Ethiopia/Zambia

Lessons learnt during the development of joint TB/HIV CN
Best practices

• Created a platform for multi-stakeholder engagement (national programmes, bilateral, KAP, civil society, etc) during country dialogue - identifying priorities, gap analysis and resource allocation.
• Use of epi-data for decision making and setting programme priorities.
• Provided opportunities to revise programme documents (NSP, M&E tools, guidelines, etc)
• TB and HIV programmes working together for joint programming and priority settings
• Provided opportunity for establishing/including one stop centers for implementation of activities.
Best practices

- Facilitated understanding between the two programmes – gaps and priorities
- Forster resource sharing during proposal development and funding allocation
- Provided a platform to HR capacity building for both programmes by the process and from TA providers.
• Gave opportunity for establishing multi-partner task force to write the CN
• Continuous engagement of the country team to clarify issues
• Encourage country ownership as countries need to provide counter funding
• Provide avenue for task shifting in some interventions (HTC, CPT, ART in TB and HIV clinics)
• Establishing a TB and HIV coordinating body.
Bottlenecks/Challenges

- Unclear commitment from partners for country to come up with the clear programmatic and financial gap analysis.
- Allocation of Ethiopia was mostly of the existing grant. Making funding allocation a big challenge.
- Resource allocation to different areas
- Policy issues and structural management issues
- Integrating vertical programmes with separate funding lines and structure.
- Lack of up to date programme data on which to develop the CN
- Time taking exercise and
- Limited funds
- Coordination of activities between CN development and ongoing programme activities as same people are evolve
- Unclear guidelines during the CN development process.
- Health system disruptions due
Bottlenecks/Challenges

- Unclear commitment from partners for country to come up with the clear programmatic and financial gap analysis.
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- Allocating resource to different programme areas
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- Coordination of activities between CN development and ongoing programme activities as same people are evolve
- Unclear guidelines during the CN development process.
- Differences in geo-graphic distribution diseases which make it difficult to for resource allocation
Solutions

• 1.3 section of the concept note need to revise and update ???
• Policy decision to ensure joint TB and HIV programming outside GF CN development
• Countries to ensure development of quality NSP and all relevant documents as bases to developing CN (malaria NSP as example).
• Joint annual review and development of NSP at country level
Opportunities

• Allocation of resources for health system/evidence base research
• The two programmes to leveraging on each others respective knowledge and skills
• Opportunity for resource allocation according country needs (TB allocation for GeneXpert, IPT scale up, )
• Joint programme implementation in terms of supervision, monitoring and supervision
• Opportunity to expand HIV interventions to TB programme (TB has wider coverage)
• NSP being development at the same time with the CN and gave opportunity for in puts into the TB-NSP (Zambia)