

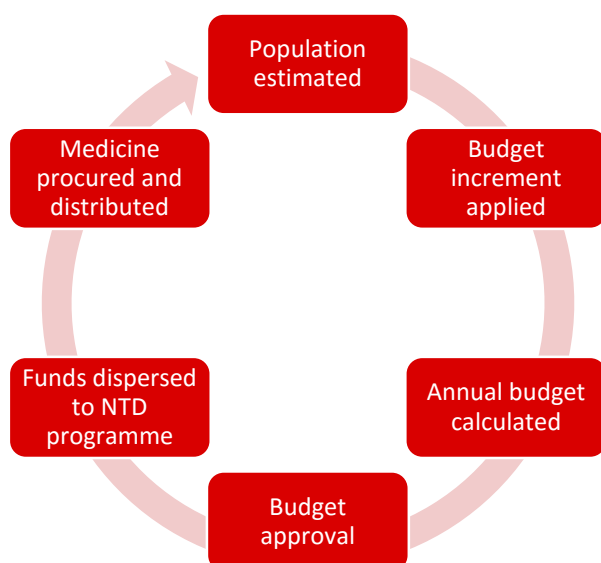
Nigeria Situational Analysis | Brief 1

Financial and Non-Financial Resource Challenges for the Nigerian Neglected Tropical Disease Programme

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The COUNTDOWN project conducted an NTD situational analysis between February and April 2017 in Kaduna and Ogun States, Nigeria. The study consists of a literature review, a policy review and a qualitative component. Findings were triangulated and synthesised into key outcomes, presented in this series of 4 briefs. This brief presents findings from the situational analysis regarding current challenges in financial and non-financial resource allocation and mobilisation for NTD programme delivery. The NTD programme operates within existing health system structures; Federal level policies and decisions influence programme implementation at the State, LGA and Community level. Health financing and the movement of medical products and technologies are critical components of the health system with consequences for the success of the NTD programme in Nigeria. National and international Non-Government Development Organisations (NGDOs) also play a significant role in providing technical and practical support for programme delivery, particularly through the provision of funding and movement of resources.

Steps in the annual budgeting and implementation cycle described by NTD programme key informants



Key Messages

- There is inadequate information on how much it costs to implement mass administration of medicines (MAM) in Kaduna and Ogun State. This results in approximation of costs and frequent funding gaps. This is particularly evident in Ogun State where there is currently no non-governmental implementation partner.
- Funding delays and gaps at the lower levels of the health system create bottlenecks. Frontline programme implementers at the state, Local Government Area, facility, and community levels frequently use their own funds for MAM implementation.
- Challenges in achieving accurate population estimates result in localised drug shortages. This is a particular challenge in border areas and where there are nomadic populations. Shortages compromise the equity of therapeutic coverage.
- There are delays in the movement of medicines between the National and State levels, often due to a lack of financial and other resources. Delays can result in the waste of drugs when they expire and they create seasonal distribution challenges at the lower levels of the health system, which in turn leads to geographic inequities in MAM.

Key Findings

Financial support for NTD implementation varies between the states and leads to unequal progress toward elimination

The document review and key informant interviews revealed that **financial support for NTD programme implementation varies between Ogun and Kaduna State which leads to unequal progress towards NTD elimination**. Ogun State currently has no long term NGDO implementation partner, while Kaduna State has had long term support from NGDOs. In addition, there are variations in State level financial commitments to NTDs between the two States.

In Kaduna State, key informants reported that NTD programme advocacy and lobbying visits to the State secretariat have resulted in the allocation and regular release of funds to the programme, while interviewees in Ogun State suggested that the government frequently allocates, but does not release funds for NTD implementation. Inadequate and untimely State funding combined with limited, short-term NGDO support has led to irregular intervention delivery, poor staff motivation, and stalled progress towards elimination in Ogun State, thus creating inequitable progress toward NTD elimination across the country.

It was noted in both States that although international donors usually collaborate with the National and State NTD programme, they ultimately retain control over their financial allocations and expenditures, frequently bypassing relevant Ministerial financial structures and processes. Such practices contribute to a weakening of government health financing systems and exacerbate the problem of donor dependency, presenting challenges for the attainment and sustainability of equitable NTD elimination in Nigeria.

'The NTD funding is erratic, which may not get to the grassroots especially for Schistosomiasis and Soil Transmitted Helminths this hinders the NTD activities'

Federal Ministry of Health, NTD programme staff

Budgeting without cost information creates a recurrent financing gap

There is inadequate information on how much it costs to implement MAM at all levels of the health system (National, State, LGA, Community). Key informants reported that the effect of this is an approximation of costs and budget estimates that do not include many elements of the programme or do not itemize expenses. Additionally, informants reported that the budgeting process does not review and evaluate the previous year's programme costs; rather an arbitrary percentage increment (based on the previous budget) is applied, meaning miscalculation is annually repeated. These weaknesses of the budgeting process, combined with the lack of information on costs, lead to inadequate budget allocations for NTD activities, and create **systematic gaps between the funds available and the funds needed**. This finding is corroborated by the NTD master plan which suggests that gaps in costing knowledge are impacting NTD programme planning in Nigeria.

'It's only what they have budgeted for that we do, because it will be based on the retirement [what was spent/released]. We have to retire according to budget'

Ogun State, NTD programme staff

'...advisably they should get probably health economists that understand health and understand things about budget so that they will guide them accordingly, so actually NTD budget has the same problem in 2017 and I can still predict 2018'

Federal Ministry of Health staff

Inadequate funding and delays to fund release leads to provider out of pocket expenditure

In the context of inadequate financial allocation, **there are also delays in disbursing funds due to late budget approval.** This problem was described by key informants as being most common at the frontline facility and community level, where the need for programme implementation funds is greatest. Delays in funding result in delays to programme implementation. **Stakeholders, predominantly at the LGA level and below, report paying for programme activities using personal funds to mitigate against programme delays or failure.** Their motivation to make out-of-pocket payments was driven by their responsibility to provide NTD services to their people. This was more common in Ogun State, which has greater reliance on government funding.

'Though there is an allocation for NTD programmes the bureaucratic process (especially with the new policy of Single Treasury Account) has negatively affected NTD activities. This is due to the fact that release of funds allocated goes well into the year while the LGAs are still expecting their appropriated funds for scheduled activities. This has affected activities like monitoring and evaluation, surveillance and supervision. In the state, 10.5 million Naira had been approved for NTD activities but had been un-accessed'

Kaduna State, NTD programme staff

Difficulties in estimating the size of the target population can lead to unequal access to medicines

Allocations of medicines for the NTD programme are based on the population requiring MAM in the administrative area. Each LGA must submit community population estimates one year before the treatment as part of the drug requisition process. **Population estimates are based on the projections made from the 2006 National census.** In some areas, such as State and Country border communities, or locations where there are highly mobile populations, there can be large shifts in population numbers over short periods of time.

This can result in a shortage of medicines in some communities, while other areas have a surplus. Without strong redistribution strategies, this results in localised drug shortages, wastage, and pockets of the population that go untreated. In addition, some participants reported that when drug shortages occur, community drug distributors (CDDs) prioritise local or permanent populations over new residents or nomadic settlements, increasing inequality in access.

'Because the population census that we are using now is out of date, we are using the old one and it's not been updated. We are using the old targeted population census and we have plenty border with Kano state so people from Kano do enter some of the LGA close to them to take the drugs, so sometimes it will not be enough for everyone to take'

Kaduna State, Ikara LGA, participatory meeting with frontline health facility staff

'Another issue about the drug supply is that most times the amount of drugs assigned to a particular community might be much more than the community members that are eligible for the drugs. This is a challenge because the CDD attached to that area will tend to waste the remaining drugs because they believe we must exhaust our stock before they regard us as having worked efficiently. Thus, it is important to have the demographic characteristics of each community so that a proper estimate of the drugs required will be supplied, thereby minimizing wastage of resources'

Ogun State, Ijebu East LGA, participatory meeting with CDDs

Delays in drug supply create inequities in programme access

Transportation delays when moving drugs from the central medical store to the state level, as well as bureaucratic and often lengthy requisition processes, create bottlenecks in the drug supply chain and contribute to delays in drug distribution and, in some cases, medicine expiry.

The delays in drug transportation were further exacerbated when states did not have implementing partners to support with the requisition and movement of drugs from the National to State and State to LGA level. This was highlighted in Ogun State, which resulted in frequent drug stock-outs and drug expiry particularly at the LGA level which meant that the drug distribution could not take place.

'there were some time we were out of stock, especially mectizan...and for some time, we had never had the distribution of praziquantel. And then, anytime it is available in the state they call our schistosomiasis desk to get some. When they give the drug, the drug will not go round. So, we do have shortage of such drug'

Ogun State, LGA Director Primary Health Care

'Sometimes we are not given enough drugs for administration from the hospital so when run short of drugs (on the field), we go back to the hospitals over and over again without getting any. The houses that were not covered assume we are being bias in administering the drug especially if their area is predominantly of a different tribe/religion from the area already covered'

Participatory meeting with CDDs, Igabi LGA, Kaduna State

Recommendations

1. There is a need to better understand how much it costs to implement MAM at all levels of the health system. This will help with adequate budgeting and prospective planning for MAM activities, and may enable a move toward zero-based budgeting (which would re-value NTD activities in each budget period to ensure appropriate allocation). In estimating current costs of NTD implementation, it is critical that the extent of provider out-of-pocket expenditure is understood as a critical financial input of NTD programme implementation.
2. There is a need for capacity strengthening for budgeting and resource allocation at the state and LGA level. This could be coupled with advocacy activities regarding the importance of NTD programmes to ensure the appropriate and timely release of NTD funds.
3. In the long term, mechanisms to improve the accuracy of population estimates are required. In the short term, drug supply chains should be strengthened to allow for the re-distribution of medicines from areas of drug surplus to areas of drug shortage to improve equity in access to medicine.
4. There is a need for community and implementer engagement to explore the most appropriate timing for MAM so that all areas can be reached. This should be coupled with the strengthening of medicine procurement systems so that distribution is not delayed due to logistical challenges.

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COUNTDOWN

Calling time on Neglected Tropical Diseases

COUNTDOWN (grant ID PO 6407) is a multi-disciplinary research consortium dedicated to investigating cost-effective, scaled-up and sustainable solutions to control and eliminate the seven most common NTDs by 2020.

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