

PUBLIC-PRIVATE PARTNERSHIPS FOR SUSTAINABLE COMMUNITY-BASED HIV/AIDS ADVOCACY – By Dr. Uzodinma A. Adirieje
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BACKGROUND

Public-private partnership - also called PPP or P3 - is a system in which a government service or private business venture is funded and operated through a partnership of government and one or more private sector organisations or companies, including NGOs. Advocacy on other hand is the process for altering the ways in which power; resources and ideas are created, consumed and distributed at any level, so that people and organisations have a more realistic chance of controlling their own development.

When deployed in a community, advocacy sets in motion the dynamic process of developing consensus and a mandate for action, and produces/brings together like-minded allies with shared goal(s) in order to change their ways of doing things and the ways other people and institutions perceive and or treat them. A process, condition or action is sustainable when it can be maintained indefinitely without progressive diminution of valued qualities inside or outside the system in which the process, condition or action operates and or prevails.

Within and for a community, HIV/AIDS advocacy should entail persuading and convincing people, increasing their knowledge, understanding, access, demand for and utilisation of voluntary counseling and testing (VCT) services and available antiretroviral therapies (ARVs), and even participation in vaccine trials. It would mean deploying efforts and emphases towards the elimination of stigma and eradication of extreme poverty. It would mean activities geared towards increasing household disposable income through the creation of new employment opportunities, democratization of access to credit and establishment of income generation activities for women.

Effective HIV/AIDS advocacy in any community must also mean fostering actions that decrease the workload on persons living with AIDS (PLWAs) and persons affected by AIDS (PABA) including widows and orphans. That is, the promotion of more local control of the resources for advocacy within the community by persons living within the community, especially decreasing the skewed distribution of income and wealth that is typically very unfavourable to women; using emphasis on equity, socioeconomic justice and fairness. It should endeavour to address discriminations based on social, gender and ethnic/tribal or caste statuses; promote as many elements and means of sustainable development as possible; and influence community development-related actions by ensuring active participation of the people in informed decision-making.

It must focus more on what is possible and doable within a community's identified capacity, and particularly on how it can be done. Advocacy should ultimately

raise the community's - and its people's - consciousness about how so important they are in using the resources and ideas available to them in creating, distributing and consuming HIV-related goods and services within their community, thus providing them with a more realistic chance of controlling their own health and development processes.

In order to facilitate and improve community-based HIV/AIDS advocacy, a PPP would be needed to generate basic knowledge/research, participate in products discovery and development (ARVs, vaccines, condoms, etc.), improve access to available health products, support HIV/AIDS and health services strengthening and health promotion/public education, and coordinate efforts towards the regulation, quality assurance and standards of existing and upcoming products and services.

The PPP in place should adopt strategic advocacy in deploying the aforementioned information to change policies that adversely affect the lives of PLWAs, PABAs, widows, children orphaned by AIDS and other disadvantaged people within the community. This should often involve lobbying local and international development partners, governments at as many levels as possible, and local NGOs involved in HIV/AIDS, health and development. Traditional, political, business and religious institutions should also be lobbied.

In addition to enhancing the advocacy skills of members of the PPP to challenge local, national and international policies, such strategic deployment of information and resources by the PPP will strengthen the structures through which the very poor, PLWAs, PABAs, widows, children orphaned by AIDS and other disadvantaged people within the community can participate in the formulation of the policies that control their lives, including the development of strong local networks and representation on local and national civic institutions and in related activities. This writer is stating the obvious that projects which involve the people affected by policy change in developing, implementing and monitoring advocacy usually work better to achieve concrete desired change on the ground – the essence of advocacy!.

THE PROBLEMS....

Typically, a PPP is dissatisfied with the impact and or processes of existing HIV/AIDS programs, products and or services available in the community, and has united to initiate actions and provide needed support for themselves (including their families and employees) and others that were impacted by the spectrum comprising HIV and its related diseases; and wants to effect and or influence changes that would visibly improve the health status of PLWAs, PABAs and the community at large.

In this onerous effort, the PPP confronts a multitude of challenges including uneven and inadequate distribution of services, complexities in health services

being offered, poor or lack of cohesive policy and planning, cumbersome fragmentation of services and unpredictable demands on the existing health systems with limited resources as we witnessed with Ebola, SARS and bird flu to mention but a few.

It must also confront inefficiencies in data management within the health system especially as they relate to processes, outcomes and costs; confront deficits in the community's knowledge of prevention, care and cure especially among poor and mostly illiterate inhabitants; understand the strategies and principles of the consumers, providers and public in relating with the health system that manages HIV/AIDS within the community; evaluate access to, quality and effectiveness of prevention and care service; and determine the imperative for change through the identification and dissemination of information, definition, identification and implementation of 'best practices'; and improve efficiency through well-coordinated decentralisation approaches Community-based PPPs should advocate for HIV/AIDS control programmes and activities that reach organizations within their communities, and for the provision of HIV/AIDS-related services to clients and educational institutions, businesses, churches, etc (including non-members of the partnership). These groups could benefit from advocacy tailored at providing and accessing foods and nutrition to AIDS orphans, the elderly and persons on home-based care and or treatment. They could also benefit from advocacy meant to establish thriving 'ten-to-teens' peer education groups, producing monthly/periodic newsletters, organizing small focus groups to discuss HIV/AIDS in the community, providing help with housing and emergency financial and healthcare needs, transportation, VCT, nutrition counseling, referrals, etc.

For Nigeria and other 'undeveloped, non-developing or developing (?)' countries, the infectious disease burden due to HIV/AIDS, TB and malaria is enormous. Although the three diseases are being given a global onslaught through the Global Fund and several other similar initiatives, each of them is basically different in terms of the impact of its burden and local coping capacity within different communities. In some communities, products and services needed to control one or more of the diseases are available and accessible/affordable. In others, available products and or services are bedevilled by poor access and or lack of affordability, while some others are beset with problems of acquired drug resistance mainly due to improper usage.

The PPP might wish to address these issues through collaboration with any research and or development effort that is underway within the community (e.g. by a pharmaceutical or marketing firm), or initiate one and invite its members to buy into it. It is essential that the partnership realises that this would require some level of scientific knowledge which is most likely available within the PPP, or can be identified and brought into it. One of the poorly-emphasised advantages of the PPP is its freedom and capacity to enlarge and co-opt required 'power bases' into its fold and activities, at any time. The leadership of

the PPP has the duty to discover such 'power bases' and decide when to bring them in.

WHY THE PPP'S HIV/AIDS ADVOCACY AT COMMUNITY LEVELS

Although other approaches might be available – and indeed might have been used – to pursue HIV/AIDS advocacy nationally and internationally, there still remains an acute dearth of visible concerted effort at the community levels. PPP-championed community level advocacy for HIV and Aids prevention, care and treatment recommends itself for the following possible reasons:

- a) It would prevent or mitigate an AIDS epidemic among targeted and participating communities
- b) It could be one of the key elements in achieving high coverage and sustainability as it is an activity from and for within
- c) HIV/AIDS advocacy has a greater tendency of becoming part of the community's culture as the PPP is passed on from generation to generation, thus assuring its own sustainability
- d) It links experienced and emerging leaders within and across HIV/AIDS-affected communities, sectors and issues
- e) It emphasizes the importance of the health needs and rights of all members – indigenes and migrants alike - and supports them to access available HIV and Aids products and services
- f) It is capable of utilizing available knowledge and instruments of HIV and Aids prevention, care and treatment to bring the epidemic under control
- g) Its participatory nature encourages 'patient self-advocacy' i.e. involvement of PLWAs, PABAs, widows, orphans and vulnerable children in decisions and actions on HIV/AIDS within the community, either directly or through equally affected representatives
- h) It helps the community to organize and ensure that the voices of people living with HIV/AIDS and their loved ones are directly heard by elected officials and administrators of government programs - who are also part of the PPP; thus short-cutting over-bearing bureaucracies and attracting government's 'quick action'
- i) Its all-embracing nature puts the PPP in a best position to define mortality/morbidity, trends and costs, access to treatment, care and support, availability and suitability of non-drug interventions, limitations of existing products and services, alternative potential interventions, possible scientific challenges, extent of current industry engagement, etc within the context of the community

- j) By its nature too, the PPP has the capacity to employ private-sector approaches to support HIV/AIDS research and confront drugs and vaccines development challenges
- k) Because the PPP's primary motive is public health rather than commerce, it is capable of monitoring the implementation of approved and existing government's policy for the control of the pandemic, as well as providing more sincere evaluation of the same

DECIDING ON PPP'S OBJECTIVES FOR THE HIV/AIDS ADVOCACY

Depending on the peculiarities of each community, the system objectives of a typical PPP for sustainable community-based HIV/AIDS advocacy may include any of – but is not restricted to – the following:

- i. To increase the participation of people living with HIV, their families, communities and organizations in non-partisan HIV and Aids control activities
- ii. To link local HIV/AIDS activists to State, national and global campaigns for effective HIV prevention, care and universal access to quality treatment
- iii. To build HIV and Aids outreach and service into community activism
- iv. To help workers and all persons affected by HIV and Aids to find a voice in the larger systems
- v. To encourage the utilization of the 'Doha Agreement', for local production and effective roll-out of inexpensive generic medicines for HIV diseases and associated opportunistic infections
- vi. To improve the capacity of its members to monitor stakeholders' delivery on various commitments and advocate effectively for improvement in HIV and Aids control through necessary sectoral reforms

SELECTING THE PPP'S PROJECTS AND ACTIVITIES

The sustainability of each community-based PPP's advocacy projects and activities for HIV/AIDS depends largely on the partnership's existing facts-backed knowledge-base of the current status of the pandemic and the efforts towards its control within the community. Typically, projects and the activities tailored towards their implementation will benefit immensely from baseline studies and or a detailed literature reviews of 'what has/have been done' previously, including the existence of any ongoing projects. In selecting the PPP's projects and activities, it is necessary to increase the numerical strength of the PPP's

membership and 'power bases', in order to avoid unnecessary duplication, minimize wastages and ensure that any project subsequently initiated, is owned by a vast segment of stakeholders within the community.

Depending on the findings from the baseline survey and or detailed review of existing projects and activities, the PPP may choose to:

- i. Provide technical assistance and mentoring to member-organizations of persons living with HIV/AIDS, youth groups and young leaders seeking greater engagement in HIV/AIDS advocacy
- ii. Provide training and capacity-enhancement to build sustainable advocacy skills for partners and other local groups
- iii. Implement strategic media engagements for locally relevant, winnable and community-based prevention policy campaign
- iv. Organize town meetings and other stakeholder consultations to create the opportunity for government, businesses and development partners to engage in face-to-face interactions with PABAs, PLWAs, orphans, widows and the very poor within the community; with focus on initiating State policies and programmes for effective control of the Aids and other HIV diseases
- v. Improve the organizing ability of community leaders for HIV and Aids activities, especially in the area of power relations, identification and enlistment of potential partners, choice of appropriate issues for advocacy; strategies development, coalition building and media 'tangos'
- vi. Develop tools for increasing the power and ability of local leaders to collaborating with governments, development partners and other service organizations
- vii. Increase the knowledge-base of stakeholders within the wider context of social and political struggles related to HIV and Aids, and current challenges of solidarity and health/human rights activism within the community, local government/municipality/county, State, country and beyond
- viii. Deepen collaboration between its members, other AIDS activists and similar PPPs in identifying areas of common concern in HIV prevention and Aids treatment, care and support within a holistic health system; in order to bridge existing gaps and prevent the re-emergence of previous problems

A CHECKLIST FOR SUSTAINABILITY

Although by no means compulsive, the following comprise a quick success-checklist for a PPP engaging in community-based HIV/AIDS advocacy and aiming at sustainability:

- a) Factors that will help maximize chances of success include:

- i. Existence of a clearly defined mission with a well articulated goal
 - ii. Availability of adequate financing for the initial phases of project activities and projection of total financing required to meet the end goal
 - iii. Access of the partnership's top management team to the best information and science available for the project and activities, and a track-record in delivering on assigned responsibilities despite current/ongoing tight professional and social engagements
 - iv. Availability of a work plan providing for the steps to be taken, by whom and when, in order to achieve the mission
 - v. Existing assurances of real collaboration from members and other stakeholders with the required expertise and proven record of keeping their promises
 - vi. Active presence of an experienced and independent board to take charge of regular oversight functions on the management's daily activities
- b) Factors that indicate measures/degrees/extent of success achieved by the PPP in its advocacy drive:
- i. Success with direct fund-raising
 - ii. Success with timely roll-out of activities in the work plan
 - iii. Emergence of hitherto neglected or unidentified areas of critical concerns
 - iv. 'Discovery' and enlistment of new members into the partnership while the project is ongoing
 - v. Increase in the number of interests expressed in the projects, and or enquiries received on it, such as enrolment of 'more-than-anticipated' anticipated number of candidates in VCT or vaccine trials
 - vi. PPP members and personnel display a new desire, willingness and or ability to apply private-sector models to the challenges of HIV prevention and Aids treatment, care and support within and beyond the community

SOME RECOMMENDATIONS FOR CONSIDERATION BY THE 'PPP'

As stated in the first part of this piece, the PPP is 'system' for funding and operating government services and or private ventures for the maximum social benefit of PABAs, PLWAs, widows, OVCs i.e. orphans and vulnerable children, etc. Its motive is essentially non-profit, and participation of members might be in a nominal sense to enable them pay due attention to their main activities and businesses.

In order to derive maximum benefit from minimum inputs therefore, this writer recommends that:

- i. PPPs should emphasise cooperation with each other and avoid competitions that bring duplication of products and services or monopoly of same
- ii. They should create and emphasis a sense of their common purpose and direction is needed for appropriate cross-linkages and synergies
- iii. Activities must be in line with identified community/environmental HIV control and Aids treatment, care and support needs
- iv. Appropriate internal mechanisms should be developed for research and development, continued provision and utilization of products and services, and provision/optimum utilization of evidence for policy
- v. All areas of conflict and potential conflict must be identified and turned into collaborative zones
- vi. Strong local 'on-the-ground' stake-holding should be developed through the integration of capacity building and utilization in all projects and in as many activities as possible

Finally, as Dr. Paula J. Dobriansky, former United States Undersecretary of State for Global Affairs – and now the Undersecretary of State for Public Diplomacy and Public Affairs - said at the Council on Foreign Relations/The Brookings Institution on Thursday, May 23, 2002, “Our vision... is twofold. First, we believe sustainable development for every nation begins at home with the support of effective domestic policies. This is an unmistakable lesson of past development efforts. Second, we believe that the best way to capitalize upon these effective domestic policies is through building and nurturing local, national, and international public-private partnerships” Through this approach, sustainable community-based HIV/AIDS advocacy development can be achieved in a way that benefits everyone.

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