Single TB/HIV Concept Note and HIV/TB Joint Programming: Lessons from Ethiopia

Global consultation to draw lessons from development of single TB and HIV concept notes and defining the way forward for joint TB and HIV programming

Addis Ababa, Ethiopia
To maximize the impact of GF investments in the fight against TB and HIV.

Enhancing joint TB and HIV programming will allow

- better targeting of resources, and
- scale-up of services in addition to enhance effectiveness and efficiency, quality and sustainability of services.

Stimulate a country-led dialogue and related decision-making among the TB and HIV programs and stakeholders leading to better joint programming, integrated service delivery and improved health outcomes.
Key issues in the Process

Understanding TB NSP and HIV Investment case
Understanding the CN tools, guidance...
Preparation for country dialogue
Clear Work plan/Roadmap for CN development
  • Time frame
  • Logistics arrangement and coordination
  • Taskforce members selection
Key steps followed in single TB/HIV CN development

Pre-concept Note:
- NTP External Review, in July - September 2013
- Revision of TB NSP, September 2013 – January 2014
- HIV/AIDS Strategic Plan 2015 – 2020 in an investment case approach

Disease program split made following announcement of NFM and country allocations
  - TB/HIV
  - Malaria
  - Cross-cutting HSS

National Roadmap for CN development prepared
<table>
<thead>
<tr>
<th>Disease Component</th>
<th>Allocation</th>
<th>Percent of total allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>334,349,657</td>
<td>57</td>
</tr>
<tr>
<td>TB</td>
<td>59,542,335</td>
<td>10</td>
</tr>
<tr>
<td>Malaria</td>
<td>144,026,275</td>
<td>24</td>
</tr>
<tr>
<td>HSS*</td>
<td>53,265,094</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>591,183,361</strong></td>
<td><strong>100</strong></td>
</tr>
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* Includes existing HSS Funding
Key steps in concept note development….

Establishment of national taskforce to draft concept note preparation

- Both National TB and HIV/AIDS Programs
- Maternal and Child Health Program
- Federal agencies: HAPCO, PFSA, EPHI
- Bilateral and multilateral organizations
- Key stakeholders and CSOs representatives

Orientation of taskforce members on NFM tools and templates
Key steps in concept note development....

Country Dialogue to Prioritize Interventions

- Multi-step consultations

1. Wider stakeholders consultative workshop on CN development
   - Prioritization of interventions: based on the revised TB NSP and HIV NSP – IC
2. Single TB/HIV CN writing team established (involving wider stakeholders)
3. Group discussion with key affected population (CSWs, PLHIV)
4. Country dialogue on draft single TB/HIV CN
   - Engagement of Global Fund Country Teams
5. External TA and country-to-country peer review for development of TB/HIV CN
6. CCM/E review and feedbacks
7. Single TB & HIV CN finalized and submitted in October 2014
Programme areas covered

Program areas for Single TB/HIV CN:

- **TB Program areas:**
  - Basic TB DOTS expansion and enhancement, Community TB Care, TB Prevention and care in pastoralist settings, congregate and other high-risk settings, TB/NCD integration, TB/MNCH Integration,
  - MDR-TB Prevention and Care
  - Integrated TB/HIV services delivery at PHCU
  - TB, TB/HIV and MDR-TB Program management

- **HIV Program areas**
  - Targeted HIV prevention interventions (BCC-MARPs, condom, STI, Targeted HTC, PMTCT, BLS, VMMC)
  - HIV care/ART
  - Integrated TB/HIV services delivery at PHCU
  - OVC care & support
  - HIV/AIDS program management
Areas for Joint Programming

Program Management

Integrated TB/HIV service delivery at PHC Level
- ART service using more decentralized TB Clinics
- HIV Testing services in TB Clinics
- IPT and infection control in HIV Care clinics

Scale up of use of GeneXpert MTB/RIF assay for TB detection among PLHIV

Integrated Lab networking, sample transport and results delivery system
Key benefits/opportunities used

Facilitated understanding of the program gaps and strategic priorities of the two programs

Fostered resource sharing on key program interventions

Created a common platform for engagement of all TB and HIV/AIDS stakeholders
Opportunities used:
Concrete demonstration of joint programming

Resources allocation
✓ GeneXpert MTB/RIF assays for TB detection among PLHIV: all costs were from TB program allocation

✓ IPT scale up: allocation for INH cost (entirely TB)

✓ HTC kit cost (entirely HIV)
Missed Opportunities

Use of decentralized TB services for ART provision (Resource as well as policy issues)

✓ ART services are available in 1,047 HFs Vs. 3,500 TB DOTS clinics

Global Fund programmatic implementation and joint monitoring (multiple PRs for TB/HIV Interventions....)
Operational feasibility of Integrated TB/HIV services delivery in Ethiopia

- **Human resource capacity building needs:**
  - Program management (both TB and HIV)
  - Integrated mentoring needs
  - Comprehensive HIV care training for TB clinic staffs
  - TB clinical and program management training for HIV care clinic staffs
  - Integrated lab professionals training

- **Shifting responsibilities on some interventions:**
  - HTC in TB clinics (current practice)
  - CPT by TB clinic staffs
  - ART services in TB Clinics

- **Infrastructure needs/adaptations:**
  - Space, Infection Control
  - Lab services enhancement

- **M&E tools (registers and other recording formats,..)**
Thank You!