



## **REPORT FOR MEETING OF DIRECTORS OF NATIONAL AIDS COMMISSIONS OF THE GLOBAL HIV PREVENTION COALITION MEMBER STATES**



**DATE: NOVEMBER 12, 2019**

**VENUE: KENYA - NACC OFFICES**

## **SESSION 1**

### **MEETING PROCEEDINGS**

#### **1. Welcome remarks**

All the invited guests introduced themselves after a word of prayer. In attendance during this meeting were NAC Directors, UNAIDS Country Directors and the GPC Secretariat.

#### **Purpose of the Meeting:**

1. Share experiences and Learn from NACs that have repositioned themselves.
2. Reflect on the Ministerial meeting and use this to move the prevention agenda forward with concrete actions on the same.
3. Deliberation on our Terms of Reference and next steps forward.
4. Planning towards Global Prevention Roadmap 2020
5. Building blocks for a conceptual framework for NAC's repositioning

#### **Expected outputs of the meeting:**

1. Roadmap for NAC Directors towards Global Prevention Roadmap 2020
2. TORs for NAC Directors Forum
3. Building blocks for a conceptual framework for NAC's repositioning

#### **Participants:**

- ❖ Directors of the National AIDS Commissions from the GPC Countries
- ❖ Representatives from UNAIDS

#### **1.1 Nduku Kilonzo (NACC, Kenya)**

- This meeting was a follow-up of the one held in May 2019 that discussed the role of NACs, stewardship and what NACs bring to the health sector.
- How to establish, manage and run the Community of Practice, to drive the NACs forward.
- By the end of this meeting, it was hoped that the following would be achieved:
  - i. To have critical actions to take NACs towards the roadmap 2020
  - ii. To have feedback on the high-level GPC meeting held on 11<sup>th</sup> November 2019 in Nairobi, and reflect on what NACs need to do differently.
  - iii. To discuss the steering committee (comprised of Kenya, Botswana, Uganda, Tanzania, and Lesotho) formed in May 2019. Expand this team and make it more inclusive.
  - iv. Discuss what this team should do in the next few months to provide building blocks for repositioning the NACs.
  - v. To learn from countries that have experienced shifts in the NACs.

## 1.2 Sheila Tlou (Co-chair, Global HIV Prevention Coalition)

- NACs are important, particularly in the Eastern and Southern Africa, to coordinate the HIV response
- With various permeations in some countries where the NACs are being absorbed into the MOHs, NACs are still very necessary.
- NACs need to be empowered if they are to lead in ending the Epidemic

## 1.3 Catherine Sozi (UNAIDS Regional Director, Eastern and Southern Africa)

- The epidemic is real in this region where the numbers speak for themselves
- We are not on track to reach the 2020 targets or even the 2030 targets.
- A multi-sectoral response is necessary, beyond the response by the Ministries of Health.
- There is need to address social and structural barriers so as to make access a reality
- Form must follow function; when and what is to be done is clear, then the structures can be discussed.
- The 3-ones are still very relevant: Each country require a HIV Coordinating body, NAC, a National HIV Strategic plan and a National M&E Framework.

## 2. Repositioning and future of the NACs: Experiences and examples of NAC repositioning: lessons learnt and opportunities for NACs

### Session Chair - Daniel Byamukama, Uganda AIDS Commission

- NACs are needed and people expect NACs to transition themselves and find their new roles

### 2.1 Botswana

- *NAC was initially established under the Ministry of Health (MOH), and then moved to the Presidency when it was recognised that HIV is a development issue. In 2015, it was moved back to the MOH, and back to the presidency in April 2019.*
- From April 2019, the NAC has an extended mandate to deal with non-communicable diseases (NCDs) on the side of health promotion and disease prevention.
- It is a government-led response supported by partners, under the principle of country ownership.
- The launch of the HIV 1 and the NCD 1 set the agenda at the highest level
- Coordination of the new mandate: Moving from coordinating just HIV to NCDs as well.
- Question: What do these permeations mean to NACs?

#### *Question for Botswana from the floor:*

*Was it a legislated or negotiated change to do health promotion and NCDs?*

- *It was through cabinet, through a presidential directive.*
- *It enjoys some form of autonomy as an independent department.*
- *Accounts to public accounts*

## 2.2. Namibia

- *90-90-90 targets– Namibia has done pretty well, but more can be done*
- *Namibia has a robust HIV response, but there are still high numbers of new infections*
- *The latest country response is retesting.*
- Namibia has a multi-sectoral response, but it is not well coordinated
- Community systems strengthening is where the multi-sectoral response is lacking. Communities need to be empowered to take responsibility for driving the response
- Advocate for government to do social contracting for civil society organizations.
- There is no sustainable funding yet, and *the country cannot do without the CSOs.*
- There is need to identify the partners/stakeholders, what each is doing, and reconfirm their commitment.
- Political support vis-a-vie domestic resources allocated for HIV. Domestic resources for the HIV response are diminishing.
- Pay more attention to qualitative results, craft better interventions to get to zero new infections

## 2.3 Eswatini

- In 2017 there was a joint review of the NAC, from the Minister responsible, to the board and the legislation that established and govern it.
- It emerged there was a need to restructure the function, structures and reporting structures.
- The request to reconsider the NAC, and broaden its scope to look at NCDs was rejected by parliament, as they thought it would derail the focus on HIV

### Pillars of the NAC

- The NAC was reconfigured to take lead in strategic planning and leadership in HIV
- It remains in the office of the Prime Minister
- HIV became a multi-sectoral response. The 60 ministries report on HIV to the Prime Minister every quarter. Other high-level reports are also sent to prime minister office e.g. on Prep.
- The NAC Director takes decisions from cabinet and implements them
- The Ministry of Health takes lead in the HIV health response
- The public sector, private sector and CSOs send reports to the NAC
- Resource mobilization is a key pillar led by UNAIDS, which coordinates all donors
- M&E reconfigured to be more focused i.e. 7 data sets and geographical mapping

## 2.4 Lesotho

- The Government made a decision to close the NAC in 2011, leading to the fragmentation of the HIV response. The response was scattered in different ministries. The MOH handled the clinical and non-clinical roles. This took the response back, leading to the reopening of the NAC in December 2015.
- NAC began work in 2016. This however was viewed as donor- driven, meaning that donors were to fund it, so government did not resource it. It was therefore not made functional
- The roles in the ministries had to be handed back to the NAC and that did not work well as the ministries had owned it.

- The MOH still has the funds and the political will
- The NAC role in coordination of development partners does not work because they dictate the terms of how to be coordinated.

### **What needs to be done?**

- The NAC needs to reposition itself back to the previous position and still keep up with the global agendas, to avoid being left behind
- There is need for advocacy for repositioning of NAC and advocacy to make it functional.
- Government needs to support the NAC, and not leave it to the donors
- There is an ongoing debate because in the budget speech, the minister said that NAC should take care of AIDS and TB, but did not provide the funds.
- Review of AIDS strategic plan is coming up in the country so this is an opportunity.
- There is need for some form of international guidelines on repositioning NACs within the sustainable development goal

## **2.5 Kenya**

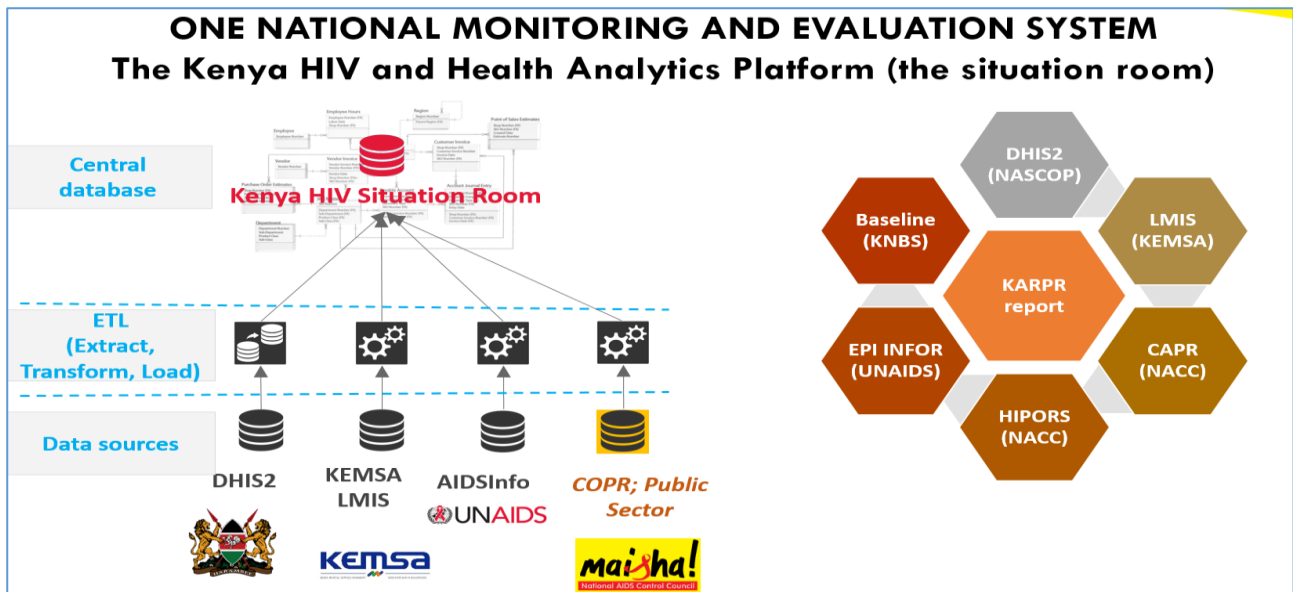
- NACC was initially set up in office of president, and then moved to Ministry of Health in 2013
- It remained a state corporation, with an independent board
- The NAC Mandate is:
  - HIV policy formulation
  - One National M&E Framework for HIV
  - HIV Prevention, Advocacy and communication
  - Multi-sectoral Coordination for attainment to results
  - Technical Assistance to all 47 Counties (formed by the 2010 Constitution)
  - Resource mobilization & alignment
- The NACC organogram - Form follows function
  - Coordination and support - for counties, sectors & stakeholders. Each county has given staff that are seconded that do HIV work in the counties.
  - HIV Investments - resource mobilization, costing, spending assessments
  - Policy monitoring and research
  - Finance and Administration
- Resources and funds allocated from treasury, and the MOH does not have the mandate to change the NACC budget because NACC is a state cooperation.
- NACC however has to negotiate with the MOH before the treasury, as a check and balance.
- NACC is responsible for multi-sectoral response – coordinating all the sectors, counties and stakeholders in the HIV response

### **Role of NACC and NASCOP**

There is a clear distinction between the role of NACC and National AIDS and STI Control Programme (NASCOP), both housed in the Ministry of Health

- NASCOP is responsible for the health services response i.e. those that are bio-medical in nature e.g. testing, counselling, PrEP, VMMC
- There is an officer at NACC who is responsible for the engagement with NASCOP

- NASCOP is responsible for service delivery data – using the DHIS2 system; NACC responsible for overall HIV reporting i.e. getting the data from the different sub-systems into one national system
- There is one One National M&E Framework for HIV. All data collected by the different partners and stakeholders is collected into this central point, including county AIDS progress reporting.
- All HIV data is housed in the Kenya HIV Situation Room – an interactive software platform that allows for easy data presentation and adaptability by the end user. This is manned by NACC



- NACC is also responsible for the HIV annual estimates
- NACC developed the Kenya AIDS Strategic Framework that acts as a guide to all in the HIV response
  - Supported the Sectors to develop sector HIV plans that they are held accountable for
  - Supported the 47 counties to develop county HIV plans
- NASCOP is responsible for Service Delivery Guidelines

### Coordination

- Regional HIV reports are consolidated from each of the counties by the regional HIV coordinators
- Networks e.g. PLHIV, CSOs, Faith sector have working groups. NACC has a budget line item for basic support of these functions. Coordinate the development partners as well.
- The technical working groups, many of which seat at NASCOP, where the technical work is happening, report in the inter agency coordination committee – a multi-sector committee that meets at NACC every quarter
- The inter agency coordination committee receives reports from the Global Fund, which are then forwarded to the Country Coordinating Mechanism (CCM); PEPFAR also reports based on the Coop. agreement twice a year. This helps everyone be on the same page
- AIDS Response Progress Reports are done every two years

- All agencies of government report how much they have allocated to the HIV response and their expenditure on the same.
- NGOs funding and expenditure is tracked, and the report collated annually and given to county governments. It does not always work as a perfect system, but it helps.
- NACC is responsible for national estimates on HIV annually
- NACC supports the multi-sector actions, e.g. in the Ministry of Education sector, to bring other training into schools e.g. wellness, HIV content into the curricula.

#### **Support to the UHC agenda:**

- NACC has been able to use the HIV estimates methodology and expertise to develop estimates for NCDs (mainly cancers, hypertension, cardiovascular diseases and diabetes), for Kenya among PLHIV and the general population.
- There is an opportunity to take this to the sub-national level, just like the HIV
- There is an opportunity to for NACC to further the education sector to bring other wellness, healthy lifestyles interventions, using the HIV set structures
- In the infrastructure sector, each country has a HIV budget. NACC has helped them develop guidelines around what to use the funds for, and has helped in monitoring the interventions
- NACC has a system of tracking what NGOs in the HIV sector are doing, and has an opportunity to extend this to NGOs in other disease sectors

#### *Question for Kenya from the floor:*

2.6

What advantages are there under Ministry of Health vs. President's Office?

- *Presidency - perception of power makes coordination better.*
- *External resources were easier to mobilize in presidency but now we mobilize for internal resources better*
- *We had more tension with Ministry of Health when we were in presidency but now we are part of health, and so they support us.*

#### **General questions and comments from the floor**

##### **Questions:**

- Are the 3 ones still necessary?
- Do NACS have capacity and leadership to move to the next level? We are all not on the same level
- UNAIDS/WHO - How do they work?
  - NACs are a creation of The World Bank, facilitated by UNAIDS.
- Who takes responsibility for supporting the global architecture of NACs?
  - Guidance and support required from International partners in developing of NACs
  - Continue to look for opportunity to learn from one another.

- c. WHO is a co-sponsor and it supports NASCOP; UNAIDS supports the multi-sectoral approach
- v. Where is Global Fund and PEPFAR in this conversation? It is important to get Global Fund and PEPFAR on board as part of the UN reform process

**Comments:**

- A good M&E system plays a big role in keeping structure in place
- Every country is different, therefore there is need to be mindful of the different contexts
- There is need for a strong multi sectoral response, and the need to look at all the SDGs that touch on health, and not just SDG3
- A UNAIDS guidance document will help countries to negotiate for the future of NACs.

**Lessons from India:**

- Health is a priority in India. It has 5% is global fund support, and the rest of the funds are domestically mobilized, because it is part of the Health Ministry's budget.
- The NAC is a division of the Ministry of Health and as a result, it is prioritized
- India is a large country with 28 states. Each of the States' requirements are different.
- Societies were set up in the States to run the HIV interventions. The NAC gives the societies funds to implement HIV, provides technical support and M&E. but they run it. This system has worked well and India is on the way to achieve the 90-90-90 targets by 2020, India is at 80-78-82 – Close to achieving the targets

**SESSION 2**

**3. Round of Reflections from the Ministerial Meeting of 11<sup>th</sup> November**

- There is need to be sensitive to the culture. Present issues from a public health perspective
- When talking about human rights, we also need to ask if parents too have human rights. We need to realize that youth may have important points, but parents have responsibility over them and so are entitled to offer guidance
- We need to be careful that we do not end up promoting moral decay
- Who are the clients of these girls? Who are the influencers that can bring positive influence? We need to encourage the males to be agents of change i.e. male involvement.
- We still need to empower adolescent girls and young women (AGYW). There are good interventions already going on e.g. what Madagascar was doing “red card” against violence. We need to share such good practices widely.
- The Ministerial programme took long and participants were not able to give input/feedback
- Country reports and posters help NACs ask for support from the ministers.
- When we invite the ministers, let us reflect on Country levels not MOH level. Invite the minister in-charge, as it is not necessarily the Minister for health.



- There was a lot of energy from the young people. How can communities be more involved so as to increase the pace? Empowered young women alone will not change the mind-sets of parents or sexual partners
- We need to find a balance with UHC & SDGs.
- SRHR and HIV integration does not happen everywhere, and hearing about this was interesting
- In Zimbabwe, the AGYW project review happened recently. However, is it taken seriously? It is important to engage other groups such as the men, if it is to work.
- The organization of the meeting was good.
- Suggestions: If this is about HIV prevention, then calling it a ministerial meeting leads to having the wrong people in the meeting. Consider changing the title of the meeting.
- If you will invite ministers, the programme needs to change in terms of time. Ministers normally cannot sit through such long meeting due to other priorities.
- The data in the country report is based on updated estimates, and is not necessarily the same as what the minister reads, which is more accurate. This sometimes poses a problem during the presentation.

### SESSION 3

#### 4. TORs for NAC Directors Forum (Chaired by Nigeria, NAC)

The suggestion to get a community of practice for NAC directors was made in the May 2019 meeting. There is need to discuss how this forum should commence and continue. Proposals made by those present include:

##### Governance

- **Secretariat** – Kenya
- **Host country** – Kenya – willing to begin, then the discussion can be revisited. Kenya to have an office responsible for this engagement, and to move processes.
- **Members** – Directors/CEO of NACs and a nominated Officer, who will do the logistics such as communication and documentation, be the custodian of information while keeping the Director/CEO informed.
- **Purpose of this group (Scope)** - PHC was initially set up with UNAIDS acting as a catalyst. It should be about **prevention** – to accelerate the prevention coalition’s prevention agenda. A second proposal is to support the repositioning of the NACs, guided by proceedings this meeting.
- **How frequently should it meet** – Quarterly on phone
- **Composition of the team:** The current steering committee consisting of Kenya, Botswana, Uganda, Tanzania, Lesotho and addition of Democratic Republic of Congo (DRC), Nigeria, India

##### Other suggestions

- Kenya to do a TOR, and send out to other countries for input.
- Determine the structure
- Identify the key elements of this structure and the role of these key elements.
- UNAIDS to contract some consultants to put it together and circulate

## 5. Next steps: Prioritizing actions towards Global Prevention Roadmap 2020 and beyond:

Activity	Timeline	Person responsible	Suggested Funding source
Steering committee members to identify and nominate a person who will act as a link between them and the secretariat	By end of the meeting	Steering committee members	
UNAIDS to consider what the next generation of NACs will look like, i.e. those aligned to UHC & SDGs		UNAIDS	
Hold a multi-stakeholder meeting to include donors, and selected stakeholders, to define what a multi-sectoral response looks like.	Mid next year	UNAIDS	UNAIDS
Draft TORs for the steering committee	By January 2020	NACC Kenya	NACC, Kenya
Suggest how often telephone meetings will happen in the TORs	possibly quarterly	NACC Kenya	
Convening a steering committee team meeting, to look at the first draft of the TOR	Early January 2020	Steering committee	UNAIDS
Put a secretariat in place to support the work of the steering committee.	As soon as possible	NACC Kenya	UNAIDS
Provide strategic intervention points in light of the other priorities such as NCDs, integration			
Put together highlights of the matters arising from this two-day meeting	As soon as possible	NACC Kenya	
A lot of experience has been shared. Document what worked and what did not	As soon as possible	UNAIDS	
Give feedback what worked well in the two day meeting, and what can be done better (i.e. the logistics)		UNAIDS	
After the first few meetings by the steering committee, the UNAIDS team will be approached to help reposition country- specific responses		UNAIDS	
Higher level advocacy to review structures of NACs, that are needed under NCDs and UHC for a sustainable health response (i.e. broader mandate of NACs)		LANCET	
Clarification of terms by UNAIDS – Which of the two terms is acceptable in the HIV response. MSM or gay men? <i>Immediate response provided – Not all MSM are gay men, so this population guidance ensures that no one is left behind. MSM is therefore the term used in the public health space.</i>		UNAIDS	
GPC (26 countries): Not all NACs are under the Ministries of Health. For future meetings, invite the ministers responsible for NACs, not necessarily the MOHs	Future ministerial forums	UNAIDS	
Discuss what the Global Prevention Coalition look like post 2020		UNAIDS/ NACs	

## 6. Closing remarks:

- The NACC Kenya CEO thanked all in attendance for honouring the invitation to the meeting
- The meeting officially ended at 1:10 pm.