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International Journal of Infectious Diseases

journal homepage: www.elsevier.com/locate/ijid

Perspective

Expanding technical assistance: a call for a more nuanced approach for sustainable HIV programs in Sub-Saharan Africa

Tafadzwa Dzinamarira^{1,2,*}, Enos Moyo³¹ School of Health Systems and Public Health, University of Pretoria, Pretoria, South Africa² ICAP in Zambia, Lusaka, Zambia³ School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa

ARTICLE INFO

Article history:

Received 28 February 2024

Revised 7 June 2024

Accepted 11 June 2024

Keywords:

Capacity building

Technical assistance

Sustainability

HIV

ABSTRACT

An anticipated decline in external funding in sub-Saharan Africa (SSA) necessitates a re-evaluation of HIV response sustainability strategies. While institutional capacity building (ICB) has yielded positive outcomes, including strengthened technical expertise and institutional frameworks, it faces challenges. These include overemphasis on technical expertise neglecting resource mobilization, and a limited focus on policy advocacy. To achieve long-term sustainability, ICB efforts must equip local institutions with skills for tailored donor engagement, data-driven advocacy, and collaborative policy influence. This multi-pronged approach, coupled with efforts to diversify funding and integrate HIV responses, is crucial to empower local ownership and ensure the long-term viability of effective HIV responses in SSA.

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Introduction

In sub-Saharan Africa (SSA), an anticipated decline in funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) necessitates a re-evaluation of HIV response sustainability strategies [1,2]. It will be challenging to maintain external funding for HIV at historically high levels due to concerns about the emergence of new infectious illnesses like COVID-19 and priorities in other areas, such as climate change. As a result, external funding for HIV is expected to fall [1,2]. Institutional capacity building (ICB) has emerged as a cornerstone of sustainability [3,4], but its effectiveness requires evaluation. This viewpoint critically examines both the successes and shortcomings of ICB in the SSA HIV response, assessing what has proven beneficial and identifying areas for improvement. For the purpose of this paper, "local institutions" refers to community-based organizations (CBOs), local health departments, civil society organizations (CSOs), national AIDS councils, and networks of people living with HIV actively engaged in HIV programming within SSA.

What has worked in institutional capacity building for HIV response sustainability?

Undoubtedly, ICB has yielded positive outcomes. One effective strategy has been the provision of technical assistance to bolster programmatic excellence within local institutions. This assistance has included training in evidence-based practices, monitoring and evaluation, and quality assurance measures [5]. Technical assistance has strengthened programmatic excellence, and established systems and policies have brought much-needed structure to local institutions [6]. These improvements have directly impacted service delivery, ensuring better care for people living with HIV (PL-HIV).

Another success has been the focus on establishing robust systems and policies within recipient institutions. This has included developing governance structures, procurement mechanisms, and accountability frameworks to mention a few. The focus on strengthening leadership and governance has fostered local ownership and accountability, crucial steps towards self-sufficiency [7]. Related to this has been the empowerment of local leadership by the donor institutions. Effective capacity building programs have prioritized the empowerment of local leadership and decision-makers [8]. The approach of involving key stakeholders in the planning and implementation process, has cultivated ownership and commitment critical for sustainability. Local leadership

* Corresponding author.

E-mail address: anthonydzina@gmail.com (T. Dzinamarira).

ensures that interventions are contextually relevant, responsive to community needs, and aligned with national health priorities.

Gaps in current ICB approaches

While past ICB efforts have undoubtedly strengthened local institutions in sub-Saharan Africa, significant gaps remain that hinder long-term sustainability of HIV responses. A primary limitation lies in the overemphasis on technical expertise at the expense of skills critical for resource mobilization and policy engagement [9–11]. While programmatic excellence and strong clinical service delivery are crucial, ensuring long-term funding requires a broader skillset. Past ICB approaches often focused heavily on training in areas like monitoring and evaluation, data management, and clinical best practices [12]. These skills are essential, but without the ability to secure funding beyond traditional donors, local institutions remain vulnerable to fluctuations in external support. Another shortcoming relates to the limited focus on policy advocacy. Sustainable HIV responses require integration within broader health systems and effective responses to the needs of key populations. However, past ICB approaches often neglected equipping local stakeholders with the skills necessary to navigate complex policy landscapes and advocate for changes that address these critical areas.

What still needs to be done in institutional capacity building for HIV response sustainability?

Strengthening capacity for resource mobilization

While significant strides have been made in strengthening technical capacities, there remains a critical gap in ICB for resource mobilization from non-traditional donors [13]. This gap is particularly glaring against a backdrop of dwindling external support. To achieve long-term sustainability, there is a pressing need to diversify funding sources and reduce dependency on external aid [14]. This entails building the capacity of local institutions like the government, communities, civil society, and the private sector to access funding from private sector partners, philanthropic organizations, and domestic revenue streams. Diversifying funding streams is crucial for long-term sustainability. Local institutions should be equipped to access funding from private sector partners, philanthropic organizations, and explore innovative financing models. While designated taxes and HIV trust funds can be a source of revenue, a key aspect of domestic resource mobilization is reforming existing mechanisms to improve tax collection efficiency and advocating for increased budgetary allocations for HIV within national health plans. This fosters a more integrated approach to health financing, where HIV responses are not seen as a siloed entity. SSA governments, grappling with myriad economic challenges, are often unable to fill the funding gap. Without addressing resource mobilization, the sustainability achieved is fragile. Funds from non-traditional donors would complement existing funding, support specific needs, and ultimately build long term sustainability.

To strengthen local ownership and empower local institutions to tap into non-traditional donors, tailored training, networking and partnerships and data-driven advocacy. First, training programs should go beyond generic fundraising skills and delve into the specific funding landscapes of individual countries, identifying suitable non-traditional donors and crafting compelling proposals. Second, connecting local institutions with potential donors, facilitating partnerships with private sector entities, and fostering collaboration within the region can unlock new funding streams. Third, there is a need to build local capacity to generate and communicate convincing data on the impact of HIV programs, tailored

to the priorities of non-traditional donors. This data is essential to secure buy-in from these entities. National and local governments can play a crucial role in enabling this shift. Enabling policies, such as tax breaks for private sector contributions to HIV programs, can incentivize local resource mobilization [16]. Additionally, fostering an environment conducive to philanthropy and social impact investing is crucial.

Strengthening advocacy and policy engagement

While technical capacity and resource mobilization are crucial, empowering local institutions and civil society organizations to effectively advocate for sustainable HIV responses is equally important. Effective advocacy and policy engagement necessitate a strategic transformation, amplifying the voices of local institutions amidst complex political landscapes. Equipping local community-based organizations with advocacy training and technical assistance on policy analysis resulted in increased engagement with policymakers and ultimately influenced HIV prevention and care models [17,18].

Empowering local institutions with the skills to navigate these intricacies is paramount. Capacity building efforts should focus on understanding the policymaking process, building alliances with key stakeholders, and leveraging evidence to influence decision-making [19]. Training on policy analysis frameworks, legislative writing, and stakeholder engagement strategies can equip local institutions to analyze existing policies, identify gaps that impact people living with HIV and key populations, and advocate for necessary changes. A study by Sheth et al. demonstrated the effectiveness of a multi-tiered capacity-building program in enhancing HIV prevention services for a national program targeting Asian & Pacific Islander communities in the US [20]. The program reported increased leadership skills and strengthened partnerships among community organizations following capacity-building efforts [20].

Additionally, fostering collaborative advocacy through strong partnerships with civil society organizations, faith-based organizations, and other stakeholders amplifies individual voices and builds consensus for impactful policy reform [21]. Furthermore, developing proficiency in data-driven budgeting, cost-effectiveness analysis, and persuasive communication empowers local institutions to effectively advocate for increased domestic resource allocation towards HIV programs.

While significant progress has been made in decentralizing HIV treatment programs, particularly with the support of PEPFAR and the Global Fund, further efforts are needed to ensure equitable access across sub-Saharan Africa. Continued efforts to decentralize HIV treatment to primary healthcare facilities, particularly in remote areas, can further improve coverage, increase access to HIV services, and potentially generate cost savings. PEPFAR data indicates significant progress in multi-month dispensing (MMD) of ARVs, with a high proportion of patients receiving several months' worth of medication at each collection [15]. This is a positive development contributing to improved adherence and reduced healthcare burden. However, further efforts might be needed to ensure equitable access to MMD programs, particularly in underserved areas. This multi-faceted approach equips local actors to not only advocate for policy changes but also mobilize resources and address structural barriers, ultimately contributing to the long-term sustainability of effective HIV responses in sub-Saharan Africa.

Call to action

The current funding landscape for HIV responses in sub-Saharan Africa necessitates a paradigm shift. While technical assistance has

yielded positive outcomes, ensuring long-term sustainability requires a multi-pronged approach that empowers local ownership. To achieve this, we must prioritize concerted efforts towards local capacity building. Equipping local institutions with the skills and resources to secure funding from non-traditional donors and advocate for increased domestic resource allocation is paramount. Strengthening policy engagement is equally crucial. Empowering local stakeholders to effectively engage with policymakers can ensure HIV programs are integrated within broader health systems and address the needs of key populations. Empowering local stakeholders to effectively engage with policymakers can ensure further integration of HIV programs within broader health systems, particularly regarding financing mechanisms, data collection, and service delivery models, to better address the needs of key populations. Donors also have a vital role to play. A shift in approaches, from solely providing technical assistance to also supporting capacity building for resource mobilization and policy engagement, is essential. Prioritizing these actions can unlock the potential for local ownership and ensure the long-term viability of effective HIV responses in sub-Saharan Africa. We call for HIV programs in the region to leverage the successes of the past to chart a new course, one where local leadership and empowered communities drive a future free from HIV/AIDS.

Conclusion

Despite progress in technical expertise and institutional frameworks, current ICB approaches leave gaps in resource mobilization and integration with broader health systems. Concerted efforts to diversify funding, strengthen advocacy, and achieve a more comprehensive integration of HIV responses within broader health systems are crucial to empower local institutions and ensure the sustainability of effective HIV responses in SSA. This integration should encompass not only physical co-location of services but also address financing mechanisms, data collection and reporting systems, and service delivery models to create a more seamless patient experience and improve overall health outcomes. We, therefore, call for a shift from fragmented approaches towards a more holistic model where HIV services are not seen as separate entities but as an integral part of comprehensive healthcare delivery.

Funding source

Not applicable.

Ethical approval statement

Not applicable.

Conflicts of interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

CRedit authorship contribution statement

Tafadzwa Dzinamarira: Conceptualization, Writing – original draft. **Enos Moyo:** Writing – review & editing.

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