

# **Domestication of the Global Task Team Recommendations in Nigeria**

On Improving AIDS Coordination among Multilateral Institutions and International Donors

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**National Expanded Theme Group on HIV/AIDS Working Document  
November 2005**

## **Foreword**

The response to the HIV/AIDS epidemic has varied over time. Twenty years ago when the first case was reported the then Minister of Health Professor Olikoye Ransome Kuti established a coordinating committee of experts who provided the policy framework for this new disease. At the entire national response was located in the Federal Ministry of Health and this was the situation until the advent of the Obasanjo civilian administration when there was a paradigm shift in both the thinking and the actualization of the control of the epidemic. This shift brought with it multisectorality a platform which acknowledges the need for all sectors of the Nigerian society to actively participate in the 'fight' against the epidemic. Consequently there were established new structures to reflect this new thinking and to help mobilize all the energies available. The most notable of these structures are the National Action Committee on AIDS, the State Action Committee on AIDS and the Local Action Committee on AIDS at the federal, state and local government levels. These committees were designed as multisectoral bringing on board the public sector, the civil society, the people living with the virus, the youth organizations, faith based organizations, women societies and the private sector. This to a large extent has succeeded at the Federal level, in many states and in some local government areas.

Subsequent to these major restructuring Nigeria constructed its first multisectoral strategic plan in collaboration with her development partners. This was adopted in 2001 and was referred to as the HIV/AIDS Emergency Action Plan (The HEAP). This was to cover a period of three years and so lasted to 2004. It served to guide our activities during this period but more importantly it was available as an instrument for resource mobilization. The period under consideration was marked by massive growth in the response to the epidemic in Nigeria and this was characterized by a substantial increase in the awareness to the epidemic, evidence of a modest change in behaviour especially amongst the most vulnerable groups and the commencement of the most ambitious treatment programme in Africa. The exponential growth also brought with it considerable challenges of coordination especially as many more development partners now came on the scene to contribute to the national response.

It is against this background that the stakeholders in the national response congregated to construct the successor to the HEAP. In the mean time the concept of the 'Three Ones' had been accepted by all in the field thus the task before the various constituencies who participated in the drawing of the new strategic framework was to put in place a framework which will drive the Nigerian response in a more focused way and will be resident in the National Action Committee on AIDS the recognized coordinating authority in Nigeria. The National Strategic Framework has now been put in place and accepted by all stakeholders in the fight against the scourge. Thus this taken together with the pre-eminent position of NACA in the Nigerian response and the already accepted NNRIMS constitute the Nigerian 'Three Ones'.

Concomitantly while the Nigerian national effort was on-going there was also a global acknowledgement that given the resources that are available within most countries there has to be an effort to coordinate the efforts at the control of the epidemic better but with the individual country been in the driving seat. Thus a Global Task Team was established to achieve this. This team comprised all the important stakeholders in the global against HIV/AIDS. The report of the team was ready in June 2005 with the key recommendation been the need to strengthen alignment and harmonization of partners programming and activities within the national response. At the completion of the task it was the responsibility of each country to adapt the recommendations to the reality on the ground within the individual member state.

Thus this document is Nigeria's attempt to domesticate the recommendations of the Global Task Team. The process of domestication involved all stakeholders in Nigeria including the Government of Nigeria, the civil society, representation of people living with the virus, the faith based organizations, the youth, the organized private sector and most importantly the donor community particularly the bilateral donors. The document has been accepted by all and it is hoped will serve to strengthen the oversight role of the coordinating authority the National Action Committee on AIDS over all stakeholders. More importantly it is hoped that the resultant alignment and harmonization will lead more effective and efficient programming that will enable Nigeria to curb the spread of the HIV epidemic and provide succour to those who are infected and affected.

**Prof. Babatunde Osotimehin  
Chairman of the National Action  
Committee on AIDS and of the  
National Expanded Theme Group**

We are very pleased that Nigeria is one of the first countries to review the GTT recommendations in details and deliberate on what this means for Nigeria. This document has been 'domesticated' in consultation with key stakeholders in Nigeria's AIDS response. In the process it was realised that much has already been achieved in line with the recommendations, however a lot still needs to be taken forward. We look forward to making this document a living document and ensuring that these 'domesticated' recommendations are implemented to the letter. The Sub-Committee acknowledges the efforts of all who contributed to the process.

**Kim Dickson  
DFID HIV/AIDS Adviser Nigeria  
Chair of the ETG GTT sub-committee**

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## Process

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The increased commitment of the Government and People of Nigeria (3,000 CSOs, 15 Self Coordinating Entities, 36 State Coordinating Authorities, etc...) and flow of HIV/AIDS resources from the Federal and States government and its partners (International partners, Private sector, Donor community) had led to a dramatic increase in the number of actors that overwhelm national efforts to coordinate an inclusive and multi-sectoral response based on national priorities.

In response to these challenges, Nigeria has taken initiatives for effective coordination around the HIV/AIDS National Strategic Framework for Action 2005-2009 and the Nigeria National Response Information Management System for HIV/AIDS led by the National Action Committee on AIDS (NACA). In light of the multitude of actors and stakeholders involved in the national response to HIV/AIDS and the multiple partners and sources of funding, the Nigeria HIV/AIDS Partnership (NAP) arrangement strengthens constituencies and the coordination of their activities and harmonizes their support to the national efforts in the context of the implementation of the "Three Ones" principles in Nigeria. Its main goal is to respond and to encourage stakeholders to collaborate in a more effective partnership, by reducing duplication and improving the efficient use of human and financial resources to achieve the maximum results. The NAP supports mechanisms in the following ways: Recipient driven through participatory processes; smaller bureaucracy and lighter administration; Accelerates public-private partnerships and Performance-based programs.

The Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT), of which the Chairman of NACA was a member, published its Final Report on 14 June 2005. The report contains key recommendations to strengthen coordination, alignment and harmonization for a rapid scale-up of the AIDS response. It therefore constitutes an opportunity to strengthen the NAP and its constituent bodies and mechanisms.

The national Expanded Theme Group (ETG) is a structure within the Nigeria HIV/AIDS Partnership charged with the provision of technical and policy guidance to NACA. The ETG, chaired by NACA and co-chaired by the UN Theme Group, meets quarterly and consists of technical stakeholders of Self Coordinating Entities including the UN System, Donors, Civil Society, PLWA, Private and Public sectors, the Country Coordinating Mechanism for the Global Fund, professional bodies, and Research/Academia.

1. NACA and UNAIDS held a meeting on 14 July 2005 to share information, internalize the GTT recommendations, build the same understanding and define the role of each institution in the facilitation of the GTT implementation. The meeting also discussed the format of the ETG meeting and prepared the guidelines for the group discussions. This meeting was a good opportunity to undertake a capacity building of UNAIDS and NACA officers on the GTT process and recommendations.
2. In order to initiate reflection and discussions on the domestication of the GTT's report recommendations, NACA has convened a special meeting of the National Expanded Theme Group (ETG), Nigeria's inclusive technical mechanism which supports NACA in the coordination of the national response.

**Domestication of the Global Task Team Recommendations in Nigeria**  
**On improving AIDS Coordination Among Multi Lateral Institutions and International Donors**

The ETG meeting of 15 July yielded a consensus on the need and the process for domestication of the GTT report.

The ETG accepted the GTT recommendations but made the following observations:

- The recommendations are heavily biased towards UNAIDS and the UN system. They are silent on bilateral partners who are also a critical player in the national response and implementation of the recommendations.
- The recommendations are generic and the need to domesticate them to the Nigerian context is urgent. In the process a critical analysis of what is already on the ground, initiatives that are in the pipeline and their contribution towards operationalization of the recommendations should be highlighted.

The ETG meeting split into four sub-groups as per GTT recommendations to put everything in Nigerian context as per discussion guide. The following issues came up for each recommendation

**Empowering Inclusive National Leadership and Ownership**

- Who determines the priorities – national versus partner interests or Together
- Empowerment and strengthening of NACA (by UNAIDS and partners) and SACAs (by NACA) to deliver on their mandates
- The NEEDS (PRSP Document) makes reference to HIV/AIDS. However, there is low integration between poverty alleviation and HIV/AIDS.

*Observation:* The recommendations are silent on the role of bilaterals, civil society and PLWHAs

**Alignment and Harmonization**

- Dissimilarities in partner planning cycles
- The need for a participatory priority identification process involving government and partners
- The need to know and continuously update the partner list and their planning cycles to inform the government planning cycle
- Progressively move away from project approaches to programmes
- Joint government and partner reviews preferably on an annual basis

**Reform for a more effective multilateral response**

- The UN system and Bilateral partners to put their houses in order through coordination of their acts
- NACA has no legal mandate with which to stamp its authority
- Tiers of governance make coordination difficult

**Accountability and Oversight**

- Operationalization of the partnership forum as a strategy towards improving accountability across levels
- Partners to put their M&E act together and support the NNRIMS
- All partners supported projects to buy into the NSF
- NACA M&E unit to support SACAs and LACAs to develop their M&E agendas in conformity with the nationally set priorities
- The need to move out of the UN and involve other partners in improvement of accountability and oversight function.

## National Expanded Theme Group Working Document

The group work presentations delivered draft country specific recommendations and an ETG/GTT sub-committee was established to take the work further.

The sub-committee has been chaired by DFID with membership of NACA, the World Bank, USAID, UNAIDS and UNFPA.

The sub-committee held several meetings in July/August to produce a draft domesticated GTT report and Specific terms of reference for the committee are:

- Examine the report of the Global Task Team and domesticate it for use in Nigeria. The outcome of the ETG group discussions on the GTT should form a platform for this.
  - Identify specific activities to be carried out in line with the National Strategic Framework (NSF). The NACA 2005 work plan should be simplified and used as a template to which partners can buy in. Issues of prevention among young people and expansion of ART access to meet the June, 2006 target should be amplified in the plan.
  - Suggest areas of priority in the plan and time lines for implementation as well as responsibilities of partners.
3. The committee's chair reported back to the ETG on 9 August. The ETG commended the draft domesticated report and suggested that the national leadership of NACA and the role of bi-laterals be emphasized and further detailed. The ETG/GTT sub-committee held further meetings to incorporate the comments of the ETG and of individual members of the sub-committee.
  4. The meeting of the Sub-Committee chair with the co-chairpersons of the ETG, NACA and the UN Theme Group on HIV/AIDS/UNAIDS on 13 October served to review the outcome of the process and the implementation plan. During this meeting, UNAIDS was requested to include in the document current status of activities in Nigeria to be presented to the ETG for adoption.
  5. After incorporation of comments and reformatting, the final draft report on the domestication of the GTT recommendations was presented to the ETG on 16 November 2005. The ETG approved the recommendations and the actions to improve coordination and harmonization in support of the national response to HIV/AIDS in Nigeria.

## **GTT RECOMMENDATIONS**

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### **1.0 Empowering Inclusive National Leadership and Ownership**

#### **1.1. MAIN RECOMMENDATION**

**The National Action Committee on AIDS Nigeria (NACA) will develop an annual priority AIDS action plan in line with the HIV/AIDS National Strategic Framework for action, 2005-2009 (NSF) that drives implementation, improves oversight, emphasizes results, and provides a solid basis for the alignment of multilateral institutions' and international partners'<sup>1</sup> support; within related efforts to progressively strengthen the NSF and root the annual plans in the National Economic Empowerment Development Strategy (NEEDS) and the State Economic Empowerment Development Strategies (SEEDS) implementation plans. NACA will ensure that the macroeconomic and public expenditure frameworks support and appropriately prioritize the implementation of the National Strategic Framework and annual priority AIDS action plan.**

#### **1.1.A CURRENT STATUS**

- Early 2005, NACA has developed a draft annual work plan and has shared this draft plan with partners and stakeholders. Partners were requested to identify areas where they would provide technical assistance, funding or other support and to incorporate this support in the plan accordingly. The lessons learned from this exercise serve as guidance for the development of the 2006 AIDS work plan.
- The process to develop the 2006 AIDS work plan has been initiated by NACA with the participation of a representative group of stakeholders and technical assistance of partners. A working group chaired by NACA has developed the '2006 planning procedures for the national AIDS priority plan for the national response' including the list of priority interventions, and the 2006 work plan format.
- NACA has recruited technical assistance to further the development of the 2006 AIDS work plan.
- NEEDS is the National Economic Empowerment and Development Strategy which is operational at the federal level while each state is expected to take a cue from the Federal Government and develop the SEEDS, while the Local Government Authorities develop the LEEDS. The NEEDS serves as the overarching framework on which the NSF rests and the spirit of NEEDS permeates the NSF. The NSF is part of the plan of the NEEDS particularly to reduce poverty and inequality. NEEDS aims to change the way government does its work, empowering people by encouraging private sector participation in service delivery and removing wastage. The NSF is an instrument for achieving the NEEDS imperative of addressing the attainment of Millennium Development Goals concerning

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<sup>1</sup> The term "multilateral institutions and international partners" includes UN system organizations, the Global Fund, the bilateral agencies of donor governments, foundations, and international non-governmental organizations, private sector companies and academic institutions.



combating HIV/AIDS. The NEEDS document asserts that 'HIV/AIDS is a major social and health problem. It also threatens the country's productivity and economy. The plan is to improve the system of health care delivery, with emphasis on HIV/AIDS and other preventable diseases, such as malaria, tuberculosis, and reproductive health-related illness.' HIV/AIDS is thus integrated as a cross-cutting issue into the NEEDS, with links to education, health, agriculture, defence, labour, and other sectors. (see annex 3).

- HIV/AIDS has been integrated into the State Economic Empowerment Development Strategy (SEEDS) of 17 states with the support of the UN system under the leadership of UNDP.

## 1.1. B NATIONAL EXPANDED THEME GROUP RECOMMENDATIONS

1.1.1. Development of the 2006 annual priority AIDS action plan for the first year implementation of the HIV/AIDS National Strategic Framework for action 2005-2009 as follows - **NACA**:

- Be developed in a rapid manner that does not impede ongoing implementation;
- Emphasize operational issues, and be costed, prioritized, evidence-based, multi-sectoral, and include clear and simple monitoring and evaluation frameworks;
- Clearly delineate roles and responsibilities of national stakeholders<sup>2</sup>, multilateral institutions and international partners (who does what, when, and where);
- Detail, prioritize, and cost technical support needs, in areas including information and education, care and treatment, monitoring and evaluation, and procurement and supply management;
- Assess and cost human resource capacity gaps and infrastructure needs;
- Be developed in a participatory manner by a full range of national stakeholders.

1.1.2. Adaptation of the UNAIDS set of internationally-recognized standards and criteria for annual priority AIDS action plans, and the scorecard-style tool that countries can use for self-assessments of the plans to empower NACA and its supporting mechanisms<sup>3</sup> to develop the annual priority AIDS action plan - **UNAIDS**

1.1.3. Integration of HIV/AIDS into public expenditure frameworks and into the implementation plans of NEEDS and SEEDS and monitoring of the implementation efforts – **The Donor Coordination Group on HIV/AIDS and the UN Theme Group on HIV/AIDS including the World Bank. Team leaders: UNDP and World Bank.**

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<sup>2</sup> The term "national stakeholders" includes government, civil society (including non-governmental organizations, community-based organizations, faith-based organizations, people living with HIV, and communities particularly affected by AIDS such as young persons, women, men having sex with men, sex workers, and intravenous drug users), the private sector, academic institutions and others.

<sup>3</sup> Such as the national partnership forum that includes representatives of Country Coordinating Mechanism, civil society, people living with HIV, the private-sector, faith-based groups, etc.

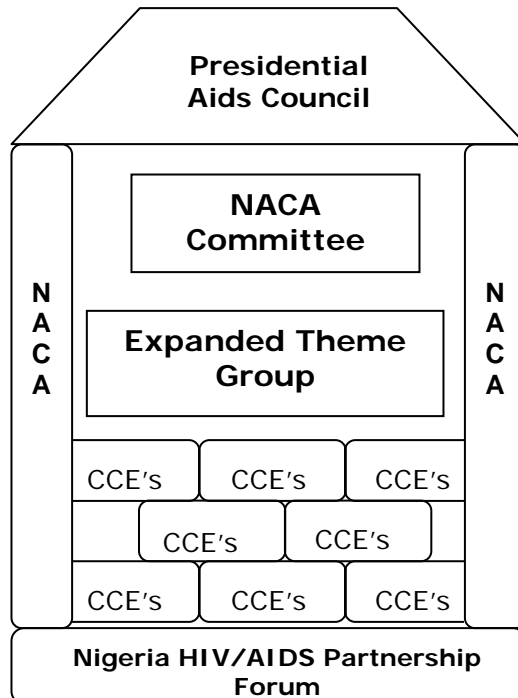
**1.2. MAIN RECOMMENDATION**

**NACA will ensure that the National HIV/AIDS Partnership Forum is established as a means of achieving inclusive national leadership and ownership.**

**1.2.A CURRENT STATUS**

- The National Expanded Theme Group has endorsed the Nigeria HIV/AIDS Partnership as an inclusive, multi-level coordination and partnership arrangement. It aims to be a formal mechanism ensuring national leadership and ownership, an effective bi-directional flow of information among all stakeholders, participatory decision-making processes on all aspects related to the HIV/AIDS response, and accountability for resources and results by all actors.
- It has been agreed to establish the National HIV/AIDS Partnership Forum as one of the mechanisms of the partnership arrangement. NACA and UNAIDS have been appointed to serve as the Secretariat of the Forum. The Forum promotes broad stakeholder participation, including grassroots and local communities, and equity in governance. It is an opportunity to mobilize additional actors and to conduct a dialogue on topical issues. The Forum is a means to hold government and partners accountable for their performance and for their commitment to the Three Ones. It convenes once annually and all coordination bodies are represented.
- The Partnership Coordination Fund serves to enable participation of stakeholders in the NPF, support coordination meetings of CCEs when no other funds are available and enable the establishment of CCEs for constituencies that have none. Contribution to the Fund is from able and willing member institution of the partnership. The Fund will be managed jointly by UNAIDS and NACA. Annual budget allocation is on the basis of agreed, costed work plans developed by the National Expanded Theme Group and approved by the NACA Committee.

**Nigeria HIV/AIDS Partnership Arrangement**  
**(Nigeria house against HIV/AIDS)**



## CCEs

Country Coordinating Mechanism Nigeria for the Global Fund  
Nigeria Business Council on AIDS  
Public Private Partnership Forum  
Civil Society for HIV/AIDS in Nigeria (youth, women, faith community, NGO/CBOs)  
Network of People Living with HIV/AIDS in Nigeria  
UN Theme Group on HIV/AIDS  
Donor Coordination Group on HIV/AIDS  
Others (line ministries, House of Representatives, academia, etc.)

### 1.2.B. NATIONAL EXPANDED THEME GROUP RECOMMENDATIONS

1.2.1. Hold the yearly National HIV/AIDS Partnership Forum and manage the Partnership Coordination Fund – ***NACA and UNAIDS***.

## 2.0 – Alignment and harmonization

### 2.1. MAIN RECOMMENDATION

**Based on agreements reached at headquarters level, multilateral institutions and international partners commit to working with NACA to align their support to national strategies, policies, systems, cycles, and the annual priority action plans. In line with the Paris Declaration and with headquarters decisions, the Global Fund, World Bank, bilateral donors and other multilateral institutions, and international partners will; (a) progressively shift from project to programme financing<sup>4</sup>, based on costed, prioritized, evidence-based, and multisectoral national AIDS action frameworks and annual priority AIDS action plans that are linked to broader development processes such as Poverty Reduction Strategies; and (b) commit to harmonizing and better coordinating their programming, financing, and reporting.**

#### 2.1.A. CURRENT STATUS

- Within the Nigeria HIV/AIDS Partnership, the national Expanded Theme Group (ETG) functions as the stakeholders' forum for technical discussions, decision-making and review of progress on alignment and harmonization.
- The Donor Coordination Group on HIV/AIDS, functional since April 2004, serves as the platform for coordination of donor activities and for discussion and action towards alignment and harmonization. The Group is chaired by the US Government with the World Bank as vice Chair and UNAIDS as Secretariat.
- Bilateral and multilateral partners are confiding the leadership of the oversight and direction of their programmes to the national authorities. NACA is managing the World

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<sup>4</sup> A programme-based approach is defined as “a way of engaging in development co-operation based on the principle of co-ordinated support for a locally owned programme of development, such as a national poverty reduction strategy, a sector programme, a thematic programme or a programme of a specific organisation.” Financing options in a programme-based approach include coordinated parallel financing and pooled funding.

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Bank Multi-Country AIDS Plan, chairing the US Government PEPFAR/GHAIN Project Advisory Committee, serving as the Principal recipient for the Global Fund and managing the government budgetary allocation to the national HIV/AIDS response.

- A UNAIDS-sponsored effort to identify bottlenecks in the institutional arrangements for the implementation of the Global Fund Grant has led to a strengthening of the capacity of the principal recipient, NACA. A CCM retreat has resulted in the clarification of the roles of all actors involved in the Global Fund in Nigeria, including the CCM, the principal recipient and sub-recipients. UNAIDS has also supported regular CCM meetings.
- The Donor Coordination Group on HIV/AIDS and the UN Theme Group on HIV/AIDS, including the World Bank, participated in the government-led National Response Review and in the development of the HIV/AIDS National Strategic Framework for action 2005-2009. All stakeholders, including donors and the UN system signed the 'Declaration of commitment towards implementation of the National Strategic Framework on AIDS Action in Nigeria', contained in the Framework.

### **2.1.B. NATIONAL EXPANDED THEME GROUP RECOMMENDATIONS**

2.1.1 To establish a technical team to identify specific approaches to improving the alignment of the programming and financing with the annual priority AIDS action plan. The team will also be charged with the development of strategies for the harmonization of the major programmes (the Global Fund, the MAP, PEPFAR/GHAIN and DFID/Support to the National Response) in support of one comprehensive programme. This programme will build on the comparative strengths of each donors and their complementarity in support of the national response - ***Donor Coordination Group on HIV/AIDS and NACA.***

2.1.2. To set up and pilot joint (CCM/LFA/NACA, the World Bank, USAID/PEPFAR) financial management, procurement assessments, programmatic and financial reporting; use joint implementation processes<sup>5</sup>; and take concrete, operational steps to improve communications<sup>6</sup> - **Team leaders: World Bank, WHO, UNICEF.**

2.1.3. To engage all key stakeholders (CCM/LFA/NACA, the World Bank, USAID/PEPFAR/GHAIN, the UN Theme Group on HIV/AIDS (UNFPA, UNICEF, WHO) and DFID) in a process to identify procurement and supply management bottlenecks, and to agree upon concrete steps for the harmonization and alignment of procurement and supply management policies and procedures – **Team leaders: WHO, USAID and UNFPA.**

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<sup>5</sup> In order to support the development of country capacity, implementation units should be a last resort, but when they are necessary, joint units should be established rather than separate ones per financier, and should also contribute to developing country capacity.

<sup>6</sup> Including sharing terms of reference prior to country visits (which should also be shared with the Chair of UN Theme Group of the country involved), sharing mission reports (which should also be shared with the Chair of UN Theme Group of the country involved), holding bi-monthly teleconferences, and holding annual meetings

## 2.2. MAIN RECOMMENDATION

**The Expanded Theme Group to ensure establishment of a problem-solving sub-committee that supports efforts to address national AIDS programme implementation bottlenecks.**

### 2.2.A. CURRENT STATUS

- The UN system in Nigeria has established the Country Implementation Support Team (CIST), lead by WHO and comprising of UNAIDS, UNDP, UNFPA, UNICEF and the Global Fund LFA. The expanded CIST is composed of the above agencies and additionally USAID, DFID, CCM, Principal Recipient/NACA and the Sub-recipient(s)/Federal Ministry of Health. The CIST and the expanded CIST are problem-solving mechanisms charged with the identification and solution of bottlenecks in the implementation of the Global Fund grants and programmes from other major funding mechanisms (MAP/World Bank, PEPFAR/USG, SNR/DFID and others).
- The CIST and its expanded arm assists national stakeholders to convene, under the umbrella of NACA and SACAs, task-specific teams for problem-solving and concerted action on monitoring and evaluation, procurement and supply management, technical support needs, and human resource capacity development. The CIST meets as the need arises to help address problems identified by stakeholders.
- Based on Nigeria's request, the CIST and the expanded CIST will continue to propose solutions to implementation gaps in programmes supported by the Global Fund and other major funding mechanisms and support the implementation of the recommendations.

### 2.2.B . NATIONAL EXPANDED THEME GROUP RECOMMENDATIONS

- 2.2.1. To extend the membership of the expanded CIST to one representative of PLWA and one representative of Civil Society - **WHO**.
- 2.2.2. The expanded CIST will document results and disseminate the lessons learned and good practices from the efforts of this initiative to support Nigeria's' efforts to scale up its HIV/AIDS programmes - **WHO**

### 3.0 Strengthening a more effective multilateral response

#### 3.1. MAIN RECOMMENDATION

**The UN Theme Group Chair, in his authority delegated by the UN Resident Coordinator, will strengthen the UN Theme Group on HIV/AIDS and review the UN Implementation Support Plan (ISP) in support of the NSF.**

#### 3.1.A. CURRENT STATUS

- The UN Theme Group on HIV/AIDS and UNAIDS provide a common entry point for national stakeholders to more easily access the full range of AIDS-related services available throughout the UN system, including technical assistance. The UN Theme Group includes all UN agencies in Nigeria, with UNAIDS as a member and as the Secretariat. All UN agencies have appointed Agency HIV/AIDS focal points, who make up the Technical Working Group.
- Six technical task forces are functioning under the UN Theme Group to coordinate UN support to priority areas of the national response.

#### UN Theme Group on HIV/AIDS structure

<b>Committee/ Chair</b>	<b>UN Members</b>	<b>Secretariat</b>
<b>UN Theme Group on HIV/AIDS</b> WHO Vice Chair: UNICEF (Representatives)	UNHCR – UNICEF – UNDP – UNIFEM – ILO- UNFPA – UNODC – UNESCO – WHO – World Bank – IOM (Representatives and HIV/AIDS focal points)	UNAIDS
<b>UN TG Technical Working Group</b> UNAIDS Country Coordinator	UNHCR – UNICEF – UNDP – UNIFEM – ILO- UNFPA – UNODC – UNESCO – WHO – World Bank – IOM (HIV/AIDS focal points)	UNAIDS
<b>UN Learning strategy team</b> UNAIDS Country Coordinator Vice Chair: Chair of UN Operations Working Group (UNICEF)	UN learning facilitators (UNICEF – UNAIDS – UN physician) and WHO – ILO – UNDP - UN Staff association	UN Learning facilitators UNAIDS UNICEF UN Doctor
<b>STATE PLANS And NACA Work Plan</b> World Bank	UNDP – WHO – UNICEF - UNFPA	UNAIDS
<b>PMTCT</b> UNICEF	UNFPA – WHO - World Bank	UNAIDS
<b>Mobility &amp; Migration</b> IOM	UNODC – ILO – UNICEF - UNIFEM	UNAIDS
<b>Advocacy and communication</b> UNDP	UNIFEM – UNICEF - UNFPA	UNAIDS
<b>Youth</b> UNFPA	UNICEF – UNDP – UNODC - UNIFEM	UNAIDS

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- The UN Theme Group has developed and implemented an interim ISP in 2004-2005.
- The UN Theme Group has identified 5 states for joint programming in 2006: Benue, Cross River, Edo, Kaduna and Ondo. This decision has been endorsed by the UN Country Team retreat in February 2006.
- The UN Theme Group has established and adopted a division of labour, in conformity with the mandates and the comparative strengths of the agencies, in April 2004.

**Division of labour on HIV/AIDS between UN agencies in Nigeria**

Adopted by the UN Theme Group meeting of 23 April 2004

<b>Lead agency</b>	<b>Themes</b>
<b>ILO</b>	World of work, public-private partnerships
<b>UNAIDS</b>	Three ones plus resource mobilization and utilization, Men having Sex with Men; Sex work
<b>UNDP</b>	Governance and planning, Leadership for results, civil society and PLWA, legislation and ethics
<b>UNESCO</b>	Education sector response, Cultural and religious dimension
<b>UNFPA</b>	Young people, Mainstreaming of STI and HIV/AIDS preventive services in Reproductive health programmes, Condom programming
<b>UNICEF</b>	Orphans and vulnerable children, Preventive services for young girls and women
<b>UNIFEM</b>	Gender and AIDS, World AIDS Campaign, Global Coalition on Women and AIDS
<b>UNODC</b>	Mainstreaming of HIV/AIDS in drug control programmes
<b>WHO</b>	Health sector response, care and support, ART (3x5)
<b>World Bank</b>	Evaluation of national programme, Management capacity-building, resource management

<b>Prevention of Mother to Child Transmission</b>	<u>UNICEF</u> (Lead agency), WHO (Policy), UNFPA (Education), World Bank (Resource mobilization), UNIFEM (Advocacy)
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- The UN Theme Group on HIV/AIDS/UNAIDS holds an annual retreat with NACA in the beginning of the year to review joint activities and agree on the priorities and key activities for the next year.

### **3.1.B. NATIONAL EXPANDED THEME GROUP RECOMMENDATION**

*Awaiting the UN Secretary General's instruction to the Resident Coordinator, the UN system in Nigeria, under the leadership of the Resident Coordinator, will strengthen its efforts to support the national HIV/AIDS response and its relationship with the key constituencies and stakeholders.*

3.1.1 The UN Theme Group on HIV/AIDS and its subsidiary bodies will be strengthened through a capacity-building retreat. The TORS of the United Nations Theme Group on HIV/AIDS and TWG will be updated and shared with national stakeholders and international partners.

3.1.3 The UN Theme Group on HIV/AIDS will develop a UN Implementation Support Plan/2006 work plan in line with 2006 national AIDS work plan and the HIV/AIDS National Strategic Framework for Action 2005-2009 .

3.1.4 The UN Theme Group on HIV/AIDS will hold joint meetings with key national constituencies and the Donor Coordination Group on HIV/AIDS to share information, assessments, work plans and to chart future directions and joint activities.

3.1.5. The UN Theme Group on HIV/AIDS will be reflected at State level, in the states where several agencies support the HIV/AIDS programme, given the federal governance structure of Nigeria. It will also develop joint programmes (State UN Implementation Support Plans) for its 5 priority states and support their implementation through a new mechanism of financing by pooling resources in one basket fund.

3.1.6. The UN Theme Group on HIV/AIDS will be represented on the state level Partnership Forum, where they exist.

### **3.2. MAIN RECOMMENDATION**

**Financing for technical support should be considerably increased, including expanding UNAIDS PAF, based on requests by NACA and SACAs.**

#### **3.2.A. CURRENT STATUS**

- The UNAIDS PAF 2004-2005 (US\$ 250,000) has been allocated to technical assistance for the implementation of the Three Ones at national level and in selected states and for the strengthening of civil society in the context of the Three Ones.
- Up to 75% of the PAF has been spent on technical assistance and other support to institutional capacity-building of civil society constituencies.

#### **3.2.B. NATIONAL EXPANDED THEME GROUP RECOMMENDATIONS**

3.2.1. Following decisions made at the Global Fund Replenishment Conference regarding PAF+ in September 2005, UNAIDS will ensure the implementation of the recommendations in Nigeria and allocate appropriate resources from the next biennium PAF for technical assistance to Civil society organizations.

3.2.2. NACA and partners will explore the possibility of establishing a technical assistance pool within NACA to support national and state level capacity building requirements.



## 4.0 Accountability and Oversight

### 4.1. MAIN RECOMMENDATION

**Within the National Response Review (NRR), the M&E TWG will assist NACA to lead participatory reviews of the performance of multilateral institutions, international partners and national stakeholders that build upon existing OECD/DAC standards and criteria for alignment and harmonization.**

#### 4.1.A. CURRENT STATUS

- A first National Response Review, involving all stakeholders and partners, has been undertaken as a preparatory exercise to the development of the NSF.
- The National Monitoring and Evaluation Technical Working Group, comprising M&E focal points of all stakeholders and partner organizations, provide overall guidance for the M&E of the national response. It serves as an advisory body to NACA and provides technical backstopping when necessary.

#### 4.1.B. NATIONAL EXPANDED THEME GROUP RECOMMENDATIONS

*Led by the National Monitoring & Evaluation Technical Working Group (M&E TWG) and disseminated through the National Expanded Theme Group, these transparent and participatory performance reviews would culminate in public dissemination of the results and feedback into national programming.*

4.1.1. UNAIDS will provide technical assistance to NACA to lead in the adaptation and utilization of a scorecard-style accountability tool 3 months after dissemination of the global tool.

4.1.2. NACA, with the support of the M&E TWG, will facilitate the application of the accountability tool for measurement of national stakeholders' participation in the AIDS response and international partner alignment to the NSF.

4.1.3. NACA will disseminate the results of the assessments of partner performance and alignment through the National Expanded Theme Group. UNAIDS will ensure that lessons learned in Nigeria are reflected in global reports.

### 4.2. MAIN RECOMMENDATION

**Multilateral institutions and international partners will assist NACA in the strengthening and implementation of the Nigerian National Response Information Management System (NNRIMS) and other structures that facilitate oversight of and problem-solving for the national response.**

#### 4.2.A. CURRENT STATUS

- The One M&E system, the Nigeria National Response Information Management System (NNRIMS), was launched in April 2004. The implementation plan for the MIS component, aiming at tracking HIV/AIDS activities in states through service delivery points, was piloted over a 6 months period in 5 states. An evaluation of the pilot was

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subsequently undertaken. An assessment of M&E capacity in 18 states revealed that the capacity was very weak at state and local level. The M&E Technical Working Group has developed a plan to scale up MIS to additional states, starting with capacity-building.

- The M&E TWG comprises of several sub-committees. The patient monitoring committee is chaired by the FMOH and benefits from technical assistance from USAID/PEPFAR. The committee on surveillance and special studies is working on the 2005 HIV sentinel survey, the National AIDS and Reproductive Health Survey and behavioural surveys. The M&E capacity-building committee is developing a manual for state level M&E training and for civil society M&E training. The programme M&E committee provides tools for programme monitoring. There is also a committee for operational research.
- The first NNRIMS update has published indicators and information on ART, PMTCT, and VCT. Subsequent quarterly NNRIMS updates are under preparation.
- Nigeria will report on 17 indicators through the UNGASS report by December 2005.

#### **4.2.B. NATIONAL EXPANDED THEME GROUP RECOMMENDATIONS**

4.2.1. The Donor Coordination Group on HIV/AIDS and the UN Theme Group on HIV/AIDS/UNAIDS will strengthen the M&E TWG and align their provision of technical support on M&E with the NNRIMS. NACA will ensure that all technical assistance will be coordinated through the existing M&E TWG. UNAIDS will place the UN system Country M&E advisers in NACA to strengthen its M&E division.

4.2.2. NACA, through the M&E TWG, will increase the role of civil society and academic institutions as implementers of M&E, including the collection of information from marginalized communities and the critical analysis of national data.

4.2.3. All bi-lateral and multilateral institutions and international partners will regularly provide to NACA and the general public:

- Information on planned and actual commitments and disbursements, including the recipients and the intended use;
- Information on performance of the programs financed, including actual results achieved against targets.

4.2.4. The M&E TWG will support NACA to measure civil society participation in the national response and UNAIDS will ensure that such information is fed into the progress report at the 2006 UN General Assembly Special Session on HIV/AIDS. The M&E TWG will ensure that this information is also shared with Nigerian stakeholders at national and state levels.

## Annex 1

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## Annex 2

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## Annex 3 Where to find HIV/AIDS in the NEEDS?

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#### Improving healthcare service

NEEDS will fully review health care services in order to design a strong national health system that can deliver effective, good quality, and affordable services to all Nigerians. The new policies will target priority diseases, such as malaria, tuberculosis, HIV/AIDS, and reproductive health-related illnesses. A stronger emphasis on health education will help make Nigerians more aware of their rights and obligations regarding health services as well as promote disease prevention. NEEDS will also prioritize the creation of a National Health Insurance Scheme and a Blood Transfusion Service. It will support the establishment of a strong manufacturing base for essential drugs and reagents. Antenatal, postnatal, and family planning services and outlets will receive targeted support in order to reduce maternal and infant mortality.

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#### Protecting the vulnerable

In addition to these comprehensive measures, special attention must be paid to particularly vulnerable groups. NEEDS provides a safety net that will prevent people from becoming poor or poorer. Special programmes will protect the rural and urban poor, people living with HIV/AIDS, women, widows and widowers, and victims of ethnic violence, crime, unemployment, or loss of income (table 1)

<b>Table 1 Targeted Instruments for Protecting Vulnerable Groups</b>	
<b>Group</b>	<b>Instruments and interventions</b>
Rural poor	Access to credit and land; participation in decisionmaking; agricultural extension services; improved seeds, farm inputs, and implements; strengthening of traditional thrift, savings and insurance schemes.
Urban poor	Labour-intensive public works schemes; affordable housing, water, and sanitation; skill acquisition and entrepreneurial development, access to credit; scholarships and adult education
Women	Affirmative action (to increase women's representation to at least 30 per cent) in all programmes; education, including adult education; scholarships; access to credit and land; . maternal and child health
Youth	Education, entrepreneurial development, skills acquisition, access to credit, prevention and control of HIV/AIDS and other sexually transmitted diseases.
Children	Children's Parliament, juvenile justice administration, universal basic education, education for girls, care of orphans and vulnerable children (children affected by HIV/AIDS), prevention and treatment of childhood diseases
Rural communities	Water, rural roads, electricity, schools, health facilities, communications

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Table 2	Selected Targets under NEEDS, 2003-07				
	2003	2004	2005	2006	2007
<b>Health</b>					
HIV/AIDS prevalence rate (percent)	6.1	-	-	-	5.0

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**Tackling the HIV/AIDS challenge**

The HIV/AIDS epidemic in Nigeria has extended beyond high-risk groups. More than 2.7 million Nigerians are now infected with the virus. An estimate based on a 2001 sentinel survey conservatively puts prevalence at 5.4 per cent of the population. The figures suggest that the nation is in real danger of facing explosive growth in the epidemic, with dire consequences for economic growth, health and social development.

HIV/AIDS is already having a disastrous impact on social and economic development in Nigeria. If not adequately contained, the epidemic will prove to be the greatest single obstacle to reach national poverty reduction and other targets for social and economic development. The devastation caused by HIV/AIDS is unique, because it is depriving families, communities, and the entire nation of their young and productive people. The epidemic is deepening poverty, reducing human development achievements, increasing gender inequalities, eroding the ability of government to provide essential services, reducing labour productivity and supply, and putting a brake on economic growth.

By 2001 it had become clear that the complexity of the HIV/AIDS epidemic required development, holistic, coordinated, and multi-sectoral approach. The strong political commitment of the President of Nigeria to fight HIV/AIDS served as a powerful catalyst and motivator for establishing a supraministerial and sectoral body, the National Action Committee on AIDS (NACA) under the presidency. A national policy on HIV/AIDS was launched in August 2002 to give policy direction and to make a policy statement on the transformation of NACA from a committee to a full-fledged agency that is well positioned and poised to scale up the fight against the epidemic.

The response to HIV/AIDS being coordinated by NACA has focused on the challenges of containing the epidemic and preventing new infections through advocacy, information and education campaigns, behaviour change communication, condom distribution, targeting of groups particularly vulnerable to infection, and other key interventions. It also focuses on treatment and care of people living with HIV/AIDS. Both prevention and treatment are top priorities to NACA, not only because they save lives and reduce human suffering but also because they limit the future impact of the epidemic on human development and poverty reduction efforts.

Through an International Development Association credit, NACA provides funds for NGOs, community-based organizations, and federal line ministries throughout the country to support implementation of high-priority and demand-driven programmes. NACA is also principle recipient of funding from the Global Fund to Fight AIDS, Tuberculosis, and malaria. Those funds are disbursed to the Ministry of Health to finance voluntary and testing, prevention of mother-to-child transmission of HIV, and



antiretroviral treatment for people living with AIDS. The multisectoral response is being implemented in collaboration with developmental partners, including the world bank, the U.S. Agency for International Development, the Department for International Development, UNAIDS, the Canadian International Development Agency, the World Health Organization, UNICEF, the United Nations Development Programme, the United Nations Population Fund, and other organizations. Positive outcomes of these efforts are the increasing flow of resources for community and sectoral responses, as well as broad ownership of the national response beyond the health sector.

### **Projected impact of HIV/AIDS on Nigeria's economy and development**

HIV/AIDS is projected to affect many sectors of the Nigerian economy:

**Macroeconomic effects.** Studies in Africa suggest that the HIV/AIDS epidemic reduces annual GDP growth by about 1-2 percent

**Health sector.** The epidemic affects demand for and supply of medical care, staffing levels by function, training and replacement costs, employment terms, quality of care, and health care delivery.

The provision of HIV/AIDS-related services adversely affects the provision of health care services.

- *Education.* The epidemic affects staffing, replacement and training needs, employment policies, contracts, employer liabilities, costs, delivery, and quality.
- *Agriculture and food security.* HIV/AIDS has serious adverse impacts on food security in Nigeria, potentially affecting subsistence and small-scale commercial agriculture, rural livelihood strategies, and household and community support systems. Both economic and noneconomic losses will result from the epidemic.
- *Urban livelihoods.* HIV/AIDS has grave implications for urban dwellers. The epidemic will affect employment, labour market operation, income inequality, and access to services of people living in urban areas.
- *Loss of social reproduction capacity.* The impact of HIV/AIDS is not solely, or even mainly, economic. Some of the most serious costs include loss of social capital and interpersonal and intracommunal trust and support. Such losses- at the individual, household, and community levels- will continue for more than a decade.

### **Policy thrust and targets**

The overall goal of the NEEDS HIV/AIDS policy is to control the spread of HIV/AIDS in Nigeria, provide equitable care and support for those infected with HIV/AIDS, and mitigate its impact to the point where it is no longer of public health, social, or economic concern. The policy aims to create an environment in which all Nigerians will be able to live socially and economically productive lives free of the disease and effects.

The following targets have been set to guide programme planning and implementation:

- Achieve at least 25 per cent reduction in the adult prevalence of HIV every five years.
- Increase the use of safe sex behaviour among the general population and high risk groups by 20 percent by 2005 and by 50 per cent by 2007.
- Reduce the prevalence and incidence of sexually transmitted infections by 50 percent by 2007
- Ensure that at least 20 percent of all local government areas offer home-based care to people living with HIV/AIDS by 2007

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- Ensure that 30 percent of health institutions will be able to offer executive care for and management of HIV/AIDS by 2007
- Ensure that 5 percent of communities affected by HIV/AIDS will have programmes designed to provide social safety nets for people living with HIV/AIDS by 2005, and increase the proportion of communities with such programmes to 15 percent by 2007.
- Reduce mother-to-child-transmission of HIV transmission by 50 percent by 2007
- Increase ready access to voluntary confidential counselling and testing services to at least 50 percent by 2007
- Ensure access to antiretroviral drugs in all states by 2007

### **Strategies**

To achieve the goal of controlling the spread and mitigating the impact of HIV/AIDS, NACA will adopt the following strategies:

- Promote a national multisectoral and multidisciplinary response to the epidemic, and establish an appropriate legal and institutional framework for its coordination.
- Identify sectoral roles and assign responsibilities for implementing programmes based on sectors' comparative advantages and core competencies.
- Increase awareness of and sensitivity about HIV/AIDS among the general population.
- Foster behaviour change as the main means of controlling the epidemic.
- Improve national understanding and acceptance of the principle that all people must accept responsibility for the prevention of HIV transmission and the provision of care and support for those infected and affected.
- Provide access to cost-effective support and care, including antiretroviral drugs, to people with HIV/AIDS
- Protect the rights of people infected and affected by HIV/AIDS, as guaranteed under the constitution and the laws of Nigeria.
- Remove all barriers to HIV/AIDS prevention and control.
- Empower people infected and affected by HIV/AIDS to cope with their circumstances through training, counselling, and education.
- Support research, monitoring, and evaluation of programmes; relevant documentation of activities related to the epidemic; and the dissemination of information to stakeholders and the general population.
- Ensure that prevention programmes are developed and targeted at vulnerable groups, such as women and children, adolescents and youth, sex workers, long distance commercial vehicle drivers, prison inmates, migrant workers, and others.
- Transform NACA into a statutory body, and provide adequate resources for it to meet the goals and targets set for HIV/AIDS prevention and control.

Table 3 Risks, At-Risk Groups, and Formal Responses		
Risks	At-risk groups	Formal response
Social: HIV/AIDS, infant And maternal mortality	Well-to-do, poor rural men and young men, rural women and young women, Urban men and young men, urban women And young women	Comprehensive health government immunization and inoculation programme, Health insurance scheme, HIV/AIDS programme, Universal basic education

Table 4 Targeted Instruments for Protecting Vulnerable Groups	
Group	Instruments and interventions
Youth	Education, entrepreneurial development, skill acquisition, access to credit, prevention and control of HIV/AIDS and other sexually transmitted diseases.

## Changing the way the Government does its work: Improving security and the administration of justice.

### Ensuring the Rights of People Living with HIV/AIDS

In line with the recently launched national policy on HIV/AIDS, the Ministry of Justice will produce a clear statement on HIV/AIDS, the Ministry of Justice will produce a clear statement on the rights of people with HIV/AIDS. The ministry will work with the relevant agencies to create awareness among lawyers and judges about the appropriate legal responses to HIV/AIDS-related issues. Ministries charged with enforcing and protecting the rights of Nigeria's citizens (such as the Ministry of Labour and Productivity, which has responsibility for protecting the rights of people in the workplace) will be strengthened.

## Implementing and financing:

### Box 1. Allocation of the Federal Governmental Capital Budget to Priority sectors

NEEDS will require a heavy investment programme To jump-start the economy in a way that is poverty reducing. All sectors and ministries are important in their strategic roles in delivering long-term development , and a sector's importance is not necessarily equivalent to the size of its sectoral budget.

Development of some sectors will be driven largely by The private sector, or by other stakeholders such as the States and local governments, with the federal role mostly one of coordination and facilitation. In the move towards a private sector-led economy, the importance of some sectors would be expressed through the provision of a sound regulatory framework rather than through direct intervention. The sectors listed in the table (aside from security) are ones in which direct and heavy government investment will be required over the reform period.

Locking in capital investments in some critical sectors For the purposes of poverty reduction, wealth creation, and employment generation is intended to assist the ministries and stakeholders to design and implement medium-term sector-wide strategies. The table excludes spending by state and local governments and recurrent expenditures. For most sectors, especially health and education, the Recurrent budget often makes up a larger share of total

expenditures. For example, since almost all state governments spend at least 20 percent of their total budget on education, total government spending on education would require consolidating spending by all three tiers of government.

#### Proposed Allocation of Central Government Capital Budget, 2004-07 (percent)

Sector	2004	2005	2006	2007
<b>Agriculture and rural development</b>	3	4	4	4
<b>Roads (maintenance, rehabilitation, and construction)</b>	12	15	15	14
<b>Education</b>	8	8	9	10
<b>Health</b>	8	8	9	10
<b>Water resources</b>	10	10	10	10
<b>Power</b>	16	15	13	12
<b>Security</b>	5	5	5	5
<b>Share of allocation for priority sectors in total allocation</b>	62	65	65	65
<b>Share of allocation for nonpriority sectors in total allocation</b>	38	35	35	35