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| Domestic Resource Mobilization for Tuberculosis  Quarterly Report  Second Quarter – January 01 to March 31, 2018 |

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AOR Name: Scott Stewart

Submitted by: Gafar Alawode, Chief of Party

**Abt Associates**

Plot 12, T.O.S. Benson Crescent, Utako

Abuja – Nigeria

Tel: +2349078141567

Email: Gafar\_Alawode@abtassoc.com

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# Program Overview/Summary

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| **Program Name:** | Health Financing and Governance Project Sustainable Financing Initiative for HIV/AIDS |
| **Activity Start Date And End Date:** | October 2012-September 2018 |
| **Name of Prime Implementing Partner:** | Abt Associates |
| **[Contract/Agreement] Number:** | AID-OAA-A-12-00080 |
| **Name of Subcontractors/Subawardees:** | Broad Branch Associates, Development Alternatives Inc. (DAI), Johns Hopkins Bloomberg School of Public Health (JHSPH), Results for Development Institute (R4D), Training Resources Group, Inc. (TRG) |
| **Major Counterpart Organizations** | SMOH, National TB and Leprosy Programme (NTBLP) |
| **Geographic Coverage (cities and or countries)** | Lagos, Cross River and Kano States. |
| **Reporting Period:** | Project year 6, Q2 January ─March, 2018 |

## Program Description/Introduction

Nigeria is undergoing health financing reforms which are aimed at increasing domestic resources for health and improving both access to health services as well as financial protection for the poor and vulnerable. These two aims are of particular relevance to TB given that the current TB program is primarily donor financed and TB is often described as a “disease of the poor”. The National Health Act created the Basic Health Care Provision Fund (BHCPF) which would be funded by one percent of Nigeria’s federal consolidated revenue. The payouts from this fund would go towards paying for or subsidizing premiums of state supported health insurance schemes (SSHIS) and towards grants for strengthening the delivery of services by the State Primary Health Care Development Agencies (SPHCDA).

The National Health Insurance Scheme (NHIS) has the mandate to provide financial risk protection to all Nigerians but 12 years after implementation, coverage has remained low with only the federal civil servants being covered. In 2015, NHIS sought and got approval from the National Council on Health to decentralize the scheme, hence the establishment of state supported health insurance schemes (SSHIS). HFG has been working at the Federal and State level (Lagos, Bauchi, Sokoto, Cross River, Rivers and Osun) to support this effort, including the development of legal structures, advocacy and health financing diagnostics, planning and capacity building. States will use the BHCPF’s proposed benefit package as a starting point for defining the benefit package to be covered by their SSHIS The benefit package will be funded by the federal BHCPF as well as the state governments’ own budgetary provision for SSHIS. The BHCPF will also fund health systems strengthening grants to states via the National Health Primary Health Care Development Agency (NPHCDA) to improve the quantity and quality of infrastructure, human resources and commodities at primary health care facilities – potentially further increasing domestic resources for supporting TB service delivery.

HFG is supporting Kano, Lagos and Cross River states to implement this project. Lagos state SHIS under the SFI and Cross River state under the RMNCH support. The support to the SHIS through TB financing support will utilize already established platforms and institutions from the SFI and RMNCH program and build on the progress made by the SFI and RMNCH programs without duplicating efforts. This will be enabled by the use of the same team of experts and structures previously employed for the aforementioned programs to conduct the TB financing work, sharing of information between the various programs and adequate documentation of efforts and progress.

The National TB and Leprosy Control Program (NTBLCP) is leading the TB response in Nigeria with a vision for a Nigeria free of TB. TB service delivery in Nigeria is currently a vertical, federal and donor funded program (Global Fund, USG and International Federation of Anti-leprosy Association); thus the provision of TB services under the health insurance schemes will provide a stable, predictable and sustainable source of funding for TB even after the exit of external funding. The NTBLCP have developed policy documents including the National Tuberculosis TB Strategic Plan 2015 – 2020 and Public Private Mix (PPM) Action Plan which clearly recognize the need for domestic resource mobilization for TB programing and identify inclusion of TB in health insurance benefit packages as an important strategy for DRM. The objective 8 of the NSP is to “Strengthen political commitment and mobilize domestic resources at all levels to fund essential TB services in Nigeria” with key indicators of 50% domestic funding for the implementation of the strategic plan as well as inclusion of TB services in the benefit package of health insurance schemes. Similarly the Strategic objective 6 of the PPM Action plan is to “Advocate and plan for the inclusion of TB services in state, federal and private health insurance schemes, through costing and actuarial analysis”. The proposed activities are therefore aligned with the policy direction of the Federal and State Government of Nigeria.

Recent visits by USAID and HFG to private facilities identified that significant levels of out of pocket spending is being incurred for consultations, TB drugs and follow up treatment. In most states these schemes are targeting state government workers and vulnerable groups as startup enrollees (the latter being subsidized wholly or partially), thus increasing access to care by vulnerable groups. In addition to the NHIS and the SSHIS, a number of Private Health Insurance Schemes operate in the country. At present, none of these schemes include TB services in their benefit packages. HFG is working in 2 states, Lagos and Rivers, to facilitate the inclusion of HIV/AIDS services into the benefit packages of the SSHIS. The advocacy conducted in these states have yielded considerable success with HIV included in the benefit package for Lagos and the draft benefit package for Rivers; which suggests the openness of these states to the inclusion of vertical programs into the benefit package on demonstration of financial and operational feasibility.

**Objectives**

The major aim of this work is to ensure sustainable financing for TB through existing health insurance schemes for a stable, predictable and sustainable funding of TB programming in targeted states.

The objectives of the support in this area include:

a. Inclusion of TB services into the available health insurance benefit packages,

b. Delivery of comprehensive TB services with financial protection under the different health insurance schemes, and

c. Sustainable financing for the TB response at the National and Sub-National level.

* 1. Performance Indicators (Updated Quarterly)[[1]](#footnote-1)[[2]](#footnote-2)

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| --- | --- | --- | --- | --- | --- |
| **S/No** | **Indicators** | **Baseline (2017)** | **Target**  **(2018)** | **Results Achieved**  **(2018 Q2)** | **Comment** |
| 1 | Number of states with clear action plans on TB into BP based on generated evidence | 0 | 3 | 3 |  |
| 2 | Number of Health Insurance Schemes with TB services included in their benefit packages | 0 | 4 | 2 | This will include the 3 supported states and federal level schemes. The target TB activities to be included will be the recommended complement of TB services as determined by NTBLP |
| 3 | Number of Health Insurance Schemes delivering TB services through the scheme | 0 | 4 | 0 | The scheme is yet to commence in all the supported states |
| 4 | Number of People with TB receiving TB services under the health Insurance Schemes | 0 | TBD |  | Numbers will be determined from yet-to be-completed situational analysis and appropriate targets will be set |
| 5 | Percentage increase in public budget allocated to TB services | Lagos- $ 846,667  Cross-River- $0  Kano- $33,333 | Lagos- 25%  CRS- 10%  Kano-25% |  |  |
| 6 | Percentage increase in public budget released to TB services | TBD | TBD |  | Numbers will be determined from yet-to be-completed situational analysis and appropriate targets will be set |

# ACTIVITY IMPLEMENTATION PROGRESS

## Progress Narrative

In December 2017, a sustainable financing for TB workshop was held in Lagos involving key stakeholders from the national level and from six states: Lagos, Cross River, Kano, Rivers, Sokoto, and Bauchi. These stakeholders came from the NTBLCP, NHIS, SMoH, TB state and LGA coordinators, SSHIS heads, and private sector and development partners. A general consensus was reached on the need for integrating TB into the health insurance schemes and DRM for TB. Roadmaps were developed for the states and national levels outlining action plans for TB budget advocacy, TB into Benefit Package (BP), and TB coordination and efficiency. Thereafter activities began at the state and federal level to implement the DRM for TB work plan. Key achievements are outlined below.

## Implementation Status

**Lagos:** Key stakeholders from the TB control office, SMoH, and Lagos SSHIS were engaged and their buy-in obtained for the DRM for TB program. Stakeholders including the SMoH and HIV and TB agencies were further engaged for an expansion of the HIV DRM TWG to include TB and acceptance and agreement was received from all stakeholders. This multi-sectoral group will subsequently be known as the DRM TWG for HIV/TB DRM. An expansion meeting was held in March during which TOR were expanded to include DRM for TB activities. An engagement meeting with state actors and development partners for discussions on TB integration and development of an integration plan for TB into the benefit package of LASHMA is planned for Q3. HFG intends to support the state to work out “how” TB services can be provided under the health insurance scheme. This meeting intends to elicit acceptance by stakeholders and obtain input on how best the integration of TB into BP will be implemented.

The actuarial analysis and costing of the benefit package including TB services is being conducted in order to determine the additional premium cost of including services in the benefit package. The current benefit package contains TB screening and treatment and the actuarial analysis will be extended to estimate the cost of multi-drug resistant TB in order to enable the stakeholders make an informed decision on what spectrum of TB services should be included. To ensure realistic cost estimates, real TB cost data were obtained from the NTBLCP through the Lagos State TB program manager. A draft report has been produced and is being reviewed.

HFG also supported Lagos in advocating for an improved budget allocation to TB in the 2018 budget. As a result, the proposed budget for TB in 2018 increased 65 percent with NGN419 million allocated to TB. The state also has begun a TB financing situational analysis and its findings will inform strategies and implementation for results.

**Kano:** On January 29, 2018, a kick-off meeting was held to formally introduce HFG and DRM for TB. The meeting involved stakeholders from different sectors such as SMoH, MOBP, MOF, MOJ, SHOA, KSCHMA, NHIS, CSOs, Emirate Council, Council of Ulamas, labor representatives, medical director guilds, WHO, and other partners. At this inception meeting, the stakeholders welcomed the intervention and promised to work together to achieve improved DRM for TB.

Following the meeting, the Kano stakeholders began a situational analysis of TB control progress and financing, which will assess TB control epidemiological data and control progress, the financing situation and gaps, as well as the readiness of the Kano SSHIS to begin activities. This assessment is expected to be completed in March and will guide other support provided to the state for budget advocacy and TB into BP. Following the situational analysis, an evidence synthesis will be conducted to bring together the information generated, identify opportunities for increased spending on TB, and identify and leverage key stakeholders/institutions to translate the opportunities into More Money for TB and improved efficiency of TB spending.

Recognizing the need for multi-sectoral collaboration, the House Committee on Health (HCH) approved the formation of the DRM TWG with stakeholders from sectors involved in health financing decision making including the Ministries of Budget, Finance, Information, and Justice, the State House of Assembly, labor unions, GMD, CSOs, academia, community/religious leaders, etc. The TWG was inaugurated and HFG facilitated a training on basic health financing and DRM in order to ensure that they have the capacity to carry out their dedicated functions of mobilizing adequate domestic resources for TB and improving efficiency of TB spending. A roadmap of action was developed to guide planned health financing reforms in the state including improving domestic spending on TB and inclusion of TB into the benefit package as a sustainable mechanism of ensuring adequate financing of TB efforts.

**Cross River:** The DRM for TB roadmap developed at the Lagos workshop in December was reviewed by the relevant stakeholders and agreement reached on its implementation. Engagements meetings were held with the HCH, TB SPM, CRSHIS, and other key stakeholders to obtain their buy-in for TB inclusion in the benefit package and the DRM for TB work.

A kick-off meeting for the DRM for TB work was conducted with high-level stakeholders from all the important sectors. TB control challenges and financing gaps were discussed, stakeholders were sensitized and awareness was created on current TB control issues. The HCH expanded the DRM TWG for HIV/AIDS to become the DRM TWG for HIV/TB, involving multi-sectorial stakeholders from all key sectors including health, budget, finance, parliamentarians, private sector, academia, CSOs, and community groups. The Special Adviser to the Governor on Budgets is the Chairman of the TWG, the HCH Chairman is co-chairman, the Head of SACA and Manager of the State TB Program are Vice Chairmen, and the Health Financing unit is the secretariat. The TOR for the TWG were developed and agreed on with input by all stakeholders. In the coming weeks, training on health financing and DRM will be conducted for TWG members to enhance their capacity in conducting assigned duties.

An actuarial analysis for the CRSHIS including TB services is being conducted with data collection at the conclusion stages. This is expected to be finalized in March and information made available to stakeholders to guide their decisions. Additionally, budget lines were created for TB in the 2018 budget with a proposed allocation of NGN300 million for TB activities in the state.

**Federal Level:** HFG engaged with the NTBLCP and its acceptance of the intervention was obtained, following which HFG engaged with the NHIS, which welcomed the intervention. The NHIS had considered TB into BP in the past but was not certain of the cost implications and modalities and therefore should be happy to reconsider this if HFG provides the technical and financial evidence needed. To that end, an actuarial analysis will be conducted in April to determine the financial impact of TB into the NHIS BP. TheNTBLCP wrote letters to the three states (Lagos, Cross River, and Kano) endorsing the DRM into TB program and asking states to give maximum support and collaboration to the DRM for TB program, and this has facilitated the progress of state implementation.

A stakeholder engagement meeting targeted at key actors that can influence increased domestic resources for TB is planned for early April following which a DRM TWG and steering committee will be established to lead the implementation of the roadmap for TB DRM. This will include key stakeholders from key MDAs involved in financing decision making and the civil society.

HFG supported the NTBLCP to develop a TB financing strategy entitled “Ending TB in the Sustainable Development Era, A Financing Framework,” which articulates a financing strategy for TB interventions based on the National TB Strategic Plan and the Moscow Declaration to End TB. Similarly, HFG supported World TB Day efforts including the technical facilitation of roundtable panel discussion of “Sustainable Financing for TB,” which increased awareness of the burden, control, and financing gaps in TB. Discussants reached consensus on the need to improve PHC coverage of TB services, increase government spending on TB, improve private sector contributions to TB through coalitions, and improve accountability and efficiency of TB spending.

An HFG team visited the Debt Management Office (DMO) in Abuja to explore possibility of using debt refunds to provide fiscal space for health at the state level. The Director General of the office informed the team that the state had just received about half of its entitled debt refund. Therefore, the project will watch out for the next tranche of the debt fund and prepare HF TWG to advocate for securing a reasonable share of the funds for health.

The table provides activity-specific updates.

**Activity Detail FOR CROSS RIVER, Lagos and kano**

| Year 6 Q2 Planned Tasks | Year 6 Q2 Progress | Critical Assumptions/Problems Encountered/Follow-up Steps |
| --- | --- | --- |
| **DRM for TB** | | |
| **Activity: TB Financing Situational Analysis. Evidence Generation for Advocacy and Planning - Lagos, Kano, Cross River** | | |
| Conduct situational analysis of TB response financing | Data collection commenced in Cross River, almost completed in Kano, and commenced in Lagos and federal |  |
| Hold evidence synthesis workshop “Bringing it all together” | Awaiting the completion of situational analysis. |  |
| Develop a comprehensive advocacy plan to achieve TB into BP | Ongoing in Cross River. Will be done in Kano, Lagos, and Federal following the situational analysis. |  |
| Hold advocacy engagement meetings with NHIS, SSHIS, and PHIS to achieve TB into BP | **CRS, Lagos, Kano:** Advocacy conducted. Buy-in obtained in Lagos and CRS. Actuarial analysis report pending in Kano.  Advocacy ongoing with federal-level stakeholders. |  |
| **Activity: Stakeholder Engagement and Capacity Building for TB provision in Health Insurance Schemes** | | |
| Conduct national- and state-level TB and health care financing stakeholders mapping | Ongoing in CRS, Lagos, Kano, and federal level. |  |
| Conduct high-level policy dialogue workshop on TB financing between National TB program and all relevant stakeholders | Conducted. |  |
| Conduct training workshop on basic health financing insurance concepts and development of roadmap of action for TB into BP | National-level training conducted for all 3 states and federal TWG trained in Kano. |  |
| Conduct expanded PPM workshop | Conducted in December 2017. |  |
| Provide technical assistance to improve implementation capacity of stakeholders to deliver TB services on the health insurance schemes | Ongoing in all 3 states and federal level. |  |
| Support quarterly meetings of CIT TWG meetings | **CRS, Lagos:** HIV TWG expanded into HIV /TB and inaugurated. TOR for TWG developed. Meetings conducted in CRS.  Kano: TWG inaugurated and trained. |  |
| Track progress of TB into BP implementation | Ongoing in the 3 states and federal level. |  |
| Identify requirement needs and capacity limitations for TB into BP implementation | Ongoing in the situational analysis. | CRS: The office is empty and the staff that has been posted do not have chairs to sit in. We have written some memos to the governor for take-off grant to the agency. |
| Support the development of coordination tools, mechanisms, and plans and conduct periodic TB coordination meetings | Ongoing. |  |
| **Activity: TB Technical Support to Achieve Benefit Package Expansion - Lagos, Kano, Cross River** | | |
| Do feasibility studies on TB inclusion in the benefit package | Part of the situational analysis in all 3 states and federal level. |  |
| Hold benefit package expansion and validation meeting | **CRS, Lagos:** Expansion has been done, but validation will happen after the actuarial analysis is completed.  **Kano**, federal: engagements ongoing. |  |
| Conduct comprehensive actuarial analysis of TB service inclusion in the benefit package | **CRS**: The actuarial analysis is ongoing.  Lagos: Actuarial analysis done, draft report available. |  |
| Disseminate actuarial analysis reports and advocate for TB inclusion | Awaits the completion of the actuarial analysis. |  |
| **Activity: TB: Support the Operationalization of State-Supported Health Insurance Schemes** | | | |
| Conduct workshop to develop roadmap of action for operationalizing SSHIS | **CRS**: We are doing this at the level of the CIT.  **Kano**: conducted.  **Lagos**: ongoing.  **Federal**: Not applicable. NHIS already functional. |  |
| Provide technical support for development and finalization of key design elements of the SSHIS operational guideline, business process manual, establishment plan, facility accreditation, and embedding of technical support for the implementation of the CRS agency | **Lagos**, CRS: Ongoing.  **Kano**: Assessment of needs conducted, roadmap developed to be implemented in the next quarter. |  |
| Support the alignment of the vertical TB program with the SSHIS and development of a tracking plan for TB service provision under the benefit package | Integration plan for Kano, CRS, Lagos, and federal level to be developed following situational analysis. | **CRS:** The benefit package will be completed when the actuarial costing is finalized to know the actual cost of the services captured in the package. |
| Facilitate engagements with central budget MDAs to ensure adequate budgetary provision and performance for the health insurance agencies and schemes and improved allocation and releases to TB | **CRS:** Budget line created for TB with allocation of N300 million.  **Kano:** Budget for TB increased from NGN10 million in 2017 to NGN20 million in 2018.  **Lagos:** Budget for TB increased from NGN158 million to NGN419 million.  **Federal:** Ongoing. | **CRS:** Ability of the government to release the budgeted amount. |
| Conduct quarterly stakeholders meeting to track TB service provision under the health | Pending SSHIS launch. |  |

# Implementation challenges

# The project is developing strategies to tackle the challenge of dwindling state revenue/resources affecting the budget performance: Though Nigeria is officially out of recession, it may take a while for states to regain their pre-recession fiscal status. Thus, the fiscal space for health from macro fiscal dynamic is not favorable. HFG is responding by ensuring improved health reprioritization and efficient utilization of resources through the action multi-sectoral health financing TWGs.

# LESSONS LEARNED

HFG has learned that deepening the knowledge of relevant stakeholders on basic health financing concepts and acquainting them with relevant legal, policy and institutional frameworks for health financing reform can set them on a trajectory of informed and productive action.

# PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

* Develop integration guidelines for TB provision
* Conclude situational analysis and conduct evidence synthesis workshop
* Finalize actuarial analysis

1. Other indicators being monitored by the project are included in the Performance Indicator Tracking Table (PITT) section of the HFG Nigeria’s Performance monitoring plan document. [↑](#footnote-ref-1)
2. Will disaggregate indicators by state where applicable. [↑](#footnote-ref-2)