CB-HIPP

# Cross-Border Health Integrated Partnership Project

Cross-Border Health Integrated Partnership Project (CB-HIPP) is supported by the U.S. Agency for International Development (USAID) with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

## Overview

The Cross-Border Health Integrated Partnership Project (CB-HIPP), supported by the U.S. Agency for International Development (USAID) with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is designed to extend quality integrated health services in strategic border areas and other transport corridor sites in East, Central and Southern Africa.

In addition to service delivery focused on key and vulnerable populations, the project (September 2014-August 2019) recognizes the need for alternative health financing to increase uptake and sustainability of services within an enabling policy environment. USAID's design highlights the substantial progress made in regional integration, trade, and infrastructure development through Power Africa and Trade Africa (PATA) and other initiatives. It also highlights the challenges and opportunities this progress presents for the health sector. Intergovernmental bodies such as the East African Community (EAC), Intergovernmental Authority on Development (IGAD) and the Southern African Development Community (SADC) will play a key leadership and partnership role on CB-HIPP.

## Partners

- FHI 360 (Prime)
- Abt Associates
- African Institute for Development Policy (AFIDEP)
- (The) African Network for Strategic Communication in Health and Development (AfriComNet)
- Development Alternatives Inc. (DAI)
- Federation of East African Freight Forwarders Associations (FEAFFA)
- Howard University
- International Organization for Migration (IOM)
- Medic Mobile
- National Organization of Peer Educators (NOPE)
- North Star Alliance (NSA)
- Program for Appropriate Technology in Health (PATH)

## Goal

The goal of CB-HIPP is to catalyze 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.

This goal will be achieved through three Results:

1. Increased access to and uptake of integrated health and HIV/AIDS services at strategic cross-border sites and a select few regionally recognized HIV transmission

"hotspots" along Eastern, Central, and Southern transport corridors.

2. Alternative health-financing models identified, implemented, and tested to strengthen the long-term sustainability of networked health and HIV/AIDS service delivery.

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

## Context

In all regions of sub-Saharan Africa, countries have defined their visions for development over the coming decades with the intent of achieving middle-income status. Within EAC, Burundi has Vision 2025, Kenya Vision 2030, Rwanda Vision 2020, Tanzania 2025, and Uganda 2040. In addition to focusing on health and governance, each vision highlights trade and infrastructure development as key to achieving its goals. International partners have launched a range of initiatives in support of these visions, including the USG's PATA and the Millennium Challenge Corporation's Compacts and Threshold Programs. PATA focuses on extending electricity to 20 million people in an initial six countries in Eastern and West Africa, and on increasing intra-regional and international trade in EAC. Partners include the African Development Bank, Japan International Cooperation Agency, the World Bank, and TradeMark East Africa, which is developing eight One Stop Border Posts (OSBPs) in East and Central Africa during 2014-2017.

Mitigation is critically important in cross-border areas, other corridor hotspots, and water-ways. These environments are dynamic, with frequent interaction between transport and other migrant workers and vulnerable resident populations, including economically disadvantaged women and youth. Health services in these 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.


## Target Populations

CB-HIPP target populations include: key populations (female sex workers [FSW], men having sex with men [MSM], people who inject drugs [PWID]); transport workers (truck drivers and their assistants); other mobile workers (miners, border agency staff, fisher folk); people living with HIV (PLHIV) including discordant couples; and other vulnerable community members, including vulnerable young women and girls.

## Result 1 Programming

Under Result 1, CB-HIPP will support delivery of a service package aligned with ongoing discussion within the EAC's Regional Task Force on Integrated Health and HIV and AIDS Programming along Transport Corridors in East Africa. Integrated services (e.g., HIV, TB, SRH) will be delivered using a client-centered approach linked to evidence-based demand-generation activities. A Learning Laboratory will channel lessons learned in delivering the integrated package of services.

## Result 2 Programming

CB-HIPP has identified three core solutions to enhance the sustainability of service delivery through alternative health-financing models: 1) institute a means for coordinating inter-governmental groups to focus on financing health services for cross-border communities and mobile populations; 2) strengthen the sustainability of health facilities operating in cross-border areas and transport corridor hotspots; and 3) design health-financing schemes that promote willingness and ability to pay for the use of health services among diverse segments of cross-border communities and mobile populations.

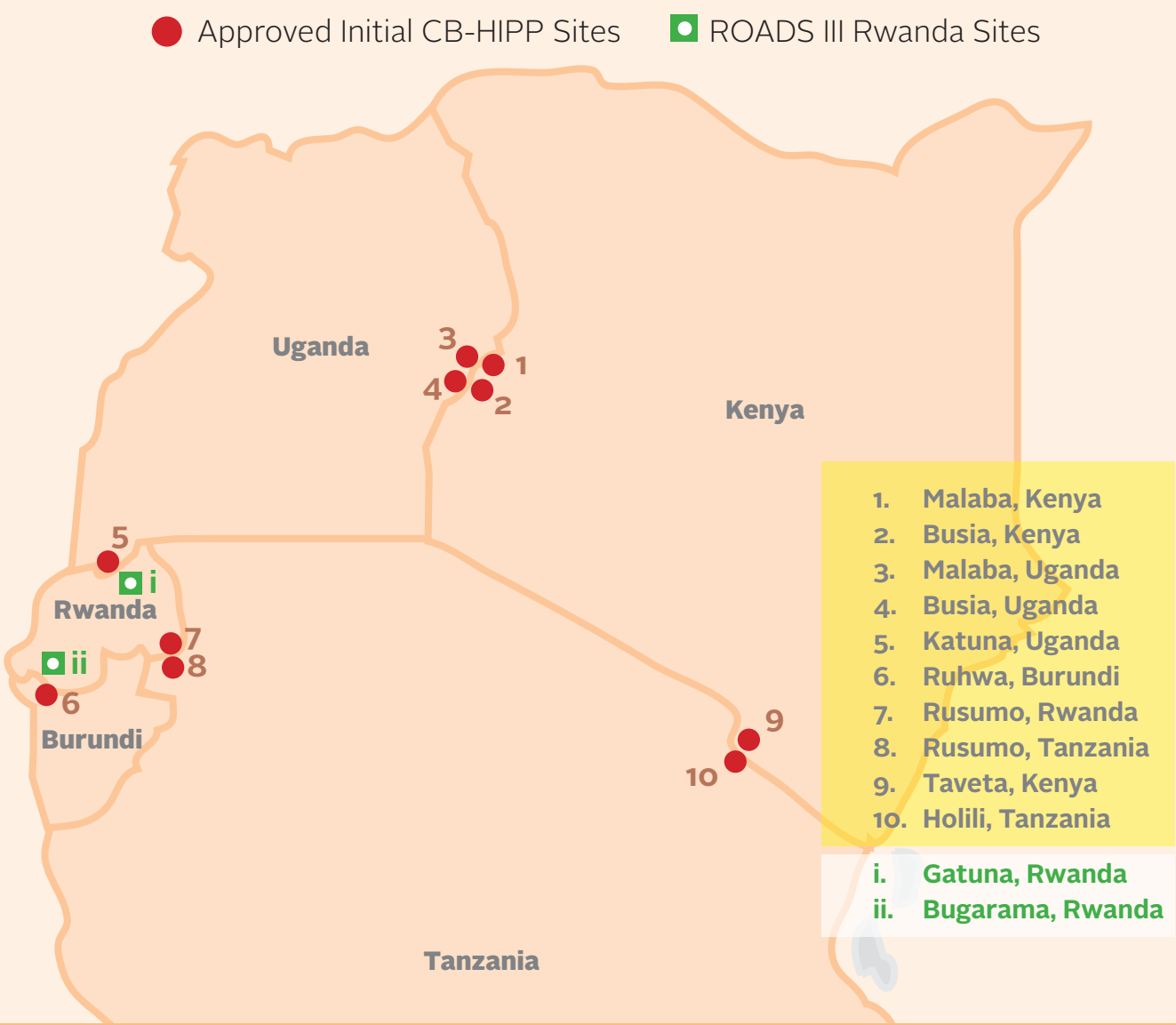
## Result 3 Programming

CB-HIPP will help galvanise political commitment, leadership, policy and resource allocation, and

adoption of best practices to improve health service delivery along transport corridors in the region. CB-HIPP will help to optimize adoption and application of knowledge and lessons generated from the project in policy and practice within partner states. Lessons and processes will be translated for use at the country level to galvanize policy and program action. The overall approach involves mapping key stakeholders and activities, identifying policy and program barriers, synthesizing evidence to guide related policy action, and monitoring performance to accelerate implementation of policies and strategies.

## Year 1 Sites

Initial CB-HIPP programming (Year 1) will be implemented in 10 cross-border sites in East and Central Africa. The following 10 sites were validated by the EAC and Partner States in October 2014.




Period of Performance: **September 2014-August 2019** Funder: **USAID** Prime Contractor: **FHI 360**

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