

Sustainable Financing for Nigeria's Tuberculosis Program

HP+ POLICY *Brief*

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Overview

Working at the federal level, as well as in Lagos and Kano states, from 2019–2020, the U.S. Agency for International Development-funded Health Policy Plus (HP+) project sought to enhance sustainable financing of Nigeria's tuberculosis (TB) control program. Nigeria suffers from a high TB burden—fourth globally and highest in Africa—and its TB case detection and treatment success rates are below national targets. As the National TB and Leprosy Control Programme is highly dependent on external funds, and domestic resource allocation for TB is inadequate to meet national commitments, the program anticipated a 76 percent financing gap for 2017–2019. Over the last two years, HP+ has provided technical assistance supporting (a) the development of a national blueprint and integrating TB services into emerging state health insurance schemes, and (b) strengthening domestic resource mobilization capacity, including effective allocation and efficient release of government funding for TB.

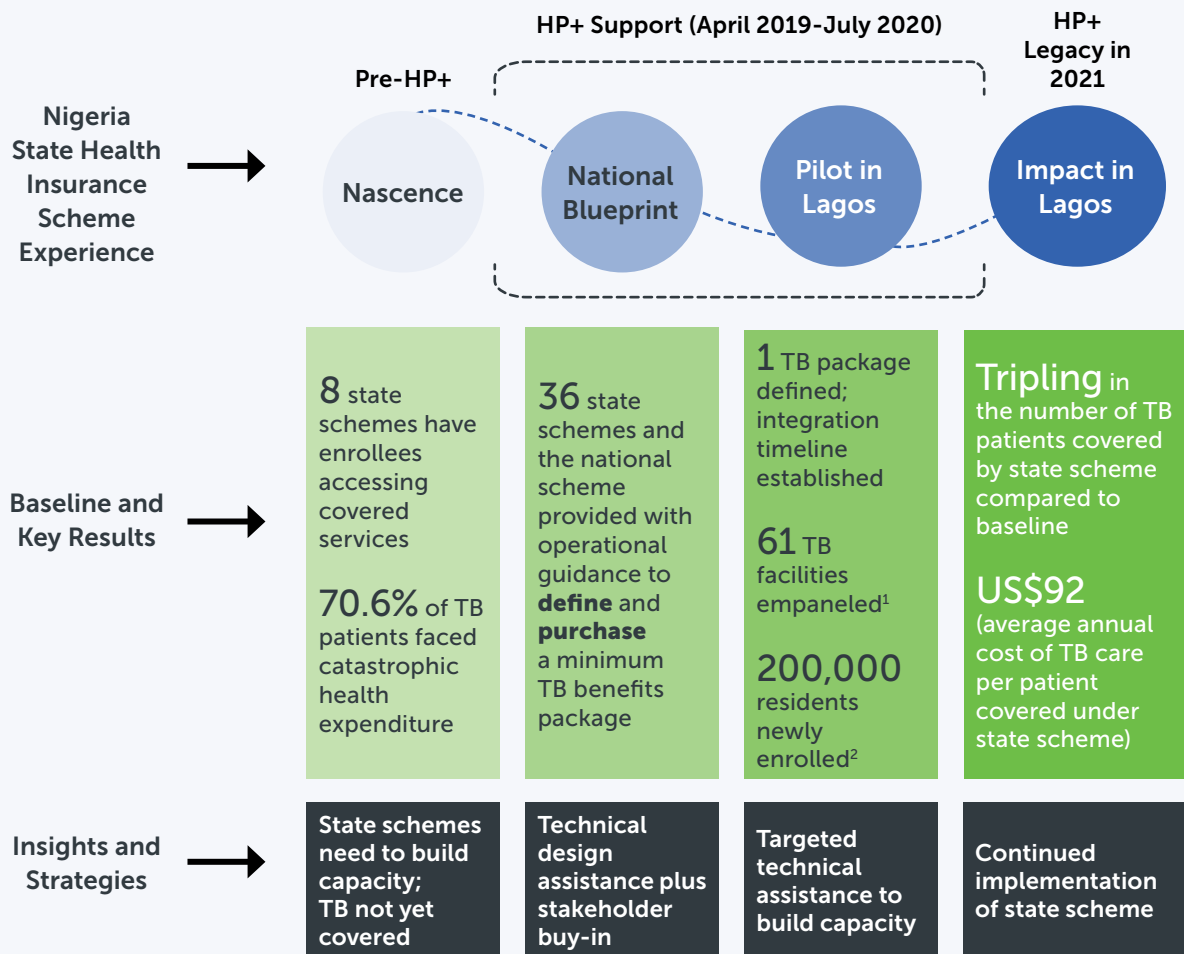
Integrating TB into State Health Insurance Schemes

Integrating TB services into state health insurance schemes has the potential to yield additional funding for service delivery and eliminate user fees for TB patients, providing them with long-term financial protection. Insurance schemes paying providers for services will help the national TB program receive

better, more consistent clinical performance, and hence, improved TB outcomes, while reducing pressure on the state's public health budget. In this regard, HP+ provided technical assistance to accelerate the national consensus on integrating TB into state health insurance schemes. First, a national roundtable was convened on the topic, with participants representing six geopolitical zones. Then, as an output from the meeting, the country's first national blueprint for purchasing TB curative and diagnostic services as part of health insurance was developed with endorsement from the National TB and Leprosy Control Programme and the National Health Insurance Scheme.

At this time, state health insurance schemes in Nigeria were still in nascent stages (see Figure 1) and were expanding coverage and improving their systems to purchase services. Therefore, HP+ supported two pilot state schemes, in Lagos and Kano states, in efforts to develop a roadmap that would track TB service integration alongside growing financial maturity and capacity of the schemes. More intensive support provided by HP+ in Lagos to implement the state-level roadmap for integration has led to greater progress (see Box 1). The experience in Lagos provides a model and lessons learned for other state schemes ready to integrate TB services. Overall, these efforts put the TB program and the state health insurance scheme in a better position to improve the equity, access, and quality of TB services for Nigerians in the future.

Figure 1. At-A-Glance: 15 Months of Progress on Integrating TB into State Health Insurance Schemes in Nigeria



¹ HP+ support to TB ended in July 2020 but support to the Lagos state health insurance scheme on TB facility accreditation and empanelment continued into September 2020 to ensure the completion of technical assistance on TB integration.

² Support to the Lagos state health insurance scheme on enrollment expansion continues under HIV activities.

Box 1. Improving Financial Capacity to Integrate TB into the Lagos State Health Insurance Scheme

HP+ supported Lagos state's effort to expand health insurance coverage to potential enrollees from the formal and informal sectors. As a result:

- The state government approved the enrollment of civil servants into the state health insurance scheme, authorizing the automatic enrollment of 200,000 civil servants and subsequent payroll deduction
- An estimated 30,000 informal sector workers were engaged to enroll into the state health insurance scheme

These efforts will enable the state health insurance scheme to reach the financial capacity to integrate the recommended minimum TB package in full and ensure financial protection to enrollees impacted by TB.

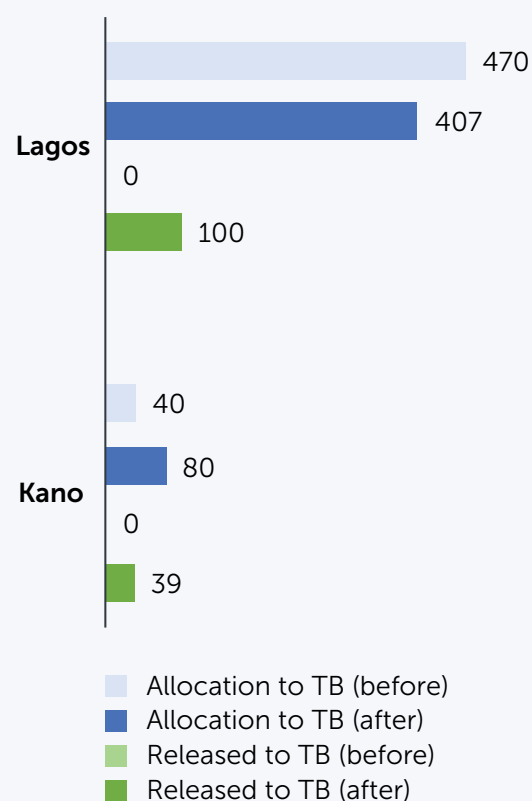
Domestic Resource Mobilization and Government Budget Execution

At the national level, HP+ worked to strengthen long-term efforts to identify and mobilize domestic resources to support TB control activities. The project supported the Stop TB Partnership of Nigeria to relaunch and develop capacity to fulfill its mandate to identify and advocate for domestic resources for TB control. HP+ also led a coalition of government agencies and partners in advocating for TB inclusion in the Basic Healthcare Provision Fund. Inclusion will ensure steady and continuous funding for TB control at the primary care level, derived from the 1 percent of Nigeria's national consolidated revenue fund allocated annually to the Basic Healthcare Provision Fund.

In Kano and Lagos states, where no funds from the allocated state budget were released to the state TB programs in the past five years, HP+ support built the capacity of the state TB programs to identify and request government funding for key TB activities related to case-finding; diagnosis; and communication, outreach, and information systems. Specifically, HP+ technical support led to:

- A doubling in the amount of funds allocated to TB in 2020 compared to 2019 in Kano (see Figure 2)
- Reactivation of a multisectoral technical working group in Kano and subsequent identification of available government funding for TB in the state
- Submission of a memo by the Kano state TB control program to release USD 101,000 in the first quarter of 2020, including USD 23,400 from the Kano State Trust Fund—the first such request in five years
- Submission of a memo by the Lagos state TB program requesting the release of USD 254,000 in the first quarter of 2020 leading to USD 6,300 released in the third quarter of 2020

Figure 2. State Budget Allocation and Expected Release Before and After HP+ Support (NGN Millions)



HP+ support to Lagos State Tuberculosis and Leprosy Control Programme resulted in the release of USD 277 million in Global Fund counterpart funding for TB for the 2020–2022 period. This was made possible through targeted technical assistance to facilitate interagency relationships for budget allocation and release, while working with TB technical experts to build the necessary financing knowledge and skills to understand, track, and push for funding release.

With HP+ support, memos requesting funding to be released to state TB programs successfully passed through layers of approval within the state ministries of health and were submitted to each state's executive governor for final approval prior to the emergence of COVID-19 in Nigeria.

Anticipating the country's growing need for COVID-19 testing and potential disruption on TB testing services, HP+ developed a policy brief advocating for greater investments in GeneXpert machines and strengthening of laboratory capacity for the short-term COVID-19 response and as part of a long-term strategy to improve TB testing capacity, which remains a key priority for TB control in Nigeria. The policy brief was used to influence policy- and decision-makers, including COVID-19 task force committees at the federal and state levels, the Nigerian Governors Forum, and others.

The Way Forward

It will be crucial for the Government of Nigeria to sustain the domestic resource mobilization momentum for TB initiated and strengthened under HP+ technical assistance. The government should continue building domestic financing mechanisms for TB control. In the immediate term, focus areas should include:

- Designing and implementing strategies to mobilize private and public sector resources for TB, using pathways already identified by HP+
- Continued advocacy for and implementation of roadmaps for integrating TB into the Basic Healthcare Provision Fund and state health

insurance schemes to ensure additional stable and predictable funding for TB control in Nigeria

Continued efforts to fully integrate TB services into state health insurance schemes in Nigeria will eventually allow these schemes to provide significant resources for TB diagnosis and treatment service delivery and, eventually, anti-TB drugs and diagnostic supplies. These contributions will help Nigeria attain its ambitious TB elimination targets. Scaling up the integration process to more states involves adoption of the national blueprint-driven process and enhanced technical capacity of state health insurance schemes to implement related roadmaps. Over time, state schemes will need to improve their ability to purchase TB services to achieve the most desired outcomes and cost-efficiency. The steps involved should include:

- Updating provider payment systems based on strategic purchasing design to more explicitly link payment to outcomes, based on empirical data on providers' incentives along the continuum of TB care in Nigeria
- Technical design of a system for state health insurance schemes to contribute to centralized, pooled domestic purchasing of TB diagnosis and treatment commodities

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