CIVIL SOCIETY ACCOUNTABILITY FORUM

Theme:
INTEGRATED HIV-TB RESPONSE IN NIGERIA: MOVING FROM RHETORICS TO ACTION

Date:
12th & 13th November 2017

Venue:
ROCKVIEW HOTELS-ROYALE.
Plot 194/196, Card Zone A8,
Adetokunbo Ademola Crescent,
Wuse II, FCT- Abuja.
Hosts:

[Logos of the organizations involved]

Supported by:

[Logos of the organizations supporting the initiative]

The African Community Advisory Board
INTRODUCTION

Tuberculosis is the ninth leading cause of death worldwide. It is the leading cause of death from a single infectious agent, ranking above HIV and AIDS. In 2016, an estimated 1.3 million TB deaths among HIV-negative people were recorded. This is less than the 1.7 million reported in 2000. Also, an estimated 10.4 million people fell ill with tuberculosis in the same year: 90% were adults, 65% were male, and 10% were people living with HIV of which 74% lived in Africa. There were 374,000 deaths among HIV-positive people.

Sadly, Nigeria's domestic percentage share of the budget to address tuberculosis is low when one compares with other high TB burden countries: Nigeria (9%), Kenya (18%), Republic of Congo (88%), South Africa (90%) and China (96%). Ideally, people should no longer die from preventable ailments like HIV, tuberculosis, and malaria. Given that National programmes and required structures are in place to address this disease conditions, it is important to understand why TB deaths are still being recorded. Stakeholders need to take stock of the HIV and TB response by asking Government the right questions and identifying the right actions to reverse these trends. It is against this background that the 2017 edition of the CSO Accountability Forum was convened.

The Civil Society Accountability Forum was first held in 2016 with the involvement of a few Civil Society Organizations and partners. The 2017 edition was larger – the forum held for two days, there were CSO participants from the 36+1 States at the meeting, and there was broad stakeholder participation. The focus of the discussions at the 2017 Civil Society Accountability Forum was the need for an integrated approach of HIV and Tuberculosis response as most HIV related deaths resulted from TB co-infection. Emphasis was laid on the need to move from rhetoric to action by all partners and stakeholders.
DAY 1

CSO INTERACTION

The first day of the two day meeting was dedicated to CSO interaction. There were three sessions held. The first provided a global overview of the HIV-TB response, highlighted accountability frameworks in Africa and presented the framework for CSO Accountability for CSOs in Nigeria. Key highlights of the session was the need for CSOs to actively engage the government and demand for improved tuberculosis treatment and management regimen and its eradication. CSOs as the fourth arm of government was challenged on take up its roles as watchdogs and protectors of civil rights by publicly participating in policy process service delivery and promoting accountability.

The second session provided updates on tuberculosis prevention and treatment in the country; the numerous challenges with diagnosis (less than 380 GeneXpert machines are currently available in the country), low active case finding, medications for persons living with HIV who then test positive for tuberculosis, shortage of isoniazid (INH) and donor dependency of the TB response.

The third and final session for the day discussed strategies for achieving the 90-90-90 targets by 2020 and ending AIDS as a public health threat by 2030. The need for the HIV treatment program in Nigeria to be accountable, available, appropriate, acceptable, affordable and standardized was highlighted. The place for HIV treatment activism in improved treatment optimization was discussed, and the 2020 road map for HIV prevention was shared. The key outcomes of the discussion sessions was that business cannot continue as usual. CSO need to hold stakeholders accountable for the 2020 and 2030 mandates to which the country are signatories. CSOs can also invest in that process and make changes in small increments.
The first round table session had CSO engage with Mr. David Young (Deputy Chief of Missions US Embassy), Dr. Sani Aliyu (Director General of NACA) and Shirley Dady (PEPFAR Coordinator). The PEPFAR program in Nigeria plans to focus on the achievement of the 90-90-90 and its new focus is on young persons. Speakers noted that HIV treatment is not considered an act of kindness or charity; the Nigeria government considers it an obligation and responsibility. Currently, user fees limit access. Domestic funding needs to be mobilized to improve the current response. The Nigeria government also has to be held accountable for the $66 million dollars to be invested in Nigeria over the next 2 years – inclusive of the $6 million to be spent on the population based survey to rebase the HIV epidemic in Nigeria - towards eradicating the HIV epidemic in Nigeria. When asked about why PrEP was not widely available, the NACA DG explained that although there are ongoing efforts to ensure PrEP was made available to all persons in need of it, due to limited funding, the government can only make it available to sero-discordant couples. Their number one
priority is to get new HIV positive cases on treatment and keep them on treatment. There was consensus that CSO have roles to play as whistle blowers for lead IPs not engaging CSOs through demanding their government to increase investment in national development, and holding stakeholders accountable as independent organisations who serve as the conscience of the HIV response.

**Critical questions asked PEPFAR by participants during this session were:**

1. Following the transitioning of treatment sites to state government, we did observe that the sites have become moribund with no services to the community, we therefore would like to know what was the criteria used by PEPFAR in the transitions process

2. The CSOs were not involved in the process of making decisions about the transition. Were there reasons for? We would recommend that CSOs be engaged in future transition programs so as to hold the government accountable.

3. The CSOs are concerned with the government ownership of the response knowing that the donor funding will shrink over the years. We would like to know how PEPFAR is currently working with Nigerian government to address the issue of sustainability.

4. What is the interface between Nigeria government and PEPFAR as it relates to oversight functions on PEPFAR programme in Nigeria? Why are the lead IPs not involving CSOs in their site monitoring activities? We would like PEPFAR to ensure the integration of CSOs in the site monitoring activities.

5. What is the status of implementation of the National Council on AIDS Communique that was concluded in January 2017?

**Critical questions asked NACA by participants during this session were:**

1. We congratulate the NACA DG for making sure the National Council on AIDS held this year. It is also our hope that we are able to hold the next one at the appropriate time to at least evaluate the level of progress and set new targets. However, we want to know the status of implementation of the last council on AIDS communiqué. What are the things to be urgently done and how can the civil society fast track results?

2. Not too long, to be precise, before your emergence as the NACA DG, there was this news about some financial misplacement in NACA. As critical stakeholders, we understand that some of those reports may not have been entirely true. Yet, in our several advocacies to mobilize domestic resource for the response we are faced with some of these questions. To
avoid suspicion from any quarters and as a tool to drive the resource mobilization wheel at all levels, we want to know:

A. the possibility of access to:
   i. Updated spendings on the AIDS response in Nigeria on the NACA website.
   ii. NACA secretariat expenditure on the Agency website.
B. If yes, when do we expect to have this done?

3. Thirdly, when will the National AIDS spending assessment (NASA) be conducted given that the last one was done in 2014?

4. Given evidence from demonstration studies carried out in the country, why is PrEP not yet widely available in Nigeria?

The second roundtable session brought together SFH, FHI360 and APIN. Speakers identified the need to nurture and build the capacity of CBOs and CSOs. They noted that CSOs should demand funds from donors to implement their mandate just as they have to be transparent and accountable; and ensure the sustainability of the systems put in place as well as improve the current donor transition process. Two types of CSO were identified – those who work for the community as their advocate and voice who can serve as watchdogs, and the contractors and implementers of the resources. CSOs were also charged to hold themselves accountable before holding others accountable.
There was a heated debate about abolition of user fees by people living with HIV. No consensus was reached but CSOs were asked to identify ways to resolve this quagmire.

The third roundtable session brought together representatives of AHF, CHAI, PEPFAR and NASCP. This session discussed in detail existing National policies on treatment, the challenges in implementation and realities on the ground from the perspectives of the programme implementers, beneficiaries of the services as well as options for sustainability. Given the context of the WHO Test and Treat policy adopted by the Nigerian government, and the fact that the Nigerian Government is only responsible for supporting the costs of 5% (58,000 persons) of those on ARVs in the country, speakers at this session discussed their various interventions in expanding access to HIV treatment and proffered suggestions on how the quality of care could be sustained while still expanding access to treatment for new HIV cases. Several participants in the audience also lamented the huge costs of the user fees which had become a barrier to access for several PLHIV on treatment and which was also informing the loss to follow up and PLHIV movement from fee paying to non-fee paying facilities, and which could ultimately cause ARV drug resistance to emerge. While options such as pushing for wider health insurance coverage and the inclusion of HIV treatment in the existing health insurance schemes was suggested, modalities for taking this forward were not discussed. It was also noted that the new policy guidelines on HIV treatment were not widely disseminated and NASCP needs to update its website and make such information available there. This session also witnessed heated debates on user fees and how this was inhibiting access. It was also recommended that the various stakeholder groups (NEPWHAN, TAM) document evidence of these costs and the relevant facilities charging them and share with partners for further action.

**Critical questions asked the FMoH by participants during this session were:**

1. At the inception of your administration in 2015, Nigeria health system was ranked 187 out of 191 countries by WHO. What has your administration done and what plans and policy framework are in place to address the poor status of treatment facilities in Nigeria in relation to manpower, drugs and infrastructure?

2. We have observed that many of the treatment sites that were transitioned to the government by implementing partners since 2016 have not been able to provide services. What is the plan of the Government to ensure that all these facilities become activated again in the spirit of universal access

3. What measures are in place to ensure that health disbursement and expenditures records are always in public parlance. When will you publicize the expenditure details of your 2016 & 2017 disbursements from the government?
4. Honourable Minister Sir, You declared 2017 as the year of accelerated TB case finding and treatment and adopted Gene xpert as the first line of diagnosis for TB in Nigeria. What plans are in place to ensure universal access to gene xpert services in all the 774 LGAs in the country?

Critical questions asked the IPs by participants during this session were:

1. How as IPs do you derive your annual targets for your HIV response?
2. How have your figures specifically contributed to the 90-90-90 goal and the national 2020 and 2030 goals?
3. How have CSO been engaged as partners in the design and implementation of your programs?
4. How have you promoted collaborations to ensure the HIV platform contributes to achieving your SDG goals in Nigeria?
5. How have you contributed to strengthened and sustained health care delivery in Nigeria that is delivering service beyond your project?

The final session brought together panelists representing various sectors to discuss the next steps and areas of commitments. These were Gabriel Udelikwe (UNAIDS), Murphy Akpu (PEPFAR), Robert Cheigli (Partners), Dr
Soyinka (Tuberculosis Control) and Olayide Akanni (CSOs). Commitments made were:

- **CISHAN** to finalize and deploy the Accountability Framework to the various states for utilization. The supports of the partners were solicited to ensure that the utilization was hitch free. FHI360 responded on behalf of the partners in the affirmative.

- **CISHAN** to host a legislative round table to State and National legislative issues affecting the HIV response will be discussed.

- **CISHAN** to conduct quarterly monitoring and data collection at the sites where the implementing partners (IPs) are working. This will enable CSOs produce annual independent reports on the status of the HIV response in Nigeria. The tool for data collection will be shared, harmonized and standardized, IPs can support with logistics if and only if it would not affect the outcome of the report; and issues of conflict of interest must be taken seriously.

- **UNAIDS** to support the CISHAN to realise these commitments

- **NACA** to launch the AIDS Trust Fund

- **NACA** to regularly upload the HIV response expenditure profile on its website

- **AHF** to support the 2018 CSO Accountability Forum

**RECOMMENDATIONS**

- States should explore how to replicate the Accountability Forum with possible support by state lead IPs with PEPFAR support. Service providers to attend that forum

- A communiqué should be drafted stating the commitments of the various IPs and donors in attendance. This shall be used as a measure of performance and discussed at next forum

- Information about the CSO Accountability Forum meeting outcome should be widely disseminated using the social media and other platforms before, during and after the forum.

- There should be better youth representation at future fora.