

# Partnerships for Progress: Collaboration between Governments, NGOs, and International Organizations in East Africa's HIV/AIDS Response

Mwende Wairimu G.

School of Natural and Applied Sciences Kampala International University Uganda

## ABSTRACT

The HIV/AIDS epidemic remains a critical public health concern in East Africa, where the scale and complexity of the crisis have necessitated robust, multi-sectoral responses. This review examines the evolution, impact, and sustainability of partnerships among governments, non-governmental organizations (NGOs), and international agencies in addressing HIV/AIDS across the region. Focusing on case studies from Uganda, Kenya, and Tanzania, the paper explores how collaborative models have enhanced service delivery, improved access to antiretroviral therapy (ART), strengthened community engagement, and reduced HIV-related stigma. The review also highlights structural challenges such as funding dependency, coordination inefficiencies, and limited community involvement in decision-making. It emphasizes the importance of policy alignment, sustainable financing, and evidence-based programming in optimizing HIV/AIDS responses. As donor landscapes shift and new health threats emerge, reinforcing and reimagining partnerships is vital for long-term success. The findings underscore the need for inclusive, resilient, and rights-based collaboration frameworks to ensure that East Africa remains on track to end AIDS as a public health threat by 2030.

**Keywords:** HIV/AIDS, East Africa, partnerships, NGOs, international organizations, government collaboration.

## INTRODUCTION

The HIV/AIDS epidemic in East Africa has evolved significantly over the past four decades, marking one of the most pressing public health challenges in the region's history [1]. Since the early 1980s, countries within the East African Community, namely Kenya, Uganda, Tanzania, Rwanda, Burundi, and South Sudan, have grappled with high HIV prevalence rates, limited healthcare infrastructure, and widespread social stigma associated with the disease. Despite these challenges, the region has also emerged as a beacon of resilience, innovation, and collaborative action in the global fight against HIV/AIDS [2].

The epidemic has not only been a medical crisis but also a profound socio-economic and developmental concern. In its early years, HIV/AIDS decimated entire communities, stripped away the workforce, orphaned millions of children, and placed immense strain on already fragile health systems [3]. Mortality and morbidity from HIV/AIDS peaked in the late 1990s and early 2000s, revealing the dire need for a coordinated, multisectoral response. The complex nature of the epidemic, marked by gender disparities, poverty, limited access to education, and weak health delivery systems, necessitated broad-based partnerships among governments, civil society, international donors, research institutions, and affected communities [4].

Over the years, strategic partnerships have played a transformative role in East Africa's HIV/AIDS response [5]. From the launch of the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to the implementation of national HIV/AIDS control programs and community-based interventions, collaboration has become the cornerstone of progress [6]. These partnerships have been instrumental in scaling up antiretroviral therapy (ART), increasing HIV testing and counseling services, improving maternal and child health, and facilitating awareness campaigns that have gradually reduced stigma and discrimination [7].

Governments have worked hand in hand with non-governmental organizations (NGOs), faith-based groups, community health workers, and international agencies to expand healthcare coverage and improve service delivery [8]. For example, Uganda's partnership with The AIDS Support Organization (TASO) and Kenya's collaboration with AMREF and Médecins Sans Frontières (MSF) have yielded innovative outreach programs targeting key

populations. International collaborations have also provided funding, research capacity, and technical expertise. Notably, UNAIDS and the World Health Organization (WHO) have guided regional strategy development, while global pharmaceutical partnerships have ensured more affordable access to antiretroviral medications [9]. Nevertheless, the sustainability and adaptability of these partnerships are now being tested by a shifting epidemiological and funding landscape. As East African countries begin to experience donor fatigue, transitions to domestic financing, and the emergence of new health threats such as COVID-19, the need to evaluate and reimagine these partnerships becomes more urgent [10]. While significant gains have been made in controlling the spread of HIV, disparities in access to prevention and treatment services remain, particularly among adolescent girls, sex workers, men who have sex with men, and people who inject drugs.

Despite the critical role of partnerships in addressing HIV/AIDS in East Africa, several problems persist that hinder the full realization of their potential. First, the coordination of efforts among diverse stakeholders remains inconsistent, often leading to duplication of services, inefficient use of resources, and gaps in service coverage [11]. Second, the region continues to rely heavily on external donors, making its HIV/AIDS programs vulnerable to fluctuations in global aid. Third, community involvement, although widely recognized as essential, often lacks meaningful integration into decision-making and program design [12]. Moreover, emerging threats such as antimicrobial resistance, economic crises, and pandemics like COVID-19 pose additional challenges to partnership sustainability. There is also the growing need to transition from emergency-focused interventions to long-term, integrated approaches that prioritize health systems strengthening, universal health coverage, and multi-disease strategies [13]. Therefore, a critical examination of how partnerships have evolved, their current achievements, and how they can be fortified to address new and ongoing challenges is both timely and necessary. This review aims to explore the evolution, effectiveness, and prospects of partnerships in the fight against HIV/AIDS in East Africa. It traces the historical development of national and international partnerships in East Africa's HIV/AIDS response, assesses their contributions to prevention, treatment, care, and support services, identifies challenges and limitations faced by current partnership frameworks, explores innovative partnership models and approaches to enhance future HIV/AIDS responses, and provides policy recommendations for strengthening multi-sectoral collaboration, financing, and accountability mechanisms. Key research questions include understanding how partnerships have evolved since the epidemic onset, assessing tangible outcomes, identifying structural, financial, and operational challenges faced by these partnerships, and identifying ways to improve or redesign them for sustainability in a changing global health landscape. The study holds significant value for policymakers, health practitioners, development partners, researchers, and community-based organizations, as it provides evidence to inform more effective, inclusive, and sustainable collaboration models and offers insights into institutional and policy mechanisms for more resilient health systems. The findings will be relevant to other regions facing similar challenges and contribute to a broader understanding of partnership dynamics in global health. The review promotes the integration of community voices, gender-sensitive approaches, and rights-based programming in the future design of partnerships, as the effectiveness of these partnerships will determine whether East Africa can end AIDS as a public health threat by 2030.

### **The Epidemiological Landscape of HIV/AIDS in East Africa**

Over the past two decades, East Africa, comprising countries such as Uganda, Kenya, Tanzania, Rwanda, and Ethiopia, has witnessed a notable decline in both new HIV infections and AIDS-related deaths, marking significant progress in the fight against the epidemic [14]. This progress reflects the impact of expanded access to antiretroviral therapy (ART), robust awareness campaigns, and strengthened healthcare infrastructure. Despite these gains, HIV/AIDS remains a critical public health issue, with prevalence rates still alarmingly high among specific populations, including sex workers, men who have sex with men, and individuals in rural or impoverished regions. The epidemiological landscape of HIV/AIDS in East Africa is shaped by a complex interplay of socio-economic disparities, cultural norms, gender inequalities, and political challenges. Stigma and discrimination continue to hinder testing, treatment, and disclosure, particularly among vulnerable groups [15]. Furthermore, limited healthcare access in remote areas, coupled with insufficient funding and human resources, impedes consistent care delivery. These realities underscore the need for a coordinated, multi-sectoral approach that combines public health strategies with social interventions. To sustain and build upon current progress, East African countries must prioritize inclusive policies, targeted prevention efforts, and international collaboration, ensuring that no population is left behind in the regional HIV/AIDS response.

### **Collaborative Roles of Governments and NGOs in East Africa's HIV/AIDS Response**

In East Africa, national governments have taken the lead in combating HIV/AIDS through the development of comprehensive strategies and action plans [10]. Key measures include establishing specialized agencies such as the Uganda AIDS Commission, allocating national budgets to health programs and antiretroviral therapy (ART) procurement, and implementing legal and policy reforms to support both prevention and the protection of human rights. However, these governments frequently face financial and logistical constraints, making collaboration with external partners essential. Non-governmental organizations (NGOs), both local and international, have stepped in

to complement governmental efforts by delivering community-based services such as HIV testing, counseling, and home-based care [16]. They also champion the rights of people living with HIV/AIDS (PLWHA) and tackle underlying social determinants of health, including gender inequality and poverty. Notably, NGOs have introduced peer-led outreach programs tailored to the needs of key populations, often reaching individuals underserved by formal health systems. Through their grassroots presence, NGOs serve as vital connectors between communities and government health initiatives. The synergy between governmental leadership and NGO innovation has proven essential in sustaining and advancing HIV/AIDS response efforts across the region [17].

### **Role of International Support and Collaborative Models in HIV/AIDS Response in East Africa**

International organizations and donor agencies have played a critical role in strengthening East Africa's response to the HIV/AIDS epidemic. Agencies such as UNAIDS, WHO, PEPFAR, the Global Fund, and USAID have provided essential financial assistance for antiretroviral therapy (ART), HIV testing kits, and infrastructure development [5]. These contributions are complemented by technical expertise in monitoring, evaluation, and health system strengthening, alongside global policy guidance and advocacy efforts focused on stigma reduction and universal access to healthcare. A notable example is the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which has invested billions of dollars in East Africa since its inception, significantly expanding ART coverage and enhancing the capacity of the health workforce. Beyond funding and expertise, collaborative models and multisectoral coordination have also been vital to success. Public-Private Partnerships (PPPs), such as those between Ministries of Health and pharmaceutical companies, have improved access to life-saving medications. Joint programming ensures that national HIV/AIDS strategies align with global frameworks like the UNAIDS Fast-Track targets, fostering consistency and efficiency [18]. Additionally, Sector-Wide Approaches (SWAps) enable resource sharing and coordinated planning among various stakeholders, promoting synergy and reducing duplication of efforts. These collaborative efforts thrive on mutual trust, transparency, and well-defined roles and responsibilities, demonstrating that a united, multisectoral approach is essential for sustaining progress in the fight against HIV/AIDS in the region.

### **Collaborative Approaches in East Africa's HIV/AIDS Response: Successes and Challenges**

East Africa has witnessed notable successes in addressing HIV/AIDS through collaborative partnerships between governments, non-governmental organizations (NGOs), civil society, and international donors [10]. In Uganda, one of the region's earliest responders, the government worked closely with NGOs and faith-based organizations to implement the "ABC" strategy—Abstinence, Be faithful, and Condom use. This approach, backed by donors, proved instrumental in reducing HIV prevalence during the early years of the epidemic. Similarly, Kenya established the National AIDS Control Council (NACC) to coordinate multi-stakeholder efforts. Community health workers, trained and supported by both NGOs and international partners, have become essential in ensuring antiretroviral therapy (ART) adherence, especially in rural areas [19]. In Tanzania, the Tanzania Commission for AIDS (TACAIDS) collaborates with civil society to operationalize the National Multisectoral Strategic Framework. Their integration of HIV services into maternal health programs and mobile outreach initiatives stands out as best practices. Despite these successes, several challenges persist. Many programs remain heavily dependent on external funding, raising concerns about long-term sustainability. Coordination gaps often result in fragmented services and duplicated efforts. Additionally, cultural and political barriers—including stigma, restrictive laws, and mistrust between stakeholders—undermine the impact of interventions. Weak health information systems also impede effective data sharing and accountability, limiting the ability to measure outcomes and adapt strategies. Addressing these challenges is critical for building resilient and sustainable partnerships that can continue to advance the fight against HIV/AIDS in the region [20].

## **CONCLUSION**

The fight against HIV/AIDS in East Africa has demonstrated that strategic partnerships between governments, NGOs, and international organizations are not just beneficial—they are essential. These collaborations have led to measurable improvements in prevention, treatment, and care, while also helping to reduce stigma and discrimination associated with the disease. Through coordinated efforts, countries like Uganda, Kenya, and Tanzania have expanded access to antiretroviral therapy, integrated HIV services into broader health systems, and promoted community-led initiatives that address local needs. Despite these advancements, significant challenges remain, including dependence on external funding, coordination inefficiencies, limited community engagement, and persistent socio-cultural barriers. As the region faces emerging threats like global pandemics and shifting donor priorities, it becomes increasingly important to reimagine and strengthen these partnerships. Future success will hinge on building resilient health systems, investing in domestic resources, empowering community structures, and fostering inclusive, rights-based approaches. Ultimately, achieving an AIDS-free East Africa by 2030 requires not only sustained collaboration but also adaptive, innovative, and equitable strategies that prioritize the most vulnerable. By learning from past successes and confronting ongoing challenges head-on, East Africa can continue to be a model of partnership-driven progress in global health.

## REFERENCES

1. Bouabida, K., Chaves, B.G., Anane, E.: Challenges and barriers to HIV care engagement and care cascade: viewpoint. *Front Reprod Health.* 5, 1201087 (2023). <https://doi.org/10.3389/frph.2023.1201087>
2. Okon, M. B. Alum, E. U., Ugwu, O. P.C., Obeagu, E. I. Curtailing HIV/AIDS Spread: Impact of Religious Leaders. *Newport International Journal of Research in Medical Sciences (NIJRMS)*, 2023; 3(2): 28-31.
3. Ganesan, K., Mwesigwa, R., Dear, N., Esber, A.L., Reed, D., Kibuuka, H., Iroezindu, M., Bahemana, E., Owuoth, J., Singoei, V., Maswai, J., Parikh, A.P., Crowell, T.A., Ake, J.A., Polyak, C.S., Shah, N., Cavanaugh, J.S.: Epidemiology of Tuberculosis Among People Living With HIV in the African Cohort Study From 2013 to 2021.
4. Ngwa, W., Addai, B.W., Adewole, I., Ainsworth, V., Alaro, J., Alatisie, O.I., et al. Cancer in sub-Saharan Africa: a *Lancet Oncology* Commission. *The Lancet Oncology.* 23, e251-e312 (2022). [https://doi.org/10.1016/S1470-2045\(21\)00720-8](https://doi.org/10.1016/S1470-2045(21)00720-8)
5. Alum E U, Uti D E, Ugwu O P C, Alum B N. Toward a cure - Advancing HIV/AIDS treatment modalities beyond antiretroviral therapy: A Review. *Medicine (Baltimore).* 2024 Jul 5;103(27):e38768. doi: 10.1097/MD.00000000000038768. PMID: 38968496
6. Kreniske, P., Namuyaba, O.I., Kasumba, R., Namatovu, P., Ssewamala, F., Wingood, G., Wei, Y., Ybarra, M.L., Oloya, C., Tindyebe, C., Ntulo, C., Mujune, V., Chang, L.W., Mellins, C.A., Santelli, J.S.: Mobile Phone Technology for Preventing HIV and Related Youth Health Problems, Sexual Health, Mental Health, and Substance Use Problems in Southwest Uganda (Youth Health SMS): Protocol for a Pilot Randomized Controlled Trial. *JMIR Res Protoc.* 12, e49352 (2023). <https://doi.org/10.2196/49352>
7. Dzinamarira, T., Rwibasira, G., Mwila, L., Moyo, E., Mangoya, D., Moyo, P., Oladele, E., Akinjeji, A., Chimene, M., Muvunyi, C.M.: Advancing Sustainable HIV Services Through Integration in Primary Healthcare in Sub-Saharan Africa: A Perspective on Practical Recommendations. *Healthcare.* 13, 192 (2025). <https://doi.org/10.3390/healthcare13020192>
8. Obi, C., Ojiakor, I., Etiaba, E., Onwujekwe, O.: Collaborations and Networks Within Communities for Improved Utilization of Primary Healthcare Centers: On the Road to Universal Health Coverage. *Int J Public Health.* 69, 1606810 (2024). <https://doi.org/10.3389/ijph.2024.1606810>
9. Alum, E. U., Ugwu, O. P. C., Obeagu, E. I., Aja, P. M., Okon, M. B., Uti, D. E. Reducing HIV Infection Rate in Women: A Catalyst to reducing HIV Infection pervasiveness in Africa. *International Journal of Innovative and Applied Research.* 2023; 11(10):01-06. DOI: 10.58538/IJAR/2048.
10. Neel, A.H., Rodríguez, D.C., Sikazwe, I., Pillay, Y., Barron, P., Pereira, S.K., Makakole-Nene, S., Bennett, S.C.: HIV programme sustainability in Southern and Eastern Africa and the changing role of external assistance for health. *Health Policy Plan.* 39, i107-i117 (2024). <https://doi.org/10.1093/heapol/czad091>
11. Ogbuabor, D., Olwande, C., Semini, I., Onwujekwe, O., Olaifa, Y., Ukanwa, C.: Stakeholders' Perspectives on the Financial Sustainability of the HIV Response in Nigeria: A Qualitative Study. *Glob Health Sci Pract.* 11, e2200430 (2023). <https://doi.org/10.9745/GHSP-D-22-00430>
12. Samson, A. O., Alum, E. U., Obeagu, E. I., Ugwu, O. P. C., Adepoju, A. O., Amusa, M. O. Inclusion of nutritional counseling and mental health services in HIV/AIDS management: A paradigm shift. *Medicine (Baltimore).* 2023;102(41):e35673. <http://dx.doi.org/10.1097/MD.00000000000035673>.
13. Kiggundu, R., Waswa, J.P., Konduri, N., Kasujja, H., Murungi, M., Vudriko, P., Akello, H., Lugada, E., Muiva, C., Were, E., Tjipura, D., Kajumbula, H., Kikule, K., Nfor, E., Joshi, M.P.: A One Health approach to fight antimicrobial resistance in Uganda: Implementation experience, results, and lessons learned. *Biosafety and Health.* 6, 125-132 (2024). <https://doi.org/10.1016/j.bsheal.2024.01.003>
14. Mugisha S, Agwu E (2015). Cross-border movement of people and its effect on the Spread of HIV/AIDS in Kisoro district south western Uganda. *Special viral Pathogens Journal*, 1, (1), 0026-0037.
15. Charles-Eromosele, T.O., Kanma-Okafor, O.J., Sekoni, A.O., Olopade, B.O., Olopade, O.B., Ekanem, E.E.: Gender disparities in the socio-economic burden of HIV/AIDS among patients receiving care in an HIV clinic in Lagos, Nigeria. *Afr Health Sci.* 22, 477-487 (2022). <https://doi.org/10.4314/ahs.v22i4.54>
16. Okoroifu H. U., Umoh E. A., Asanga E. E., Edet U. O., Atim-Ebim M. R., Tangban E. A., Mbim E. N., Odoemena C. A., Uno V. K., Asuquo J. O., Effiom-Ekaha O. O., Dozie-Nwakile O. C., Ikenna K. U., Echieh C. P., Emmanuel K. J., Ejemot-Nwadiaro R I, Nja G. M. E., Oreh A, Uchenwa M. O, Uforwa E. C, Nwaiwu N. P, Ogar C. O, Nkang A, Kabiri O. J, Povedano-Montero F. J (2022). Thirty-five years (1986–2021) of HIV/AIDS in Nigeria: bibliometric and scoping analysis. *AIDS Research and Therapy*, 19, (1), 64.
17. Angbalaga A, Ani C C, Atsukwei D, Eze E D, Afodun A M, Igoh E O, Owoeye S C, Ukaonu C B (2018). Correlation of hepatobiliary ultrasonographic findings with CD4 cell count and liver enzymes in adult hiv/aids patients in Jos. *Journal of AIDS and HIV Research*, 10, (6), 83-95.

18. Ezeonwumelu J O C, Ntale M, Kasozi K I, Byarugaba F (2017). In vitro Antibacterial Efficacy of *Bidens pilosa*, *Ageratum conyzoides*, and *Ocimum suave* extracts against HIV/AIDS patients' oral bacteria in south-western Uganda. *Pharmacology & Pharmacy*.
19. Ihongbe J C, Moazzam M I, Pazos V, Agwu E (2015). [Non-target oral bacterial resistance to Cotrimoxazole in HIV/AIDS patients living in South Western Uganda](#). *Spec. Bact. Pathog. J*, 1, (1), 01-08.
20. Debie, A., Nigusie, A., Gedle, D., Khatri, R.B., Assefa, Y.: Building a resilient health system for universal health coverage and health security: a systematic review. *Global Health Research and Policy*. 9, 2 (2024). <https://doi.org/10.1186/s41256-023-00340-z>

<p><b>CITE AS: Mwende Wairimu G. (2025). Partnerships for Progress: Collaboration between Governments, NGOs, and International Organizations in East Africa's HIV/AIDS Response. <i>INOSR Scientific Research</i> 12(3):49-53. <a href="https://doi.org/10.59298/INOSRSR/2025/1234953">https://doi.org/10.59298/INOSRSR/2025/1234953</a></b></p>
--