Should inclusion of TB/HIV be a requirement in PEPFAR country operational planning for proposals?

Bill Coggin, OGAC

TB/HIV *is* a strongly supported priority of PEPFAR

- Supported 3 country, $2 million pilot projects to spur action and demonstrate progress
- Explicit in COP guidance, following WHO framework and normative guidance
- Detailed programming guidance in PEPFAR technical considerations
- HQ and field technical work groups (TWG) for TB/HIV programming
- TWG and programmatic COP reviews for adequacy of response
- HQ operational plan process with limited resources
- Upcoming State of the Program Area
- Funding: Five-fold increase from $26 million (FY05) to more than $150 million (FY08)

Understanding PEPFAR resource allocation

- HQ level overall country allocations
- Flat (or decreasing in real terms) budgets
- Country-level decentralized planning in consultation with host country governments and partners
- Country-level processes vary
  - TB/HIV competing among other priorities
  - Budgetary requirements
- How can we maximize/leverage of existing resources
- Need for continued advocacy and mobilization
- Going forward:
  - Country-level approaches
  - Headquarters-level approaches

Country-level

- TB and NAP managers engage early and often
- Develop and promote plans for collaborative activities
  - Inclusion of TB/HIV in policies and SOPs
  - e.g. M&E registers and patent encounter forms that drive practice
- Engage in PEPFAR partners' meetings
- Include PEPFAR partners in NTP and NAP meetings
- Engage 'Track 1.0' partners;
- Even with flat budgets, unexploited opportunities exist to promote Three Is and broader TB/HIV agenda

PEPFAR Headquarters Level

- Continued leadership emphasis for TB/HIV
- Three-tiered COP review process
- Limitations of COPs; need for integration into workplans/funding agreements/reporting requirements
- TB screening requirement to be made part of Track 1.0 funding agreements
- Next Generation Indicators:
  - Harmonization with WHO and UNAIDS
  - Improved relevance for program-level management
- For further action:
  - Requirements for PEPFAR-funded renovation/construction
  - Infection control
  - Respirators via SCMS pooled procurement

Sample RFA language:

- Opportunistic infections, such as tuberculosis, and its link to HIV/AIDS should be highlighted. Further, the Program's knowledge and application of the World Health Organization's guidelines should be demonstrated and integrated into the work plan. For example, the WHO supports the "3 I's," a public health strategy surrounding TB/HIV management:

1. Intensified case finding,
2. Isoniazid Preventive Therapy and
3. Tuberculosis Infection Control for people living with HIV.

Challenges *

- Partnerships essential:
  - MOH leadership
  - Country-level adoption of WHO normative guidance
  - Mechanisms of collaboration articulated
  - MOH SOPs and oversight
- Requirements do not assure quality
- Definition of ideal tools still evolving
- Monitoring compliance

* manageable

Conclusions

- Evolving HIV/TB landscape
  - Tugela Ferry lessons; Speaker propellant
  - Right to care in safe environment; occup health/safety
  - Threat to efforts towards universal access
- Increased global attention
  - Congress, reauthorization, UNAIDS PCB thematic session, UN Global Leaders Forum, Paris momentum
- Where are we now:
  - Nascent successes from TB entry points
  - Urgent needs for HIV program engagement: “Three Is of HIV/TB”
- Efforts to mitigate the impact of TB/HIV need to be integral across PEPFAR technical areas
- “Responsibility and self-interest to link HIV and TB responses .”
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