NATIONAL COORDINATION FRAMEWORK FOR HEALTH SECTOR RESPONSE TO HIV/AIDS

HIV/AIDS Division

Department of Public Health

2011

NATIONAL COORDINATION FRAMEWORK FOR HEALTH SECTOR RESPONSE TO HIV/AIDS

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h) Joint Annual Review Forum

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FOREWORD

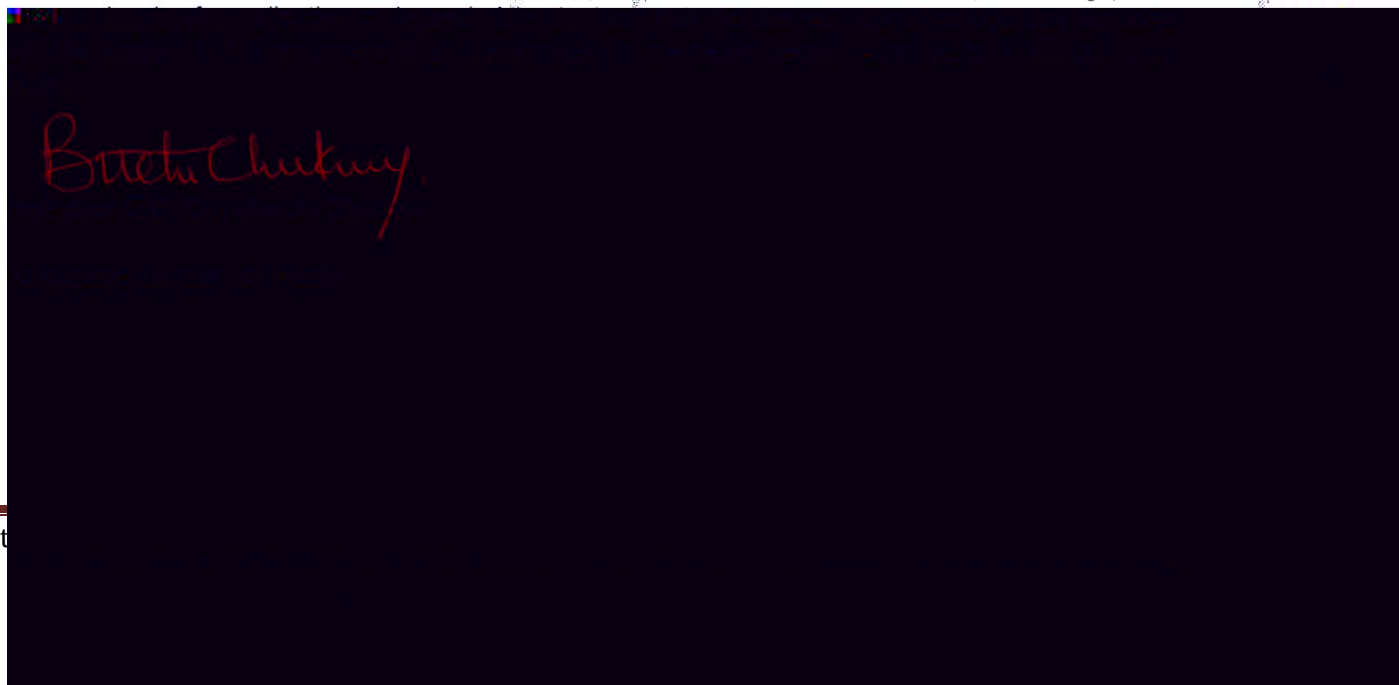
HIV control over the years in Nigeria has advanced through many stages and now faces myriads of challenges wrought by the dynamic nature of the epidemic. Under the multisectoral approach, the HIV/AIDS Division has the mandate of coordinating the health sector response which includes development and review of relevant policies as well as ensuring compliance with same at all levels of implementation. Implementation landscape in Nigeria has however been changing with more development and indigenous partners getting involved, especially in the health sector. Scale-up of service delivery points is ongoing with huge investments in both human and material resources, involving all the states, the FCT, all LGAs and even the private sector. Since the health sector response to HIV/AIDS is huge, more appropriate mechanisms are therefore required to ensure proper integration and coordination of efforts in order to achieve shared targets at all levels of implementation. In line with the transformation agenda of Mr. President, all effort and effective strategies must be employed to attain the health MDGs by 2015.

The first HSSP was developed by NASCP, to give strategic direction to the health sector response to HIV/AIDS. Evidence from review of implementation of the HSSP, from 2005 to 2009, show that the division has huge challenges in coordination, which indeed contributes significantly to missed opportunities in other thematic areas. In recognition of the above, the HSSP 2010-2015, has therefore been developed to among other priority areas, focus on coordination as one of its main strategies.

In light of the above, the Coordination Framework for the Health Sector Response to HIV/AIDS in Nigeria has been developed. The overall goal of this initiative is the development of a consensus reference document that will contribute to strengthening capacity, systems and personnel of the HIV/AIDS Division, FMOH, to plan and manage a well coordinated health sector response to HIV/AIDS in Nigeria.

This Coordination Framework will articulate and unify existing structures and practices as well as define mechanisms of engagement within the HIV/AIDS Division and with HIV/AIDS partners. It is expected to enable the HIV/AIDS Division, demonstrate leadership in the health sector response to HIV/AIDS, through effective collaboration and partnerships. It will moreover, provide the needed support for proper implementation of the HSSP 2010-2015 and serve as a reference material for future use. It will importantly afford SASCPs and FASCP the capacity to subsequently lead the development of their states coordination frameworks and share their practices with others in their various zones.

I recommend this document for all policy makers, health workers and implementing partners at all



ACKNOWLEDGEMENT

The health sector response to HIV/AIDS in Nigeria has made steady progress with high Government commitment and indeed contributed immensely to gains made in the overall multisectoral response. There are however many implementation challenges as expected as the response became more robust with involvement of more indigenous and development partners. The varied contribution from these different stakeholders therefore has the potential to cause vertical arrangements, duplication of effort and waste of resources.

It is in recognition of the above that the Coordination Framework for the National Health Sector response to HIV/AIDS has been developed with the overall goal of contributing to strengthening capacity, systems and personnel of the HIV/AIDS Division, FMOH, to plan and manage a well coordinated health sector response to HIV/AIDS in Nigeria. It also provides ample opportunities for states and FCT AIDS and STIs Control Programmes to subsequently lead the development of their coordination frameworks.

Let me profoundly acknowledge the support of MSH and other USG partners, in making this project a reality. The technical assistance and guidance of the UN System has been sustained and invaluable in this process. We continue to applaud the inestimable contribution of CSOs and Networks of PLHIV in HIV response in Nigeria and salute their high level of commitment and contribution to the development of this document. May I express my unreserved appreciation to all SAPCs and delegates from SASCPs and FASCP. The articulated effort of my untiring team at the HIV/AIDS Division, is hereby most appreciated.

As we are yet to get to our desired destination, many grounds are yet to be covered. In this era of partnerships, the concerted and synergistic effort of all stakeholders and communities are required to achieve our targets of reaching the most underserved with quality services, halt the spread of HIV infection and ultimately prevent deaths due to AIDS.

Dr. Mansur Kabir

Head, Department of Public Health

EXECUTIVE SUMMARY

A key mandate of the HIV Division of the Federal Ministry of Health is the coordination
response to HIV/AIDS in Nigeria. Gap analyses conducted in 2004 and in 2011 indicated the
coordination of activities of diverse partners and stakeholders involved in the health sector
There is need therefore to coordinate and synergise efforts of the HIV programme with c
2009, the Honourable Minister for Health inaugurated the AIDS Tuberculosis and Malaria, v
HIV Technical Working Group to better coordinate HIV programmes.

The Health sector strategic plan (2010-2015) was developed to mount a comprehensive he
through five strategic intervention areas that require the input of diverse stakeholde
involvement is expected to, among other things, minimise duplication and cross-purp
enlarging the gains of scale, compliance to national policy and standard operating gui
working, monitoring or reporting of activities of the health sector response to HIV/AIDS
Framework will articulate and unify existing structures and practices as well as de
engagement within the HIV/AIDS Division and with HIV/AIDS partners

In July 2011, a broad section of stakeholders in the health sector response in a 5-day worksh
coordination platforms of the HSR in Nigeria, conducted a stakeholder analyses and
coordination platforms to better manage the HSR to HIV/AIDS in Nigeria This coordination
more inclusive partnership of stakeholders with government in the delivery of the HSR pla
National Coordination Framework extends coordination activities with six (6) additional
specialists' task teams technically support the eight (8) coordination platforms. The coordinat

i. ATM TF
ii. HIV TWG
iii. Health Partners
iv. HIV PPP
v. Procurement and Supply and Management
vi. Joint Annual Review
vii. NACA/SACA
viii. NASCP/SASCP

These platforms shall have defined lead and membership, roles and responsibilities and ac
platforms align and report to the central ATM TF through the HIV TWG and the National C
Division. This presents a useful template for the States & FCT AIDS and STI Control Progran

The core value the Coordination Framework shall guide the operation of the platforms
response such that it is outcome- based; aligned and linked to existing frameworks, po
involves all stakeholders, and which reflects mutual respect and trust for all stakeholders.
the lead role in this process. The Coordination Framework therefore provides for
mechanisms for NASCP including Reviews, Tracking of activities and Harmonisation of roles

The Coordination Framework finally, provides for performance management and the
Implementation of the coordination forum as means of institutionalising the coordination fram

Dr. Wapada I. Balami mni.
National Coordinator HIV/AIDS Division

1.0. INTRODUCTION

The Federal Ministry of Health (FMoH) initiated the earliest national response to the HIV and AIDS epidemic in Nigeria, shortly after the discovery of the first AIDS case in 1986, with the establishment of the *ad-hoc* committee known as the National Experts Advisory Committee on AIDS (NEACA). The committee was mandated to advise government on modalities for curbing HIV/AIDS in Nigeria.

In 1988, the government of Nigeria established the National AIDS and STDs Control Programme (NASCP) in the Federal Ministry of Health, with corresponding programmes at state level – State AIDS and STDs Control Programmes (SASCP).

In 1997, the multisectoral approach to the control of HIV and AIDS was adopted in the country, under the management of the Federal Ministry of Health. In 1999 the National Action Committee on AIDS (NACA), was established to lead on a multisectoral response at the national level with corresponding bodies at state and local government levels known as SACA and LACA respectively. NACA reports to the Presidential AIDS Council (PAC), the highest level governmental coordination body in the country chaired by the President of the Federal Republic.

The Federal Government of Nigeria adopted the multi sectoral approach to HIV/AIDS curtailment in Nigeria with the health sector response to HIV/AIDS constituting by far the largest of all the sectors. There is also a multiplicity of partners and stakeholders involved in the health sector response making.

Other stakeholder constituencies have established self-coordinating entities. The Civil society participation in the fight against HIV/AIDS has been institutionalised through the establishment of mechanisms such as the Network of People Living with HIV/AIDS in Nigeria (NEPWAN), the Civil Society Consultative Network on HIV/AIDS in Nigeria (CISCNHAN), the Interfaith HIV/AIDS Council of Nigeria and the Nigeria Business Council on HIV/AIDS (NIBUCCA). The UN system established the UN Theme Group on HIV/AIDS in 1996 with a view to strengthening collaboration, coordination and joint planning on HIV/AIDS issues in Nigeria. UNAIDS provides secretarial support to the Group. An Expanded Theme Group, consisting of NACA, the UN agencies, donors/partners and the civil society, continues to serve as the platform for dialogue, exchange of information and partnership-building across the different stakeholder groups.

In 2004, a situation analysis of the health sector response to HIV & AIDS in Nigeria identified poor coordination of partners as one the major problems inhibiting effectiveness of the sector. Therefore, one of the key responses outlined in the Health Sector Strategic Plan for HIV & AIDS in Nigeria (2005 – 2009), was the establishment of a mechanism for coordination of partners in the sector. To address this gap, the Federal Ministry of Health invited contributors to the Health sector response to HIV & AIDS in Nigeria, including foundations, bilateral and multilateral institutions and other key stakeholders, to institutionalize a forum around health sector HIV & AIDS issues and to harmonize support through the setting up of the **"**Health Sector HIV & AIDS Partnership".

Coordination is bringing together, through a common permanent or temporary structure, groups that are pursuing a common health programme[1].

The Nigerian health sector response to HIV/AIDS has been changing with more development and indigenous partners getting involved. Scale-up of service delivery points is ongoing with huge investments in both human and material resources by the federal, states, the FCT, LGAs and even the private sector. The Mid-term review and the end-term evaluation of the HSSP identified recurrent challenges to the HIV/AIDS Division (HAD) FMoH to effectively coordinate the health sector response to HIV/AIDS. These coordination challenges slow progress of implementation and indeed contribute significantly to missed opportunities in service delivery due to inadequate planning, duplication of effort and waste of resources. Since the health sector response to HIV/AIDS is huge and diverse, the achievement of targets at all levels of implementation certainly requires broader integration and coordination of efforts of all actors. In particular, there is need to institute comprehensive coordination platforms that can facilitate implementation of the health sector strategic plan (2010-2015).

1.1. IMPLEMENTING THE HEALTH SECTOR STRATEGIC PLAN

One of the main strategies proposed to achieve objective 2 of the first strategic priority area of HSSP 2010-2015 is the development of a Coordination Framework. This Coordination Framework will articulate and unify existing structures and practices as well as define mechanisms of engagement within the HIV/AIDS Division and with HIV/AIDS partners.
The expectation is that a comprehensive coordination framework can address recurrent challenges of:

i. **Duplication:** Similarly, a donor agency may invest significant time and resources into a geological survey for a road or water project, unaware that a similar survey was completed a month earlier by a different donor.

ii. **Cross-purposes:** The activities of various uncoordinated agencies may actually conflict and undermine development objectives. It is not uncommon, for example, to hear that health providers are receiving contradictory guidance from technical advisors provided by different agencies. Uncoordinated activities may also result unnecessary competition for materials, or other limited resources in a region, potentially making each project less cost-effective.

iii. **Loss of scale:** Without donor coordination, these projects may be passed by, as they are often not cost-effective at the scale that a single donor could support.

iv. A**dministrative burden:** The presence of more actors does not necessarily mean significantly improved results, but often does mean more administrative demands.

v. **Unclear leadership:** In many situations, national MDAs fail to exert significant authority and require stronger leadership to ensure conformity to standards, collaborative working, monitoring or reporting of what roles partners and the private sector are playing or even who the actors are.

[1] *The Manager, Management Strategies for Improving Health services, 12(4). 2003*

1.2. VISION AND MISSION OF THE HIV/AIDS DIVISION (NASCP), FEDERAL MINISTRY OF HEALTH

Vision

"A division which, anchored on a culture of continuous improvement, proactively contributes to overall public health in Nigeria, through effective coordination of the health sector response to HIV/AIDS"

The Mission of NASCP:

To reduce morbidity and mortality from HIV/AIDS in Nigeria through effective, overall coordination and management of the health sector response

1.3. THE MANDATE OF NASCP

The National AIDS/STIs Control Programme (NASCP) is a division of the Department of Public Health of the Federal Ministry of Health (FMoH), Government of the Federal Republic of Nigeria. A key mandate of NASCP, within the overall curtailment of HIV/AIDS in Nigeria, consists of:

"To coordinate the formulation and effective implementation of National Policies, Guidelines and Standard Operating Procedures for the prevention of new HIV infections as well as Treatment, Care and support for those infected and affected by the virus in Nigeria" among others.

The roles and responsibilities of the Division are as listed in table i.

1.4. STRUCTURE AND COMPONENTS OF NASCP

The HIV Division is organised to ensure effective coverage and delivery on its mandate. NASCP is structured in five functional Components. Each Component has specified thematic roles and responsibilities. The Components are accountable to the National Coordinator. All staff of each Component have specified schedules and report to their respective Heads of Components.

i. Strategic Information (SI)
ii. Advocacy, Communication And Social Mobilisation (ACSM)
iii. Treatment, Care And Support(TCS)
iv. Prevention
v. Programmes Development and Administration (PDA)

The Components and their reporting lines, constituent units and interrelationships are as indicated in the organisational chart for NASCP in fig 2.

The coordination framework incorporates and documents internal organisation for a more effective and efficient harmonisation of activities within the HIV Division.

To position NASCP to lead coordination of the health sector response and for the implementation of the HSSP, , the coordination framework reactivates, refocuses and establishes coordination platforms that recruits all stakeholders involved in the health sector response to HIV/AIDS in Nigeria.

In addition, NASCP shall lead in the alignment of the output and activities of the nine (9) specialists' TASK Teams to the eight (8) coordination platforms of this framework at the Division and ministerial levels.

1.5. THE ROLES AND RESPONSIBILITIES NASCP

Table 1: Roles and Responsibilities of HIV/AIDS Division [2]

▪ Overall health sector HIV/AIDS response management and coordination. ▪ Treatment, care and support for those infected and affected ▪ Prevention of new infections through PMTCT, HCT, Blood Safety, IEC/BCC, Effective treatment of STIs, Condom promotion and quality assurance, Universal Precaution (including PEP & MMIS)	▪ Formulating and disseminating National health sector HIV/AIDS policies and guidelines ▪ Providing training and technical support to State and LGA AIDS control programmes and health care facilities ▪ Facilitating the procurement of HIV/AIDS related equipment, drugs and other supplies ▪ Developing systems to monitor and evaluate health sector intervention and compliance with polices and guidelines.

[2] *Federal Ministry of Health/ NASCP, Nigeria. National Situation Analysis of the Health Sector Response to HIV and AIDS in Nigeria. FMOH/NASCP 2005; 1-198*

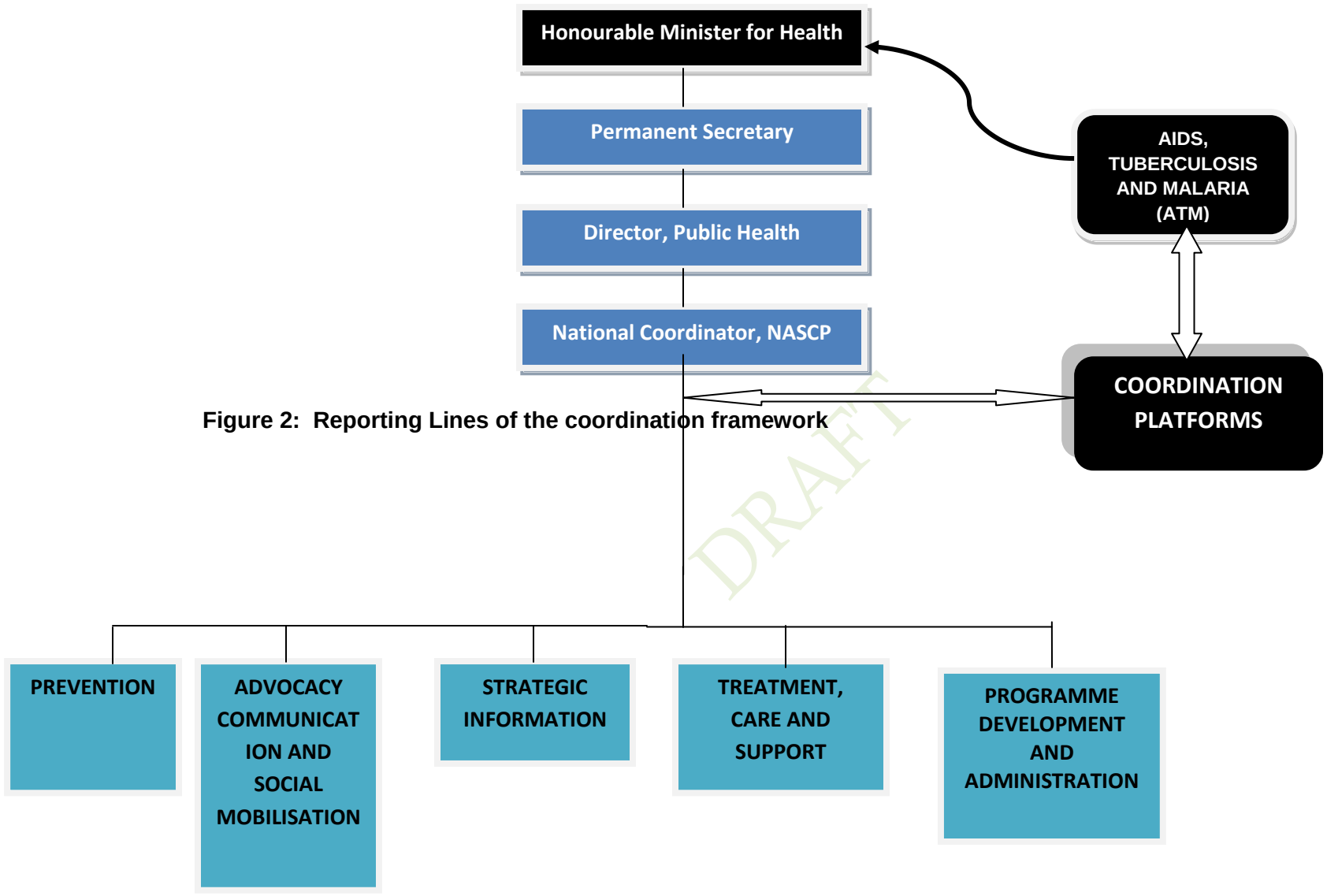


Figure 2: Reporting Lines of the coordination framework

1.6. The Health Sector Strategic Plan (HSSP) 2010-2015

The health sector strategic plan for 2010-2015 was developed to deliver on five (5) strategic intervention areas as listed in table ii. The Coordination platforms align specific stakeholders to the strategic intervention areas on the basis of comparative strengths and focal areas. The Coordination platforms have members from such agencies and organisations that can fruitfully collaborate with the Government of Nigeria to implement particular strategic intervention areas of the health sector plan (2010-2015).

Table ii: HSSP (2010-2015) Intervention areas

Strategic Interventions	
I.	Programmes Development & Administration
II.	Prevention of New HIV Infections
III.	Treatment Care and Support PLHIV of HIV/AIDS and Related Health Conditions
IV.	Advocacy, Communication and Social Mobilization
V.	Strategic Information

2.0. THE NATIONAL COORDINATION FRAMEWORK: SCOPE, GOAL, RATIONALE AND GUIDING PRINCIPLES

2.1. SCOPE OF COORDINATION

The national coordination platforms for the health sector response to HIV/AIDS are countrywide and extended to engage partners and actors in diverse areas of health sector response. The platforms include private sector partnership coordination and platforms for inter-organisational collaborative working including multi-sectoral response under the coordination of NACA. The framework involves all state and FCT offices leading health sector response. There are eight (8) platforms with a central ministerial AIDS, Tuberculosis and Malaria Task Force (ATM TF) to which the platforms report through the HIV-TWG and the National Coordinator HIV Division (NASCP). The nine (9) task teams/TWGs provide specialists' technical guide, support and information to various platforms to guide their decisions and approaches in matters related to their terms of reference.

2.2. RATIONALE

NASCP repositioned itself to deliver desired outcomes of the health sector response with a comprehensive Health Sector Strategic Plan (HSSP) in 2010. The HSSP was carefully prepared to deliver outcomes for the curtailment of HIV/AIDS in Nigeria through strategic themes as indicated in section 1.6 above.

As part of the process for the development of this coordination framework, a gap analysis of the effective and efficient implementation for the HSSP was organised by NASCP in July 2011, involving diverse stakeholders in the health sector response in Nigeria with support from the USAID-funded Management Science for Health (MSH). In particular, the stakeholders noted that:

- weak interfaces existed among potential implementers of the plan;
- there were technical and geographical duplication of functions and roles leading to wastages of resources at both the national, state and local government levels;
- NASCP required more comprehensive coordination platforms and processes.

In recognition of the significant roles of stakeholders including Donor Agencies, Implementing Partners, Civil Society Organizations, Commercial Partners and the private sector, the need for more comprehensive and managed coordination was imperative for a better health sector response. It was therefore necessary to develop, document and share coordinating platforms and processes and to effectively manage them to produce desired goals of collaborative working.

A key basis for a coordination framework is to ensure complementarities in activities of diverse stakeholders for rapid achievement of desired outcomes with effective use of human and other resources available. The purposes of a national coordination framework for the health sector

response include achieving improvement in joint planning, implementation and monitoring and evaluation. Coordination is a vital requirement for HIV/AIDS programmes management perhaps more so than for other health programmes.

There are many diverse activities in health sector response. These range from management of treatment and care, standardization of the health commodities procurement and distribution, coordination of many diverse activities in prevention and advocacy and social communication for change and management of the strategic information. There is a wide range of stakeholders that require to be technically and geographically organised for effective coverage in service delivery. These scenarios justify the need to coordinate approaches, standards and processes in both plans implementation and compliance to policy guidelines.

The overall goal of the coordination framework is to ensure a synchronized approach to health sector response to the curtailment of HIV/AIDS in Nigeria. It is envisaged that coordination of stakeholders in the sector can entrain broader based exchange of strategic information, harmonised policy and strategy development and implementation. In particular, the purposes of a National Coordination Framework for the health sector response to HIV/AIDS in Nigeria are:

a) To Align all HSR activities for HIV/AIDS curtailment in Nigeria with the health sector strategic plan (2010-2015) and to entrain and sustain consistency to government policies and standards;
b) To develop and share common implementation guidance including specific and measurable outcomes to guide the health sector response;
c) To provide core values and principles by which the sectoral response shall be managed;
d) To define technical and geographical roles and responsibilities for all stakeholders in the HSR for HIV/AIDS in Nigeria;
e) To provide a platform through which information and evaluation health sector activities shall be monitored and evaluated to ensure that strategy leads to real outcomes and
f) To foster a monitoring and control structure for determining the impacts and outcomes of the HSR in Nigeria.

2.3. CORE VALUES OF THE COORDINATION FRAMEWORK

The core values and guiding principles for this coordination framework are**:**

- to evolve an outcome- based health sector response;
- that is aligned and linked to existing frameworks, policies and strategies;
- that involves all stakeholders,
- which reflects mutual respect and trust for all stakeholders;

leading to rational use of resources and feasible implementation of the health sector strategic plan.

Based on these principles, the Health Sector Response Coordination Framework shall**:**

- **Inspire*:*** Activities focused on promoting consensus and a most rational use of resources in the implementation of the HSSP;

- **Engage*:*** All stakeholders at national, states, FCT, local governments and other sectors to work synergistically to achieve desired outcomes;
- **Educate*:*** All actors in the implementation to work with mutual trust and respect, and
- **Employ*:*** All actors and resources to focus on desired *outcomes* of the HSR in Nigeria within the context of a national multi-sectoral response principle of "**Three Ones"**: *One Strategic Plan, One Coordination and One Monitoring & Evaluation system,* as well as address the goals of a Universal access and millennium development

2.4. THE HIV DIVISION AND THE MULTI-SECTORAL COORDINATION OF HIV/AIDS IN NIGERIA

In line with its statutory mandate and within the context of the overarching federal civil service rules, NASCP is responsible for a national level coordination of the health sector response with the National Coordinator as lead. NASCP leadership is accountable through the Director of Public Health to the Honourable Minister of Health. There are many potential partners and actors in the health sector response that require professional and consistent coordination. Figure ii outlines the broad categories of potential partners and actors in a professional and coordinated health sector response in Nigeria. The health sector response actors and partners can be categorised into two broad categories: formal (Government) and informal (all partners and CSOs). The matrix identifies:

- Federal MoH, NACA, other Federal Ministries, Departments and Agencies with a lead role for NASCP,
- State Governments, FCT and their MDAs including a lead role for SASCPs and FASCP
- Local Governments and Communities
- Development Partners, bilateral and multilateral agencies as well as their implementing partners
- Civil Society Organisations, Faith-Based Organisations, Community- Based Organisations ,
- the Private Sector including health services providers , manufacturers and corporate bodies

The many partners (see annexure ii) are involved in varied aspects of the health sector response and to varying degrees. This Coordination framework assigns virtually all stakeholders to platforms where they show comparative leading edge and strength.

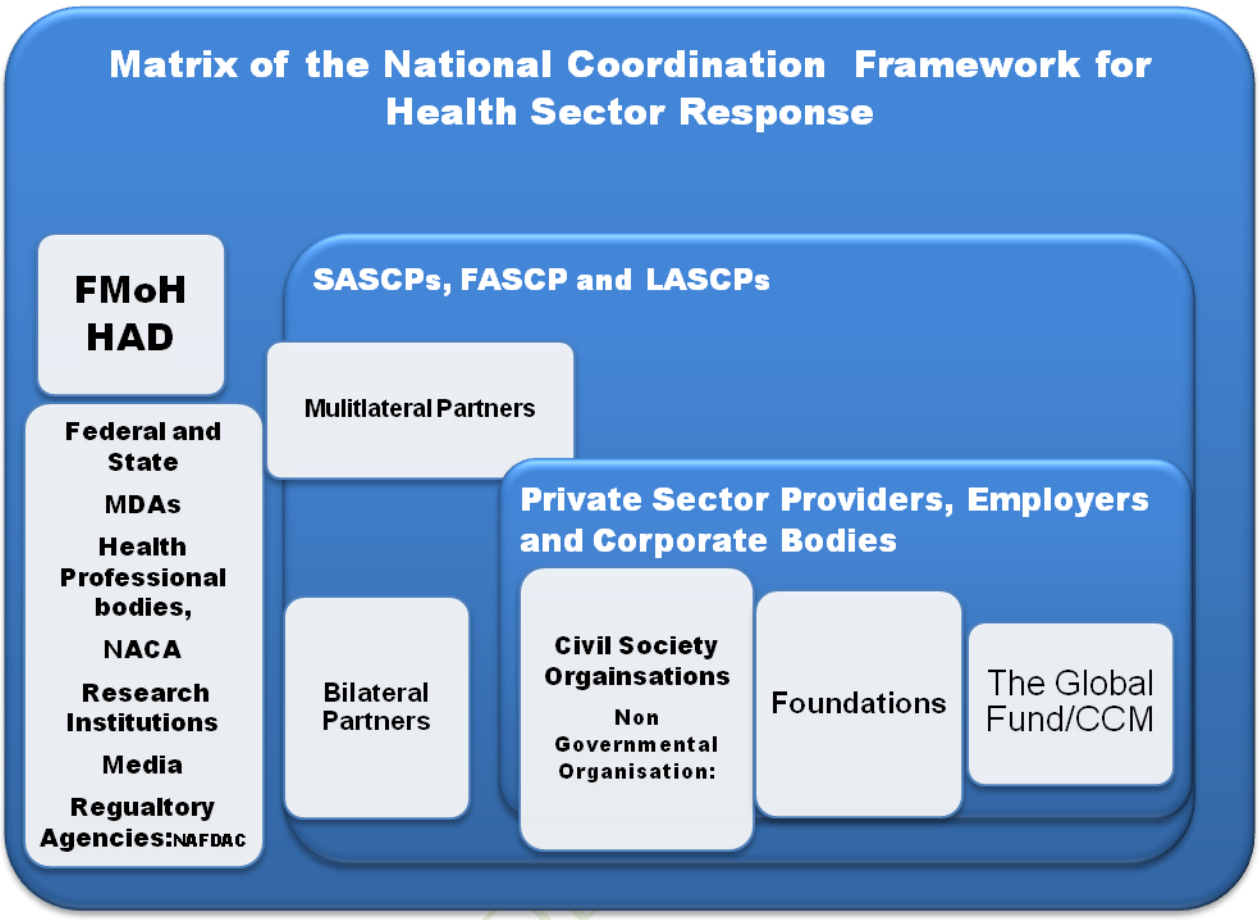


Figure ii: Matrix of key stakeholders in the Health sector response in Nigeria

3.0. THE COORDINATION FRAMEWORK

The coordination platforms documented in this framework have been agreed in terms of:

- Purpose,
- Leadership, composition and accountability lines,
- Roles and responsibilities, and
- Administrative secretariat for respective platforms.

Each of the roles and responsibilities shall fit into the larger system of the health sector response implementation and policy. In general, the coordinating platforms have been organised to input processes for implementation of plans and development of national policies. There are eight (8) coordinating platforms with clear terms of reference and accountability lines. Coordinating platforms may have specific Task Teams/TWGs to provide in-depth technical information to guide its resolutions and approaches. The process of coordination have also, been clearly outlined.

3.1. NATIONAL LEVEL COORDINATION PLATFORMS

Eight coordination platforms address specific aspects of the health sector response to HIV/AIDS. Each coordinating platform may have specific task teams to ensure full coverage of its terms of reference. The following is an outline of the purpose, membership and roles of each of the coordinating platforms for the health sector response in Nigeria.

1. NAME: TASK FORCE ON AIDS TUBERCULOSIS & MALARIA (ATM TF)

BACKGROUND: The burden of disease in Nigeria attributable to HIV/AIDS, Malaria and Tuberculosis has a significant impact on the nation and human development. Addressing the three diseases is an integral aspect of Government Policy including the Millennium Goals and the Seven Point Agenda.

A Ministerial Task Force has been formed on AIDS, Tuberculosis and Malaria (ATM TF) with the overarching objective of prioritizing actions within the Federal Ministry of Health to strengthen coordination, program management, performance, information flows and alignment of existing HIV/AIDS, Tuberculosis and Malaria programmes.

The ATM TF is primarily serviced by technical working groups for each of the three diseases which are responsible for reporting progress, actions and results on the three programmes and progress towards strengthening FMOH leadership, systems and capacity both within and across the three diseases and in identifying and support development of systems overall within the Ministry.

OBJECTIVE: To improve FMOH oversight, program management, service delivery and performance within and across the disease components and to report on actions and results achieved.

HIV	**TUBERCULOSIS**	**MALARIA**
NASCP Coordinator	NTBCP coordinator	NMCP Coordinator
NACA	MDR – TB Committee	RBMP
Representatives ART/PMTC/HCT Committees	NIMR	Representatives of 3 States with the highest burden
CMS	Representatives Lagos, Kano and Cross Rivers	CMS
Representatives 3 States with the Highest Burden	CMS	The World Bank
USG	WHO	WHO
WHO	USG	DFID
UNAIDS	ARFH	YGC
NEPHWAN	ILEP	SFH
CiSCHAN	John Snow Inc (TA)	FHI
FHI	Representative Service Delivery TA Partner (TB Cap, other)	John Snow Inc (TA)
SFH		Representative Service Delivery TA Partner (SUNMAP, other)
John Snow Inc (TA)		

MEETING ARRANGEMENTS: Each TWG will nominate and agree a chairperson and alternate and organize their own meeting venues and secretariat.

Meetings will normally be arranged within the FMoH and held not less than monthly and more frequently where required to address critical issues and report on progress to the ATM TF.

Depending on need, individual TWGs may set up special committees, to handle specialized tasks or emergency assignments and report back to the group. Where necessary individual TWGs should nominate certain members to meet with representatives from the other two TWGs and / or key Senior Managers within the FMoH to address cross-cutting issues, identify existing best practices and agree common positions and actions.

TERMS OF REFERENCE

Situational analysis and status of programs

Conduct an analysis of the overall program performance benchmarked against relevant targets including:

- Monitor progress made against agreed national and international targets / strategic and operational plans and budgets
- Assessment of existing and required resources (GON/States and Development Assistance)
- Achievement of key objectives, components and activities
- Extent of Support and progress towards achievement of development of national leadership, systems and capacity and

Using the results from the assessment identify critical gaps and priorities for the TWG to work towards resolving:-

Improvements in Program management

- Identify and support the implementation of priority interventions and support for strengthening national leadership, structures, systems and capacity
- Develop ongoing initiatives to strengthen programme management within national and where applicable state programmes
- The TWG will provide additional support via its members to assist FMOH with inputs on key plans, proposals, setting multi-year program targets, strategies and costed implementation plans
- Defining role of stakeholders in supporting national program
- Ensuring all program areas are supported and resourced
- Fostering intra-governmental collaboration (FMOH, NACA, NPHCDA, MOF, NMOD, etc.,)
- Support program coordination and implementation with state governments
- Secure active engagement and participation by state governments, local governments and partners
- Engaging and collaborating with professional associations
- Improving program management capacity, especially in the FMOH

Coordination of M&E and management information systems

- Update the national M&E system including indicators, data collection and reporting tools and data management platforms

- Review the M&E system annually and update as necessary to meet local and international needs and standards
- Ensure that all ongoing and incoming programmes operate within the national M&E system
- Receive and ensure collation from all implementing agencies and programmes of monthly relevant data and incorporate into the results framework below

Development of results framework

- Develop a results framework and reporting system (e.g. dashboard) to monitor key performance criteria and indicators (This reporting framework must at a minimum apply across all three TWGs)
- Ensure that the results framework and performance data is incorporated into the ongoing planning and program management for the disease
- Ensure that monthly reports are provided on key progress towards achieving targets and results are submitted to the ATM TF

Strengthening Coordination

- Identify areas where greater coordination is required to jointly plan, implement, and evaluate programmes maximizing the use of common approaches and solutions across the program(s)
- Report to the ATM TF on priority actions to be taken to reduce transactional costs across projects and sub components and across the three diseases
- Report on plans and actions to establish effective coordination platforms with the States and other levels (Government / community)

Clinical care, quality controls and improvements

- Coordinating inputs from different areas of clinical focus (ART, PMTCT, paediatrics, etc.)
- Defining and monitoring quality of clinical care
- Ensure that controls and checks are in place to monitor the three programmes adherence to applicable policy, standard guidelines, treatment protocols, adverse drug reactions, terminal care, infection control procedures, waste management, etc
- Ensure that applicable up to date operating procedures, protocols & standards are adopted and applied across the programmes and in conjunction with the other two diseases and the FMOH identify best practices and lessons learnt that can be applied across all three programmes

Procurement supply chain management

- Conduct integrated Quantification and forecasting across the three diseases and aim for increasing oversight and monitoring of performance through the National Health Commodities Committee

- Work collaboratively within and across the three diseases to ensure effective Procurement planning and coordination
- Review and assess various options to develop cost-effective storage and distribution systems
- Work towards greater coordination and harmonization of systems and reporting (e.g. LMIS, inventory control, etc.)

Community Mobilization/BCC/IEC/Health Promotion

- Coordinate joint plans for community mobilization
- Coordinate the development and sharing of common BCC materials and tools
- Work collaboratively with the development of M & E systems to also seek data on community programmes and outputs

Health Systems and Procedures

- Identify critical systemic weaknesses impacting on performance and make key recommendations on ways to address and resolve in the short, medium and long term
- Work with other two diseases programmes and key FMOH senior managers to address specific problems and improvements in performance
- Work with other disease programs to identify and quantify cross-cutting systems weaknesses such as infrastructure, human resources (including task shifting)etc and make necessary recommendations to the ATMTF
- Coordinate efforts to improve systems for diagnosis and monitoring – laboratory infrastructure, equipment maintenance, laboratory standardization and accreditation etc

Client satisfaction

- Ensure that the programme considers the perspective of the end receiver including patients, consumers and other beneficiaries and identifies key priorities for Service delivery Improvements and recommended actions
- Work with other diseases programmes and FMOH M & E to initiate the design and conducting of rapid assessments of service performance and patients experiences to inform programme management of areas to be improved

Resource mobilization & financing

i. Develop routine evidence-based, national costing estimates of program costs for resource mobilization, including financial commitments and gaps
ii. Develop multi-year financing plans tied to program interventions and outputs
iii. Coordinate and monitor program financing commitments and quickly alert the ATM taskforce on potential or actual shortfalls

Key Deliverables

- Rapid and ongoing assessment of situation / status of national programme
- Results framework
- Recommended plan of action to strengthen FMoH program leadership, systems and capacity
- Identification of areas to strengthen coordination and reduce transactional costs (within and across disease components)
- Development of standard performance reports showing results against agreed targets / indicators and highlighting actions and initiatives being taken to improve results
- National multi-year costing estimates, commitments and gaps per program element
- National multi-year quantification, resource implications, commitments and gaps for the various commodities
- Ad hoc reports, briefings and policy recommendations on key aspects of the program

2. NAME: NATIONAL HIV/AIDS TECHNICAL WORKING GROUP

Background: The ministerial ATM platform is a high level coordination of interrelated health programmes of AIDS, Tuberculosis and Malaria instituted by the Honourable Minister of Health. The national HIV/AIDS TWG is a component of the ATM TF particularly responsible for issues relating to HIV/AIDS control.

PURPOSE: The key purpose of the HIV/AIDS Technical working group is to improve FMoH oversight, programme management, service delivery and performance in HIV/AIDS and across malaria and tuberculosis components.

MEETING ARRANGEMENTS: This TWG shall nominate and agree on a co-Chairperson and an alternate and organize its own meeting venues and time.

The secretariat shall be domiciled at the national office of the HIV Division (NASCP), Abuja

Depending on need, the HIV/AIDS TWG may set up special committees, to handle specialized tasks or emergency assignments and report back to the Group. When necessary the HIV/AIDS TWG would nominate members to meet with representatives from the other two TWGs and / or key Senior Managers within the FMoH to address cross cutting issues, identify existing best practices and agree common positions and actions.

ACCOUNTABILITY: The HIV/AIDS Technical Working Group shall report to the Honourable Minister of Health through the ATM TF.

FOCAL AREA: Cross-cutting across the implementation of the health sector response strategic plan and HIV/AIDS policy in Nigeria**.**

MEMBERSHIP AND GOVERNANCE: The Chairman and the Co-Chair shall be elected from among members of the HIV/AIDS TWG shall be an Independent professional appointed by the Honourable Minister for Health. There will be a co-Chair elected from among the implementation partners.
Membership of the HIV/AIDSTWG shall consist of:

i. The National Coordinator for HIV division (NASCP)
ii. Implementation Partners in the HSR to HIV/AIDS in Nigeria and
iii. other members as may be identified by the

TERMS OF REFERENCE: The HIV TWG shall:

- Conduct a situation analysis of the overall program performance.
- Conduct Gap Analysis of existing and required resources (Federal/States and Development Assistance)
- Develop modalities for implementation of the programme components to address the identified gaps

The priorities for the HIV/AIDS TWG towards achieving the objective will include the following:

1. Improvements in Program management

- Ensure that Government Capacity at all levels – National, State and LGA are developed to lead, coordinate and harmonize the Health Sector Response on HIV/AIDS.
- Foster intra-governmental and Non-Governmental collaboration to assist the FMOH with inputs on key plans, proposals, setting multi-year program targets, strategies and costed implementation plans
- Identify and define the roles and responsibilities of stakeholders for the health sector response within one national strategic framework on HIV/AIDS.

2. **Coordination of M&E and management information systems**

- Ensure that all stakeholders operate within one national M & E system, with a common understanding of the definition of data elements, indicators and interpretations.
- Facilitate the development, review, dissemination and use of harmonized national HIV/AIDS M & E tools
- Strengthen the M & E systems at all levels – national, state and LGA to meet local and international data demands for programme planning, monitoring and evaluation.

3. Development of results framework

- Develop a results framework and reporting system (e.g. dashboard) to monitor key performance criteria and indicators
- Ensure that the results framework and performance data is incorporated into the ongoing planning and program management for HIV/AIDS.
- Ensure that monthly reports are provided on key progress towards achieving targets and results are submitted to the ATM TF

4. Strengthening Coordination

- Identify areas where greater coordination is required to jointly plan, implement, and evaluate programmes maximizing the use of common approaches and solutions across the program(s)
- Determine and report to the ATM TF on priority actions to be taken to reduce transactional costs across projects and sub components
- Coordinate the activities of the task teams receive regular reports from the task teams and provide feedback to them.

5. Improvement in quality of clinical care

- Ensure that appropriate checks are in place to monitor the HIV/AIDS programmes adherence to applicable policy, standard guidelines, treatment protocols, adverse drug reactions, terminal care, infection control procedures and waste management thus ensuring improved quality of clinical care.
- Identifies best practices and lessons learnt that can be applied across all three programmes, using relevant operational research methodologies

6 Procurement and supply chain management

- Facilitate harmonized Forecasting and Quantification of drugs and commodities for HIV/AIDS
- Work collaboratively within and across the three diseases to ensure effective planning and coordination of an integrated supply chain management and reporting of drug s and other health commodities.
- Review and assess various options to develop cost-effective storage and distribution systems
- Ensure quality assurance of all relevant drug s and commodities.

7. Community Mobilization for behavioural change

- Work in collaboration with relevant stakeholders for the implementation of National BCC Policies and National Prevention Plan
- Work collaboratively with other stakeholders in the development of M & E systems to seek data on community programmes and outputs
- Support the building of capacity of civil society networks for community engagement and mobilization.

8. Health Systems

- Identify critical systemic weaknesses impacting on performance and make key recommendations on ways to address and resolve them in the short, medium and long term.
- Work with other disease programs to identify and quantify cross-cutting systems weaknesses such as infrastructure, human resources (including task shifting)etc and make necessary recommendations to the ATMTF

9. Client satisfaction

- Ensure that the programme considers the perspective of the end users and identify key priorities for service delivery improvements and recommended actions.
- Work with M & E of the two programmes to initiate the design and conduct of rapid assessments of end users to inform programme management.

10. Resource mobilization & financing

iv. Develop routine evidence-based, national costing estimates of program for resource mobilization, including financial commitments and gaps.
v. Develop multi-year financing plans tied to program interventions and outputs
vi. Collaborate with two other programmes and monitor program financing commitments and actual spending by all tiers of Governments and partners.

Key Deliverables

a) Rapid and ongoing assessment of situation / status of national programme
b) Results framework
c) Recommended plan of action to strengthen FMOH program leadership, systems and capacity
d) Identification of areas to strengthen coordination and reduce transactional costs (within and across disease components)
e) Development of standard performance reports showing results against agreed targets / indicators and highlighting actions and initiatives being taken to improve results
f) National multi-year costing estimates, commitments and gaps for HIV/AIDS program
g) National multi-year quantification, resource implications, commitments and gaps for the various commodities
h) Ad hoc reports, briefings and policy recommendations on key aspects of the program

3. NAME: THE HEALTH SECTOR HIV RESPONSE PARTNERS' FORUM

BACKGROUND: This is a forum for coordination of activities on implementation of plans by all members of this coordination platform. Its key mandate is to document, track and review the implementation of activities of all members of the forum.

PURPOSE: The main purpose is to harmonise implementation, define technical and geographical boundaries to enhance synergy and coverage of activities in the broad areas of health sector response in Nigeria.

MEMBERSHIP AND GOVERNANCE: Membership will be on an institutional basis, being open to all bi-lateral and multilateral donors/partners and institutions, directly providing financial and technical support to the Health sector response to HIV & AIDS in Nigeria as well as to other key stakeholders in the health sector response. Membership shall include:

i. National Coordinator of NASCP (alternate Chairman)
ii. Heads of all Components of NASCP
iii. Lead Persons of all development/bilateral/multilateral bodies involved in the HSR to HIV/AIDS in Nigeria (see annexes I and II)
iv. Other stakeholders that might be admitted into the forum by the Coordinating body.

The Partnership will be chaired by the Director of Public Health, Federal Ministry of Health. A Co-chair will be designated from among the heads of partner organisations by consensus and will remain Co-chair for one year; the National Coordinator shall be the alternate Chairman.

The Secretariat will be provided by the FMoH and it will provide an effective secretariat for the national coordination forum. The Secretariat shall be responsible for writing, circulating and maintaining minutes of meeting, sharing of relevant information among members, maintenance of an updated physical address and electronic mailing list of all members of the forum and carryout all such functions of a secretariat.

ROLES AND RESPONSIBILITIES

a) **Sharing of information: T**he Partnership shall share information with members and other coordinating groups, meetings and as might be required;
b) Joint planning: This body shall jointly develop the HSR plans and programmes and periodically review plans for improvements and progress
c) Advice the technical working group of ATM: This body shall report and advise the ATM on all aspects of plans and programmes implementation in the health sector response.
d) **Lead coordination of HSR:** making input to the multisectoral response through cooperative working with NACA and SACA/LACA at the state and LG levels respectively.

MECHANISMS OF COORDINATION:

a) The Partnership shall meet every month. Extraordinary meetings may be called between regular meetings should circumstances dictate

b) **Working Groups/Committees** may be set up by the forum to carry out specific tasks;

c) Communication of the decisions and resolutions of the forum representing views of the Partners and follow-up actions to all member organisations;

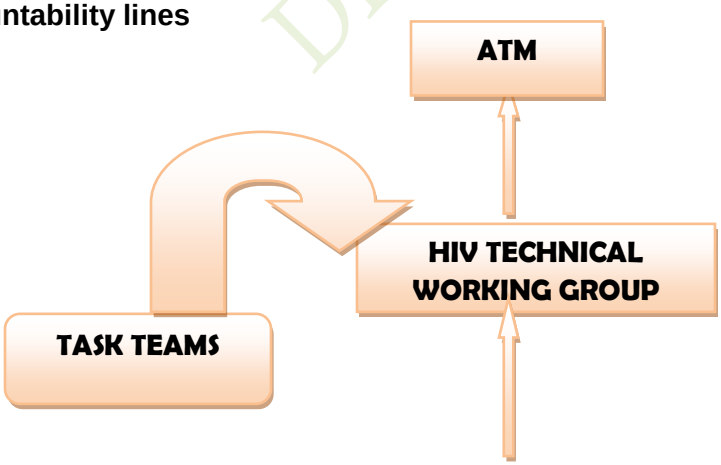
d) Submission of a **regular report** of all HSR activities of respective members to the forum at each regular meeting;

e) Submission and timely **sharing of members' work plans,** activity plans or country plans to the forum;

f) Submission and timely **sharing of information** on health sector response activities to ensure harmonious delivery of HSR services across the country;

g) Participate in all **service improvement planning** meeting or policy review meetings as might be called by the Chairman

Figure i: Accountability lines



SECRETARIAT AND ADMINISTRATION: The office of the National Coordinator shall organise and manage the meetings of this forum, maintain a list of members, ensure regular communication and action on the resolutions forum.

4. NAME: THE NATIONAL HEALTH SECTOR HIV-PUBLIC PRIVATE PARTNERSHIP COORDINATION FORUM

BACKGROUND: The area of public private mix in health care is a major thrust for health sector reforms. The declining resource allocation to health and the breakdown of equipments and infrastructure in public health services have significantly contributed to a worsening of the health care delivery system available in Nigeria. It has been widely acknowledged that government resources allocated to health have not been sufficient to maintain the existing health facilities; Meet the increased demand due to population growth and rising public expectations; increase access to services; and improve the quality and level of care provided. Such key concerns about the ability of governments to finance health services adequately, the poor performance of public health service delivery systems, and the desire to expand the choices available to patients have prompted the Federal Ministry of Health (FMoH) to explore other viable options.

The private sector is the dominant stakeholder in health care delivery in Nigeria and includes an exceedingly diverse range of private-for-profit and private-not-for-profit organizations, and is estimated to provide 60% of the health care services in the country today. Whilst acknowledging the appreciable progress that has been made so far with the National ARV Drug Access Programme, it is evident that the private sector has been largely left out and thus emphasis is now being placed on integrating the private sector in order to achieve the ambitious Presidential mandate and ultimately universal access to ART services for PLHA in Nigeria. In the private

sector, the cost of HIV care and treatment services is unaffordable to a large percentage of the people and very high for those who could even afford such services.

The poor involvement of the private sector in the national health sector response to HIV & AIDS has led to a dearth of health care workers in this sector with the appropriate capabilities to deliver HIV and AIDS prevention, care, treatment and support services. Of immense significance is the fact that a vast majority of the population still access health care through the private sector and as such, most HIV-infected persons are denied access to such services.

Nigeria has a national policy on public private partnership for health, which was developed in December 2006. And on the 21st of August, 2007, the Honourable Minister of Health inaugurated a Public Private Partnership Technical Working Group to develop a Strategic Framework for the Integration of the Private Sector into the National Health Sector Response to HIV and AIDS in Nigeria and to facilitate the its implementation.

They HAD recognises this platform as crucial for its implementation of the health sector response strategies in the period 2010-2015 and is reactivating the forum.

PURPOSE: The key purpose of the Health Sector HIV PPP Coordination Forum is pursuant to the national health policy goal to strengthen the national health system in order to provide effective, efficient, quality, accessible and affordable health services, the and the overarching goal of the national public private partnership policy in health care provision to *promote and maintain all forms of partnership and collaboration between the public establishments and the private sector with a view to attaining and sustaining the desired level of health development in Nigeria* (as reflected in the MDGs and other national policy targets). In recognition of the potential that lies in the private sector, the Federal Government is focused on implementing the Public Private Partnership (PPP) Policy to facilitate the provision of a platform for public/private collaboration.

The primary Objectives of this PPP forum are to:

I. Build confidence and trust in the public and private health sectors;

II. Harness all available health care resources in the public and private sectors for the attainment of Millennium Development Goals and other National Health Policy Targets; and

III. Promote and sustain equity, efficiency, accessibility and quality in health care provision through the collaborative relationships between the public and private sectors.

GOVERNANCE AND MEMBERSHIP: The membership of the Health Sector HIV PPP Coordination Forum shall consist of “fit and proper” representations from:

i. formal and informal organised private health services providers and health services employers,
ii. corporate bodies including banks, Oil Companies, Manufacturers, HMOs and insurance companies

iii. other corporate organisations including IT firms, Telecommunication giants services providers,
iv. the media,
v. representatives of CSOs & Networks of PLHIV
vi. select implementation partners involved in PPP-focussed health sector HIV activities and
vii. Desk Officer for Health sector response at NACA as the coordinating body of the multi sectoral response

A member elected from among the members shall serve as the Chairman of this Forum. The National Coordinator of the HIV Division (HAD) shall be the Vice-Chairman.
The accountability of this forum shall be from the Chairman of the HIV-PPP Forum to the ATM TF through the HIV/AIDS Technical Working Group.

ROLES AND RESPONSIBILITIES

The broad roles and responsibilities of this Forum are broadly to facilitate the faithful and coordinated implementation of the HSSP (2010-2015). In particular, the HIV-PPP Forum shall:

a. Identify areas of need in which collaborations and partnerships are desired on long- and short-term basis;

b. Develop the regulatory framework for public private interactions and collaborations in health care delivery in the country;

c. Facilitate universal access to a Minimum Health Package;

d. Support capacity building across the public and private sectors in health care provision;

e. Contribute to the sustainability of the overall health system;

f. Build the National Health Management Information System (NHMIS); and

g. Underscore the contributions/roles of each of the sectors/partners in partnership to health care delivery.

MECHANISM: The forum shall hold quarterly meetings. Minutes of meetings and of subcommittees shall be circulated. The Chairman shall identify and circulate clear agenda items prior to meetings. Depending on need, the HIV PPP Forum may set up special committees, to handle specialized tasks or emergency assignments and report back to the forum within approved timelines.

SECRETARIAT AND ADMINISTRATION: The secretariat of the HIV-PPP Forum shall be the national office of the HIV/AIDS Division. The secretariat shall ensure regular communication with all members and follow through the decisions of the forum. A desk officer in the Programmes Development and Administration (PDA) Component of the NASCP shall be dedicated to manage the secretariat.

Much of the response of the HSR to HIV/AIDS can potentially be delivered through private sector settings. Many clients normally seek services in private health facilities but many of providers do not have the skills to manage HIV/AIDS cases as provided for in the National policy and guidelines and operating procedures. There is need to reinforce the platform for coordinating private sector services in HIV/AIDS within the FMoH. Such a platform will better address the gaps in skills and policy compliance by the private sector. The scope of HIV-PPP coordination can potentially be expanded to involve not only service delivery but also the manufacture of drugs and commodities".....

....The Public Relations Executive, National HIV-PPP forum in Nigeria, July 2011

5. NAME: PROCUREMENT AND SUPPLY CHAIN MANAGEMENT TECHNICAL WORKING GROUP FOR HEALTH SECTOR RESPONSE TO HIV/AIDS IN NIGERIA.

BACKGROUND: The many partners in the health sector response have hitherto managed their procurements of HIV/AIDS commodities individually. This approach to procurement and distribution leads to loss of the advantages of scale and many areas may be passed by while others may be over provided for. Many such individual procurements and distribution are often not cost-effective at the scale that a single donor could support. There is a national effort to better manage both the quality and quantity of procurements and distribution of commodities for health sector response to assure quality, synergy and better coverage.

PURPOSE: The procurement and supply management of HIV/AIDS commodities in Nigeria requires a coordinated approach to ensure**:**

a) a coordinated and shared information on supply plans, including upcoming shipments, to ensure there are no stock outs or expiries;
b) and that results of forecasts and supply planning are agreed and shared;
c) all partners have information of all upcoming PSM activities
d) to update members on the stock out status of selected essential commodities; and
e) monitor and evaluate the performance of PSM systems ;
f) to share supply chain management challenges faced by various members and to
g) develop effective solutions to address identified problems

To ensure this a technical working group that existed in the HAD has been rejuvenated. The Technical Working Group will actively coordinate procurement and supply management functions within government, international development partners and local organisations, as indicated in the membership, involved supporting and providing HIV/AIDS services including financial, technical or others. It should be a platform to share experiences and ideas in the proper management of pipelines and to supervise the overall security for health commodities. The TWG shall operate within the goals of the National Health strategic Framework and the objectives of the HSSP (2010-2015). The objectives of this coordination forum are to: Coordinate and strengthen the linkages with all organisations involved in the HIV/AIDS PSM activities

ROLES AND RESPONSIBILITIES

i. participate in the selection of generic products for HIV/AIDS commodities in Nigeria
ii. coordinate national pooled forecasting and supply planning for HIV/AIDS commodities
iii. Coordinate procurement and distribution activities for all HIV/AIDS commodities
iv. Facilitate the harmonisation of a uniform LMIS and Inventory control procedures for management of HIV/AIDS commodities

v. organise and manage routine meetings of donors and other implementing agencies involved in the management of HIV/AIDS commodities to inform rational national supply planning and procurement of HIV/AIDS commodities
vi. coordinate advocacy visits to government and others on priorities, opportunities and challenges of HIV/AIDS commodities in Nigeria
vii. Conduct periodic assessments of the national PSM systems including site visits to position to understand and address the PSM challenges of HIV/AIDS commodities.
viii. advise the ATM through the HIV TWG on all matters relating to HIV commodities procurement and supply management

GOVERNANCE AND MEMBERSHIP: The Chairman of this forum shall be the Director of Procurement with the National Coordinator of the HIV/AIDS Division as co-Chairman.

The group shall be accountable to the national HIV/AIDS TWG. The membership shall include but not exclusively of the following: The Logistic Officer/Focal Person HIV Division (NASCP), Director of Foods & Drugs, FMoH, Director of Procurement FMoH, Director of Finance & Accounts, FMoH, Chairman, ART Committee, , Head Central Medical Store, Director Procurement/Logistics NACA, Implementing Partners (Procurement/Logistics Focal Persons) MoD (Logistic Officer), PEPFAR Logistics Officer, CiSCHAN, NEPHWAN, NAFDAC, JSI

MECHANISM FOR COORDINATION: This forum shall

a) conduct quarterly meetings of members,
b) receive and review of technical reports from member organisations including IPs, donors, the HAD and others to ensure improved supply chain management
c) ensure regular sharing of information on all matters concerning PSM to all partners
d) harmonise procurement, supply and distribution of HIV/AIDS commodities by partners involved in PSM of the commodities in Nigeria
e) update pipeline database
f) review bi-monthly consumption and stock out status reports from all sources
g) analyse, review and monitor forecasts
h) analyse and review stock data from ART sites and from the Strategic Information Component of NASCP
i) submit quarterly reports to the ATM through the HIV-TWG

SECRETARIAT AND ADMINISTRATION: The Logistics Unit of the HIV/AIDS Division Federal Ministry of Health shall serve as the secretariat. A senior administrative officer shall be scheduled to facilitate the meetings and follow-on activities of this platform. The procurement and Supply coordination platform may establish Task teams with specific terms of reference.

6. NAME: JOINT ANNUAL REVIEW

BACKGROUND: There exists a health sector strategic plan (HSSP, 2010-2015) under implementation. There are state equivalents of the HSSP at the state levels. NASCP is expected to provide technical lead and support for implementation of the health sector response plans across the country. It is desirable for NASCP and other stakeholders to periodically monitor progress against plans and to create a forum to assess this progress, share information and best practices between the national and state officers in the health sector response**.**

PURPOSE: The main purpose of the Joint Annual Review (JAR) Coordination platform is to provide, in a joint and coordinated manner, a comprehensive account of stewardship by lead health sector response offices. The forum shall facilitate the development of service improvement plans and enable tracking of progress of the health sector strategic plan.

GOVERNANCE AND MEMBERSHIP: The Director of Public Health shall be the Chairman while an elected Officer from a lead civil society organisation and Implementing Partner' shall serve as Co-Chairmen.

The participants at the JAR shall include the officers from the IPs, Donors, NASCP, NACA, SASCPs, FASCP, CSOs, International NGOs, the academia and the Media. The forum shall be accountable to the HMH through the Director of Public Health at the FMoH for the national office and to Honourable Commissioners for health of respective states.

ROLES AND RESPONSIBILITIES:

i. develop and share the framework for a structured review of progress against plans
ii. lead the presentation and review of the progressed recorded against plans
iii. generate information for service improvement and scale up
iv. identify and share gaps in implementation of the sector strategies
v. Generate actions points and persons responsible who will give update on the activity during the next meeting
vi. report findings to the ATM through the HIV-TWG and National Coordinator HIV/AIDS Division
vii. determine and award recognition for quality

MECHANISM: A review meeting to hold once in a year in a public forum. The outcomes of the review shall be documented, discussed and shared. National officers of the Components of NASCP and state officers from across the states and FCT shall present evidence based record of the progress report against their respective sector strategies, receive feedback, and share implementation experiences and best practices.

The joint annual review shall be a one- off annual review meeting in which heads of states and FCT AIDS and STIs programmes as well as Heads of Components of NASCP render account of their stewardship for the year.

SECRETARIAT: The administrative support for this forum shall be located in the office of the Head, Project development and Administration (PDA) Component of NASCP.

7. NAME: HIV DIVISION AND STATE/FCT AIDS AND STIs PROGRAMMES FORUM (NASCP/SASCPs/FASCP forum)

BACKGROUND: NASCP has state/FCT level equivalents managing and coordinating health sector response at the level of the states within the national policy guidelines and implementation framework. There is less planning and implementation capacity at the states levels relative to the national forum. This forum is expected to provide a forum to bridge this gap and synchronise state and national levels plans' implementation.

PURPOSE: This forum is established to provide a forum for national officer to provide effective technical support and guidance to state officers. The forum will enable NASCP to monitor the Implementation of the HSSP at the state level.

GOVERNANCE AND MEMBERSHIP: The National Coordinator of the HAD shall serve as the Chairman of this forum. The membership shall consist of Heads of Components, State Managers of SASCPs and their M&E officers. The Accountability of this forum shall be to the Honourable Commissioners for Health in the case of states, the FCT Health Secretary in the case of FCT and the Honourable Minister of Health through the national HIV-TWG.

ROLES AND RESPONSIBILITIES:

i. to ensure compliance of states offices with the national guidelines and direction on the health sector response activities;
ii. to ascertain issues in the implementation of the HSSPs in the states;
iii. to extend technical and other support from the national to the state level;
iv. to share emergent information on HIV/AIDS with the state offices;
v. to detect and mount early response to conflicts and other issues in the implementation of the HSSP at the state levels

MECHANISMS: There shall meetings of this forum two times in a year. The biannual meeting of shall be at the instance of the National Coordinator for the Division. The meetings may be rotated from one geopolitical zone to the other starting from the FCT.

SECRETARIAT: The forum shall be managed on behalf of the National Coordinator of the HIV Division by the Head, Project Development and Administration Component.

8. NAME: NACA/HAD (NASCP) COORDINATION FORUM

BACKGROUND: the focal area for this platform is to ensure harmonisation of activities and for sharing of information on matters concerning HIV curtailment in Nigeria between the two lead government organisations leading HIV curtailment efforts in Nigeria by minimising conflicts and maximising collaboration..

PURPOSE: The purpose of this forum derives from the need for harmony in the working relationships between NACA and NASCP which are respectively coordinating the multi-sectoral and health sector response to HIV/AIDS in Nigeria. The principles of this forum originated in the Akodo Declarations of 2005 which provided for the broad basis for the working arrangements of the two bodies.

GOVERNANCE AND MEMBERSHIP: This forum shall have the Director General of NACA and the National Coordinator HIV/AIDS Division as Co-Chairmen. The membership shall consist of Heads of Components and Departments in NASCP and NACA, Desk Officers for HSR in NACA and other persons or agencies that might be co-opted from time to time. The Accountability of this forum shall be to the Honourable Minister of Health, through the HIV-TWG of the ATM TF.

ROLES AND RESPONSIBILITIES

i. Sharing of Information and experience and best practices
ii. Review of programme activities at National/state levels to inform policy decisions
iii. Identify challenges and recommend solutions on key HIV Health Sector interventions
iv. Peer support
v. resolution of all implementation challenges including clarification of roles and responsibilities in implementation of sundry projects

MECHANISMS: There shall be monthly meeting of this forum. The meeting shall be called by the Chairman. The meetings shall be guided by the core values of this coordination framework and principles and spirit of the *Akodo Declaration* of 2005 as the basis for engagement [3]

[3] Akodo declaration of 2005, Lagos, Nigeria.

SECRETARIAT AND ADMINISTRATION: The secretariat and administration for this forum shall be at the PDA component at the national office of the HIV/AIDS Division.

4.0. INSTITUTIONALISATION AND CAPACITY DEVELOPMENT OF THE COORDINATING STRUCTURE

4.1. INSTITUTIONALISING STRONGER PARTNERSHIPS AND SYNERGIES

The institutionalisation of the coordination framework shall be maintained by the guiding principles of this framework in line with the mandate of NASCP. The commitment of all stakeholders to curtail HIV/AIDS epidemic in Nigeria shall depend largely on the effectiveness of the coordination. The coordination platforms have specific roles and responsibilities that shall result in improved health sector response. There shall be that suitable lead and membership for each coordinating platform. The lead government body for the institutionalisation of the coordination framework for health sector response is statutorily the NASCP (HIV/AIDS Division). This organisation shall scale up its internal organisation and coordination mechanism to better position to lead the use of the health sector response coordination framework.

4.2. INTERNAL COORDINATION MECHANISMS OF THE HIV DIVISION

The HIV Division provides the lead for most of the Coordinating bodies. To ensure that HAD is able to deliver on these coordinating activities, HAD shall institute five internal coordination (horizontal coordination) mechanisms as a means of institutionalisation of its lead role in the coordination of the health sector response to HIV/AIDs in Nigeria. The internal mechanisms shall include the following:

Table IV: Internal coordination mechanisms for the HIV Division

MECHANISM	INTERNAL COORDINATION ACTIVITIES
WEEKLY ACTIVITIES OF COMPONENTS **(SYNCHRONISATION OF WEEKLY**	The PDA will develop and circulate a schedule of weekly activities for the National Coordinator. This shall include name of activity, participants, dates/duration, venue and persons responsible. Heads of Components will in turn ensure submission of reports of activities carried out, within one week of their completion to the

ACTIVITIES OF THE DIVISION AND SHARING OF INFORMATION)	National Coordinator. A detailed report will be submitted in addition to a one page summary which will outline relevant information such as name of activity, short introduction, participants, objectives/expected outputs, methodology and next steps. The purposes of the above are to: give a sense of direction and order in handling many concurrent activities in a large and busy HIV/AIDS Division; to ensure that such activities proposed are in line with the HSSP; to ensure efficiency in management of men and materials; to ensure integration of effort to mitigate duplication and wastes; to ensure appropriate and prompt follow-up on next steps; to ensure proper accountability of resource utilization; and To have timely access to results.
WEEKLY NASCP MANAGEMENT MEETING **(HEADS OF COMPONENTS)**	Management decisions and activity tracking of staff activities in the various components.
MONTHLY TECHNICAL AND PROGRESS REPORTS SHARING BY COMPONENTS	The HAD will hold one technical session a month. This meeting will be chaired by the National Coordinator and will involve all heads of components, heads of sections, heads of units and all focal points in the HAD. Technical presentations on current activities, achievements, innovations and best practises will be made by components in turns. This meeting will foster team work among the technical leads in the HAD; ensure regular information sharing such that technical officers in the HAD have updated information on activities, achievements and practices in the division for their own use and for effective representation of the division; as well as contribute to improved technical performance through sustained coordinated brain-storming and cross-fertilization of ideas.
THE HIV DIVISION HAD ANNUAL RETREAT	The HAD shall embark on retreat at least once a year. The retreat will facilitate team building, through renewal of shared vision among staff members. It will in addition, review the HAD annual work plan in line with the HSSP in the year ending, to identify achievements and gaps and to share lessons learnt. This review will guide development of the coming year's work plan at the retreat, that will be submitted to the FMOH and subsequently shared with health sector HIV/AIDS partners
HARMONISATION OF	Participation in all activities outside the office shall be on the

ACTIVITIES	approval of the National Coordinator but this approval shall be in a manner that will not jeopardize achievement of purpose and progress of work. Consideration will be given to relevant officers in affected components as well as officers from other components especially those with cross cutting functions such as PDA, ACSM, M&E and Logistics.
SUPPORT TO STATES/FCT AIDS & STIs CONTROL PROGRAMMES (SASCPs/FASCP)	The HIV/AIDS Division will support proper establishment and functioning of SASCPs/FASCP through relevant oversight functions, issuing of guidelines, trainings, coaching, supportive supervision, and mentoring. States and FCT will ensure that SASCPs/FASCP have appropriate resources and materials to effectively handle programme coordination, ART, HCT, PMTCT and M&E.

There will be need to ensure internal harmony prior to external coordination processes and networking.

4.3. OWNERSHIP OF AND SUPPORT TO THE NATIONAL HEALTH SECTOR RESPONSE BY STAKEHOLDERS

To facilitate and promote ownership of the coordinating bodies, the coordinating bodies were formed on the basis of consensus by stakeholders. The stakeholders determined the process, the scope and the terms of reference of respective coordinating body.

The membership of each coordinating body was agreed on the basis of commonality of purpose of the stakeholder to the health sector response to HIV/AIDS

The standards, norms and protocols of association and activities of the coordinating body were as agreed. The identification of the leadership of each coordinating body was agreed on the basis of strategic location. This administration headquarters/secretariat of each coordination forum shall among other things communicate regularly to all members on the progress and

process of the coordination activities, maintain and update the membership list and address and shall be the focus of performance tracking of the coordination forum.

TRACKING PERFORMANCE OF THE COORDINATION MECHANISMS

The performance of the coordination framework shall be monitored and managed to ensure with a generic log frame at the annual review of the HIV division of the Federal Ministry of Health. The Internal coordination forum shall be monitored and managed internally as part of an existing performance tracking of the HIV Division.

Table v: Performance management framework

Goal	To provide a forum for coordinated delivery of the HSR to HIV /AIDS in Nigeria for improved service delivery				
Output	**Indicator**	**Baseline 2010**	**Milestone 2011**	**Milestone 2013**	**Milestone 2015**
Harmonised activities of all stakeholders in Health Sector Response to HIV/AIDS in Nigeria	No of meetings/minutes of coordination meetings; No of coordinated plans and processes ; % of resolutions fully complied to by all partners and stakeholders	Coordination is in bits and pieces, Irregular meetings of existing platforms All potential platforms not covered; No official comprehensive framework for coordination.	HAD coordination mechanisms in place Printed Coordination framework ; Printed Coordination Framework disseminated for use by stakeholders	Harmonised activities of all categories of stakeholders in implementation of HSSP 2010-2015 through regular meetings, joint planning, implementation and M&E sessions 50% of States/FCT have developed Coordination Framework	Harmonised activities in states across Nigeria and FCT with state/FCT level partners and stakeholders; 100% of States/FCT have developed Coordination Framework
Risk Rating:	Government and all partners are willing to participate and operate within the coordination framework; Government and partners are pooling and managing resources effectively through joint planning, implementation and M&E.				

	HAD is providing a central and strong leadership as the government lead in the coordination mechanisms States adopt and adapt the national coordination framework
Outcome	All the Health Sector Response activities are harmonised; Improved resources management and synergy in resources utilisation; Enhanced quality and quantity of service delivery for HIV curtailment/management in Nigeria

4.4. MAKING THE COORDINATION FRAMEWORK FUNCTIONAL

Beyond the conceptualisation of the coordination frameworks and definition of roles and responsibilities for each platform, the activities of the platforms will need to be facilitated and supported by the lead organisation in the national office of the HIV Division of the FMoH.

Some of the identified challenges in making the platforms to work relate to issues as identified below. The purpose of the identification and documentation relate to the need to guard and manage the performance of the framework along the lines of the ten (10) challenges.

ISSUE	OPPORTUNITIES/RESPONSES
i. Strong leadership at HAD	There is strong commitment to coordination by the HIV Division and a leadership that has potential to be proactive
ii. Funding and resource mobilisation.	Demonstrating early good results working with the framework Develop an annual budget implications of all platforms and advocate for funding from national health budget lines and from partners
iii. Regular communication	Sharing results and resolutions of meetings of each platform as well as regular report to the HIV TWG & ATM
iv. Strong secretariat to support the meetings	Need to ensure good communication and documenting of all activities of all platforms
v. Accountability and reporting	Ensure effective reporting to ATM and the HIV-TWG can mobilise additional resources,

		Reviews of implementation of the HSSP (2010-2015) will show progress.
vi.	Clear vision of the coordinating platform	Sharing the vision and purpose of each platform with all members and stakeholders.
vii.	Internal organisation required	Effective internal coordination and harmonisation of activities of all Components of the HIV Division and timely dissemination of information within NASCP Regular update training, coaching, supportive supervision, mentoring and peer support meetings.
viii.	Performance	Manage the performance of the platforms actively using measurable indicators.
ix.	Active participation and involvement of all partners	Showing value for time and money of partners by ensuring that resolutions are clear and followed through. Prudent management of time at meetings, effective communication will foster mutual trust and respect. Joint Planning is indispensable.
x.	Functional secretariat	Proper location of secretariats for respective platforms with dedicated Desk offices for all coordination platforms

ANNEXURE

Annexure i: COORDINATING THE NATIONAL TASK TEAMS

HEALTH SECTOR TASK TEAMS/NATIONAL TECHNICAL WORKING GROUPS ON HIV/AIDS

NATIONAL HIV DIVISION,

DEPARTMENT OF PUBLIC HEALTH

FEDERAL MINISTRY OF HEALTH

Task Teams and Technical working Groups comprise experts and lead implementing partners in their respective thematic areas. They function within the overall National HIV/AIDS TWG and report to it through the National Coordinator HIV/AIDS Division.

Establishment of new Task Teams/TWGs shall be by the approval of the National HIV/AIDS TWG. Membership of Task Teams/TWGs shall have a tenure of 2 years after which the HIV/AIDS Division shall review and present to the National HIV/AIDS TWG, new memberships and terms of references for approval.

The Task Teams and TWGs in the HSR to HIV/AIDS are as follows:

I. NATIONAL TECHNICAL WORKING GROUP (TWG) ON HIV CARE AND SUPPORT
II. NATIONAL PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)
III. NATIONAL TWG ON STIs
IV. NATIONAL TASK TEAM ON ART
V. NATIONAL STEERING COMMITTEE ON INFECTION PREVENTION AND CONTROL (SCIPC)
VI. NATIONAL TASK TEAM ON HIV COUNSELLING AND TESTING (NTT/HCT)
VII. NATIONAL HIV LABORATORY TWG
VIII. NATIONAL HEALTH SECTOR HIV ACSM TWG
IX. NATIONAL HIV SURVEILLANCE & RESEARCH TWGS

NAME: NATIONAL TECHNICAL WORKING GROUP (TWG) ON HIV CARE AND SUPPORT

OBJECTIVE: to provide high level technical guidance to and support to policy and plans in all matters relating to HIV care and support in Nigeria

LEADERSHIP AND MEMBERSHIP: The Chairman of the task team shall be elected from the membership as listed. The members shall consist of:

- identified Experts involved in ART implementation & research (including academia)
- select persons from among the Development Partners
- CSOs (NGOs, FBOs)
- Networks of PLHIV

The task team shall be accountable to the HIV TWG through the National Coordinator, HIV/AIDS

TERMS OF REFERENCE

i. To discuss the current status of HIV/AIDS Care and Support in the country
ii. To identify challenges, constraints, and opportunities in the HIV/AIDS Care and Support intervention strategies
iii. Provide guidance on issues relating to HIV/AIDS Care and Support in the country ;
iv. Monitor global trends and issues around Care and Support and
v. Share information among stakeholders
vi. The task team is expected to meet at least every quarter.

TENURE: The tenure shall be for 2 years in the first instance and members may be considered for reappointment on the recommendation of the National Coordinator of the HIV Division.

SECRETARIAT: The administrative support to the task team shall be provided by the Head of the Component for Treatment, Care and Support at the HAD.

NAME: NATIONAL PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) OF HIV TASK TEAM

OBJECTIVE: The PMTCT National Task Team (NTT) was first inaugurated in 2001. The central objective of this task team is to provide technical guidance to and support policy formulation on PMTCT in Nigeria.

LEADERSHIP AND MEMBERSHIP: The Task Team shall be led by a Chairman (O & G Consultant) with 2 Vice-Chairs (1 Obstetrician/Gynaecologist and 1 Paediatrician). Membership of the PMTCT NTT includes the PMTCT Site Coordinators (usually Obstetrician/Gynaecologist) and Paediatricians from the pilot sites, Program Managers from relevant programs of the Federal Ministry of Health (Reproductive Health, Nutrition, Child Health, Food and Drugs), representatives of NAFDAC, NPHCDA, Development and Implementing Partners.

The NTT Chairman is selected by the Hon. Minister based on seniority and level of experience in PMTCT. The PMTCT provides guidance to the Hon. Minister by submissions made through the National Coordinator. The PMTCT NTT has sub-committees on ART, Infant Feeding, M & E and Research.

TERMS OF REFERENCE:

i. Provide technical advice to Government on effective policy-making and programming for Implementation of PMTCT services
ii. Update National PMTCT Guidelines, Training Documents and SOPs in line with International standards
iii. Support the National HIV/AIDS Division in Supervision, Monitoring & Evaluation of PMTCT services in health facilities across the country
iv. The team shall conduct a meeting every quarter and attend other emergency meetings as might be convened by the PMCTC unit of the national office.
v. Conduct a meeting every quarter and attend other emergency meetings as might be convened by the PMCTC Unit of the National office of the HIV Division.

TENURE: The tenure of the task team shall be for two (2) years but which shall be renewable on the recommendation of the National Coordinator.

SECRETARIAT: The PMTCT Unit of the HIV/AIDS Division shall be the Secretariat for the Task Team and managed by the Head of the Unit.

NAME: NATIONAL TWG ON STIs

OBJECTIVE: The STI programme at the National level has been weak because of the absence of a National Technical Working Group among other challenges. The establishment of a TWG on STI is expected to provide technical oversight on all issues in STI. The TWG will also serve as a forum for the exchange of information on STI related activities and to identify potential gaps and challenges and address them.

LEADERSHIP AND MEMBERSHIP

The National Coordinator of the HIV Division shall be the Chairman while a co- chair shall be appointed from among the members on a rotational basis. The membership of the TWG shall consist of:

a) Six STI experts from a tertiary health institution in each of the six geopolitical zones of the country.
b) FMoH including Family health and Food and Drugs Department.
c) National Primary Health care Development Agency
d) NACA representations
e) Development partners including WHO, UNFPA, FHI/GHAIN, SFH, PPFN,

TERMS OF REFERENCE

i. Develop draft policy /guidelines/SOPs/National plan of action on STIs/RTIs
ii. Conduct relevant research and investigation to draw up guidelines and recommendations relevant to STIs/RTIs
iii. Establish and support for teaching and training, skills and capacity building of health workers on STIs/RTIs activities.
iv. Advocate for sustainable and mutually benefiting public private partnership and to equip managers and administrators to procure drugs for STI/RTI management.
v. Establish linkages with similar organizations across the globe
vi. Conduct a meeting every quarter and attend any emergency meeting organised by the STI programme unit of the national office of the HIV Division.

TENURE: The tenure of the task team shall be for two (2) years but which shall be renewable on the recommendation of the National Coordinator

SECRETARIAT: The HIV Division component office responsible for STI shall provide the secretariat with the responsible office as the Secretary.

NAME: NATIONAL TASK TEAM ON ART

OBJECTIVE: The National Task Team on Antiretroviral Therapy is a Technical Committee, which focuses essentially on all issues affecting the medical Treatment of PLHIV using ART. As such it will be interested in such matters as the availability of the drugs, the achievement of the highest possible standards of care, development and/or periodic review of national guidelines on ART and all subjects that relate to expanding access to high quality ART. The Task Team is expected to take a close look at the ongoing decentralization of ART as well regionalization of HIV/AIDS services proposed for the USG IPs.

Unlike the HIV/AIDS TWG which deals with broad issues that affect the health sector response to HIV/AIDS, the National Task Team on ART deals with detailed day to day issues that confront effective administration of ART and will make broad recommendations for the TWG.

In effect, the National Task Team on ART is responsible to the National Coordinator, HAD in an advisory capacity and will provide technical on operational issues such as brief stock of ARTs and difficulties of a logistical and technical nature that affect the delivery of ART services etc.

LEADERSHIP AND MEMBERSHIP:
The Leadership as Chairman shall be appointed from among members by the HMH and accounting to the HIV TWG through the National Coordinator HIV Division. The members shall be appointed from among the Academia (involved in ART implementation & research), Development Partners, CSOs (NGOs, FBOs) & Networks of PLHIV

Frequency of meetings: This Task Team is a standing committee and will meet quarterly for Tenure of 2 years

THE TERMS OF REFERENCE.

i. To provide a forum for key stakeholders in the treatment and care of PLHIVs to deliberate on critical issue affecting ART in adults and children.
ii. To proffer solutions to identified problems and challenges facing the delivery of effective comprehensive ART care in the country
iii. To recommend strategies for improvements in the delivery of high quality ART care in the country
iv. To provide technical assistance to the National HIV/AIDS Division for the development of technical documents and guidelines
v. To perform any other tasks that the National HIV/AIDS Division will present to it from time to time
vi. To advocate for equity in the delivery of HIV/AIDS treatment and care to adults and children alike
vii. The Task team will be responsible to the National HIV/AIDS Division and will relate with it in an advisory capacity.

TENURE: The tenure of the task team shall be for two (2) years but which shall be renewable on the recommendation of the National Coordinator

SECRETARIAT: Treatment Care & Support Component, HAD

NAME: NATIONAL STEERING COMMITTEE ON INFECTION PREVENTION AND CONTROL (SCIPC)

OBJECTIVE: To provide technical guidance and support to planning and policy development on issues of infection prevention and control to the Federal Ministry of Health

LEADERSHIP AND MEMBERSHIP: The Director Public Health shall be the Chairman with the membership as listed and Reporting to the HIV TWG through the NC HIV/AIDS. The membership shall consist of the following:

- National Coordinator HIV/AIDS Division
- Head of Prevention HIV/AIDS, Head IPC, HAD
- Focal persons of IPC in selected Nigerian Teaching Hospitals
- Representatives of State Ministry of Health and of Hospital Services FMoH
- Representative of Department of Food and Drug FMoH
- Representative TB and Leprosy Division-FMoH (Zaria)
- Representative of Malaria Division-FMoH
- Representative of NACA
- Representative of the Federal Ministry of Environment
- Representative of Environmental Health Practitioners' Board
- Representatives of Medical and Dental Council of Nigeria and of the Nursing and Midwifery Council of Nigeria
- Representatives of NPHCDA, NAFDAC, WHO,
- Country Director AIDSTAR-one,
- Representative of Pharmacy Council of Nigeria, Community Health Practitioners' Council of Nigeria, Association of General and Private Medical Practitioners of Nigeria and NTA Health Correspondent

TERMS OF REFERENCE

1. Review Infection Prevention and Control Programme in Nigeria

i. Building skills and capacity through accredited IPC training.
ii. Equipping managers and administrators to procure medical devices and supplies which support best practice
iii. Conducting appropriate research, surveillance and/ audit of healthcare practices which will provide appropriate insight into existing and future best practice
iv. Inclusion of IPC into curriculum of higher institutions
v. Establishing a wide network and communication with mutual benefit and support
vi. Providing the most cost-effective and best health care possible for our population and healthcare staff.
vii. developing and establish, an accreditation process which will lead to improved healthcare and best practice
viii. Conduct a meeting every quarter and other emergency meeting as might convened by the Chairman

TENURE: The tenure of membership shall be for 2 years in the first instance and members may be re-appointed on the recommendations of the National Coordinator of the HIV Division.

SECRETARIAT: The administrative support to this task team shall be provided by the office of the National Coordinator of the HIV/AIDS Division, FMOH

NAME: NATIONAL TASK TEAM ON HIV COUNSELLING AND TESTING (NTT/HCT)

OBJECTIVE: To provide technical guidance and support to policy and practices on HIV counselling and testing in Nigeria to the FMoH

LEADERSHIP AND MEMBERSHIP: The team leader for the task team shall be elected from among the membership or as appointed by the HMH on the recommendations of the National Coordinator**.** The membership shall comprise of HCT experts including those in the academia, HCT Technical Consultants, Civil Society Representatives, and Network of people living with HIV/AIDS in Nigeria, NGOs/FBOs, and Development partners. The task team shall be accountable to the HIV TWG through the NC HIV/AIDS.

TERMS OF REFERENCE:

i. Advise the honourable Minister of Health on all HCT issues
ii. Advise government on HCT policy formulation
iii. Support the FMOH in the coordination of HCT service delivery in the country
iv. Assist government in the review of national guidelines, training manuals and other documents on HCT
v. Advise on minimum standards for all forms of HCT services
vi. Advise as well as assist government to develop scale-up plans for HCT services, support FMOH in the development and review of proposals and work plans for HCT
vii. Provide technical assistance to FMOH in the periodic review of the national HCT monitoring and evaluation framework, in harmony with the Nigeria National Response and Information Management System (NNRIMS) and the National Health Management Information System (NHMIS)
viii. Advise government on integration of HIV Counselling and Testing into the existing general guidance and counselling curricula of higher institutions.
ix. Advise government on statutory requirements for HCT counsellors in relation to professional structures, cadres remunerations, and accreditation mechanisms
x. Network with other national task teams on the HIV and AIDS
xi. Supervision of HCT Service delivery and training, and
xii. Conduct a meeting every quarter and attend other meetings as might be convened by the HCT section of the national office.

TENURE: The tenure shall be for 2 years in the first instance which shall be renewable for another 2 year term on the recommendations of the National Coordinator.

SECRETARIAT: The HCT Section of the Prevention Component, HAD shall provide the administrative support.

NAME: NATIONAL HEALTH SECTOR ACSM TECHNICAL WORKING GROUP (TWG)

OBJECTIVE: To provide technical guidance and support to planning and policy on ACSM issues of the health sector response to HIV/AIDS in Nigeria.

LEADERSHIP AND MEMBERSHIP: The Honourable Minister shall appoint the Chairman from the members of the ACSM Task team. The members shall be appointed from: the FMoH including officers from Health promotion, Family planning, NMCP, NTBLCP and Hospital services and representations from the Federal ministry of women affairs and child development, Federal ministry of information and communication and the Federal ministry of education. There shall be members from Bilateral and Multilateral Agencies including the WHO, World Bank, USAID, CDC, UNAIDS, DFID/PATHS, JICA, UNFPA, CIDA and from Indigenous Agencies including NACA, National Orientation Agency, NAFDAC and NPHCDA as well as Media Partners of the Radio Nigeria, NTA, Representative of Private media houses (Radio, Television), Representative of Print media; NGOs including SFH, CHAI, CSOs & Networks such as NEPWAN, CiSHAN

TERMS OF REFERENCE

i. Carry out quarterly TWG meetings and other emergency meetings as may be deemed fit by the ACSM component of the HIV/AIDS of the Federal Ministry of Health, Abuja.
ii. Work with the HIV/AIDS Division, ACSM Component to develop national ACSM guidelines and implementation strategy that will reposition the Division for effective Coordination and partnership collaboration in 36 states and FCT
iii. Work with the ACSM and Treatment care and support Component of NASCP to promote the National ART decentralization to the Primary Healthcare centers
iv. Develop action plan for meaningful involvement of the media in the Health sector HIV/AIDS Response
v. Support Training of media associations and organizations in Health sector HIV/AIDS reporting
vi. Develop guidelines and modalities for training of PLHIV on therapeutic Client Education (TCE) to increase adherence, partner disclosure and opinion leaders in promoting the ART Decentralization
vii. Provide technical support to develop IEC materials, Advocacy toolkits and development of the NASCP Newsletter (NASCP Digest)
viii. Develop strategy to align the Health sector communication activities with implementing partners' health sector based communication interventions for resources leveraging and promoting of services upkeep and develop action monitored action plan on how to assist Government deliver on its health sector mandate on HIV/AIDS and STI.
ix. Provide rapid scale up of provider and client HIV/AIDS prevention education and at the same time share/harmonize IPs' work plans to avoid duplication in achieving national targets.

x. Identify evidence-based HIV/AIDS Health sector interventions for prompt decision-making and integrated programme planning and implementation.
xi. Provide needed guidance in requests for funding support for activities related to HIV/AIDS ACSM from government agencies and other IPs.
xii. Provided technical support to establish functioning Health sector communications in SMOH and LGAs.
xiii. Support the establishment and management of a HIV/AIDS Division website and listserv and contribute to its content management.
xiv. Provide all forms of needed support the HIV/AIDS Division in all its health communication activities including planning of special events like world AIDS Day and Advocacy visits for resource mobilization.
xv. Develop a plan for supporting ACSM meetings at the Federal, State and community levels.
xvi. Provide technical and financial support in all forms of capacity building for healthcare providers, PLHIV and ACSM staff.
xvii. The team shall meet every quarter and attend other meetings convened by the ACSM Component of the national office.

TENURE: The tenure of the membership of the task team shall be for 2 years in the first instance but which shall be renewable for another 2 year term on the recommendations of the National Coordinator

SECRETARIAT: The Head of ACSM, HIV Division

NAME: THE NATIONAL LABORATORY TECHNICAL WORKING GROUP.

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OBJECTIVE: To advise on technical issues that will improve implementation, coordination mechanism and effective mobilisation and utilization of resources and provide favourable conditions for quality and timely delivery of laboratory services to the needing Nigerians.

i. **TERMS OF REFERENCE (TOR)**
ii. Guides policy makers on the implementation of national laboratory policy as it affects laboratory diagnosis of HIV/AIDS infection.
iii. Develops and disseminates national guidelines on laboratory diagnosis and monitoring of patient on ART including safety precautions and waste management on HIV/AIDS laboratory activities.
iv. Plans, implements and coordinates laboratory personnel capacity development in HIV/AIDS activities.
v. Advises Government on regulation, importation and use of HIV test devices in Nigeria.

vi. Coordinates activities in the evaluation of HIV kits for the determination of their suitability and in the development of suitable algorithm.
vii. Collaborates with other relevant organs in the logistics management of HIV test kits and allied consumables e.g. forecasting of annual requirements, delivery strategy etc. to ensures continuous supply of HIV/AIDS test kits/devices to facilities
viii. Advises government on laboratory equipment specifications at all levels of health care delivery for the conduct of HIV /AIDS diagnostic services.
ix. Monitors and supervises sites for adherence to national policy and guidelines on laboratory diagnosis on HIV/AIDS.
x. Collects, collates and analyses input data from sites on HIV/AIDS laboratory based activities (laboratory diagnosis, logistics management of commodities-test kits/reagents/devices) to produce national data and provides feedback information on national performance to sites and stakeholders.
xi. Coordinates implementation of the National External Quality Assurance Scheme (NEQAS)
xii. Coordinates basic and applied research (e.g. operational) on HIV/AIDS from the laboratory perspectives and
xiii. Conduct a meeting every quarter and attend other meetings as might be convened by the HIV Division

LEADERSHIP AND MEMBERSHIP: The team leader shall be elected from among the members. The Executive secretary shall be the most senior laboratory officer at the HIV Division of the Federal Ministry of Health**.** The membership shall be drawn from competent officers from the HIV/AIDS DIVISION , WHO, Central Public Health Lab.(CPHL) Lagos, University of Abuja Teaching Hospital(UATH),Jos University Teaching Hospital(JUTH), Logistics (HIV/AIDS Division); other members shall be laboratory officers from NIPRD Idu Abuja, NBTS , NACA, NAFDAC, FMC Gombe, SMoH Kaduna, NIMR Lagos, Safe Blood for Africa(SBFA), FCT Director of lab, CDC, USAID,DOD, Axis Foundation Abuja, the DFID (UKAid), and States' Director of Lab service of each of the NW, SE,SS,NC,NE and SW geopolitical zones of Nigeria.

The task team shall be accountable to the HIV-TWG through the National Coordinator of the HIV Division

TENURE: The tenure of membership shall be for 2 years in the first instance and members may be re-appointed on the recommendations of the National Coordinator of the HIV Division

SECRETARIAT: The administrative support to this task team shall be the HIV/AIDS Division

NATIONAL HIV SURVEILLANCE TWGS

OBJECTIVE: To provide advice on technical issues pursuant to conduction and improvement of the national HIV biennial surveillance (ANC, NARHS, and IBBSS).

TERMS OF REFERENCE AND TENURE: Specific to each of the national HIV surveys.

LEADERSHIP AND MEMBERSHIP: The team leader and co-lead shall be elected from among the members. Members will be drawn from relevant fields and institutions.

SECRETARIAT: The administrative support to this task team shall be the Surveillance section of SI component, HIV/AIDS Division.

Annexure II: Partners in the Nigerian **HSR to HIV/AIDS in Nigeria.**
NACA
FMoH / HIV Division (HAD) aka NASCP
CSOs including faith based organisations, such as Catholic Relief, JIREH foundation in Benue, NEPWHAN, CISHAN, ASWHAN, APIN/HARVARD, AFPAC
MDAs: Line ministries, MDG office
Non Governmental organizations: SFH, ECCEWS, AHI
Regulatory agencies: NAFDAC, NIMR, NEMA, NAPTIP, NAPEP,
Health Professional Bodies in Nigeria including the MDCN, PCN, NNMCN
Research Institutions
Corporate bodies: Banks, Mobil Phone Operators
Police, Military(MoD) Armed Forces Programme on AIDS control (AFPC), Paramilitary agencies
Media: NTA, Radio Nigeria
Legislature : National Assembly
Foundations: Packard Foundation, Ford Foundation, Clinton Foundation, McArthur Foundation
Bilateral: Finland, French Embassy, Germany/GTZ, Ireland/Irish Aid, Norwegian Embassy, European Commission USG (USAID and CDC), through implementing partners: MSH, IHVN, FHI, URC, CIDA, JICA , C-CHANGE, ENR, POP COUNCIL, ACTION AID , SFH, IHVN, FHI, IHVN

UN Agencies:UNAIDS, WHO, UNFPA, UNICEF, UNIFEM, UNITAD
World Bank
Donors: DFID, CDC, USAID, Global Fund/CCM, CIDA

ANNEX II

DRAFT
TERMS OF REFERENCE
FOR THE
HEALTH SECTOR PARTNERSHIP ON HIV/AIDS IN NIGERIA

MARCH 2007

1. **Background**

Nigeria is facing a grave HIV/AIDS epidemic. About 2.9 million people are estimated to be HIV-infected, with up over 3 million PLWA needing ARV therapy in order to continue in productive roles. An estimated 221,000 Nigerians died of AIDS-related diseases in 2005 alone. Heaviest hit are men and women of economically-productive ages, the very group responsible for strengthening Nigeria's economy and caring for families. With about 1.2 million orphans, Nigeria is fast facing a crisis in helping communities and families support children without parents.

Early efforts at national response to the HIV and AIDS epidemic in Nigeria were initiated by the Federal Ministry of Health (FMOH), shortly after the discovery of the first AIDS case in 1986, with the establishment of the ad-hoc committee - the National Experts Advisory Committee on AIDS (NEACA). The committee was mandated to advise government on modalities for curbing in the country, what was fast becoming a global scourge. This was followed in 1988 by the establishment of the National AIDS and STDs Control Programme (NASCP) in the Federal Ministry of Health, with corresponding programmes at state level – State AIDS and STDs Control Programmes (SASCP).

In 1997, the multisectoral approach to the control of HIV and AIDS was adopted in the country, still under the coordination of the Federal Ministry of health. It was not until 1999 that the National Action Committee on AIDS (NACA), was established to coordinate the multisectoral response at the national level and provisions made for corresponding bodies at state and local government levels – SACA and LACA respectively. NACA reports to the Presidential AIDS Council (PAC), the highest level governmental coordination body in the country which is chaired

by the President of the Federal Republic. The FMOH has since focussed on coordinating specifically, health sector activities, while other sectors came on board to lead in their areas of comparative advantage. The health sector however remains by far the largest of all the sectors in the multisectoral response.

Other stakeholder constituencies have also established self-coordinating entities: Civil society participation in the fight against HIV/AIDS has been institutionalised through the establishment of mechanisms such as the Network of People Living with HIV/AIDS in Nigeria (NEPWAN), the Civil Society Consultative Network on HIV/AIDS in Nigeria (CISCNHAN), the Interfaith HIV/AIDS Council of Nigeria and the Nigeria Business Council on HIV/AIDS (NIBUCCA).

In addition, the UN system established the UN Theme Group on HIV/AIDS in 1996 with a view to strengthening collaboration, coordination and joint planning on HIV/AIDS issues in Nigeria. UNAIDS provides secretarial support to the Group. An Expanded Theme Group, assembling NACA, UN agencies, donors/partners and civil society, has been serving as a platform for dialogue, exchange of information and partnership building across the different stakeholder groups.

However, a situation analysis of the health sector response to HIV & AIDS in Nigeria conducted in 2004 identified poor coordination of partners as one the major problems inhibiting effectiveness of the sector. Therefore, one of the key responses outlined in the Health Sector Strategic Plan for HIV & AIDS in Nigeria (2005 – 2009), was the establishment of a mechanism for coordination of partners in the sector.

To this end, the Federal Ministry of Health has invited contributors to the Health sector response to HIV & AIDS in Nigeria, including foundations, bilateral and multilateral institutions and other key stakeholders, to join hands with it to institutionalize a forum around health sector HIV & AIDS issues and to harmonize support through the setting up of the **"Health Sector HIV & AIDS Partnership".**

2. Terms of Reference for the Health Sector HIV & AIDS Partnership

The TOR set out in this document outline the aim, objectives and mode of operation of the **Health Sector HIV & AIDS Partnership**. They may be adjusted according to identified needs and with the agreement of members of the Partnership.

3. Aim of the Health Sector HIV & AIDS Partnership

The overall aim of the **Health Sector HIV & AIDS Partnership** is to exchange information and work for better coordination and harmonization of health sector HIV & AIDS interventions in Nigeria, in order to achieve an effective health sector response, within the context of the National Multisectoral Response.

4. Objectives of the Health Sector Partnership on HIV/AIDS

4.1 To provide a forum for NASCP, other HIV/AIDS health sector stakeholders and health sector partners to discuss issues and exchange information related to the sector's response to the HIV & AIDS epidemic in the country.

4.2 To enhance coordination of partner support to the health sector response at all levels

4.3 To collate and consolidate the various health sector stakeholders' input to the response to HIV & AIDS in the country in the form of HIV/AIDS issues, events, key studies and documents.

4.4 To ensure that engagement of donors for support to the health sector HIV & AIDS response in the country is in line with NASCP/FMOH plans, within the context of the overall national, multisectoral response

5. Harmonization

The Partnership will facilitate and harmonize support to the Government including technical assistance to NASCP, State Ministries of Health and LGA Health Departments. Such facilitation and harmonisation of support will extend to other stakeholders, including associations of PLWA. They will also be in line with the NASCP's Health Sector Strategic Plan and in the context of the National Strategic Framework for HIV & AIDS in Nigeria.

The Partnership will also facilitate harmonization of mechanisms, processes and systems (eg M&E, logistics, supervision and review, financial management).

6. Sharing of information

The Partnership will share information with relevant coordinating groups, meetings and other fora as required

7. Meetings of the Partnership

7.1 The Partnership will meet on a two-monthly basis. Extraordinary meetings may be called between regular meetings should circumstances dictate

7.2 Working Groups/Committees may be set up to carry out specific tasks. The "**Treatment Group"** currently in place and established to address issues emerging from the Expanded Theme Group (ETG) meetings, falls under this category.

7.3 Minutes representing all views of the Partners and follow-up actions will be noted and circulated to all present and non-present members after each meeting.

8. Chair, Membership and Governance of the Health Sector HIV & AIDS Partnership

8.1 The Partnership will be chaired by the Director of Public Health, Federal Ministry of Health. A Co-chair will be designated from among the heads of partner organisations by consensus and will remain Co-chair for one year.

8.2 Membership will be on an institutional basis, being open to all bi-lateral and multilateral donors/partners and institutions, directly providing financial and technical support to the Health sector response to HIV & AIDS in Nigeria as well as to other key stakeholders in the health sector response

8.3 The Secretariat will be provided by the FMOH and it will ensure secretariat back-up to the Partnership in a timely manner. The Secretariat is responsible for writing, circulating and maintaining a file of meeting minutes and sharing relevant information among members. Minutes of meetings are to be approved by the Chair before they are circulated to members.

8.4 An electronic mailing list will keep members informed of deliberations and decisions reached at meetings – both those present and absent from meetings.

9. Review of the Terms of Reference

These TOR are seen as a guiding document on the principles and functioning of the Partnership. They can be reviewed through consensus by members from time to time as may be required.

Abuja, Nigeria

March 2007

List of Participating Partners

1. **APIN/Harvard**
2. **CIDA**
3. **DFID**
4. **European Commission**
5. **Finland**
6. **French Embassy**
7. **Germany/GTZ**
8. **Global Fund to fight AIDS, Tuberculosis and Malaria**
9. **Ireland/Irish Aid**
10. **JICA**
11. **McArthur Foundation**
12. **Norwegian Embassy**
13. **Packard Foundation**
14. **World Bank**
15. **UN System**
16. **USG group**
17. **Other key stakeholders**

ANNEX III

The Akodo Declaration on Strengthening NASCP to effectively coordinate the National Health Sector Response to HIV/AIDS Epidemic

Eko Tourist Beach Resort, Akodo, Lagos State, 30th - 31st March 2006

1. We, the participants at the National AIDS and STIs Control Programme (NASCP) Strengthening Retreat convened at the instance of the Honourable Minister of Health, Professor Eyitayo Lambo, comprising representatives from the National AIDS and STIs Control Programme of the Federal Ministry of Health (FMOH) and the National Action Committee on AIDS (NACA) and supported by the UN System in Nigeria, recognize the high level commitment of His Excellency, the President of the Federal Republic of Nigeria, Chief Olusegun Obasanjo GCFR, in the fight against the HIV and AIDS epidemic in Nigeria. The initiatives of the President include: the establishment of the Presidential Committee on AIDS (PAC) and the National Action Committee on AIDS (NACA), as well as his bold drive (without external support initially), to place 15,000 PLWHAs on treatment with Antiretroviral (ARV) drugs and the subsequent mandate to the FMOH and NACA to scale up treatment to 250,000 PLWHAs by June 2006.

2. We further recognize the leadership of the Honourable Minister of Health Professor Eyitayo Lambo, in his unwavering efforts to provide an enabling environment for effective health sector response to HIV and AIDS, particularly in his initiative to strengthen NASCP and to deliver on all the presidential mandates.

3. We also recognize the pivotal role of NACA in coordinating the National multi-sectoral response to the HIV/AIDS epidemic, according to the principles of the 'Three Ones' and the Nigerian AIDS partnership, in mobilizing the needed resources for the national response and in facilitating the establishment of SACAs and the active engagement of civil society, the private sector, PLWHAs, communities and the development partners.

4. We recognize the effort thus far, of the National AIDS and STIs Control Programme in leading the health sector response to HIV/AIDS, in setting standards and in providing direction for the implementation of health sector interventions.

5. We in addition, acknowledge the contributions and support of developmental partners in the national response to the epidemic

6. Operating within a global environment framed by the need to actualize the presidential mandate of placing 250,000 PLWHAs on treatment with ARV by June 2006, the need to work towards achieving universal access to prevention, treatment, care and support by 2010 and the millennium development goals (MDGs) by 2015, we identify the following as the major challenges to the effective coordination of the health sector response to the HIV/AIDS epidemic:

a. Inadequate capacity within NASCP in the form of human resources and in terms of numbers, skills and motivation.
b. Non-conducive working environment for NASCP staff characterized by electric power interruptions, inadequate working and communication equipment and logistics facilities.

c. Bureaucracy within the public service that has not recognized the exceptionality of HIV/AIDS and the emergency response that it requires
d. Constraints in meeting the target of the presidential mandate to place 250,000 PLWHAs on treatment with ARV within the stipulated time
e. The need for formal communication channels between NASCP and NACA and adherence to specified roles and responsibilities in the national response to HIV/AIDS

7. We therefore recommend the following actions to overcome the challenges identified above:

Inadequate capacity within NASCP in the form of human resources and in terms of numbers, skills and motivation

a. Immediate recruitment of team of consultants to undertake a comprehensive organizational assessment of NASCP, including human resource capacity needs, with a view to restructuring and re – engineering it for effective leadership of the health sector response to HIV/AIDS
b. Prompt implementation of recommendations of Consultants

c. In the interim, facilitate immediate deployment of urgently needed personnel to NASCP

d. In - service training, on-the-job training and learning exchange opportunities for all NASCP staff in their respective tasks

Non-conducive working environment for NASCP staff characterized by electric power interruptions, inadequate working and communication equipment and logistics facilities.

Conduct a rapid needs assessment with respect to equipment and other facilities and immediately provide resources for procurement of identified items

Bureaucracy within the public service that has not recognized the exceptionality of HIV/AIDS and the emergency response that it requires

Create HIV/AIDS Department in the FMOH

Constraints in meeting the target of the presidential mandate to place 250,000 PLWHAs on treatment with ARV within the stipulated time.

Eliminate user fees associated with all services pertaining to VCT, Laboratory and ART

The need for formal communication channels between NASCP and NACA and adherence to specified roles and responsibilities in the national response to HIV/AIDS

a. Ensure that NASCP and NACA adhere to their defined roles and responsibilities in the national response to HIV/AIDS
b. Establish regular joint management meetings between NACA and NASCP.

c. Institutionalize NACA and NASCP retreats.

This declaration is hereby upheld by the undersigned:

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Prof. Babatunde Oshotimehin **Prof. Eyitayo Lambo**

NACA Chairman **Honourable Minister of Health**

Date: ---------- Date: ----------

Witnessed thereof:

UNTG Chair

Date: ----------

ACTION POINTS ON ACODO DECLARATION WITH TARGET DATES

S/N	Challenges	Action points	Target dates
1.	Inadequate capacity within NASCP in form of human resources and in terms of numbers, skills and motivation	1) Recruitment of consultants to undertake organizational assessment of NASCP, including human resource capacity needs, for re – structuring and re - engineering 2) Implementation of Consultants' recommendations 3) In the interim, facilitate immediate deployment of urgently needed personnel to NASCP (see	April 2006 July 2006 May 2006

		Annex II) 4) Facilitate in - service training, on-the-job training and learning exchange opportunities for all NASCP staff in their respective tasks	From April 2006 onwards
2.	**Non-conducive working environment for NASCP staff characterized by electric power interruptions, inadequate working and communication equipment and logistics facilities.**	1) Conduct rapid needs assessment with respect to equipment and other facilities and immediately provide resources for procurement of identified items (see AnnexIII)	May 2006
3.	Bureaucracy within the public service that has not recognized the exceptionality of HIV/AIDS and the emergency response that it requires	Create HIV/AIDS Department in the FMOH	December 2006
4.	**Constraints in meeting target of presidential mandate to place 250,000 PLWHAs on treatment with ARV within stipulated time**	Eliminate user fees associated with all services pertaining to VCT, Laboratory and ART	June 2006
5.	Need for formal communication channels between NASCP and NACA and adherence to specified roles and responsibilities in national response to HIV/AIDS	1) Ensure that NASCP and NACA adhere to their defined roles and responsibilities in the national response to HIV/AIDS 2) Establish regular joint management meetings between NACA and NASCP 3) Institutionalize NACA and NASCP retreats	April 2006 April 2006 April 2006
