Executive Summary
The consultative meeting to draw lessons from development of Single TB and HIV Concept Notes and defining the way forward for joint TB and HIV programming was jointly organized by the Global TB Programme and Department of HIV/AIDS of the World Health Organization, UNAIDS and the Global Fund Secretariat, and was held on 18 to 20 November 2015, in Addis Ababa, Ethiopia. The purpose of the meeting was to review best practices, success stories and challenges faced by the countries in joint TB and HIV programming, with particular reference to Single TB and HIV Concept Note development, approval and grant making and implementation. Overall, there was strong support among meeting participants for the Single Concept Note approach and joint TB and HIV programming as the way forward in improving the effectiveness and impact of national HIV and TB programmes. The Single Concept Note development process resulted in greater harmonization of the cross-cutting areas such as procurement and supply chain management, supervision, monitoring and evaluation and delivery of integrated service for TB and HIV. However, the participants highlighted major challenges with the concept note process in general, such as time-consuming, complex tools, inadequate local technical capacity, insufficient coordination between the Global Fund country teams and the Country Coordinating Mechanism (CCM). It was also noted that most countries are not yet in the implementation stage of the Single Concept Note and it was not possible to conclude on the impact of the process of Single Concept Note in ensuring the broader joint TB and HIV programming. The meeting made a number of recommendations to national stakeholders, national and global partners as well as the Global Fund Secretariat to improve the process of concept note development, approval, grant making and implementation. It was suggested to undertake more in depth analysis of the implementation of the Single Concept Note in the pioneer countries to take stock whether the process is yielding the anticipated result.

1. Background and process of the meeting
The consultative meeting to draw lessons from development of Single TB and HIV Concept Notes and defining the way forward for joint TB and HIV programming was jointly organized by the Global TB Programme and Department of HIV/AIDS of the World Health Organization, UNAIDS and the Global Fund Secretariat, and was held on 18 to 20 November 2015, in Addis Ababa, Ethiopia. The purpose of the meeting was to review the best practices, success stories and challenges faced by the countries in Single TB and HIV Concept Note development, approval and grant making and implementation of joint TB and HIV programming. The meeting brought together National TB and HIV/AIDS programme managers, representatives from the Country Coordinating Mechanism (CCM) and civil society along with WHO, UNAIDS and the US Government (PEPFAR/CDC/USAID) representatives from the following eight countries: Cameroon, Democratic Republic of Congo (DRC), Ethiopia, Kenya, Malawi, Nigeria, United Republic of Tanzania and Zambia. Some independent consultants who assisted multiple countries with Single TB and HIV Concept Note development also participated in the meeting.

The meeting started off with plenary presentations and discussions on the overview and context of Joint TB and HIV programming by WHO and UNAIDS and experiences from Single TB and HIV Concept Note development process by the Global Fund secretariat. There were also four brief country presentations covering perspectives from HIV & TB programme managers, CCM members and civil society. This was followed by a “market place” session, which involved simultaneous and rotational country presentations and discussions. These sessions aimed to generate best practices, bottlenecks, challenges and opportunities in the development of Single TB and HIV Concept Notes and of joint TB and HIV
programming. Thereafter, there were breakout group discussion sessions to draw specific recommendations for the national stakeholders, technical partners and the Global Fund Secretariat during the process of concept note development, approval and grant making as well as implementation. The recommendations from the breakout groups were consolidated and discussed in the plenary session and adopted by the participants.

The following sections summarise key outcomes and emerging issues from the meeting:

2. General observations

2.1. Joint TB and HIV programming is the way forward, but no one size fits for all approach: The participants agreed that Single Concept Note should be viewed as a tool for ensuring the broader joint TB and HIV programme programming and should primarily focus on enhancing efficiencies between the two programmes and impacting the lives of patients. There was overall consensus that the Single Concept Note development process catalysed joint TB and HIV programming in the participating countries (e.g. enhanced communication between TB and HIV programmes) and shall pave the way forward for efficient scale up of services and producing impact. However, the scope of joint programming should also be determined by overall country context such as the epidemiology of TB and HIV, maturity and capacity of the National Programmes, management set up and organisation of health services (at policy and services delivery levels) and above all the individual client needs. Effective delivery of integrated TB and HIV services should be the hallmark of the joint programming efforts and require the utmost emphasis.

2.2. Not enough experience in joint implementation yet: Six out of eight participating countries in the meeting completed the process of Single TB and HIV Concept Note development, grant making and approval by the Global Fund Board. Two countries, Cameroon and Nigeria were still in, or just completed, the grant-making phase and had not yet received Board approval. Five countries (DRC, Ethiopia, Kenya, Malawi and Tanzania) received board approvals only over the past six months and thus were in the initial stages of implementation. There was as yet limited experience of implementation of joint TB and HIV programming based on Single TB and HIV Concept Note with the exception of Zambia where initial implementation experience is documented.

The process of Single Concept Note development so far demonstrated greater harmonization of the crosscutting activities such as procurement and supply chain management, supervision, monitoring and evaluation and delivery of integrated service at the primary health care level (e.g. provision of ART and HIV testing through the TB clinics and IPT and TB infection control at HIV clinics). The meeting participants emphasized the need to closely monitor implementation of Single Concept Notes activities to evaluate their impact on joint TB and HIV programming with special emphasis on cost effectiveness, and efficiencies gained.

3. Best practices in Single TB and HIV Concept Note development

3.1. Country leadership and engagement of key stakeholder critical for a coherent and inclusive proposal: Effective leadership from the Country Coordinating Mechanism and creation of platforms (e.g. concept note writing committee or Secretariat) for multi-stakeholder engagement by the CCM to systematically engage national TB and HIV programmes, key affected populations, civil society and partners facilitated an effective, coherent and inclusive concept note development process. Establishing such platforms further facilitated timely programmatic gap analysis, prioritization of interventions and critical funding decisions. Recognition and engagement of civil society and community based organizations as important players in the National TB and HIV response as well as the availability of relevant programme and financial data including on key populations, gender and human right barriers were key ingredients for effective and timely concept note development process.
Development of a country roadmap including establishment of a writing team and plan for technical assistance needs were among the consistent best practices reported by country participants.

### 3.2 Earlier engagement and close collaboration catalyzes the process:
Earlier engagement and close collaboration of country stakeholders, in-country technical partners and Global Fund country team in the planning process were critical for smooth Single Concept Note development process. Country participants noted that regional peer review workshops of draft concept notes organized by the WHO and technical partners significantly contributed to strengthen the quality of proposals and approval process. Furthermore, in-country harmonization of priority interventions and targets with implementation partners (e.g. PEPFAR) avoids duplication of efforts and helps to draw efficiencies.

### 4. Key bottlenecks and challenges

#### 4.1. Historical vertical nature of TB and HIV programming and large funding gap

The historical vertical nature of National TB and HIV programmes with separate funding lines, policies, management structures and cadres of health workers was cited as key bottleneck for joint TB and HIV programming. Other barriers include different constituency of partners and donors as well as different timelines for the National HIV and TB strategies. Meeting participants mentioned that there were and there are still fears that domination of one programme over the other may harm joint programming but this fear was not fully substantiated by the experience of the countries attending the meeting. Concern was expressed about the impact of existing vertical management structures in some of the countries that necessitated approval of two separate grants while in others the maturity and capacity of the programmes is not adequate enough to handle a single TB and HIV grant.

#### 4.2. Concept note development is time consuming process

Country participants consistently expressed concern that the Single Concept Note application process, which is part of the new funding model, has been labor intensive and time consuming. The reasons mentioned included: lack of exposure or training of in-country stakeholders in the processes and tools; unclear and multiple guidance with different interpretations from the Global Fund Secretariat and technical partners; different timing of programme and epidemic reviews and substantial need of programme and financial data and information, which was not always available and even when available it was not timely. There were reports that the longwinded process affected routine programme activities such as supervision and monitoring by key programme managers and staff.

#### 4.3. The grant application process and modular templates are complex

The meeting participants said that the tools used in concept note development are complex and the modular templates with Excel sheets were hard to use. Further the use of complex terminology also posed additional challenge. Further, frequent updating of the tools coupled with unclear guidance from the Global Fund Secretariat and country teams led to different interpretations at critical stages of the process. Participants also mentioned that the amount of guidance produced by technical partners was overwhelming and at times inconsistent from guidance provided by the Global Fund country teams.

#### 4.4. Inadequate engagement of the civil society, key affected populations and other stakeholders

Participants from the civil society consistently highlighted the issue of suboptimal engagements of non-technical stakeholders such as the civil society and key affected populations. Also there was a lack of efforts to build the capacity of the civil society constituency to enable active engagement and effective contribution, given the highly technical nature of the discussions. Furthermore, limited engagement of in-country technical partners and civil society was reported during grant making process which at times led to changes that contradicted previous national consensus and agreement.
4.5. Varied support from the Global Fund country teams
Some country participants expressed concerns about limited involvement of the Global Fund country teams particularly during initial stages of the concept note development. Overall concern was also expressed about the fact that not a single Fund Portfolio Manager for the eight countries attended this consultation meeting.

4.6. Lack of coordinated and consistent technical assistance
The meeting participants pointed out incidents of lack of coordination between the technical partners in providing quality technical support during the concept note development and grant making processes. Concern was also expressed over the quality of technical support, as some of the consultants were unfamiliar with the Single Concept Note process and joint TB and HIV programming, which required frequent revisions in the proposal that caused delays. Instances of receiving multiple consultants to support in a particular thematic area, from multiple partners and inadequate support in other areas such as the key population interventions were reported during the meeting.

5. Key opportunities
The Single TB and HIV Concept Note development and joint TB and HIV programming provided significant opportunities for enhanced collaboration between TB and HIV programmes; leveraging knowledge and skills; integration of service delivery through task shifting; joint supervision and monitoring and; joint training curriculum. There are opportunities for nationwide scale-up of services (e.g. ART scale up using more decentralized TB services) and optimized engagement of community based organizations and resource sharing (e.g. covering key TB/HIV interventions with HIV allocation taking into consideration the epidemiological impact of TB on the overall HIV response). Finally it was noted that the experience with TB and HIV Single Concept Note provided the opportunity and mechanism to expand the collaboration beyond TB and HIV programmes e.g. Reproductive, maternal, neonatal, child and adolescent health, non communicable conditions.

6. Lessons learned and actions planned by country participants
At the end of the meeting, country participants were encouraged to summarise the lessons they garnered during the meeting and to lay out their immediate next steps and plans upon return to their respective countries. The following were key highlights summarised by each of the eight countries:

**Cameroon:** plan to strengthen coordination function of the CCM in future concept note process and ensure engagement of all key stakeholders including the communities. Intend to intensify the involvement of technical experts during grant making process. A minimum package of TB-HIV services will be implemented at all levels of health system and monitoring and evaluation systems (HSS and CSS) will be strengthened. Considering short grant period potential bottlenecks (internal or external) in fund absorption will be identified and addressed.

**The Democratic Republic of Congo:** plan to develop a joint monitoring plan for implementation and intend to improve dialogue between the CCM and the Global Fund Secretariat to address issues and bottlenecks at program level.

**Ethiopia:** plans to strengthen existing coordination mechanisms to facilitate joint TB and HIV programme implementation. Intend to harmonise TB and HIV policy documents, guidelines, training materials, monitoring and evaluation materials with focus on patient centred care approach. A baseline assessment of stand-alone TB clinics will be undertaken to determine case load and capacity building needs to integrate HIV services. Engagement and capacity building of civil society representatives in the CCM will be strengthened and inputs sought for planning and implementation.
Kenya: plan to explore innovative ways to increase domestic financing and facilitate Single TB and HIV grant with future funding. A National coordination mechanism to strengthen implementation of joint TB and HIV programme will be established. In preparation for implementation, the county level stakeholders will be oriented on planned activities and expected outcomes. TB and HIV policy documents, guidelines and training manuals will be harmonized. Delivery of a minimum package of TB-HIV services will be ensured at all levels of health care system with capacity building of health workers in integrated service delivery.

Malawi: plan detailed analysis of experiences from the current concept note process as well as grant making and systematically document the lessons and best practices for future reference and to share with the CCM. Coordination between the CCM, principal recipients, National AIDS Council and other stakeholder will be strengthened. The TB/HIV technical working group will be expanded with more frequent meetings. Capacity building and orientation of the members of civil society in TB and joint TB-HIV programming will be done. All the technical support needs will be mapped upfront and commitment sought from partners in advance to ensure timely technical assistance availability in future.

Nigeria: plan to facilitate effective partnership between the Global Fund country team and national stakeholders. Joint TB and HIV programme planning and review will be organized every quarter. A country specific implementation strategy suitable for adoption by both TB and HIV personnel at all levels will be developed. Both TB and HIV programmes will work towards effective integration and ensure patient centered service delivery.

Tanzania: plan to strengthen implementation of joint TB and HIV programming and enhance access to good quality services. Efforts to enhance government commitment and leadership in terms of resources and supportive policies and implementation structures will be made. Involvement of all key stakeholders in implementation will be ensured. Data systems will be harmonised and programme data used for evidence based planning.

Zambia: plan to enhance political will and commitment to change policies and facilitate consolidation of TB and HIV programmes under one directorate. Joint planning, implementation and monitoring will be strengthened. A Civil Society Organizations self-coordinating mechanism will be established to enable effective engagement with government and other stakeholders. Oversight function of the CCM will be strengthened for implementation of joint TB and HIV programming also. In future, technical assistance needs will be identified with support from the CCM early and support from technical partners ensured in time.

7. Recommendations
The meeting made a number of recommendations to national stakeholders, national and global technical partners as well as the Global Fund Secretariat, to improve the process of concept note development, approval, grant making and implementation. The recommendations were as follows:

7.1. Recommendations for the National stakeholders

Concept note development: conception to submission
1. Establish a Task force to facilitate the process of concept note development and joint programming taking into consideration cost effectiveness and efficiency gains from changes in structural and financial arrangements as well cross cutting areas;
2. Ensure inclusive and costed national strategic plans (that include health systems strengthening and Community Systems Strengthening ) that are robust for TB, HIV or TB/HIV with impact targets;
3. Ensure availability of investment frameworks at the beginning of the concept note development that includes standard unit costs, in collaboration with the technical partners and based on the national investment cases;

4. Build the capacity of CCMs and civil society to enable them to input into the process and be key partners in the writing of the concept note;

5. CCM to engage ministers of health, finance and other relevant national stakeholders from the outset such as in country dialogue to ensure country ownership;

6. National governments should enhance policies for innovative ways to increase domestic resources;

7. CCM needs to map the key actors within itself and provide role and responsibilities for each;

8. Civil society must be included as a key partner in the CCM, concept note process including as part of the writing committee;

9. Develop a national plan for technical assistance needs to be vetted by CCM. The plan should include a reasonable timeline for processing the request so that the whole process of concept note development is expedited;

**Approval process and grant making**

10. CCM to develop terms of reference for the writing team and establish a well-structured process of response to ensure appropriate technical expertise (including data) is available while responding to the Technical Review Panel;

11. CCM to ensure improved communication with the principal recipients during grant-making;

12. CCM (e.g. oversight committee) needs to review detailed workplans and activity budgets to ensure that there is no discrepancy between what was endorsed in the concept note modular tool and the final approved workplan;

13. TB and HIV Programs should be made aware of the proposed workplans and budgets and provided a chance to review and ensure that those are aligned with the national and strategic priorities;

14. CCMs should consider whether one grant can be developed for joint TB and HIV concept notes based on the country context, including a cost benefit analysis.

**Implementation**

15. Establish a coordination mechanism for HIV and TB programs to strengthen/improve the joint HIV and TB program implementation (CCM, national and sub-national levels);

16. Develop a minimum HIV and TB services package based on the country context that will be used as blueprint to build capacity of the health care workers to promote integrated delivery of TB and HIV services;

17. Build technical capacity of the civil society to strengthen their advocacy role in the implementation of key programme activities for the achievement of the 90-90-90 HIV fast track targets and the End TB targets;

18. Develop and harmonize the National HIV and TB policy documents, guidelines and training manuals reflecting the highest standard of care to promote joint TB and HIV programming;

19. Introduce changes in structural and institutional arrangement to facilitate implementation of joint TB and HIV programming;

20. Develop, plan and conduct regular joint supervision and monitoring and program reviews;

21. Use programmatic data to assess performance and enhance access of the data for use by the civil society and end users as much as possible;

22. Allocate resources for implementation research to address bottlenecks in scale up of key TB-HIV interventions;

23. Information shared from the Global Fund Secretariat on implementation should be correctly transmitted and disseminated to all stakeholders and the end users.
7.2. Recommendations for the technical partners (Global and National)

**Concept note development (conception to submission)**
1. Technical partners and the Global Fund need to identify, orient and fund a cadre of multi-task consultants and national experts who know about the Global Fund process, TB and HIV programmatic issues and joint TB and HIV programming;
2. Support consultants and national experts to provide quality technical assistance for the joint concept note from development to implementation;
3. The technical partners to coordinate and align their respective plans with joint TB and HIV programming based on country priorities and efficiency gains;
4. Establish a quality assurance system for consultants including regular mechanisms for assessment of performance and sharing of that information with countries;
5. Ensure that any request for technical assistance support (long or short term) is aligned to the national technical assistance plan and has been vetted through the CCM.

**Approval and grant making**
6. Ensure continuity of technical assistance support from the inception of the concept note development process to grant making;
7. Strengthen technical and organizational capacity of CCM to effectively oversee grant making and implementation.

**Implementation**
8. Ensure better communication and coordination among technical partners to ensure the provision of complementary, not competitive technical assistance;
9. Technical assistance from partners’ should be aligned to the country’s priority areas (e.g. NSP, national guidelines);
10. Technical partners should focus and ensure long term technical assistance plans are based on country needs and priorities;
11. Facilitate sharing of experience among countries on joint programming including from the concept note development, approval process, grant making and implementation.

7.3. Recommendations for the Global Fund Secretariat

**Concept note development (conception to submission)**
1. Global Fund Secretariat to ensure engagement primarily with in-country partners to support the concept note process and promote country ownership of the process;
2. Revisit Single Concept Note processes to ensure that efficiencies are gained and the time required for the development process is reduced;
3. Simplify Single Concept Note application tools and ensure all templates are piloted and prepared well before the concept note development begins.

**Approval process and grant making**
4. Establish clear communication mechanism to communicate technical review panel (TRP) comments to the CCM and other national stakeholders;
5. Global Fund should provide additional information and support to clarify the TRP recommendations to facilitate a successful response;
6. Develop user-friendly manual on grant-making processes and procedures to be shared with CCM and other stakeholders in order to clarify roles and responsibilities of the Global Fund Secretariat, national stakeholders and partners;
7. Use the same concept note development channel of communication with the country through the CCM as the main point of contact during the grant-making process;
8. Global Fund to ensure inclusion of technical experts, senior program staff (not only principal recipients and financial or budget people) and civil society in the grant-making process, similar to how they were included in the concept note development process;

**Implementation**

9. Global Fund should work towards one approval process of different components (e.g. Procurement and Supply chain Management plan, training plan) once the grant is signed;
10. Communications from the Global Fund to principal recipients should also include the CCM in order to strengthen their oversight role;
11. The Global Fund country team visits to countries should be more strategic and involve communication and coordination with the national programs and technical partners;
12. Conduct combined TB and HIV situation room discussions for countries implementing joint concept note and share the information to national stakeholders and technical partners as deemed appropriate;
13. Consider a balanced approach during grant management from focusing mainly on financial discussion to also include programme aspects on implementation as well as risk management and mitigation.