Knowledge SUCCESS

REGIONAL NETWORKS AND ASSOCIATIONS

—

RESULTS FROM A LANDSCAPE ANALYSIS OF REGIONAL HEALTH SECTOR ACTORS IN AFRICA: AN UPDATE OF THE COMPARATIVE ADVANTAGES, CHALLENGES, AND OPPORTUNITIES

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About

Knowledge SUCCESS (Strengthening Use, Capacity, Collaboration, Exchange, Synthesis, and Sharing) is a five-year global project led by a consortium of partners and funded by USAID's Office of Population and Reproductive Health to support learning, and create opportunities for collaboration and knowledge exchange, within the family planning and reproductive health community. We use knowledge management to help programs and organizations working in family planning and reproductive health collect knowledge and information, organize it, connect others to it, and make it easier for people to use. Three core pillars that describe the work that we do include game-changing tools and approaches; meaningful and mutual connection; and relevant and easy-to-use technical content. Our partners comprise Johns Hopkins Center for Communication Programs, Amref Health Africa, Busara Center for Behavioral Economics, and FHI 360.

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Abbreviations

AEC	African Economic Community
AfCFTA	African Continental Free Trade Area
AfDB	African Development Bank
AFENET	African Field Epidemiology Network
AfHEA	African Health Economics and Policy Association
Africa CDC	Africa Centers for Disease Control and Prevention
AFRO	Africa Regional Office
AIDS	Acquired Immune Deficiency Syndrome
Amref	Amref Health Africa
APHRC	*African Population and Health Research Center*
ARLA	Africa Regional Landscape Analysis
AU	African Union
AUDA-NEPAD	Africa Union Development Agency
BMGF	Bill and Melinda Gates Foundation
CA	Central Africa
CAP	Leadership Capacity Strengthening Project
CEO	Chief Executive Officer
COMESA	Common Market for Eastern and Southern Africa
COVID	Coronavirus Disease
CSO	Civil Society Organization
EA	Eastern Africa
EAC	East African Community
EAIDSNet	East African Integrated Disease Surveillance Network
EAPHLN	East Africa Public Health Laboratory Networking
ECOWAS	Economic Community of West African States
ECSA-HC	East, Central and Southern African Health Community
EQUINET	Regional Network on Equity in Health in Southern Africa
EU	European Union
FBO	Faith-based Organization
FEMNET	African Women's Development and Communication Network
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HRH	Human Resource for Health
HSS	Health Systems Strengthening
IDA	International Development Association

IFHA	Investment Funds for Health in Africa
IGAD	Intergovernmental Authority on Development
IRB	Institutional Review Board
KII	Key Informant Interview
MCF	Mastercard Foundation
MCH	Maternal and Child Health
OHSI	One Health e-Surveillance Initiative
PPP	Public-Private Partnership
PSO	Private Sector Organization
RCC	Regional Collaborating Centre
REC	Regional Economic Community
RISLNET	Regional Integrated Surveillance and Laboratory Network
RMC	Regional Member Country
RNA	Regional Network and Association
SA	Southern Africa
SADC	Southern African Development Community
SCOT	Strengths, Challenges, Opportunities, Threats
SDG	Sustainable Development Goal
Sida	Swedish International Development Cooperation Agency
TB	Tuberculosis
UHC	Universal Health Coverage
UMA	Arab Maghreb Union
UN	United Nations
UNECA	United Nations Economic Commission for Africa
USAID	United States Agency for International Development
WA	Western Africa
WAHO	West African Health Organization
WB	World Bank
WHO	World Health Organization

1.0. Introduction

Globally and regionally, a trend has been growing 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 in isolation, but in strategic alliances with other like-minded nations[1]. Over the years, the African continent has perhaps seen the most pronounced movement towards regional integration. In Africa's health sector, regional bodies—such as regional economic communities (RECs) and inter-governmental institutions composed of groupings of member states, as well as regional associations and networks (RNAs)—have become active contributors and players in creating and directing the regional health sector agenda. RECs with health programs include the African Union (AU), the East African Community (EAC), the Southern African Development Community (SADC), and the West African Health Organization (WAHO) of the Economic Community of West African States (ECOWAS). Additionally, structures such as the East, Central and Southern African Health Community (ECSA-HC) and the New Partnership for African Development (NEPAD) are active in the health sector. Most key African regional actors have a well-defined political mandate, administrative structure, and technical capabilities. These entities have established a range of relationships with governments and donor agencies, as well as amongst themselves. Some RECs have also received technical assistance from donors and UN agencies to implement specific health programs as well as build institutional capacity. Similar to other international institutions and networks, some of these regional bodies face complex challenges in relation to their mandates, organizational structure, coordination, and financial and human resources.

What is regional integration?

Regional integration is the process by which two or more nation-states agree to cooperate and work closely together to achieve peace, stability, and wealth. Usually, integration involves one or more written agreements that describe the areas of cooperation in detail, as well as some coordinating bodies representing the countries involved.

Source: https://carleton.ca/ces/eulearning/introduction/what-is-the-eu/extension-what-is-regional-integration/

Funded by USAID Africa Bureau and developed by African Strategies for Health, two landscape reports that focused on RECs and RNAs in Africa were completed in 2014: Regional Economic Communities (Results from a Landscape Analysis of Regional Health Sector Actors in Africa: Comparative Advantages, Challenges, and Opportunities) and Regional Networks and Associations (Results from a Landscape Analysis of Regional Health Sector Actors in Africa: Comparative Advantages, Challenges, and Opportunities). Since then, there have been significant global and regional changes. Health priorities—globally and throughout the African continent— have also changed. Relevant post-2014 global health priorities include the development of the Sustainable Development Goals (SDGs),

[1] https://carnegieeurope.eu/2022/02/17/from-local-to-global-politics-of-globalization-pub-86310

Universal Health Coverage (UHC), and the Global Health Security Agenda. The 2014–15 multi-nation Ebola outbreak in West Africa and recent COVID-19 pandemic also yielded many experiences and lessons on the importance of regional integration in health.

In Africa, the landscape of regional integration in the context of health systems strengthening has undergone policy and institutional changes in recent years. Key institutional changes include the launch of the Africa Health Strategy 2016–2030; the 2017 establishment of the Africa Centers for Disease Control and Prevention (Africa CDC), the public health agency of the AU; the launch of the African Continental Free Trade Area (AfCFTA) agreement in 2018; and the transformation of the New Partnership for Africa's Development Planning and Coordinating Agency (NEPAD Agency) into the African Union Development Agency (AUDA-NEPAD). These trends were spearheaded by the AU, which operates at the apex of African regional integration, with RECs overseeing the health agenda at the sub-regional level.

With the evolving paradigm of regionalism, and its intersectionality with global health security, it is fundamental to develop an in-depth understanding of power dynamics, relationships, strategic advantages, and the limitations of regional bodies. This publication builds on the 2014 report, focusing on integrating relevant emerging global and continental health issues into regional activities. The report provides a synthesis of the African integration context, plus the strategic advantages, challenges, and opportunities for promoting regional health integration. It concludes with a set of recommendations applicable to many actors, including the AU, RNAs, and regional development and implementing partners that work with these communities.

2.0. Methodology

2.1 The Objective of the Landscape Analysis

The landscape analysis entailed a review of Africa's health sector organizations, including RECs and RNAs. As defined by the AU, RECs are regional groupings of African states generally established to facilitate economic integration among members of individual regions and throughout the wider African Economic Community (AEC). RECs were established under the Abuja Treaty of 1991[2]. RNAs, on the other hand, comprise umbrella organizations of local, national, or sub-regional civil society organizations (CSOs) or networks. Some RNAs convene individual health professionals, researchers, and policymakers. Others bring together a combination of these and/or provide a platform for exchange and collaboration between research or academic institutions[3]. We used the following inclusion criteria to conduct the landscape analysis:

- A group of individuals or organized entities structured around a common purpose
- Involved in health-related activities in two or more African countries
- Headquartered in one of the AU Member States

This being an updated landscape analysis, we based our thematic areas on the 2014 report, with additional details addressing post-2014 emerging health priorities and developments. Main themes include the concept of regional integration, the RECs and their roles, RECs and health, comparative advantages, challenges, and opportunities. To further understand the role of RECs in health, we used the WHO health systems building blocks approach to guide the discussions.

Given the distinctions between the two categories of regional health actors and in consideration of the interests of various users of this report, the landscape analysis has been divided into two. This publication covers the RNA landscape analysis. The REC landscape analysis is available in a separate report.

2.2 Data Collection Methods

This study employed a mixed-method data collection approach. We used stakeholder mapping, a review of key documents and literature (scientific and grey literature), and key informant interviews. The stakeholder mapping exercise sought to identify and analyze regional health actors. The mapping

[2] https://au.int/en/organs/recs
[3]http://www.africanstrategies4health.org/uploads/1/3/5/3/13538666/regional_networks_and_assocs_full_length_report_final.pdf

highlighted regional networks and technical institutions engaged in the health sector across the continent. The literature review entailed scoping the publications mentioned on the websites of relevant institutions. To achieve this, we searched terms such as “regional integration [and] health [in] Africa” and “Africa regional health actors and networks and associations [and] health” in scholarly engine databases including Science Direct, PubMed, Google Scholar, the Cochrane Library, the Web of Science, CINAHL EBSCO, EMBASE, and the WHO Depository Library. This strategy was limited to journal articles published between 2014 and 2022 (after the publication of the 2014 report). In the snowballing approach, a review of websites from the few identified organizations provided a list of regional partner institutions.

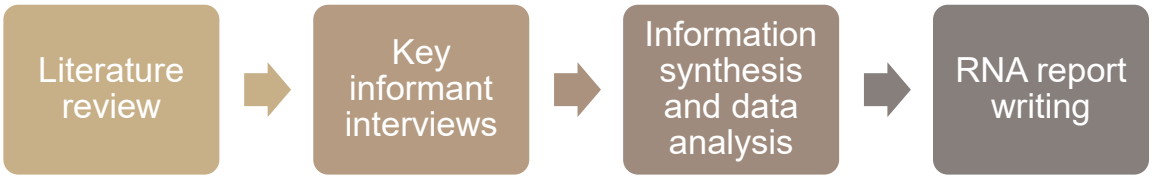


Figure 1: Data collection methods and approaches

We adopted a convenience sampling approach in selecting the key informant interview (KII) respondents. These included subject matter experts, senior officials and representatives from the RNAs, plus partner organizations such as international donor agencies and civil society organizations. The KIIs with sampled respondents focused on organization data and working relationship with REC regional health focus of the organization, opinions on RNAs role in health, opportunities, advantages and disadvantages and recommendations on how RNAs can be strengthened to play a more critical role regional health agenda. The structured KIIs provided an opportunity to verify the information and findings generated from the literature review, which sought to understand each organization’s location and priority health focus. This information was then documented in a matrix that detailed the organization’s name and website, country, and focus. As part of updating the 2014 findings and to ensure alignment with global and regional agendas, we developed a list of pre-identified emerging and re-emerging issues to examine during the literature review and KIIs. These issues included UHC; the SDGs; New African Union Strategies, especially the AU’s Agenda 2063; public health emergencies, especially COVID-19; private sector involvement; and gender mainstreaming, among others.

A total of 85 documents, including technical reports, academic journals and articles, policy papers, media releases, and strategic plans were reviewed. In addition, 31 key informant respondents were interviewed. The KII guide and the list of experts interviewed is provided as an annex to this report. Table 1 presents the number of documents reviewed and respondents reached.

Table 1: Documents reviewed and key informant respondents

METHODS	INFORMATION SOURCES
Desk Review	85 documents, including technical reports, academic journal articles, strategy documents, policy papers, and media releases. 35 regional organizations with health programs identified via: • Regional economic communities • Regional associations and networks • Regional intergovernmental organizations • Regional technical organizations
Key Informant Interviews	31 key informants interviewed via virtual platforms
Analysis	Data triangulation Strengths, Challenges, Opportunities, and Threats (SCOT) analysis

Data collected from literature review and key informant interviews were thematically analyzed.

2.3 Ethical Consideration

Having no significant ethical sensitivities, this landscape analysis did not require any IRB approvals. However, throughout the analysis, the team endeavored to ensure that respondents understood the purpose, objectives, and the intended use of findings from the review; practice sensitivity to cultural norms during interactions with all respondents; and respect the rights of respondents by ensuring informed consent and confidentiality during interviews. The landscape report does not directly attach findings to respondents.

2.4 Landscape Analysis Limitations

This landscape analysis was not without limitations. Key limitations and how we addressed them are listed below:

- Lack of French-speaking interviewers among the landscape analysis team. The landscape analysis team used available resources to attempt language inclusion through competent translators. While we addressed this through interviews with English-speaking respondents from French-speaking regions and the literature review, it is possible that some relevant speakers were missed due to time constraints with back-translation. In future, we recommend careful consideration to include French speakers in the landscape analysis exercise. It may add further value to undertake a more detailed landscape analysis for the French-speaking region.

- Outdated websites and/or sometimes insufficient information. Where information was not available, respondents from targeted organizations (when possible) were requested to provide additional documentation. However, we recommend that regional organizations update their websites to ensure access.

- Organizational-level policies on information disclosure made some respondents hesitant to share certain requested information. This impacted the amount of detail that could be provided in this report.

- Technical experts were only able to provide information on their competency areas, necessitating multiple interview requests within one organization.

3.0. Key Findings

3.1 About This Report

This updated analysis adopts the 2014 report definition of Africa-based regional health actors as "organizations or institutions headquartered in Africa and comprised of groups of individuals or organized entities from more than one country with a relationship structured around a common purpose." As discussed earlier, these are grouped into two: Regional Economic Communities (RECs) and Regional Networks and Associations (RNAs). This publication discusses the second category of regional actors, the RNAs. The RECs are discussed in a separate report. In this publication, RNAs also include regional technical organizations, which comprise groups of people with deep technical expertise on health issues within the African context.

3.2 Mapping of Regional Networks and Associations

Through the literature review, we mapped the following 29 networks, associations, and organizations. The list comprises RNAs and the development partners (donors) who fund them. The organizations are involved in a range of health systems, with the majority focusing on health advocacy. The list is not exhaustive, and it is recommended that a more detailed, regularly updated database of regional organizations be maintained through mapping every two years. Table 2 presents the list of regional organizations, country, and focus.

Table 2: List of regional networks, associations, and development partners

NAME OF ORGANIZATION	HOST COUNTRY	FOCUS
The Regional Network Actors		
ECSA-HC: East, Central and Southern African Health Community (ECSA-HC) https://ecsahc.org/	Tanzania	Human resources for health; maternal, newborn, and child health; reproductive health; HIV/AIDS and tuberculosis; nutrition; and health systems strengthening.
Africa Platform on Human Resources for Health https://aphrh.com/	Tanzania	Human resources for health.
The African Alliance for Digital Health Networks (African Alliance) https://www.africanalliance.digital/home	Nigeria	Strengthening human capacity for strong digital health systems and innovation.

-english		
HealthEnabled https://healthenabled.org/	South Africa	A peer-assistance networking initiative aimed at raising the visibility of digital health needs, experts, and projects on the continent. The initiative builds an understanding of digital health context, creates and strengthens networks, builds capacity, and develops tools and resources.
East African Integrated Disease Surveillance Network (EAIDSNet) https://www.eac.int/health/disease-prevention/east-african-integrated-disease-surveillance-network	Tanzania	Human and animal health in collaboration with national health research and academic institutions in East African countries. The project aims to establish a strong network to support early warning and control of impending epidemics.
Harmonization for Health in Africa https://apps.who.int/iris/handle/10665/1774	Congo Brazzaville	A community of experts that communicate through an online forum and in-person meetings to share experiences, knowledge, and best practices with the goal of expanding regional capacity for improved health systems, including better health information.
WHO Africa Regional Office https://www.afro.who.int/	Congo Brazzaville	Universal health coverage, health emergencies, access to medicines and health products, antimicrobial resistance, data, analytics, and delivery of impact.
Investment Funds for Health in Africa (IFHA) https://www.ifhafund.com/	Kenya	Funding for private healthcare providers: care provisioning, health insurance, manufacturing of healthcare products.
Amref Health Africa (Amref) https://amref.org/	Kenya	Human resources for health; maternal, newborn, and child health; reproductive health; HIV/AIDS and tuberculosis; nutrition; health systems strengthening; water, sanitation, and hygiene.
African Field Epidemiology Network (AFENET) http://afenet.net/	Uganda	Health systems strengthening through capacity development for epidemiology and laboratory network training.
East African Health Platform https://eahponline.net/	Tanzania	Advocacy forum for private sector organizations (PSOs), civil society organizations (CSOs), faith-based organizations (FBOs) and other interest groups working on health in East Africa.

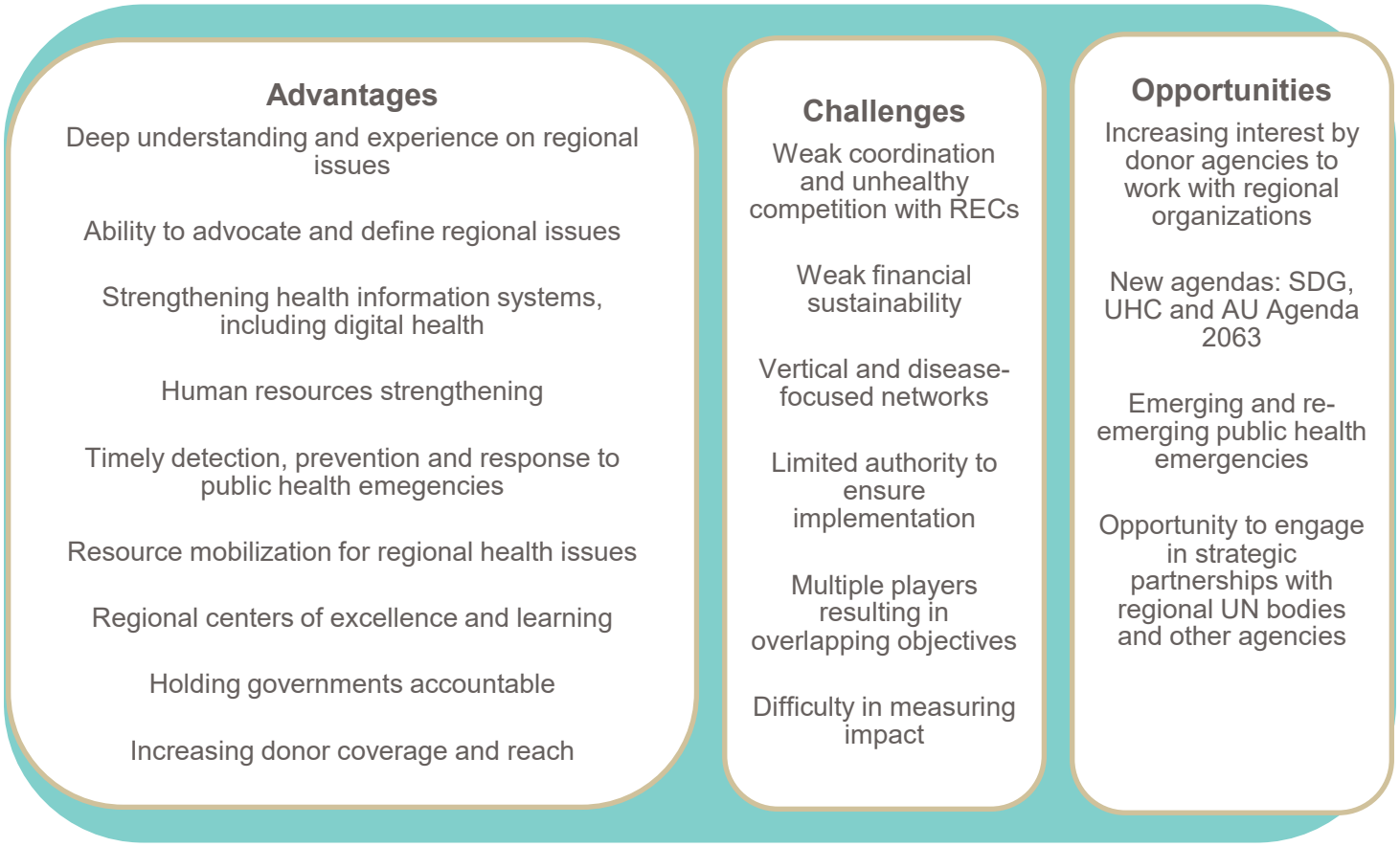
EQUINET: The Regional Network on Equity in Health in Southern Africa https://www.equinetafrica.org/content/bibliography.html	Zimbabwe	Health systems strengthening, research, capacity support for policy analysis, networking support to civil society for health equity.
Africa Capacity Alliance https://africacapacityalliance.org/	Kenya	Infectious diseases programming, non-communicable diseases, health equity and rights.
AfHEA: African Health Economics and Policy Association https://afhea.org/en/	Ghana	Health economics analysis and health policy development.
East Africa Public Health Laboratory Networking Project https://www.eac.int/health/disease-prevention/east-africa-public-health-laboratory-networking-project	Uganda	Disease surveillance through laboratory capacity strengthening.
Development Partners Who Fund RNAs		
USAID regional offices in East Africa, Central, Southern, and West Africa and Sahel regions	Various offices	Funding health programs.
Health in Africa Fund by Africa Development Bank (AfDB) https://www.afdb.org/en/topics-and-sectors/initiatives-partnerships/health-in-africa-fund	Tunisia	Sustainable economic development and social progress among regional member countries (RMCs), support for poverty reduction initiatives.
Swedish International Development Cooperation Agency (Sida) https://www.sida.se/en	Zambia	Democracy, gender equality, climate, peaceful societies.
International Development Association (IDA) by World Bank Group (WB) https://ida.worldbank.org/en/ida	Kenya	Poverty reduction, human capital development, sustainable development.
European Union (EU) https://european-union.europa.eu/index_en	Belgium	Diplomacy, economic investments, and negotiation.
Bill & Melinda Gates Foundation (BMGF) https://www.gatesfoundation.org/our-	South Africa	Global health, global development, education, and access to education for low-income communities.

work/places/africa/south-africa		
MasterCard Foundation (MCF) https://mastercardfdn.org/	Kenya	Healthcare, agriculture, manufacturing, housing.
United Nations Economic Commission for Africa (UNECA) https://www.undp.org/	Kenya	Macroeconomic policy and governance, regional integration and trade, private sector development and finance, technology, climate change and natural resource management, gender, poverty and social policy, economic development and planning.
Africa Public Health Foundation (APHF) https://aphf.africa/	Kenya	Partnership and mobilization, emergency response, healthcare systems, healthcare workforce, health innovation, policy advocacy.
The African Union Development Agency (AUDA-NEPAD) https://www.nepad.org/	South Africa	Agriculture, food and nutrition security, climate change and natural resources management, regional integration and infrastructure.

3.3 Advantages, Challenges, and Opportunities

This section describes the advantages, challenges, and opportunities in partnering with RNAs for better health outcomes for Africans. Figure 2 presents a summary.

Figure 2: RNAs and regional integration in health: Summary of advantages, challenges, and opportunities



Priority advantages, challenges, and opportunities are explored in detail below.

3.3.1 ADVANTAGES

Deep understanding and experience of regional issues. Through their pool of membership, which includes international and local CSOs, technical associations, and individuals who work within their local policy contexts and environments, RNAs have strong experience and understanding of their countries of operation. Member organizations and technical experts from professional associations provide RNAs with information on policy situations and country health needs, which gives them a strong comparative advantage when designing and implementing programs and initiatives. Commenting on this advantage, a key informant respondent observed that RNAs have “a bird’s-eye view” of all the countries where they work. Additionally, they have a good understanding of the political

environment in the countries they serve; hence, they are able to navigate political and economic situations affecting health program implementation.

Ability to advocate for and define regional health priorities. Through research and use of their membership voices, RNAs—especially those involved in research—help identify regional health priorities and create evidence for advocacy. The *African Population and Health Research Center* (APHRC), for instance, works with other regional organizations to conduct research in priority health issues and develop policy briefs for advocacy purposes. Influenced by advocacy from the African-based civil society members of the Global Health Workforce Alliance, the Ministers of Health adopted a resolution to strengthen the health workforce. With support from the World Health Organization's Africa Regional Office (WHO AFRO), this led to the development of the Roadmap for Scaling Up the Human Resources for Health in the African Region 2012–2025. Another regional health actor, ECSA-HC, supported member states to adapt and align the roadmap to their local contexts. At the same time, ECSA-HC supported reporting and conducting health workforce training at their regional ECSA College of Health Sciences. Other groups, such as Speak Up Africa, were formed to advocate with researchers and policy makers for the improved health of Africans4. The African Alliance for Maternal Mental Health also undertakes advocacy for improved maternal health outcomes in the continent.[5]

Strengthening regional health information systems, including digital health. Regional health networks can and do serve member states as a one-stop shop for health data. Such platforms ensure easy access to data to promote understanding of the regional health status, support decision-making, and even mobilize resources from regional donors and development partners. The importance of sharing data across borders has been evident during public health emergencies, including the Ebola outbreak and the more recent COVID-19 pandemic. One example of an RNA involved in data sharing is the West African Health Organization (WAHO), which maintains and shares human resources information.

The East Africa Health Platform has established a web portal that provides a compendium of health information in the East African Community (EAC). The portal is an interactive single point of access for health information[6]. If regularly updated and checked for quality, such platforms can play a critical role in ensuring timely and easy availability of regional data for decision-making. The role of digital technology in improving healthcare is now widely accepted and acknowledged. Several networks for digital health now exist, including the African Alliance for Digital Health Networks, African Network for Digital Health, and Integrated Network for Disease Surveillance. These provide opportunities for

[4] https://www.speakupafrica.org/our-programs/

[5] https://aammh.org/about-us/

[6] https://www.eahealth.org/

member states to build their capacity for using digital health technology.

Human resources strengthening. Human resources management has become a key regional issue due to the critical shortage of health workers in Africa, the need to regulate health workforce shifts within the region, and to prevent brain drain to wealthier countries. Amref Health Africa (Amref)[7] is one example of an RNA focused on sharing knowledge and building capacity for Africa's health workforce. Through its development of a range of short courses, diploma and degree programs, and a vast collection of health learning materials, Amref has become an African leader in training various cadres of health workers, from community volunteers to physicians. Using innovative e-learning approaches through its Leap and Jibu digital learning platforms, Amref was able to train 250,000 health workers on COVID-19 in only one year. The West African Health Organization supports member states in planning, training, and management of their health workforces. For instance, with funding from USAID through the Leadership Capacity Strengthening Project (CAPs), WAHO has been able to operationalize its regional Health Information Systems (HIS) policy and strategy[8].

Timely detection, prevention, and response to public health emergencies. Drawing on membership from neighboring countries, RNAs have a comparative advantage when it comes to timely detection, prevention, and response to public health emergencies. This was evident during the recent COVID-19 pandemic. Specialized networks can also play a significant role in improving disease response functions, such as surveillance. For instance, the East African Integrated Disease Surveillance Network (EAIDSNet) partnered with the East, Central and Southern Africa Health Community (ECSA-HC) to design and implement the World Bank-funded East Africa Public Health Laboratory Networking (EAPHLN) Project. This initiative aims at improving regional surveillance through strengthened laboratory capacity. Additionally, the Africa CDC established the Regional Integrated Surveillance and Laboratory Network (RISLNET) to coordinate and integrate all public health laboratory, surveillance, and emergency responses[9].

Resource mobilization for regional health issues. Given their understanding of regional issues and with support from regional donors, RNAs have been able to mobilize funds to implement joint programs. Regional blocs such as WAHO have established sub-regional public health emergency funds to enable countries and donors to pool financial resources to support collective responses to cross-border public health emergencies. At the height of the COVID-19 outbreak, the Mastercard Foundation funded several RNAs, including Amref, the Red Cross, and Africa CDC, to implement interventions aimed at flattening the COVID-19 curve[10].

[7] Formerly the African Medical and Research Foundation (AMREF)

[8] https://www.usaid.gov/west-africa-regional/documents/global-health

[9] https://africacdc.org/rislnet/

[10] https://mastercardfdn.org/covid19-recovery-resilience-program/

Regional centers of excellence and learning. Given their regionality and presence in each country through country offices or national members, RNAs have a great ability to generate and facilitate the sharing of knowledge, experience, and best practices across targeted countries. They play a critical role in modeling, documenting, and disseminating best practices in selected thematic areas. For instance, the African Field Epidemiology Network (AFENET), a regional center of excellence, promotes the sharing of regional knowledge and expertise and disseminates resources and field experiences to member programs. Through its One Health e-Surveillance Initiative (OHSI), AFENET assists countries to adapt, develop, and pilot strategic plans for sustainable e-surveillance solutions[11].

Holding governments accountable. Given their numbers and understanding of their local contexts and working relationships with member states, RNAs are better placed to hold governments accountable for implementing health commitments. For instance, the African Leaders Malaria Alliance, a coalition of AU heads of state and government, uses its Scorecard Hub to hold member states accountable for the implementation of agreed-upon actions, especially around malaria elimination initiatives[12.] A key informant interview with the East Africa Health Forum identified that one of its roles is to hold member states accountable for implementing their health resolutions and commitments. Other networks, such as FEMNET, hold governments accountable for the delivery of health commitments to women, including maternal health services.

Increasing donor coverage and reach. Interviews with donors revealed that regional health actors present an opportunity to increase funding coverage, even in countries where they have no physical presence. As an example, a USAID respondent mentioned that collaboration with RNAs helps them partner with countries where USAID has no missions, such as Eswatini and Lesotho.

3.3.2 CHALLENGES

Despite the many advantages that RNAs offer, internal and external challenges may still negatively impact their operations and attainment of their full potential. Organizations must address these issues so they can work optimally. Below, we discuss priority challenges identified through the landscape analysis.

Weak coordination and unhealthy competition with regional economic communities. Interview respondents revealed that due to unclear mandates, there is sometimes weak coordination and unhealthy competition between RNAs and RECs as well as between RNAs and both regional and

[11] http://www.afenet.net/index.php/349-one-health-e-surveillance-initiative-ohsi-project
[12] https://alma2030.org/scorecard-tools/alma-scorecard/

national organizations. Among RECs that implement regional health programs, respondents noted the perception that the regional networks and organizations were implementing activities that "belong to them."

Weak financial sustainability. RNAs derive their financial resources from contributions by member organizations. In most cases, this is inadequate to support project implementation, with only a few members able to make timely contributions. For project funding, many networks depend on donor resources, which is unsustainable and sometimes includes conditions that make it difficult to target priority regional needs.

Vertical and disease-focused networks. Just like many other organizations that are tempted to "follow funding," a majority of RNAs are vertical and disease-specific, with only a handful having a broader health-systems focus. This usually has a negative impact on sustainability. With reduced funding, the majority of AIDS-focused networks listed in the 2014 landscape analysis have since closed due to decreasing donor interest in the HIV response.

Limited authority to ensure implementation. Despite being able to lobby and advocate, RNAs lack the authority and structures to ensure the implementation of health commitments in countries where their member organizations work. This was confirmed by respondents, who observed that although they can advocate for the implementation of agreed-upon resolutions and commitments through their member organizations, they have no power in how countries implement, or do not implement, those health policies.

Multiple players resulting in overlapping objectives coupled with poor coordination. Often, especially with the disease-focused approach, multiple organizations have similar objectives. Together with weak coordination, this can lead to unhealthy competition, duplication, and inefficiency in the use of available resources. In the past, the African continent, especially the southern and eastern regions, has witnessed the establishment of multiple HIV/AIDS networks and organizations. These entities, in most cases, have been forced to compete for resources from the few HIV/AIDS donors.

Difficulty in measuring impact. Interventions by RNAs mainly focus on advocacy and capacity building without a clear results framework, making it difficult to assess their impact in improving health outcomes. Given the nature of the interventions, attributing observed changes to the regional efforts becomes a challenge. This can also be a disadvantage when accessing funding from donors who are looking for measurable results within a short period of time.

3.3.3 OPPORTUNITIES

Thanks to growing interest in regional health integration and new health agendas (including the SDGs, UHC, global health security, and the AU Agenda 2063), RNAs have more opportunities to increase and expand their roles. We discuss these below.

Increasing interest by donor agencies. In recognition of the role of regionalization in improving health outcomes, donor interest in funding regional initiatives is growing. Interviews with several development partners confirmed that donors are interested in funding activities spread across several countries. Both USAID and Sida have strategies that highlight their interest in working with regional programs. Sida, for instance, has been supporting several regional health initiatives across East and Southern Africa, such as 2gether 4 SRHR in several countries in Southern Africa.[13]

New agendas. Global and regional agendas such as the SDGs, UHC, and the AU Agenda 2063 present an opportunity to partner with regional organizations to achieve set goals and targets. Under Goal 3, on health and nutrition, the AU Agenda 2063 presents opportunities for partnership with RNAs to improve health and nutrition outcomes for Africans. In addition, the RNAs present an opportunity to increase coverage and achieve UHC goals.

Emerging and re-emerging public health emergencies. The Ebola outbreak and the more recent COVID-19 pandemic have clearly demonstrated the role of regional health networks in ensuring timely detection, prevention, and response to public health emergencies. There is still a significant opportunity for RNAs to support capacity building among member states and national organizations in disease surveillance, diagnostics, and vaccines for effective future responses.

Engaging in strategic partnerships and alliances with regional UN bodies and other agencies. By virtue of their locality and understanding of the countries where their member organizations are drawn from, RNAs provide an opportunity to collaborate with regional entities, including development partners and UN agencies. At the height of the COVID-19 pandemic, regional organizations and associations worked with regional partners to strengthen countries' prevention, response, and recovery initiatives. For example, the East Africa Public Health Laboratory Network (EAPHLN) worked with the World Bank to establish efficient, high-quality, accessible public health laboratories for the diagnosis and surveillance of TB and other communicable diseases[14].

[13] https://esaro.unfpa.org/en/2gether-4-srhr
[14] https://www.eac.int/health/disease-prevention/east-africa-public-health-laboratory-networking-project

4.0. Conclusion and Recommendations

4.1 Conclusion

The benefits of integrating health within the regionalization agenda are now widely acknowledged. Regional networks and associations in Africa have great potential to actualize this integration. Through their membership, usually drawn from their countries of operation, RNAs have extensive knowledge of their regions' politics and health priorities. With increasing donor interest in working with regional organizations and the realities of recent outbreaks (including the COVID-19 pandemic), RNAs remain critical players in improving the health outcomes of Africans. Despite these opportunities, they continue to operate sub-optimally due to noteworthy internal and external challenges.

4.2 Recommendations

We discuss priority recommendations below.

> *Regionalization is here to stay and there is an opportunity to influence and shape the regional health agenda around key issues, including the pandemic response. However, RNAs face challenges when they confine their approaches to members. I think it's about time they open up to other blocs by looking at the broader implication of health issues beyond their borders, because that is where opportunities are lost.*
>
> – Regionalization expert

Recommendation #1: Broaden resource mobilization towards sustainable health financing and ensure more health for money. Several key informants noted challenges related to financial sustainability. Considering the shrinking donor environment, RNAs could explore tapping into public-private partnerships (PPPs), strengthening health sector performance by leveraging private-sector financial, technological, and other inputs. Additionally, there is a need to develop systems that ensure sound financial management for efficient service delivery. RNAs—especially professional associations—could also explore innovative financial sustainability initiatives, such as sub-contracting (where the governments of member states can purchase their services).

Recommendation #2: Create awareness of RNA roles. Regional networks are key players with strong influence on policy and a good understanding of health and human development situations in their respective areas of operation. This should be leveraged to push for the regionalization agenda through enhanced cooperation with RECs and other partners. This landscape analysis identified that in some cases, member states are not aware of the existence of RNAs and their potential to support regional health integration. We recommend a more detailed mapping of RNAs and maintaining a live

database available to member countries and other relevant players, including regional donors.

Recommendation #3: Strengthen RNA knowledge management and learning architecture. As part of developing a culture of knowledge exchange, which almost all interviewed organizations cited as central to their mandates, we recommend knowledge management capacity strengthening for RNAs. This could include strengthening networks' capacity to use e-learning platforms, conferences, and exchange programs.

Recommendation #4: The need for a mechanism to enhance RNA coordination. This landscape analysis discovered weak coordination among RNAs, with overlapping mandates and objectives leading to unhealthy competition and duplication. This is especially apparent following the recent COVID-19 pandemic, which saw the proliferation of networks and associations with similar objectives. The consequence has been a fragmented response and poor coordination at country and community levels. We recommend the development of a more coordinated approach for RNAs.

Recommendation #5: Develop prioritized regional investment cases for health response. With shrinking donor funding, RNAs need to prioritize regional issues for response. This landscape analysis recommends collaborating with RECs to develop investment cases for a coordinated regional health response.

Recommendation #6: Conduct political analysis in member states to assess its influence on health. Politics affects health service delivery. There is a need to understand the political issues that affect health delivery in member states served by various RNAs. This report recommends that RNAs conduct an analysis of how politics affects health and develop brief profiles for the various countries where they work.

5.0. Annexes

5.1 List of Respondents

S/NO	NAME OF ORGANIZATION	HQ LOCATION
United States Agency for International Development (USAID) (5 interviewees)		
1	USAID West Africa Regional	Accra, Ghana
2	USAID Sahel Regional	Dakar, Senegal
3	USAID East Africa Regional	Nairobi, Kenya
4	USAID Southern Africa Regional	Pretoria, South Africa
5	USAID DRC/Central Africa Regional	Kinshasa, DRC
Regional Economic Communities (RECs) recognized by the African Union (9 organizations)		
6	African Union (AU)	Libreville, Gabon
7	East African Community (EAC)	Arusha, Tanzania
8	Southern Africa Development Community (SADC)	Gaborone, Botswana
9	Common Market for Eastern and Southern Africa (COMESA)	Lusaka, Zambia

10	Economic Community of West African States (ECOWAS)	Dioulasso, Burkina Faso
11	Intergovernmental Authority on Development (IGAD)	Nairobi, Kenya Djibouti, Djibouti
12	Economic Community of Central African States (ECCAS)	Libreville, Gabon
13	Arab Maghreb Union (UMA)	Rabat, Morocco
14	Community of Sahel–Saharan States (CEN–SAD)	Tripoli, Libya
Regional Network Actors: Organization's mandate and work cut across multiple countries within the region; therefore, possess some depth in regional operational knowledge to supplement information gaps and enrich the SCOT and recommendations identified in the literature review (14 organizations)		
15	ECSA-HC: East, Central and Southern African Health Community	Arusha, Tanzania
16	AfCDC Eastern Africa Regional Collaborating Center (EA-RCC)	Nairobi, Kenya
17	AfCDC Central Africa Regional Collaborating Center (CA-RCC)	Libreville, Gabon
18	AfCDC Western Africa Regional Collaborating Center (WA-RCC)	Abuja, Nigeria
19	AfCDC Southern Africa Regional Collaborating Center (SA-RCC)	Lusaka, Zambia
20	West African Health Organization (WAHO)	Dioulasso, Burkina Faso
21	WHO Africa Regional Office	Congo Brazzaville

22	Investment Funds for Health in Africa (IFHA)	Nairobi Kenya
23	Amref Health Africa (Amref)	Nairobi, Kenya
24	African Field Epidemiology Network (AFENET)	Kampala, Uganda
25	East African Health Platform	Arusha, Tanzania
26	EQUINET: The Regional Network on Equity in Health in Southern Africa	Harare, Zimbabwe
27	Africa Capacity Alliance	Nairobi, Kenya
28	AfHEA: African Health Economics and Policy Association	Accra, Ghana
Others: Key agencies that work with RECs and RNAs to support health systems strengthening in Africa (9 organizations)		
29	Health in Africa Fund by Africa Development Bank (AfDB)	Tunis, Tunisia
30	Swedish International Development Cooperation Agency (Sida)	Lusaka
31	International Development Association (IDA) by the World Bank Group (WB)	Nairobi, Kenya
32	European Union (EU)	Brussels, Belgium
33	Bill & Melinda Gates Foundation (BMGF)	Johannesburg, SA
34	MasterCard Foundation (MCF)	Nairobi, Kenya

35	United Nations Economic Commission for Africa (UNECA)	Addis Ababa, Ethiopia
36	Africa Public Health Foundation (APHF)	Nairobi, Kenya
37	The African Union Development Agency (AUDA-NEPAD)	Midrand, South Africa

5.2 Key Informant Interview Guide

Interview Protocol: Regional African Networks
Africa Regional Landscape Analysis (ARLA)
November 2021

Key Informant: Ideally, the interview will be conducted with the Executive Director or the most senior official available
Duration: 2 hours maximum
Requesting Documents: For a number of questions, electronic copies of documents are requested. Information in these documents will be used to enrich the analysis

Informed Consent:

- Thank you for taking time to hold a discussion with me regarding your organization.
- I am from Amref Health Africa and supported by USAID's Africa Bureau.
- The information from this project will help USAID and partners to better understand how regional organizations work in Africa.
- 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.

- To prepare for this interview, we 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.
- USAID intends to use this information to help guide their future plans.
- The main output will be an analytical document, which 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.

Organizational Data

Introduction: ** I would like to start by asking you to confirm the information we gathered through our desk review concerning your organization. (NOTE: Interviewer states the information gathered for each question and asks the interviewee to confirm).

1. What is the mandate and/or mission of your organization?
2. Does any part of your mandate or mission take into account gender or apply a gender lens to programming?
3. In what year was your organization established?
4. Where is your headquarters/head office located?
5. Does your organization have satellite offices in other countries?
   a. If yes, where?

Membership

Introduction: ** We would also like to know about your members. (NOTE: Interviewer states the information gathered for each question and asks the interviewee to confirm).

6. How many organizations are officially part of your network?
7. 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?

8. 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)

Contextual Factors

Introduction: ** We would like to better understand some of the context within which your organization operates.

9. In your opinion, why is it important to have a regional health organization such as yours?
10. What is your comparative advantage? (Compared to other organizations? And compared to country-level organizations?)
11. What emerging trends and opportunities do you see for your organization in the next two years?
12. What kinds of challenges are unique to the regional nature of your organization?
    a. Which of these unique challenges does your organization face?
13. If you had to improve two things about your organization, what would they be?
14. 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
n. None

15. Which other regional organization do you collaborate with the on a regular basis? ***(Please complete the collaboration matrix)***

a. What is the nature of your collaboration?

- Information exchange
- Technical assistance
- Financial support
- Gender and development, women's empowerment

Governance and Structure

Introduction: ** Now I would like to talk about how your organization is organized and how it makes decisions. (NOTE: Interviewer states the information gathered, if available, for each question and asks the interviewee to confirm).

16. 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

17. 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?
18. How are important decisions made within your organization?
19. What is the gender breakdown of those with decision-making power at your organization?
20. What type of 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
21. What mechanisms does your organization utilize in order to push for health policy change?

Health Programming

Introduction: ** With regards to your health programs…. (NOTE: Interviewer states the information gathered, if available, for each question and asks the interviewee to confirm).

22. 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

23. Which areas of health does your organization focus on? (e.g., HIV, MCH, Malaria, TB, HSS, etc.) Is this data disaggregated by sex?

24. Who is the primary audience or beneficiary, of your programming?

25. Does your organization have safeguarding and sexual harassment and discrimination policies and/or other policies in place to protect staff and program recipients from discrimination?

Policies and Planning

Introduction: *And in terms of policies developed by your organization to guide your health programs…

26. What is your overall strategy for the development and sustainability of your organization?

27. How do you plan for the organization?

28. Is there an overarching policy document or legislation by which your organization was established?

    a. If yes, where could we get a copy of that document?

29. Does your organization currently have a strategic plan to guide its health programs?

    a. If yes, how many years does it cover?
    b. What year does it end?
    c. Could we have a copy of your strategic plan?
    d. Is gender part of the organization's strategic plan?
    e. Does this strategic plan address equity issues? If so, how?

30. Does your organization produce an annual report?

31. Has your health program been evaluated in the past five years?

a. If yes, could we have a copy of the evaluation report?

32. Do you hold annual events such as an annual conference or annual meetings?

    a. If yes, when do these events typically take place?
    b. Who attends these meetings?

Technical, Financial and Human Resources

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*

33. Do you receive non-financial technical assistance from partners?

    a. If yes, who are some of the partners from whom you receive technical assistance?

34. How many staff members does your organization currently have?

35. What is the gender breakdown of your staff?

36. 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?

37. How much funding did your organization receive in total from external donors in 2021?

    a. How much funding did your organization receive in total in 2020?
    b. How much funding did your organization receive in total in 2019?

38. Does your organization generate financial assets from sources other than funders/donors?

39. How much did your organization receive in total financial contributions from sources other than external funders/donors in 2021?
    a. For Associations: How much did you receive from your members?
40. What is your vision for the future of your organization?
41. Is there a plan for addressing gender and other equity issues within the organization?
42. What do you hope to achieve in the next year?
    a. Three years?
    b. Five years?

Reference Documents

43. Are there any key documents you would suggest we use as key reference documents to learn more about your organization?
    a. May I please have a copy of this document?