Country Feedback on Lessons learned

20-11-2015
CAMEROON

I- CONCEPT NOTE DEVELOPMENT

- The single Concept Note development enable the collaboration between TB and VIH programmes.
- It is a long process which has to be well coordinated by the CCM and all national stakeholders.

II- GRAND MAKING PROCESS

- The technical core documents for negotiation should be developed as soon as the approval of the CN.
- Key experts should be identified to be taking part in the process.
- Develop minimum HIV-TB services packages for prevention component.

III- GRANT IMPLEMENTATION

- Coordination and Monitoring and Evaluation mechanism (HSS and CSS) should be strengthened.
- Anticipation on internal or/and external bottlenecks /challenges which can limit the absorption is crucial.
- The timeframe for implementation is short (02 Years) and there is a risk not to achieve objectives and obtain impact.
DRC feedback-fr

- Note conceptuelle unique TB/VIH comme voie vers l’atteinte des objectifs (three 90%)
- Pour le programme en cours:
  1. Tenir une rencontre conjointe TB/VIH sur la valeur ajoutée de la note conceptuelle unique
  2. Développer un plan conjoint de suivi des bénéfices attendus
  3. Profiter de la reprogrammation des économies pour combler les lacunes actuelles
  4. Poursuivre le dialogue avec le FM pour améliorer la mise en œuvre de la subvention (pays: CCM, Programmes)
  5. Renforcer la coordination des interventions des PTF pour une couverture universelle
  6. Renforcer la coordination des 2 programmes pour atteindre tous les patients là où les deux couvrent
- Pour la prochaine note conceptuelle
  1. TB/VIH dans le processus de revue du PNDS en cours
  2. Intégrer les leçons tirées de l’expérience de NC passée dans la revue des PSN VIH et TB
DRC feedback - en

- To confirm joined TB/HIV as relevant strategy to achieve both HIV and TB programs goals

For the current grants:

1. To organize joined TB/HIV meeting on the add value of consolidated CN
2. To elaborate a joined plan to monitor the benefice from joined TB/HIV CN implementation
3. To use the opportunity of GF decision to allow quarterly reprogramming of savings to address gaps identified into the current grants
4. To enhance dialogue with GF to address key issues/ bottlenecks (CCM, program)
5. To strengthen the coordination of all partners programs in-country in line with universal health coverage goal
6. To strengthen coordination between NTBP and NACP in respective areas of coverage to better reach clients

For next coming CN

1. To re-check TB/HIV in the PNDS review currently running
2. To ensure that lessons learnt from past consolidated TB/HIV concept note process will feed the next review of both NSPs (HIV and TB)
Lesson learnt – Ethiopia

• Strengthen the existing coordination mechanism for the joint TB/HIV programme implementation.

• Harmonize TB and HIV policy documents, guidelines, training materials, M and E materials to guide effective implementation of the joint TB/HIV programme and provide patient centred care approach

• Baseline assessment on TB stand alone Clinics to determine the case load, capacity building need for the integration of HIV services

• Strengthen the engagement of CSOs in CCM and build their capacity to support the program
Kenya Joint TB HIV programming_Lessons from meeting

- **Concept note development**
  - Policies for innovative ways to increase domestic funding

- **Approval and grant making**
  - Consideration for one grant for single TB HIV concept note in future
  - For NFM grant, develop mechanisms to ensure efficient and effective joint TB HIV programing

- **Implementation**
  - National coordination mechanism to strengthen/improve joint TB & HIV programs implementation (including CCM, civil societies and sub-national levels)
  - Minimum HIV/TB service package and capacity building of HCWs for delivery of integrated TB and HIV services
  - Harmonization of TB & HIV policy documents, guidelines and training manuals
  - Joint supervision, monitoring and program reviews
  - Orientation of sub-national levels (counties) on the grants i.e. the plans and expected results in preparation for implementation
LESSONS TAKEN FROM THE MEETING FOR FOLLOWUP-MALAWI

Learning from this process. We will do a postmortem of the CN writing,

  Grant Making process.
  Document lessons learnt and best practices
  To be shared with CCM

Strengthen strategic and technical coordination between CCM, PRs NAC and all stakeholder to ensure coordinated response and timely support

  A mechanism that provides opportunity for all national key players to review progress and re-strategise- Extended TB/HIV TWG, meeting biannually.

Orientation and Capacity development for CSO especially in TB programming and TB/HIV integration (in order to bring on board more NGO/CSOs in community TB programing)

Analyse the technical gaps requiring technical support for the implementation phase to ensure that TA is well coordinated and have upfront commitment from partners
Nigeria: Lessons Learned & Take Home Message

- **Lessons Learned**
  - There are similarities and differences in countries’ experiences with the GF NFM process; regional interaction like this provides a good platform for cross-fertilization of ideas and mutual support.
  - **Effective partnership** between the GF-country team and the in-country team is critical to the success of all phases of the GF NFM.
  - TB and HIV collaboration can work when effectively programmed (quarterly joint TB & HIV/AIDS programme planning and review meetings could help).

- **Take Home Messages**
  - The Single TB/HIV CN is a catalyst for the integration of TB-HIV activities at country levels. Operationalizing this vision has to be country led and requires deep conviction on the part of all the country operators.
  - The focus of all stakeholders should be patient-centred; therefore, both TB and HIV programmes should work towards **effective integration** to reduce the burden of both diseases on the patients.
  - Effective integration would require among, other things, country specific implementation strategies that can be adopted at all levels by both TB and HIV personnel.
LESSONS LEARNT FROM THE CONSULTATION- TANZANIA

Single concept note is one of the appropriate approach for having joint program

Joint programming ensures accessibility and affordable quality services

Involvement of key stakeholders enhances ownership and proper implementation of the programme

Adequate knowledge in the process by the key stakeholders facilitates the process

Commitment and leadership of the government is highly needed in terms of resources and putting in place appropriate policies and structures

The importance of harmonised and commonly understood data for evidence based planning

Coordinated Technical Assistance (TA)
Zambia

• The joint concept note should be a “tool” to further strengthen joint TB/HIV Program implementation

• Need for political will and commitment to change policy of program alignment – TB and HIV should be consolidated under one directorate

• Integration of TB/HIV services – joint planning, implementation and monitoring

• Strengthening strategic partnerships (Global Fund, WHO, PEPFAR, UNAIDS, etc) to collectively advocate for meaningful integration of the two disease programmes (strategic planning, guideline development, and monitoring and evaluation)

• The CCM should oversee the whole process from joint TB/HIV concept note development to implementation

• The CCM should have the capacity to identify TA gaps and request for assistance in good time

• Establish a CSO self-coordinating mechanism through which government and other stakeholders can engage with CSOs