Market place DRC and Cameroun – Day 1

Best practices

DRC:

- TB and HIV program were already collaborating well since Round 3, 5, 6, 9. NFM did not change much in the collaboration which was already good; (NFM did not change that)
- Two different concept notes but very much aligned and discussed;
  - Country dialogue with civil society was separate by TB and HIV program; very beneficial
- Both programs have a costed NSP which forms the basis for the grant application.

Cameroun:

- Single Concept Note
- Dialogue was good based on country data of service provision;
- Grant negotiation process was smooth also in relation to division of TB and HIV budget;
- Country dialogue already took place in development of TB NSP;
- Both programs have the same 4 indicators to report on; will align their data on a quarterly basis; but not implemented
DRC and Cameroun Challenges

DRC:
• TB/HIV activities (100% ART, PICT, PMTC, pediatric HIV) could not be achieved because of lack of $$. $$.
• HIV and TB allocations were already set upfront.
• HIV NSP made and costed and used for grant application and then not considered good enough by GFATM (different teams, different opinions).
• Extended repetitive discussions and justifications during each part of grant application to approval process.

Cameroun:
• Complexity/challenges in SCN very heavy on the HIV side (challenges) >>TB
• Low coverage of ART

DRC/Cameroun:
• TB treatment very decentralized; HIV care much more centralized.

National priority setting HIV care (ART!) and prevention discussion difficult in country and also with GFATM team.
DRC and Cameroun Solutions

We did not go into that....
DRC and Cameroun Opportunities

Put GeneXpert in HIV grants for testing PLHIV for TB;
Continue joint implementation, planning, M&E review, on data that have been validated and reconciled;

...
Other comments DRC

What is really new in NFM? R3, 5, etc TB/HIV activities were already included. Services are provided in an integrated fashion. Collaboration was already there.

How can the TB patient have the HIV services? TB much wider spread than HIV. HIV and TB need to walk together. "The slowest walker decides the pace”.

- TB/HIV Module was developed by NTP; but without sufficient budget.
- Aim test all TB patients and all HIV+ on ART cannot be achieved.
Other issues

Test and treat is coming, which will be very beneficial to TB reducing HIV associated TB;

Think back on how you will achieve the targets 90/90/90

• Allocate TB/HIV resources accordingly in either HIV or TB grant.