

## **INTERSECTORAL COLLABORATION IN AIDS CONTROL IN ETHIOPIA**

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Throughout the world, AIDS Control Programmes are confronting the need for Inter-sectoral Collaboration. The very nature of AIDS requires that control and prevention activities take cognizance of factors as diverse yet interconnected as a country's economic and employment picture; literacy level; behavioral practices; religious and societal values; medical services available; healing traditions; sexual norms; status of women; etc. With such a complex of related factors, no Ministry of Health alone can hope to find all the solutions. A united and comprehensive approach is necessary. Resolutions and strategies abound which urge such an approach, but experience in establishing such linkages is rare. Nevertheless, Ethiopia has been notably successful in fostering a workable mode of collaboration and today, the cooperative nature of the ACP is clearly evident.

Intersectoral Collaboration in Ethiopia is based on a culture which values sharing and teamwork as well as on widely accepted health principles. Such principles include that of the WHO resolution (42.34) which "AFFIRMS that the roles of governments, inter-governmental and non-governmental organizations in the global AIDS strategy are complementary, allowing them to contribute to the worldwide efforts in a manner commensurate with their respective qualities and potentials." The same resolution calls upon NGOs "to coordinate their activities with those of other non-governmental organizations in liaison with the policy of national AIDS committees, governmental bodies working on AIDS, WHO and other intergovernmental organizations."

The Global Programme on AIDS (GPA) guidelines for the composition of a National AIDS Control Programme clearly encourage broad representation from all important sectors and organizations including health, education, social and counseling services, religious, legal and political bodies, the media, communications, non-governmental ACPs develop an explicit strategy for the allotment of programme responsibilities through intersectoral cooperation, decentralization, involvement of NGOs and use of the existing health infrastructure and resources. The creation of sustained intersectoral collaboration for health is also strongly emphasized in the principles of Health For All formulated at the Alma-Ata Conference. Closer to home is the Five Year Plan for AIDS Control in Ethiopia, which states in its introduction, "The overall strategy organizations, international organizations and research institutions. GPA suggests that all

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to be adopted is an integrated, multi-disciplinary approach, whereby different governmental and mass organizations will participate actively. "

Thus it was with a strong mandate that the AIDS Control Program has sought and welcomed partners in the fight against AIDS . Some benefits of such collaboration were clearly spelled out in an address to the National Conference on AIDS ( 29-30 May, 1989) presented by Comrade Elias G. Egziabher of the Council of Ministers. His words are as relevant today. Among the benefits noted were:

- 1) Common knowledge. Sharing of information allows all parties to know what needs to be done.
- 2) Innovative approaches to problem solving. Collaborative attitudes and joint functions generate new ideas about means and methods of solving the given common problem. For example, in our effort of influencing behaviour and life style to prevent the spread of AIDS what approaches to use, what supportive measures to take, what kind of teaching aids and methods to develop, etc., can be much enriched and the most effective ones be selected, if and only if, broad based discussions and assessments are made. Hence, a multi-disciplinary intersectoral group becomes of paramount importance for tasks such as AIDS control.
- 3) Continuous political support. Common understanding and shared concern among different sectors will also enhance increased and continuous political support including commitment in terms of finance, manpower and logistics.
- 4) Efficient use of resources. Collaborative efforts make good use of the technical know how and facilities that may be abundantly available in different ministries and institutions.

The Department of AIDS Control recognized these benefits of Intersectoral Collaboration and set about to establish a network of collaborating institutions as a practical means to mobilize resources, knowledge, skills, personnel and enthusiasm. The DAC also aimed at coordinating the separate and perhaps competing activities of institutions, agencies and expert. whose contributions would be essential if the goal of controlling and preventing AIDS was to be successful. It was clear that only through such collaboration and partnership could the mandate of the ACP be reached.

Fortunately, from the time when the danger of the AIDS epidemic in Ethiopia became known, government and non-governmental agencies, church institutions and mass organizations have come forward to offer assistance. The ACP, for its part has followed a pragmatic philosophy which allows it to use its time and resources to educate and occasionally financially support those outside partners willing to join the fight against AIDS.

The ACP modus operandi is illustrated by a wide range of collaborative and outreach activities. Examples include:

- involving Addis Ababa University social scientists in research work (KAPB study);
- training ERCS Youth Leaders and providing them with materials so they can take the message to their young people in Red Cross Clubs;
- training 420 "Communicators" from the Ministries of Defense, Communication and Transport, Industry, State Farms, Coffee and Tea Development, Mines , Construction; and the Teachers' Association; Teacher Training Institutes; REWA; Ethiopian Trade Unions, Addis Ababa Health Department; and representatives from the orthodox, Catholic, Mekane Yesus and Islamic religions organizations;
- conducting Press Briefings for all local journalists (including those responsible for small house organs and bulletins) so that they can inform their readers about HIV/AIDS;

-creating a collaboration network for Serosurvey work which includes staff of the Department of Epidemiology, Social Workers from the Ministry of Labor and Social Affairs, Interviewers selected from REW A, and close cooperation with local health institutions and mass and governmental organizations;

-collaborating with Ministry of Education to: develop and implement a school pilot project aimed at teaching secondary students about HIV/AIDS;

-identifying and training liaison officers from 30 organizations whose function it is to serve as "bridges" or channels through which the ACP distributes information and learning materials;

-working with Ministry of Culture and Sports for translation of posters and leaflets into Oromigna and Tigrigna;

-inviting Ethiopian artists to design ACP logo and posters;

-conducting ( with CRDA) a two day seminar aimed at helping Regional Health officials and Regional NGO development workers plan strategies for cooperation in their efforts to combat AIDS;

-supporting World AIDS Day's activities involving, among others, Regional Health Departments, 21 Ministries, 12 Professional Associations, Addis Ababa University, mass organizations, church agencies, non-governmental organizations and international organizations.

Perhaps the AIDS Control Programme's most visible and arguably most effective collaborative strategy is its sponsorship of National Conferences on AIDS. Held in 1988, 1989 and planned again for 1991, the National Conference on AIDS brings together people and organizations, all of whom are actual or potential partners in the fight against AIDS. Mechanisms such as the National Conferences permit joint decision-making through sharing of information, establishment of common goals, development of plans and ideas or the resolution of differences and conflicts.

In 1988 the Conference took the form of an intensive five-day workshop for 133 representatives from 72 organizations. The participants, many of whom had not, at the beginning of the week, yet given time or thought to the issue of AIDS in Ethiopia, found themselves immersed in and soon committed to working to control HIV infection. By the final day of the meeting, most of the represented organizations publicly offered support and collaboration with the ACP. Their statements of specific support were examples of an unprecedented cooperation with the Ministry of Health and heralded the beginning of a significant and substantial partnership.

An outcome from the second National Conference, which again illustrates the depth and Intersectoral Collaboration in Ethiopia's ACP, was the proposal by a number of NGOs and Church agencies to develop a community based social support programme to focus assistance on HIV/AIDS infected people, their families and communities. As a result of this proposal and the commitment expressed for it, a number of meetings were held which led, in early 1990, to the formation of the Organization for Social Support for AIDS (OSSA) (Founding members of the OSSA: Christian Relief Development Agency (CRDA); Ethiopian Evangelical Mekane Yesus (EECMY); Ethiopian Catholic Church; Ethiopian Orthodox Church; Kale Hiwot Church; Radda Barnen; Save the Children (UK); Seventh-Day Adventist Church; Sudan Interior Mission; and World Vision International, Ethiopia). Through the founding organizations and their existing services, the OSSA will be able to strengthen and extend its network of social support for people

affected with HIV I AIDS infection. The OSSA member churches, religious groups and NGOs are responsible for the implementation of specific activities at the community level.

It is obvious that the need for such collaboration is absolutely essential to the implementation of some of the ACP strategies. The MOH could not operate without this kind of involvement of other organizations. Their willingness to collaborate and share their expertise, ideas, resources and personnel is a major factor in the progress shown thus far by Ethiopia's ACP .

Although Intersectoral Collaboration seems to be a firmly established mode of operating, much remains to be done. As Mr. Elias Egziabher said in his address, "The very encouraging steps taken to gain the collaboration of the many and separate ministries and institutions will ultimately lead to success only if such intersectoral efforts are decentralized to regional, district and village-level activities. "

