The Consortium

Within the consortium, FHI360 takes leadership in Result Area 1, Abt Associated leading Result Area 2 and AFIDEP leading Result Area 3. Other partners in the consortium include the African Network for Strategic Communication in Health and Development (AfriComNet); Development Alternatives Inc. (DAI); Federation of East African Freight Forwarders Association (FEAFFA); Howard University; International Organization for Migration (IOM); Medic Mobile; National Organization of Peer Educators (NOPE); North Star Alliance (NSA) and Program for Appropriate Technology in Health (PATH).

Funding

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About CH-HIPP

Migrant and mobile populations play an important role in regional integration and development, yet they are exposed to numerous health risks and vulnerabilities due to lifestyle factors as well as poor health services. Health services in cross border areas — HIV, tuberculosis (TB), sexual and reproductive health (SRH) in particular — are often weak, inaccessible or unaffordable. Key challenges include lack of coordination leading to duplication of effort and poor targeting of resources; a policy environment that inhibits access to affordable services for key and other vulnerable populations, including mobile populations and difficulties sustaining service delivery.

The Cross-Border Health Integrated Partnership Project (CB-HIPP) is a programme designed to extend quality integrated health services in selected strategic border areas and other transport corridor sites in East, Central and Southern Africa. The programme also aims to address the need and gap for alternative health financing in order to increase uptake and sustainability of HIV and other health services within an enabling policy environment in the East, Central and Southern Africa region. The programme runs from September 2014 – September 2019. CB-HIPP is being implemented by a consortium led by FHI 360, and AFIDEP is one of the consortium partners.

Goal

The overall goal of CB-HIPP is to catalyse and support sustainable and African-led regional health development partnerships to improve health outcomes among mobile populations and vulnerable communities residing along Eastern, Central, and Southern African transport corridors and cross-border sites. Specifically, CB-HIPP is designed to address the following Result Areas (RA):

1. Increase access to and uptake of integrated health and HIV/AIDS services at strategic cross-border sites and a select few regionally recognised HIV transmission “hotspots” along Eastern, Central, and Southern transport corridors;

2. Identify, test and implement alternative health-financing models to strengthen the long-term sustainability of networked health and HIV/AIDS service delivery; and;

3. Strengthen leadership and governance by intergovernmental institutions to improve the health of mobile and vulnerable populations.

AFIDEP’s contribution to CB-HIPP focuses on the achievement of Goal or Result Area (RA) 3 in galvanising political commitment, general leadership, policy and resource allocation, and adoption of best practices to improve health service delivery along transport corridors in the East Central and Southern Africa (ECSA) region. To support the delivery of Result Area 3, AFIDEP’s overall approach involves:

Target Population

The East African Community (EAC) will be the primary target audience but AFIDEP will target other national and regional agencies including East Central and Southern Africa Health Community (ECSA-HC) and Southern Africa Development Community (SADC) in harmonising protocols, guidelines and strategies in the region. Other measures will include promoting adoption of proven quality standards for HIV prevention, care and support services for target populations and facilitating dialogue to improve access to antiretroviral therapy (ART) and other HIV/AIDS and SRH for truck drivers and other mobile populations.