Joint TB/HIV Concept Notes
Opportunities and Challenges

Araoye Segilola
Director Programme Development & Administration
National AIDS/STIs Control Programme
Federal Ministry of Health
Abuja - Nigeria
Outline

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Background

• Nigeria was chosen as one of the countries to submit a joint TB/HIV (GF) grant using the new funding model (NFM)
• NFM encourages intense country engagement of all Partners/Stakeholders including civil societies and key affected populations
• The Country Coordinated Mechanism mandated the National Malaria, HIV/AIDS and TB Programmes (and the National Agency for the Control of AIDS) to prepare the NFM and prepare required documents for the three diseases such as Strategic Plans
Background

Summary of the TB/HIV Situation in Nigeria

HIV Prevalence has continued to decline in Nigeria.

HIV Prevalence (%)

- 1991: 1.8
- 1993: 2.5
- 1995: 4.5
- 2001: 5.0
- 2003: 4.8
- 2008: 4.6
- 2010: 4.1
- 2013: 3.4

HIV incidence is falling in Nigeria.

HIV Incidence in Nigeria

- 2003: 0.46%
- 2004: 0.43%
- 2005: 0.42%
- 2006: 0.38%
- 2007: 0.37%
- 2008: 0.35%
- 2009: 0.31%
- 2010: 0.30%
- 2011: 0.28%
- 2012: 0.23%
- 2013: 0.21%

New HIV infections are decreasing in Nigeria.

Number of health facilities offering ART: 1,057

Significant progress in the prevention of mother to child transmission of HIV.

- Mother to child transmission of HIV has been eliminated in one community in Nigeria.
- 230,140 pregnant women on ART.
- 12,993 pregnant women counselled, tested and received results.
- 230 PMTCT sites.

ART is working in Nigeria.

- 7,865 No. of people on ART per annum.
- 747,182 No. of deaths per annum.
- 1,109,181 No. of people on ART per annum.

Key TB/HIV Indicators

- TB Cases Tested for HIV
- CPT
- ART

• Coverage is still low
• Direction is continued nationwide scale-up of HIV & TB services towards universal access by 2020 and 2025 respectively, and end the epidemics by 2030 and 2050 respectively.
The Process

Other Activities
- Weekly Core Team meetings
- Multi-stakeholder meetings and workshops as needed
- Epi-data and modelling workshop
- State profile assessment
- NSP/Mid-Term review of national Plan
- MARPs size estimates country wide
- Harmonization with PEPFAR and other Donors in country

Sources of new HIV infections in Nigeria
Concept Note Development Process

- Identification of stakeholders working on the three diseases and health system strengthening.
- The RMC with support of the Grant management Solution discussed and came up with draft roadmap presented to the CCM.
- A CCM retreat was held to review the roadmap and agreed on allocations and priority areas.
- Intensive discussions with partners especially PEPFAR to agree on targets settings.
- Mapping of Technical Assistant need and engagement of consultants.
- Convene a large workshop to engage Civil Society Organizations (CSOs) and Networks on different thematic areas and priority service delivery areas.
- Intensive work on each service delivery area by the National Programme and other stakeholders with support from the identified consultants.
- Mock TRP in South Africa to provide feedback to improve the final Concept Note.
- A retreat in Calabar, Cross River taking into account feedback from South Africa team (TRP) and GF Country Team.
- Further review by the Lead Consultant and identified few Stakeholders (Govt. and CBOs; Network of People Living with Diseases and CSS) to further improve the Concept Note.
- Further Stakeholders meeting to review the updated Concept Note and collate electronic input.
- A CCM meeting endorsed the Concept Note following comments and recommendations for improvement.
- Technical Stakeholders meeting was convened to review the quality of the Concept Note taking into consideration the feedback from GF, UNAIDS-Headquarters and other stakeholders.
- Collation of supporting documents and annexures.
- Uploading of the CN on the online platform and the off-line submission.
STRENGTHS OF THE PROCESS

• The concept note preparation process involved a wide range of stakeholders including representatives of key affected populations, and thus was reflective of a wide range of opinions on priorities for the programmes.
• There was active engagement and visibility of MARPS leaders in the process providing an opportunity for expression and interaction with important national stakeholders.
• The Concept Note process forced programmes to look at data critically and to come up with a rationale for prioritizing action.
• The Concept Note process provided further opportunities for the TB and HIV programmes to enter into more dialogue with each other and consider areas of potential integration.
• The provision of a common facility for regular meeting of consultants with key stakeholders made consultations and consensus building easier, but the long time frame made constant participation difficult.
• The programmes devoted staff to the Concept Note preparation effort for the duration of the process and the consultants engaged to support the process were perceived as knowledgeable and dedicated.
• The GF country team was accessible to clarify questions throughout the process.
Challenges 1/2

- **Understanding of the process**: Consultants were recruited to support almost every module of the concept note, with more than 16 national and international consultants engaged on the process.
  - As this was a new process, not all consultants were familiar with the CN development process and needed additional support to provide guidance to participants. This led to a slow start.
  - Because all the CN activities (strategy development, budgeting, stakeholder consultation, template completion, etc.) were compressed into the same timeframe, prioritization was a challenge.
  - A number of consultants were underutilized because the data they needed to support the process were not available on time, or changed during the process (e.g., HIV focus states and activities).
  - The process of target setting and programmatic gap analysis was complicated by the unavailability of robust data from the programmes.
  - Some of the guidance was cumbersome and that there was insufficient understanding of the templates provided.
Challenges 2/2

- **National Strategic Plans**
  - NACA/NASCP did not complete a mid-term review of the existing strategic plan until June 2014. As a result, there was insufficient time to prepare a revised National Strategic Plan for HIV prior to development of the CN. NACA/NASCP therefore did not have a strategy to base interventions and activities to include in the CN.
  - In addition, without an HIV strategy, it was difficult for the TB program to clearly identify synergies and overlap with HIV in a timely manner, this was critical for the development of a joint CN.
  - There were insufficient opportunities for the NTBLCP and the NACA/NASCP to discuss concrete steps for collaboration using the program plans as the basis for discussion.
  - The TB program began work on its NSP in April 2013. By the beginning of the concept note development process, the NSP core plan was completed, but the budget was not, which prevented the NTBLCP from being able to effectively complete gap analysis tables in a timely manner.

- The scheduled process-timeline to undertake and produce HSS-CSS Assessment document for the CN process was too tight.
Some country-specific issues

- Nigeria is a large and diverse nation. It is challenging to bringing all the stakeholders together to work in a central location.

- Timing and coordination: It was extremely challenging to coordinate the timing of multiple processes required for the development of the CNs for the two programs (HIV/AIDS and TB) at the national level. Although numerous roadmaps were developed, none was successfully adhered to.

- Availability and participation of key stakeholders: Given the occasional participation of some key stakeholders at the venue of the CN writing, agreements on baselines, status and strategic choices were belabored and prolonged.

- Occasional availability of program leadership: NACA, NASCP, and NTBLCP programme leaders were not always visibly involved in the details of the CN preparation process. This is understandable as they face conflicting priorities. This hampered quick decision-making on critical issues.

- Staff and in-country partner time: The process of developing the concept note alone took a lot of time away from the business of implementing TB and HIV control at the country level.

- In addition to the direct costs involved in keeping so many stakeholders at a central location, there were also significant opportunity costs involved by their not doing their normal jobs for so long.

- HIV/TB Joint work: The idea of a joint concept note is noble in its objective of seeking to bring the two programs closer together. In reality; this was a difficult process sometimes
Global Fund and concept note format/content issues

– Lack of understanding of concept note requirements: Many relevant program staff had insufficient understanding of what would be required in this new approach. Stakeholder participation requirements were also unclear. The relationship between the NSP and the CN was not clear to many participants.

– Concept note templates: The concept note template and tables were complex and often difficult for participants to understand. Given this complexity, some participants may have lost sight of their purpose and spent most of their time focusing on the mechanics of completing the tables and text. This may have led to a less coherent end product and less well-developed arguments in some cases.

– Guidance from Global Fund. Global Fund and technical partners have developed a wealth of guidance documents to support countries and consultants as they prepare concept notes. The sheer volume of guidance was overwhelming. Documents are not always clear or consistent, and verbal guidance from the Global Fund team was not always consistent with the documents.
Global Fund and concept note format/content issues

– Inconsistent guidance by the Global Fund team. For instance, the team initially provided feedback that Nigeria should reduce the number of priority modules it intended to submit. Following that communication, the team provided feedback that Nigeria needed to add priority modules on removing legal barriers and other topics.

– Vague conceptions about how “large” the above allocation programming could be accommodated within the CN gave rise to multiple approaches, sometimes conservative and sometimes bold.
RECOMMENDATIONS

• Alignment of National Strategic Plan with Concept Note
• Integration of HIV/AIDS & TB activities
• Data availability
• Standardized unit costs
• Availability of programme managers: HIV and TB programme officers.
• Timing of cost allocation
• The GF country team’s engagement in the CN development process
• Funding required for maintenance
• Transparency of the process

• HSS-CSS Assessment
• Project management
• Consultant management
• Single-cause CSOs. A lot of soft consultative work is required to find a way for the diversity of single-cause CSOs, with strong, divergent and sometimes inflexible positions to work together, especially on HSS and CSS activities. A policy framework for CSOs engagement with government counterparts may help this.
Conclusion

• The process of developing the concept note took a lot of time away from the business of implementing TB and HIV control at the country level.
• The adoption of Multi stakeholder engagement led to wide range of opinions on priorities for the programmes. - important ingredient in the ownership and sustainability of the output
• The process ensured programmes prioritized response based on critical analysis of data and available funding
• Key essential documents (strategic plans, epi-analysis, annual reports etc) are essential in identifying gaps the drafting of CN
• The entire process was a great capacity building resource for everyone involved
• The Process demonstrated that integration of TB and HIV services is possible, - this concept can be applied across other disease areas
• There is urgent need to modify the CN process, making it less cumbersome, less disruptive and less expensive
THANK YOU