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

Background

Summary of the TB/HIV Situation in Nigeria

- HIV prevalence has continued to decline in Nigeria
- New HIV infections are decreasing in Nigeria
- Significant progress in the prevention of mother to child transmission of HIV

- ART is working in Nigeria

Indicator | Estimate of Risk (per 100,000 population)
---|---
Prevalence of all forms of TB in all ages | 322
Prevalence among adult population (25 years – 59% of total population) | 520
Prevalence among children (<15 years) | 39
Incidence of all forms of TB in all ages | 388

- 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
Best Practices

• Concept Note was purely informed by science – Epidemiological and Impact Analysis for TB and HIV
• Active Multi-stakeholder engagement via series of country dialogue processes
• The Mock TRP in SA was a great help. Led to a technical retreat to review and update CN based on feedback
• TB and HIV programmes working together and harmonizing key interventions (joint programming)

Resource Implications

• Human Resources for Concept Note Development Process:
  • Average of 100 persons worked on the NFM CN daily (including weekends and public holidays) from March 2014 to submission in August 15, 2014
  • Estimated man-hours spent on the NFM Concept Note development process = 201,600 (approx. 25,200 person-days of work – assuming an 8-hour work day; or 1,008 person-months; 84 person-years)
  • In addition, over 16 national and international consultants were involved in the process

• Human Resources for Grant Making Process over 7 months:
  • Average of 65 persons at any particular point in time working on the grant making documents seven days a week equivalent to 127,400 man-hours or 53 person-years of work

• Financial implications: Estimated that the entire process cost approximately 45 million Naira (US$274,569)
Impact of the process on the Nigerian Team/Work

• Initially, hailed as a good model that will enhance the HIV & TB work in Nigeria

• Gradually became a nightmare
  • Over 329,000 man-hours or 137 person-years invested in the process (conservative estimate)
  • Serious hindrance to effective performance of other responsibilities of those involved in the process (mostly senior level staff)
  • Resulted in burn-out of virtually everybody involved in the process, including our technical partners – and a major source of stress-induced conflict among country players

• Nigeria would wish to suggest a major modification of the CN process making it less cumbersome, less disruptive and less expensive

Key Challenges

• Very limited support from the GF country team to the NFM CN development process, Negative support in most cases
• Inconsistent and sometimes confusing instructions from the country team
• Insufficient understanding of the new NFM CN process, template and requirements
• Unavailability of HIV/AIDS Strategic Plan for the application period
• Very little data or reports on past interventions (what worked/didn’t work)
• Timing and coordination of processes across disease programmes
• Size and composition of writing groups: most groups were too large to work effectively resulting in delays in delivery
• Unavailability of standardized unit costs of interventions across disease programmes
• 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
Lessons Learned

- 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 – this affected both the in-country response team as well as our technical partners.
- Multi stakeholder engagement adopted thus reflective of a wide range of opinions on priorities for the programmes; this is an 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.
- Common facility for regular meeting of consultants with key stakeholders made consultations and consensus building easier.
- The entire process was a great capacity building resource for everyone involved.
- The Process demonstrated that integration of TB and HIV services is possible, and that this concept can be applied across other disease areas.