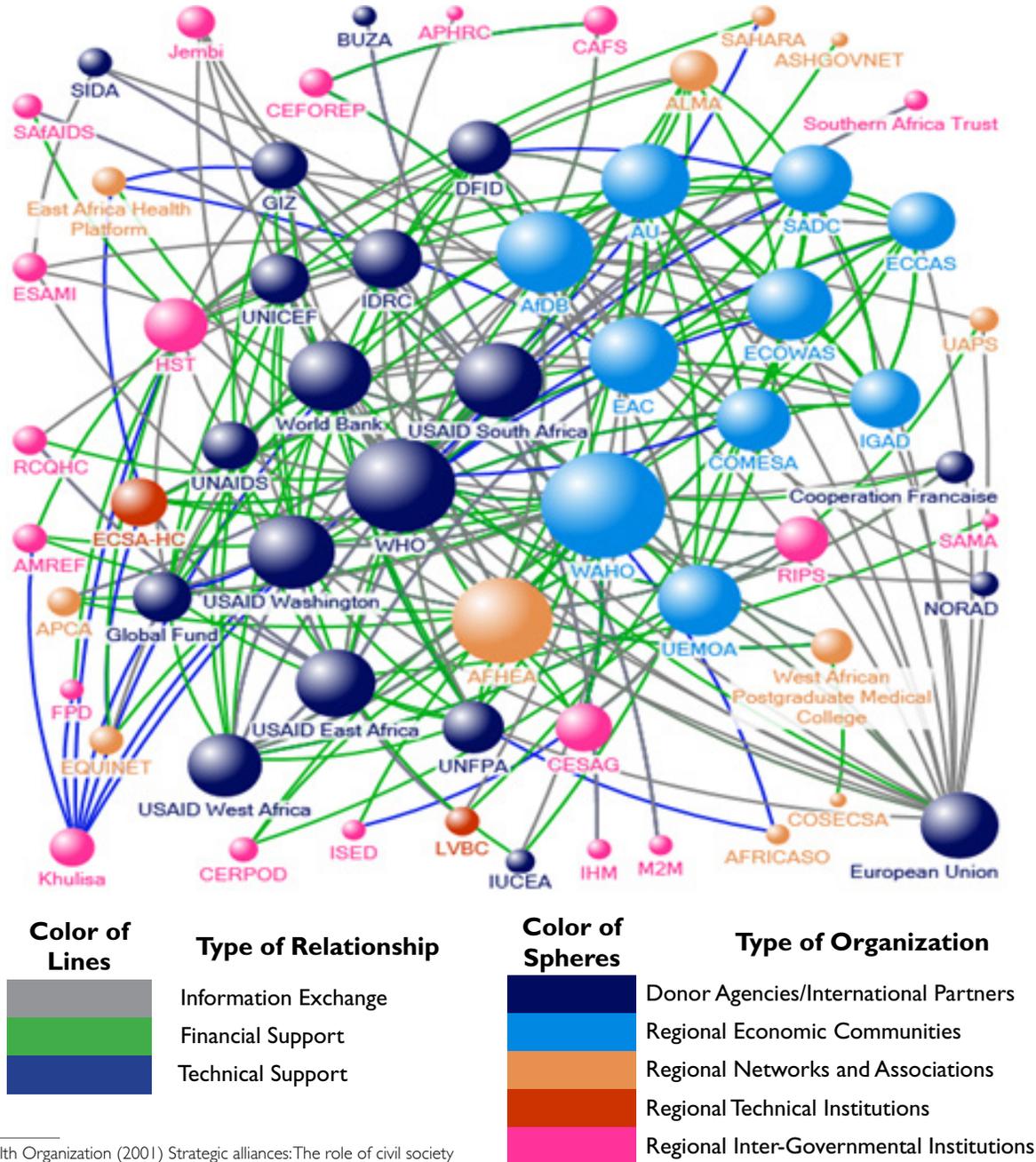
15 Doyle, C. and P. Patel (2008) Civil society organizations and global health initiatives: Problems of legitimacy. *Social Science and Medicine* 66(9): 1928–1938.

associations identified in this study are African and/or Africa-based. The networks and associations themselves are based in Africa and are nonprofit or identify as CSOs. As part of civil society, these networks provide a platform for citizen input and public involvement in health systems.<sup>16</sup> In doing so, they may serve as a balance to political or commercial interests involved in public health.<sup>17</sup> In general, they are seen to represent the voice of the people (i.e. their members). They may be less likely to diverge from their mission or objectives than other regional actors; this may be even truer for those

networks that are financially supported by membership fees and therefore more sustainable and less vulnerable to reliance on donor funding.

**Convening power** Two of the networks in this study convene African heads of state as members, while another three comprise focal points from participating country governments. These networks serve as platforms for high-level officials to meet and discuss emerging evidence and policy issues and may result in the immediate adoption of

**Figure 3: Relationships Between Regional Organizations in Africa**



16 World Health Organization (2001) Strategic alliances: The role of civil society in health. Discussion Paper No. 1. Civil Society Initiative: External Relations and Governing Bodies.

17 World Health Organization (2002) WHO and Civil Society: Linking for better health. Civil Society Initiative: External Relations and Governing Bodies.

policies. ALMA, for example, was started at the request of African heads of state and benefits from their participation in meetings twice a year. Because of their leadership, an informant noted, ALMA has been a powerful platform for spurring action on malaria. African countries lead the initiative, set the agenda, and secure assistance as needed, following input from the technical secretariat. They have the power to directly implement policy change in their countries. For example, when ALMA identified a national shortfall in funding to distribute 24 million long-lasting insecticide-treated mosquito nets in Nigeria in 2008, they were able to notify the Minister of Health immediately.<sup>18</sup> This resulted in prompt action to resolve the issue through the reallocation of World Bank grants. Other networks, such as AFENET, AfHEA, and the East African Health Platform, host regular meetings or scientific conferences that attract the participation of a range of key stakeholders, including high-level policymakers, private sector actors, health professionals, and advocates. The ability of regional networks and associations to convene such a wide range of stakeholders has been recognized by donors and international organizations and has resulted in the establishment of formal and informal partnerships. Figure 3 is based on the social network analysis conducted as part of this study and depicts the self-reported relationships between regional actors. The nodes represent individual actors within the network, and lines represent relationships between the individuals. The social network analysis is not exhaustive as it was performed based on self-reported information shared by the regional organizations interviewed. Organizations (nodes) included in the diagram may have relationships (lines) with other organizations not included here.

**Ability to spur healthy competition** Regional networks are uniquely situated to support accountability by fostering an environment of healthy competition between members and targeted policymakers. This can serve as an extremely effective strategy for holding governments accountable to the commitments they make. A number of networks have developed tools, such as scorecards, for monitoring the implementation of policies or tracking key indicators in their health area of focus to generate evidence to inform policy change. Figure 4 highlights three of these. Regional networks can serve as a platform for comparing countries' progress and applying peer pressure for improvement. ALMA, for example, adds an additional incentive by providing annual awards to countries that perform well on key malaria indicators.<sup>19</sup>

**Figure 4: Monitoring Tools and Scorecards**

- **EQUITY WATCH Tool** EQUINET developed a framework for analyzing equity at the country level. The analysis measures both inequity and the extent to which measures that are known to enhance equity in health are being implemented within health systems. It serves as a tool for planners, policymakers, civil society organizations, and researchers to assess progress towards policy goals of equity in health in eastern and southern African countries.
- **ALMA Scorecard for Accountability and Action** ALMA developed a scorecard which consists of a semi-automated database that tracks progress across key indicators covering malaria policy, financing, intervention coverage, and impact, and includes tracer maternal and child health metrics. Country reports generated on a quarterly basis highlight progress and successes, identify bottlenecks, and include key recommended actions to address these bottlenecks. ALMA supports countries to find solutions and tracks actions in response to recommendations.
- **APCA African Palliative Outcome Scale (POS)** The APCA African POS was developed to measure progress in the quality of palliative care provided by services across Africa. It is a patient- and family-level tool to measure the outcomes of care being provided and to make recommendations on areas for improvement. It can be used within routine clinical care to enhance individual patient management, but also as a quality improvement tool. It can also be used to generate evidence to help inform policy formation and best practices within palliative care.

18 ALMA. (2011) Country Progress and Case Studies. [http://www.alma2015.org/sites/default/files/initiatives/country\\_progress\\_and\\_case\\_studies\\_packet.pdf](http://www.alma2015.org/sites/default/files/initiatives/country_progress_and_case_studies_packet.pdf)

19 ALMA (2014) [http://www.alma2015.org/sites/default/files/alma\\_rewards\\_pdf/alma\\_awards\\_release.pdf](http://www.alma2015.org/sites/default/files/alma_rewards_pdf/alma_awards_release.pdf)

**Regional pooling of expertise** Networks benefit from the combination of skills and knowledge that members bring and can serve as a repository for emerging research, best practices, and evidence. They can provide technical review and support, and disseminate findings and data. Networks like AFENET, AfHEA, AfSHG, and INDEPTH provide forums for epidemiologists, researchers, and scientists to share research and make it available for use in advocacy efforts. Networks can also coordinate mentoring relationships or collaborative partnerships between members with different levels of capacity. Health professional associations, for example, facilitate best-practice sharing by serving as a key means for promoting continuous learning and the pursuit of high-quality clinical care among health professionals.<sup>20</sup>

**Region-specific technical expertise** Partly due to their connection to the ground and the pooling of expertise, regional networks have region-specific expertise that other actors, such as international organizations or country-based technical organizations, may not have. They have ready, affordable access to research and data from the countries where their members reside and a thorough understanding of the challenges and opportunities they face.

**Regional centers of excellence** Regional networks may also serve as regional centers of excellence and play a key role in modelling best practices and support members to improve. Professional associations play a key role in supporting national policies and high standards in health system delivery through the development of model regulatory frameworks and ethical and professional standards. The regional research networks (CANTAM, EACCR, WANETAM, and TESA) provide a good example of how a network model can contribute to tangible results: in less than three years, they provided training for over 1,000 African scientists, upgraded 36 sites for clinical trials, leveraged nearly 33 million USD in funding, and generated 38 peer-reviewed publications through networking and partnerships.<sup>21</sup>

## Challenges

The regional networks and associations reviewed have demonstrated their ability to support processes of regional integration and to contribute to improved health and development outcomes. However, internal weaknesses and external threats persist and hinder their ability to reach their full potential. Many of these challenges are relevant to any organization operating in a complex environment with a range of stakeholders. Some of the challenges regional networks and associations face are outlined here.

**Difficulty measuring impact** Unlike the effect of programs and policies implemented by organizations that deliver services, the effect of activities implemented by regional networks and associations will not necessarily follow a linear cause-effect paradigm. Advocacy efforts are difficult to measure and some regional networks and associations do not have the time or resources to dedicate to building performance management systems that include systematic evaluation of impact. In a foreign assistance environment where 'what gets measured, gets funded', it is critical that regional networks and associations strive to demonstrate the influence their regional programs and advocacy efforts have on individuals and organizations within their sphere of influence (e.g. MOHs and development partners).

**Overlapping missions and objectives** As evidenced in Figure 1, there are often multiple networks or associations operating in a given technical area with similar missions and objectives. This can detract from the ability of one network or association to establish itself as the leading body or voice in its area and develop the legitimacy required to secure a seat at important regional meetings with policymakers. This can also result in duplication of efforts and even poor use of resources, if two networks and associations are mobilizing funds to implement the same activities.

**Multiplicity of programs and players** Similarly, the proliferation of networks and associations with similar objectives and membership can result in fragmentation of the response and is confusing for country-level members, national governments, and donors. The HIV sector, for example, has seen the emergence of networks that focus on different populations or specialize in different interventions or aspects of the response. If the various actors are not coordinating with each other, they may end up competing for the same resources and neglecting important programmatic components or populations at risk. Governments and donors may have difficulty determining who to work with and how to work together. Networks and associations operating at the national level face similar challenges.<sup>22,23</sup>

**Limited enforcement ability** Regional networks and associations may monitor the implementation of policy and practice and raise awareness of issues, but their ability to directly enforce policies or modify national service delivery is limited. Their role as watchdogs and advocates is therefore all the more critical, as is their ability to access high-level forums and policymakers.

20 Rice, J. (2013) Strong Health Professional Associations 2020: Promoting the long-term viability of health professional associations (HPAs) in sub-Saharan Africa. Discussion Paper: Management Sciences for Health – LMG Project.

21 Miirio et al. (2013) EDCTP regional networks of excellence: initial merits for planned clinical trials in Africa. BMC Public Health 13:258.

22 Policy Project (2004) Challenging, Changing, and Mobilizing: A Guide to PLHIV Involvement in Country Coordinating Mechanisms.

23 D.Odhiambo, et al. (2008) Strengthening PLHIV networks for policy, advocacy and stigma reduction. Oral Abstract Session: AIDS 2008 - XVII International AIDS Conference: Abstract no. THAE0202

**Limited financing** Many key informants noted challenges related to financial sustainability. While some regional networks and associations collect membership fees, these are often nominal and insufficient to support the operational costs of the organization. Some informants noted that an overreliance on grants or funding with strict limitations on how it may be spent prevents regional networks and associations from allocating resources to communications efforts. As a result, they may struggle to effectively communicate the impact of their work. This, in turn, limits their ability to establish and market themselves to future partners and donors.

**Poor infrastructure for communications** A number of informants noted communications infrastructure as an external factor that limits the ability of regional networks and associations to move in a coordinated and timely fashion. Limited internet connectivity and telecommunications options, such as web-based video conferencing, make it difficult to cheaply convene members.

## Opportunities

Regional networks and associations in Africa operate in a rapidly changing environment. The region is the fastest growing in the world, with a projected average economic growth rate of 6 percent from 2013-2015.<sup>24</sup> Population growth, urbanization, and advances in technology infrastructure are changing the way citizens, society, and governments engage. Health is critically linked with growth and will continue to be a priority for African governments. Within this context, opportunities for regional networks and associations to play greater roles in contributing to improved health and development outcomes are rife. Some of these opportunities are outlined here.

**Post-MDG Agenda** Regional networks and associations have been working with African countries to make progress towards the achievement of the Millennium Development Goals (MDGs). The 2015 MDG deadline is fast approaching, and regional networks and associations have an important role to play in setting the post-MDG agenda. Advocacy around the African Union's Common African Position (CAP) on the Post 2015 Development Agenda and other key health issues is critical to ensure that African voices are heard and reflected in the commitments and resolutions made by their governments.

**Healthy competition** The ability of regional networks and associations to foster an environment of healthy competition between members and targeted policymakers has been noted. Their ability to serve as a platform for comparing countries' progress and applying peer pressure for improvement is a unique opportunity that more networks and associations should consider maximizing. ALMA has demonstrated the effectiveness of using a scorecard to track progress and galvanize action. This strategy may be replicated within other health areas and is uniquely suited to the regional platform.

**Strategic partnerships** Several key informants noted the critical role that regional networks and associations can play through linking with the RECs and regional technical organizations. While technical organizations may have the expertise necessary to advise on standards or guidelines, RECs have the power to establish harmonized legal frameworks and policies. Regional networks and associations can monitor the implementation of these policies or advocate for changes in policy.<sup>25</sup> One informant described the importance of these relationships as follows:

*"There is huge complementarity across different types of regional organizations. Not one organization can do everything, but there is strategic value in supporting links across various regional organizations. Some [regional actors] can bring people together around technical issues, capacity strengthening, or research agendas. Real value is added by linking these technical institutions and organizations with RECs to facilitate access to a high level discussion. This is how they can elevate issues and solutions."*

Regional networks and associations can also contribute to these efforts by building the capacity of registered members to comply with new standards or policies. Health professional associations and laboratory networks play a critical role in the rollout of new standards and maintaining the integrity of health professions.

24 African Development Bank (AfDB) (2013) *Annual Development Effectiveness Review 2013*.

25 World Health Organization (2001) *Strategic alliances: The role of civil society in health*. Discussion Paper No. 1. Civil Society Initiative: External Relations and Governing Bodies.

## CONCLUSIONS AND RECOMMENDATIONS

Regional integration is an important trend that is gaining momentum in Africa, and regional organizations are key drivers of this process. Despite its prominence in the African policy dialogue, the regionalization process and the role of the regional bodies are topics that are misunderstood by international partners.

Senior officials at USAID and others in the international development community continue to cite the need to learn more about the power dynamics, limitations, and strategic advantages of regional bodies and of the regionalization process to better inform regional and bilateral programming on the continent. As one interviewee noted, “Even internally within USG, there’s not a good understanding of or appreciation for the comparative advantages of regional work and regional activities. People assume that bilateral is the way to go – and for many things this is true, but not all.”

With dwindling foreign assistance budgets, the need for international partners to seriously consider proven and innovative ways to take advantage of the economies of scale, policy influence, and technical leadership offered by regional bodies intensifies.<sup>26</sup> Efforts to strengthen the institutional capacity of these regional bodies to fulfil their mandates should integrate robust performance metrics and systematic evaluation of impact.

Different types of regional actors are best suited to difference roles. International partners ought to select which organizations to work with and how to work with them based on intended outcomes. As one USAID interviewee stated:

*“If our aim is to strengthen governance structures, then we should work regionally. If it’s only to strengthen service delivery, then we should work at the bilateral level. Systems, policy, and research make most sense at regional level (pooled procurement, accreditations, etc.). If we want to look at health outcomes of economic growth and integration, we must look at the regional level – it’s being driven by the regional economic agenda. If we’re focusing on CHW meets the patient (how we measure) then we should focus on bilateral... Things that are politically sensitive but are needed for public health are better addressed at a regional level, e.g. services and policy change for key populations (MSM, sex workers).”*

Regional networks and associations in particular can play a critical role in advocacy efforts and capacity building.

Given the findings of this study and in consideration of the increasing importance of the regional platform, a few key areas emerge for action.

**Recommendation #1: Develop a communication plan for raising awareness of the importance of regionalization and regional programming within USAID Washington and bilateral missions.** Regional organizations are recognized by African governments and international donors as key players with strong policy influence. It is paramount for USAID to continue working with them as partners. The interviews and literature reviewed as part of this study reveal a lack of understanding related to the roles of regional organizations and processes of regional integration. Efforts must be made to demystify the topic and ultimately build consensus around priorities for engagement.

**Recommendation #2: Foster direct engagement and policy dialogue with regional networks and associations.** Regional networks and associations have a keen understanding of realities on the ground and play a key role in elevating policy issues and advocating for change. RECs and international partners should continue to engage with regional networks and associations to support policy monitoring and the role out of standards.

**Recommendation #3: Continue efforts to strengthen the organizational capacity of regional networks and associations.** Many regional networks and associations have significant organizational weaknesses. In-depth organizational capacity assessments could be conducted to identify capacity gaps and facilitate organizational capacity development interventions in the identified areas. Understanding individual networks’ strengths and weaknesses will allow potential partners (including USAID) to make better informed decisions about who to work with.

<sup>26</sup> Amy Lieberman. (2013) Analysis: Obama’s 2014 foreign aid budget request. DEVEX. <https://www.devex.com/news/analysis-obama-s-2014-foreign-aid-budget-request-80681>

## ANNEX I: Questionnaire for Key Informant Interviews

**Interview Protocol – Regional African Networks  
Regional Landscape Analysis  
July 15, 2013**

<b>Name of Organization Interviewed:</b>	
<b>Name of Interviewee:</b>	
<b>Title of Interviewee:</b>	
<b>Email address of Interviewee:</b>	
<b>Date of Interview:</b>	
<b>Key Informant:</b> Ideally, the interview will be conducted with the Executive Director or the most senior official available.	
<b>Duration:</b> 2 hours maximum	
<b>Requesting documents:</b> For a number of questions, electronic copies of documents are requested. Information available in these documents will be used to enrich the analysis.	
<b>Informed Consent:</b> <ul style="list-style-type: none"> <li>• <i>Thank you for taking the time to hold a discussion with me regarding your organization.</i></li> <li>• <i>I am with the African Strategies for Health (ASH) Project, which is a five-year contract funded by USAID's Africa Bureau.</i></li> <li>• <i>The information from this project will help the WHO's Harmonizing for Health in Africa (HHA), to better understand how regional organizations work in Africa.</i></li> <li>• <i>We will be interviewing about 50 key regional organizations with health programs, including regional economic communities, regional networks, regional professional associations, and regional technical institutions.</i></li> <li>• <i>The answers provided during this interview will help to enhance HHA's understanding of the relationships, power dynamics, limitations and strategic advantages of regional bodies in Africa.</i></li> <li>• <i>To prepare for this interview, we have conducted a desk review to gather information about your organization. Sources of information included your organization's website, reports and other documents available online. On questions for which our team was able to find an answer, the interviewer will simply ask you to confirm that what we found is accurate.</i></li> <li>• <i>HHA intends to use this information to help guide their future plans.</i></li> <li>• <i>The main output will be an analytical document which the ASH project, HHA and other development partners will be able to utilize, as part of their planning process, to identify optimal areas of strategic cooperation with key regional entities.</i></li> </ul>	
<b>Organizational Data:</b>	
<b>Introduction:</b> **I'd like to begin by asking you to confirm the information we gathered through our desk review concerning your organization. ( <b>NOTE:</b> Interviewer states the information gathered for each questions and asks the interviewee to confirm.)	
1. What is the Mandate and/or Mission of your organization?	
2. In what year was your organization established?	

3. Where is your headquarter/head office located?	
4. Does your organization have satellite offices in other countries?	Yes ___ No ___
a. If yes, where?	
<b>Membership:</b>	
<b>Introduction: We would also like to know about your members. (NOTE: Interviewer states the information gathered, if available, for each questions and asks the interviewee to confirm.)</b>	
5. How many organizations is officially part of your network?	
6. How does an organization become part of your network?	
a. What criteria do they have to meet?	
b. Who makes the decision on whether an organization can join your network?	
7. What is the role of your network organization in working with its member organizations?	
a. Collaborate on project/program implementation	
b. Provide training	
c. Provide technical assistance (other than training)	
d. Provide financial assistance	
e. Facilitate information exchange	
f. Disseminate best practices	
g. Monitor and/or evaluate programs	
h. Support and/or conduct research	
i. Convene regional stakeholders meetings	
j. Define, oversee and reinforce standards of practice	
k. Foster partnerships	
l. Advocate for health policy change	
m. Other (List them)	
<b>Contextual Factors:</b>	
<b>Introduction: We would like to better understand some of the context within which your organization operates.</b>	
8. In your opinion, why is it important to have a regional health organization such as yours?	
9. What is your comparative advantage? (compared to other organizations? And compared to country-level organizations?)	
10. What emerging trends and opportunities do you see for your organizations in the next 2 years?	

11. What kinds of challenges are unique to the regional nature of your organization?	
a. Which of these unique challenges does your organization face?	
12. If you had to improve two things about your organization, what would they be?	
13. If your organization could receive technical assistance, what area would this technical assistance cover? (check all that apply)	
a. Management practices	
b. Human resources management	
c. Financial management	
d. Coordination	
e. Communication	
f. Technical skills in public health	
g. Leadership	
h. Governance	
i. Resource mobilization	
j. Monitoring and evaluation	
k. Advocacy for policy change	
l. Marketing	
m. Other (List them)	
n. None	
14. Which other regional organization do you collaborate with the most? (Please complete the Collaboration Matrix)	
a. What is the nature of your collaboration?	
▪ Information exchange	
▪ Technical assistance	
▪ Financial support	
<b>Governance and Structure:</b>	
<b>Introduction: Now, I would like to talk about how your organization is organized and how it makes decision. (NOTE: Interviewer states the information gathered, if available, for each questions and asks the interviewee to confirm.)</b>	
15. What is the legal status of your organization? (check all that apply)	
a. Regional Economic Community	
b. Intergovernmental technical agency	
c. Non-governmental organization	
d. Public academic institution	
e. Private technical organization	
f. Professional association	

	g. Network	
	h. Other (List them)	
	i. None	
16. Could you please describe your organizational structure?		
	a. What are the names of the various departments and/or units within your organization?	
	b. Could we please have a copy of your organizational chart?	
17. How are important decisions made within your organization?		
18. What type of a governance structure does your organization have? (check all that apply)		
	a. Board of Directors/Trustees	
	b. Advisory Councils	
	c. Steering Committees	
	d. General Assembly	
	e. Other (List them)	
	f. None	
19. What mechanisms does your organization utilize in order to push for health policy change?		
<b>Health Programming:</b>		
Introduction: With regards to your health programs... (NOTE: Interviewer states the information gathered, if available, for each questions and asks the interviewee to confirm.)		
20. How is your health program structured?		
	a. By disease area (e.g. HIV, malaria, TB)	
	b. By technical area (e.g. epidemiology, policy analysis)	
	c. By geographic area	
	d. By specific project	
	e. Other	
21. Which areas of health does your organization focus on? (e.g. HIV, MCH, Malaria, TB, HSS, etc.)		
<b>Policies and Planning:</b>		
Introduction: And in terms of policies developed by your organization to guide your health programs...		
22. What is your overall strategy for the development and sustainability of your organization?		
23. How do you do planning for the organization?		
24. Is there an overarching policy document or a legislation by which your organization was established?		
	a. Where could we get a copy of that document?	
25. Does your organization currently have a strategic plan to guide its health programs?		Yes ___ No ___
	b. How many years does it cover?	

c. What year does it end?	
d. Could we have a copy of your strategic plan?	
26. Does your organization produce an annual report?	Yes __ No __
27. Has your health program been evaluated in the past 5 years?	Yes __ No __
e. Could we have a copy of the evaluation report?	
28. Do you hold annual events such as an annual conference or annual meetings?	Yes __ No __
a. When do these events typically take place?	
<b>Technical, Financial and Human Resources:</b>	
<b>Introduction: To help us understand the size and scope of your organization, we would like to ask you a few questions concerning your financial and human resources.</b>	
29. Do you receive non-financial technical assistance from partners?	Yes __ No __
a. Who are some of the partners from whom you receive technical assistance?	
30. How many staff members does your organization currently have?	
31. How are your health programs funded?	
a. Do you receive funds from USAID?	
b. Have you received funds from USAID in the past?	
c. Could you please tell us who some of your other funders are?	
32. How much funding did your organization received in total from external donors in 2012?	
c. How much funding did your organization received in total in 2011?	
d. How much funding did your organization received in total in 2010?	
33. Does your organization generate financial assets from sources other than funders/donors?	Yes __ No __
34. How much did your organization received in total financial contributions from sources other than external funders/donors in 2012?	
e. (For Associations) How much did you receive from your members?	
35. What is your vision for the future of your organization?	
36. What do you hope to achieve in the next year?	
a. Three years?	
b. Five years?	
<b>Reference Documents:</b>	
37. Are there any key documents you would suggest we use as key reference documents to learn more about your organization?	
a. Might I please have a copy of this document?	

## ANNEX 2: List of Key Informants

Name of Organization	Name of Interviewee	Title	HQ Location	Email
<b>Regional Economic Communities/Intergovernmental Organizations</b>				
EAC : East African Community	Dr. Stanley Sonoiya,	Principal Health Officer	Arusha, Tanzania	Ssonoiya@Eachq.Org
UEMOA: West African Economic And Monetary Union (In French)	Dr. Bakery Siriki Kone	Acting Director Of Health	Bskone@Uemoa.Int	
SADC: Southern Africa Development Community	Joseph Mthetwa	Senior Programme Officer For Health And Pharmaceuticals, Directorate Of Social, Human Development And Special Programmes	Gaborone, Botswana	Jmthetwa@Sadc.Int; Josephmthetwa@Yahoo.Co.Uk
ECSA-HC: East, Central And Southern African Health Community (ECSA-HC)	Ernest T. Manyawu	Director Of Operations And Institutional Development	Arusha, Tanzania	Emanyawu@Ecsa.Or.Tz
ECSA-HC: East, Central And Southern African Health Community (ECSA-HC)	Dr. Odongo Odiyo	Manager Family Planning And RH	Arusha, Tanzania	Odongo@Ecsa.Or.Tz
African Development Bank	Fabrice Sergent	Chief Health Analyst	Tunis, Tunisia	F.SERGENT@Afd.B.Org
<b>Regional Networks and Associations</b>				
African Field Epidemiology Network (AFENET)	Sheba Gitta	Acting Executive Director	Kampala, Uganda	Sgitta@Afenet.Net
ANECCA - African Network For Care Of Children Affected By HIV/ AIDS	Denis Tindyebwa	Executive Director	Kampala, Uganda	Dtindyebwa@Gmail.Com ; Mail@Anecca.Org
ASHGOVNET - African Health Systems Governance Network	Francis Omaswa	Executive Director	Kampala, Uganda	Omaswaf@Achest.Org
College Of Surgeons Of East, Central And Southern Africa	Prof. Chris Samkange	President Cossecsa-Asea	Arusha, Tanzania (ECSA)	Registrar_Cosecsa@Ecsa.Or.Tz
East African Health Platform	Joyce K. Abalo	Coordinator	Arusha, Tanzania	Eahp.Coordinator@Gmail.Com
East, Central And Southern African College Of Nursing	Prof. Chris Samkange	Professor	Arusha, Tanzania (ECSA)	Registrar_Cosecsa@Ecsa.Or.Tz
EQUINET - The Regional Network On Equity In Health In Southern Africa	Dr. Rene Loewesen	Executive Director, Training And Research Center (TARC)	Harare, Zimbabwe	Rene@Tarsc.Org
HEALTH Alliance - Higher Education Alliance For Leadership Through Health	William Bazeyo	Dean, Makerere	Kampala, Uganda (Makerere Univ.)	Wbazeyo@Musph.Ac.Ug
Pan-African Health Journalism Network	Joy Wanja	Secretary (Report At Daily Nation Newspaper)	Nairobi, Kenya	Wanja@Ke.Nationmedia.Com
RATN- Regional AIDS Training Network	Mr. Kevin Storey	Executive Director	Nairobi, Kenya	Storeyk@Ratn.Org
AFHEA - African Health Economics And Policy Association	Pascal Ndiaye	Afhea IT-COM & Program Manager	Accra, Ghana	Pascalnd@Gmail.Com

AFRICASO - African Council For AIDS Service Organizations	INNOCEHT LAISON	Executive Director	Dakar, Senegal	llaison@Africaso.Net
West African Postgraduate Medical College (Physicians, Nurses, Surgeons And Pharmacists)	Mr. Abraham Okletey	Principal Administrative Officer	Accra, Ghana	Abrahamokletey@Ymail.Com
ALMA - African Leaders Malaria Alliance (ALMA)	Melanie Renshaw	Chief Technical Advisor		Melanie@Alma2015.Org
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## ANNEX 3: Literature Review Bibliography

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