COUNTRY EXPERIENCE SHARING ON JOINT TB/HIV PROGRAMMING

Group 1: Nigeria and Malawi
Market place
Global consultations on TB/HIV CN development
Ethiopia, 18-20 Nov 2015
BACKGROUND

- Almost similar CN development process
- Began with strategy development to gap analysis to prioritization
BEST PRACTICES

- Joint writing team convened by a CCM nominated chair
- Specific efforts to engage TB stakeholders
- Joint programme areas identified
  - Harmonization of key interventions
- High partner support
- Country dialogues involving variety of stakeholders
- CN based on national strategic plans and robust epidemiological analysis (evidence based)
- Consensus on disease split decision through wide consultations (e.g. TB benefitted in Malawi)
- Team work and leadership by the CCM
- Peer review organized by WHO and partners
CHALLENGES

- Historically vertical nature of the programmes including separate funding channels
- Different HR cadres making it difficult for integrating services
- Most disease specific CBOs do not have adequate capacity for other disease (more appropriate for HIV CBOs as larger in no)
- Bringing technical teams and partners to one platform
- High consumption of country staff and partner time for the CN development process
- Routine implementation affected
- Fear of one programme overshadowing other
- HIV and TB programme strategies with different timeline
- The GF team support
  - Limited support
  - Timing of GF comments late in the processes
  - GF push for inclusion/ deletion of specific interventions overriding country decisions
SOLUTIONS

- Joint budgeting
- TB and HIV under one directorate depending upon the context
- One plan, one leadership and one M & E
- Reforms in human resource to have uniformity in ToR
- Strengthening of oversight committee of CCM
- Capacity building of CBOs
- Need enhanced engagement of GF team in a process
- Coordinated UN support including for implementation
OPPORTUNITIES

- Joint proposal guidelines
- Opportunity to engage community in HIV and TB programming
- HIV stakeholders to learn TB and vice versa
- Collaboration with other programmes e.g. RMNCAH, NCD
- Joint health planning for SDGs
- Capacity building of the staff
- CN development process brought TB and HIV programmes together- opportunity for having single directorate (e.g. Malawi)