



**“COMMITTED LEADERSHIP IS  
IMPORTANT FOR A SUSTAINABLE  
POSITIVE RESPONSE TO  
HIV & AIDS”**



**Report of a Regional Workshop organized  
by the Pan African Institute for Development – West Africa,  
Buea, Cameroon,  
2 – 5 December 2009**

*Workshop Theme: Women Leadership for Sustainable Health Service Delivery in the context of HIV & AIDS*

## **A. INTRODUCTION**

Shaken by the devastating effects of the HIV epidemic on the African continent, efforts to build capacities of persons to effectively staff and manage HIV prevention and treatment programmes is currently viewed as an essential strategy to stem the spread of HIV in Sub-Saharan Africa.

Institutional structures and the interconnections, individual attitudes and practices of some public private partnerships for the delivery of HIV –related health services are inadequate, technically weak and do not keep pace with the changing needs of HIV infected and affected individuals and communities thus influencing an effective response to this epidemic. HIV is likely to remain a global problem for generations until an effective and affordable cure or vaccine is found. Committed leadership could address these problems for a sustainable positive response to HIV & AIDS and it is needed at all levels and in all sectors of the society. It is against this background that the Pan African Institute for Development – West Africa (PAID-WA) in cooperation with the Commonwealth Foundation, designed the workshop based on the principle that enhancing the ability of a health professional, a team, an organization or a health system to function effectively, efficiently and sustainably will contribute to achieving HIV – related public health goals.

The workshop was organized with the aim of providing a participatory learning forum through lectures, the sharing of experiences, the exchange of knowledge and ideas to support the enhancement of leadership competencies in HIV & AIDS actors especially women active in the delivery of services for the health improvement of persons living with HIV & AIDS.

Twenty-two participants were drawn from the public, private and community sectors active in HIV & AIDS work, either living with HIV and/or involved in the coordination of programmes/projects, delivery of services for treatment, care and support, and in advocacy and or educational strategies. Participants represented 3 West African countries of Cameroon, Nigeria and Ghana.

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## **A. KEY OUTCOMES**

### **1. Common challenges faced by HIV management in health facilities and in some communities of the West African region.**

According to the participants, the health sector is one of the main settings where persons living with HIV and others perceived to be infected experience stigma and discrimination. Therefore, HIV – related stigma and discrimination is a major area that requires urgent and considerable efforts to address for effective performance of the HIV management systems put in place.

Participants' experiences as health care personnel, coordinators of HIV & AIDS programmes/activities and PLWHIV led them to share in forum, some common factors that underpin stigmatization associated with HIV & AIDS in health facilities and communities in Cameroon, Ghana and Nigeria.

These are stated as:

- Lack of awareness of what stigma looks like in relation to the illness
- Fear of casual contact because of misconceptions on how HIV is transmitted
- Prejudice and fears relating to a number of some sensitive issues including sexuality, drug use disease and death
- Unskilled personnel in health facilities and programmes/activities.
- Irresponsible behaviors of some health personnel (Some health care personnel are too flippant).
- Public perspective that contracting HIV is caused by improper and immoral behaviour.
- The lack of specific policies or clear guidance related to HIV patient care.

HIV management interventions should be harmonized to include outreach activities that would limit denial associated with HIV. Such interventions should also target the policy level to ensure that policies that protect the safety and health of patients as well as the health workers are enacted to prevent discrimination against people living with HIV. Professionalism of health personnel requires considerable attention and must be improved in all sectors.

### **2. Participants adopted a definition of a leader and reflected on practices for good leadership and management that can contribute to achieving health goals.**

“A leader is someone who enables others to meet set goals” was the agreed working definition of a leader. The participants adopted key leadership and management practices required to enhance their capacity for the realization of health goals. A leader is expected to:

- Have the capacity to scan, focus, mobilize and inspire his/her group.
- Be able to plan, organize, implement, monitor and evaluate activities and programmes to be a good manager.

### **3. Learning from good practices for preventing HIV transmission**

Partner notification is a policy implemented in health facilities of the Cameroon Baptist Convention Health Board and has proven to be beneficial to so many people who have been contacted because of their involvement with an individual living with HIV by helping them know their status so that they take urgent actions.

This is a good practice that was shared during the workshop. Some lessons were highlighted based on the experience shared on the implementation of the partner notification policy:

- PLWHIV have the role and responsibility to limit the spread of HIV.
- Leaders working in areas related to HIV Care, treatment and support are encouraged to adopt such a practice in their activities.

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- HIV policy is very important for HIV prevention in the workplace/institutions so participants should advocate for such policies.

The focus on HIV & AIDS policy and advocacy in the workshop gave the participants new perspectives: Some participants appreciated the relevance of having an HIV & AIDS policy in a workplace.

#### **4. Regional Networking**

The PAID-WA - based knowledge building Regional network is an idea conceived by PAID-WA. This idea was hugely supported by the workshop participants. The involvement of the stakeholders at the initial stage in planning the establishment of the regional network by PAID-WA is very crucial for the success of the networking. During the workshop, participants' suggestions and ideas helped strengthen the consensus among participants who are also members of the network around the mission, goal, objectives, function and membership of the Regional Network for an effective HIV response.

#### **5. Public Private Partnerships:**

*Participant's perspectives*

- In most cases Public private partnerships are not sustainable because of inadequate understanding and knowledge on what each partner does and how it carries out its activities.
- The interaction of the government sector, the civil society sector and the community sector is crucial to improve health services. There is a need for the partner government to create an enabling environment to support effective partnership.

#### **6. Workshop addressing gender & HIV & AIDS**

*Proposed strategies to effectively address gender inequality which fuels the HIV epidemic:*

- Advocacy for the economic empowerment of women and girls.
- Establishment of microfinance schemes for women
- Education of women on rights.
- Involve men and boys in the education on women's rights and all aspects of gender discourse.
- Programmes should shift focus away from the "man" or "the woman" to the couple.
- Work with custodians of culture to moderate negative cultural norms.
- Organizations/institutions should ensure that stakeholders implement their gender and HIV & AIDS policy.

## **B. CONCLUSION**

The Commonwealth Foundation is keen to strengthening the civil society capacity in the achievement of the Millennium Development Goals, specifically those related to HIV & AIDS, health, education and gender. Some of the crucial impediments to achieving the health millennium development goals in Cameroon are the weak health systems and poor quality of health services. This workshop supported the empowering process required by public and private health service providers/institutions and civil society organizations to contribute in strengthening the health systems that have been put in place as a consequence of the HIV epidemic. Such a civil society led initiative will strengthen the institutional capacity of PAID-WA who works very closely with the civil society to contribute to the achievement of the millennium development goals. Overall, it will promote the regional networking for knowledge sharing and dialogue to sustain such a learning activity in the area of HIV & AIDS.

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## C. A TESTIMONY AND SOME COMMENTS FROM THE WORKSHOP

### Comments

“As a health service provider working in the area of HIV care and treatment, I have learnt that HIV & AIDS response is more than just giving treatment. I have gained so much knowledge in advocacy and how advocacy can be very useful for scaling up HIV & AIDS prevention and treatment”.

*Participant*

“On my return to Ghana, I will debrief my NGO on what I learnt on partner notification and I will advocate for the building and strengthening of more public –private partnerships in my organizations work. The partner notification strategy being implemented in Cameroon is a very good practice. In general, the workshop was not stressful, properly time managed and I appreciate the organization and for being chosen to attend the workshop”.

*Participant*

“I work with a HIV care and treatment center and I have never had an opportunity to learn about policy and advocacy. These concepts were new to me. I am also pleased with the testimony presented in the workshop. I will provide to my colleagues all the lessons I have learnt in this workshop.”

*Participant*

### Testimony

“Success in my endeavours in life has been faster because I am living with HIV and I am open about it.

I work with a support group largely coordinated by the Integrated Development Foundation (IDF), Bamenda, Cameroon. I always wish to share my experience living with HIV with others living with HIV and those working with PLWHIV.

When I was diagnosed with HIV in January 2005, I faced a lot of problems. A lot of spiritual support from a Christian Missionary helped me to accept my status. My family is now more aware of the disease, has accepted my status and supports me. As a Christian, I am very open about my status. My openness and that of other persons living with HIV in our support group has brought assistance to us PLWHIV through the establishment of the Kumbo Business Women Cooperative, a microfinance institution established with support from International Labor Organization (ILO) for women living with HIV. Being open about my Seropositivity status has also earned me the privilege to travel to other African countries, where I also gain the opportunity to talk about myself and our support group to leading international agencies”.

*PLWHIV*

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