



# National Domestic Resource Mobilization and Sustainability Strategy for HIV 2021–2025

June 2021



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Resource Mobilization  
and Sustainability  
Strategy for HIV  
2021–2025**

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## Foreword

The sustainability of the HIV response requires mobilising resources for the response to reduce the country's dependence on external funding and explore other innovative sources of funding to ensure that coordination, data governance, social protection, and community support are adequately covered.

Between 2005 and 2018, a total of US\$6.2 billion was spent on the HIV response in Nigeria, including the diagnosis and treatment of almost 1.1 million people living with HIV (NACA, 2020a). More than 81 percent of these funds came from international donors, public funds accounted for 18 percent, and private funds provided an additional 1 percent.

This National Domestic Resource Mobilization and Sustainability Strategy has articulated key strategic and innovative approaches to address the current gap in domestic resourcing and financing of HIV prevention and treatment interventions in Nigeria. A key focus to foster resource sustainability and strengthen public financing of HIV at the subnational or state level is a recommendation for states to take charge of at least 20 percent of treatment for people living with HIV in their states and to provide HIV test kits. I also wish to commend the target of raising a start-up fund of Nigerian naira 50 billion using the private sector-led HIV Trust Fund.

The National Agency for the Control of AIDS is grateful to His Excellency, the President, Commander in Chief of the Armed forces of the Federal Republic of Nigeria, President Muhammadu Buhari, GCFR, for his continued support to the HIV response with his approval of annual financing for 50,000 additional people on treatment.

This strategy reflects the need for the country to expand the resource base and increase domestic resources while diversifying its sources. The goal is to ensure sustainable resource availability for the implementation of NACA's programmes and thus meet the Joint United Nations Programme on HIV/AIDS 90-90-90 targets in the interim and its 95-95-95 targets by 2025.

It is essential that national and state stakeholders assume greater ownership of the HIV response, including its financing. Strong accountability structures, along with a multisectoral HIV response, are needed to monitor the use of funds and ensure they are spent on activities that will continue to have real impact on people living with HIV.

Finally, let me commend the U.S. Agency for International Development for its support, as well as the directorate, and the entire staff of Performance Management & Resource Mobilization Department for this laudable collaborative work. I also assure my full support for the implementation of this strategy.



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## Abbreviations

ART	Antiretroviral Therapy
ARV	Antiretroviral
BHCPF	Basic Health Care Provision Fund
CSO	Civil Society Organization
DRM	Domestic Resource Mobilization
DRMS Strategy	Domestic Resource Mobilization and Sustainability Strategy
FMOH	Federal Ministry of Health
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
LGA	Local Government Area
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STI Control Programme
NiBUCAA	Nigerian Business Coalition Against AIDS
PHI	Private Health Insurance
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission
SACA	State Agency for the Control of AIDS
SASCP	State AIDS and STI Control Programme
SHIS	State Health Insurance Scheme
TWG	Technical Working Group
VFM	Value for Money
WHO	World Health Organization

# Executive Summary

The development of an HIV Domestic Resource Mobilization and Sustainability Strategy (DRMS Strategy) is a critical first step toward ensuring that funds are available to sustainably implement Nigeria's HIV response. Past efforts to mobilise additional domestic resources for HIV in Nigeria have had mixed results. The development of this strategy was led by the National Agency for the Control of AIDS (NACA) and it represents an updated national DRMS Strategy for HIV. Its main aims are to establish a clear vision, commitment, and strategies to mobilise domestic resources for HIV, by identifying funding sources, targets, and key actions for implementation. Preliminary versions of this document were shared with key stakeholders in October and December 2020, and a final version was validated in a consultative workshop in February 2021.

## Background and Strategic Pillars

Between 2005 and 2018, a total of US\$6.2 billion was spent on the HIV response in Nigeria, resulting in the diagnosis and treatment of 1.1 million people living with HIV (NACA, 2020b). More than 81 percent of these funds came from international donors; public funds accounted for 18 percent, while private funds provided an additional 1 percent. Among international donors, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria are by far the leading contributors with investments of US\$300-500 million annually since 2004. The U.S. government has invested more than \$4.7 billion through PEPFAR Country Operational Plans since 2002.

According to preliminary estimates, the *National HIV Strategic Plan 2021-2025* will require US\$2.8 billion to finance the HIV response, with a significant funding gap close to \$350 million if no further steps are taken. To address the funding gap, Nigeria must mobilise domestic resources through Federal and State Governments, as well as the private sector.

## Strategic Goals

This strategy's central objective is to ensure there is a clear, systematic, predictable, and well-coordinated approach to more flexible and predictable multiyear funding from domestic sources so that Nigeria can respond to the current and future needs of the HIV response. It is consistent with the overarching goals and priority programmes of Nigeria's HIV response. This DRMS Strategy considers the changing environment for donor funding, which has remained steady for the past few years but is expected to decline over the next few years, resulting in a growing funding gap and consequent implementation challenges. Thus, this strategy reflects the need for the country to expand the resource base and increase domestic funding while diversifying its own funding sources. The goal is to ensure sustainable resources for the implementation of NACA's programmes and meet the Joint United Nations Programme on HIV/AIDS 90-90-90 targets in the interim and its 95-95-95 targets by 2025.

## Strategic Objectives

Five key strategic objectives have been considered in this strategy:

1. To increase efforts to mobilise resources from Federal and State Governments
2. To expand resource channels with the goal of reducing the HIV programme's dependence on external funding

3. To strengthen the capacity of private sector entities, such as for-profit corporations, philanthropies, and civil society organizations (CSOs), to financially and sustainably contribute to the country's HIV response.
4. To increase funding of the HIV Trust Fund between 2021 and 2025 for more self-sustainable financing for HIV.
5. To ensure that the HIV response in Nigeria secures consensus for a clear and coordinated approach for its domestic resource strategy, i.e., managing, spending, and mobilising financial inflows efficiently and transparently.

## Strategic Domestic Resource Mobilisation Activities, Targets, and Management

If all strategies recommended in this DRMS Strategy are effectively implemented, the total value of domestic resources that could be mobilised between 2021 and 2025 could reach US\$662 million. Most of the new funding would come from increased Federal Government and State resource allocation and improved execution of HIV budgets, the HIV Trust Fund, funds raised through the bond market, and philanthropic contributions. These additional funds would increase the ratio of domestic contributions from the current 19 percent to 33 percent in 2025.

### Pillar 1: Public Sector Mainstreaming

Government budgetary allocations and fund releases are key to raising financial support for the HIV programme. However, challenges abound, including unrealistic budget targets, the low political priority of HIV, poor use of evidence for budget allocation and release, overly centralized processes, and low budget execution rates. The *National Domestic Resource Mobilization and Sustainability Strategy for HIV 2021–2025* proposes the following strategies and objectives:

#### Strategy #1. Increase public sector budgetary allocation and execution for the HIV response.

1. Increase the budget allocation for HIV control at the national and state level by at least 11 percent by 2025.
2. Ensure at least 85 percent execution of HIV budgets at the national and state level by 2025.
3. Introduce and improve HIV budgetary allocation at the local government area (LGA) level.

#### Strategy #2. Include HIV services in the benefit package of the Basic Health Care Provision Fund.

1. Include a comprehensive package of HIV services (including testing and treatment) in the benefit package of the Basic Health Care Provision Fund by 2023.

#### Strategy #3. Prepay for HIV services through inclusion in the health insurance benefit package.

1. Include a package of comprehensive HIV services in the health benefits package of 36 State Health Insurance Schemes (SHISs) and the Federal Capital Territory (FCT) by 2025.
2. Eliminate user fees for HIV services in at least 60 percent of states by 2025.

## Pillar 2: Non-Public Sector Financing Sources

The non-public sector in Nigeria has made marginal contributions to the HIV response over the years (NACA, 2019a). An opportunity exists to motivate the private sector to provide more financial support for the HIV programme. The National DRMS Strategy proposes the following:

### Strategy #4. Strengthen the private sector's participation in HIV financing.

1. Increase private for-profit sector contributions to HIV from US\$197,000 in 2018 to US\$20 million by 2025.
2. Create an enabling policy environment with incentives to encourage private sector contributions

### Strategy #5. Strengthen philanthropic investment in the HIV program.

1. Engage philanthropists in the HIV response by creating an enabling policy environment with incentives to encourage contributions of approximately US\$2 million annually to the HIV programme by 2022, with slight annual increases for a total of US\$10 million for the 2021–2025 period.

### Strategy #6. Mobilise resources for the HIV programme through diaspora bonds.

1. Raise more than US\$48 million in five years from diaspora bonds; funds could be invested to support the local manufacture of HIV commodities such as Antiretroviral drugs (ARV drugs) and HIV test kits.

### Strategy #7. Expand private health insurance coverage for HIV services.

1. Include a comprehensive HIV service package in Private Health Insurance (PHI) by 2023.
2. Provide comprehensive HIV services through major PHI schemes by 2023.

## Pillar 3: Increasing Efficiency and Effectiveness of the HIV Response

To improve allocative and technical efficiency, resources mobilised through implementation of the DRMS Strategy will be aligned with *National HIV Strategic Plan* targets. There will be significant efficiency gains through improved targeting of key and priority populations, and alignment of interventions with *National HIV Strategic Plan* high-impact and cost-effective priority interventions and needs in each state. The National DRMS Strategy proposes the following:

### Strategy #8. Promote financial transparency and accountability in the use of mobilised resources.

1. Increase transparency and accountability in the use of mobilised funds; at least 90 percent of the released funds are spent on the approved activities.
2. Institutionalize routine budget tracking, transparency, and accountability mechanisms at the national and state level.
3. Increase the number of people with access to testing through public funding at the community and facility level.
4. Increase number of HIV patients on government-funded antiretroviral therapy (ART) by 50,000 every year.

### **Strategy #9. Promote value for money in the HIV response.**

1. Develop a value-for-money (VFM) framework as part of the national HIV response by 2022.
2. Train and educate stakeholders on the use of the VFM framework to inform decision making.
3. Increase the proportion of government funds for HIV counselling and testing, Prevention of Mother-to-Child Transmission, and treatment.
4. Improve coordination and alignment of all HIV funding sources from the various ministries, departments, and agencies.

### **Pillar 4: Local Manufacture of HIV Commodities (Test Kits and ARV drugs)**

Local production of HIV commodities has been recognized as a strategy for sustainable financing of the HIV programme. The revised *National HIV/AIDS Strategic Framework (Strategic Framework) 2019–2021* recognized the need for the government to create the needed regulatory, fiscal and policy environment for the large-scale production of HIV commodities, recognizing that 60 percent of the HIV expenditure in 2018 was spent procuring ARV drugs, all externally sourced. The National DRMS Strategy proposes the following:

#### **Strategy #10. Promote in-country manufacture of ARV drugs and test kits.**

1. Strengthen collaboration among drug manufacturers, health policymakers, drug regulators and financiers to fast-track manufacture of ARV drugs and test kits.
2. Facilitate dedicated funding mechanisms for HIV drug manufacturers.
3. Strengthen local capacity to meet World Health Organization specifications for local production of HIV commodities.
4. Facilitate implementation with respect to in-country production in line with the executive order on local content which encourages patronage of locally produced commodities.
5. Create an enabling environment for local production of HIV commodities.

### **Pillar 5: Improvement of Governance of HIV Response at All Levels**

Increased domestic financing of the HIV response will require improved governance and oversight at the National, State, and LGA level, with adequate coordination among stakeholders in key public and private institutions coordinating and implementing HIV interventions. Only with strong institutional and governance arrangements can sufficient resources be mobilised, transparently used, tracked, and accounted for. In addition, multisectoral collaboration is crucial to drive national domestic resource mobilisation (DRM) activities. The National DRMS Strategy proposes the following:

#### **Strategy #11. Strengthen the institutional capacity of Federal and State Governments to drive DRM efforts, support resource mobilisation TWGs, and encourage multisectoral collaboration.**

1. Develop strong governance and institutional arrangements that enable proper coordination for HIV resource mobilisation and ensure transparency and accountability in the use of mobilised funds.
2. Ensure a workforce at NACA, the State Agencies for the Control of AIDS, the National AIDS and STI Control Programme, the States AIDS and STI Control Programme, and line

Ministries with the capacity to engage in evidence-based budget advocacy with key stakeholders, to efficiently manage and account for mobilised resources, and to track and report on progress of DRM activities.

3. Reactivate and make functional multisectoral HIV Resource Mobilisation Technical Working Group (TWG) at the Federal level and establish State-level HIV Resource Mobilisation TWGs with representation from various sectors to monitor the implementation of the DRMS Strategy.

**Strategy #12. Leverage CSOs to undertake resource mobilisation activities and strengthen accountability mechanisms for mobilised funds.**

1. Leverage the experience of key CSOs and implementing partners to strengthen the capacity of HIV-focused CSOs to carry out resource mobilisation tasks, budget tracking, and monitoring of the use of funds.
2. Maximize the potential of CSOs to mobilise funds to support the organizational development of their network and increase access to HIV services for people living with HIV.
3. Strengthen the internal transparency and accountability of key CSOs in the management and use of mobilised resources.

# 1. Introduction

## 1.1 Purpose of the Strategy

More than 1.9 million people are estimated to be living with HIV in Nigeria (prevalence 1.4 percent) with only 1,228,100 (63 percent) receiving treatment as of June 2020 (NACA, 2019b; UNAIDS, 2020b, NAIIS, 2019a). External donors have largely financed the HIV programme in Nigeria: in 2018, 82.8 percent of the HIV expenditure was funded by donors. In 2018–2020, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) provided US\$240 million for HIV, while the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) allocated almost US\$1.1 billion.

Nigeria has signed a new Global Fund grant of US\$329 million for HIV for 2021–2023. Still, a projected funding gap of 20 percent or more for the period 2021–2023 exists. This projection takes into account that the *National HIV Strategic Plan (HIV Strategic Plan) 2021–2025* will require US\$2.8 billion to finance and assumes that funding from all non-Global Fund development partners remains constant over the next five years—which is not guaranteed—a projected funding gap of 20 percent or more for the period 2021–2023 exists. Given this context, the government of Nigeria and the National Agency for the Control of AIDS (NACA) recognize the need to strengthen domestic resource mobilisation (DRM) for HIV. The aim is to cover the estimated gap and ensure the sustainability of Nigeria’s HIV response and effective implementation of the *HIV Strategic Plan*.

The development of a National Domestic Resource Mobilization and Sustainability Strategy (DRMS Strategy) for HIV is a critical first step toward ensuring that the estimated HIV financing gap is covered. Previous efforts to mobilise additional domestic resources for HIV in Nigeria produced mixed results. NACA previously began the development of a DRMS Strategy for 2017–2018, but it was not finalized or fully costed. Since then, the revised *National HIV/AIDS Strategic Framework (Strategic Framework) 2019–2021* has been finalized. It incorporates updated epidemiological and financing information, as well as newly identified challenges for the following years.

This document represents an updated DRMS Strategy for HIV and was endorsed by stakeholders with coordination from NACA. The strategy aims to establish a clear vision, commitment, and strategy to mobilise domestic resources for HIV by identifying new funding sources, targets, and key strategic actions.

## 1.2 Strategy Development Process

This updated strategy deployed a two-pronged approach to understand the HIV financing landscape and challenges in Nigeria. First, a baseline assessment was conducted; it included a comprehensive desk review, and key informant interviews with multiple stakeholders, including representatives of the national and state governments, the private sector, donors, and partner organizations. Second, the team conducted a desk review that included relevant national documents and online materials. The goal was to obtain a preliminary perspective of the HIV financing landscape in Nigeria and identify ways to mobilise resources for HIV. Specifically, the review investigated expected financing sources, including already known government of Nigeria commitments, and potential new opportunities. The goal was to understand which HIV programme areas needed to be adequately funded to achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets by 2023 and what is still required to achieve greater epidemic control. The desk review and key informant

interviews were conducted between September and October 2020. The data were analyzed and results were shared with NACA in October 2020. This strategy document has been reviewed in consultative workshops with national stakeholders and inputs were received from national, state, and private sector stakeholders. This document has incorporated the feedback and inputs received throughout this process.

### Findings from the Baseline Assessment

Through the desk review and key informant interviews, the assessment identified three types of challenges:

**Financial.** The Nigerian health sector budgets, including HIV programme budgets, are perceived as inadequate. According to key informants, constant delays in fund releases are common and the use of funds at various levels is often perceived as suboptimal inefficient. These challenges make it difficult to plan for HIV activities and meet programme goals, suggesting that HIV programming is insufficiently prioritized within the government. Private sector for HIV financing is minimal (0.04 percent of total HIV funding in 2018), and previous efforts aimed at planning domestic resource mobilization (DRM) for HIV targets have yielded very limited results. Respondents proposed solutions, including multisectoral collaboration between government (health and non-health) and non-government stakeholders in budget advocacy efforts to ensure timely releases, integration of HIV and other public health priority diseases into health insurance benefit packages and other public health reforms, and advancement of innovative financing approaches.

**Programmatic and Political.** Programmatic problems identified included the need to continuously improve in purchasing, distribution, and tracking of HIV commodities. This could be due to low staff capacity or insufficient documentation processes. Stock-outs of antiretroviral (ARV) medications sometimes occur. Commodity purchasing is sometimes inefficient because of inappropriate purchasing decisions or duplication of purchasing efforts by different agencies. Proffered solutions include training to improve stock management and logistics efficiency, building capacity to increase commodity distribution oversight by states, and enhancement of government coordination of donor investments to minimize inefficiencies and ensure alignment with national priorities. Respondents also proposed the creation of a joint funding mechanism, rather than parallel funding systems by donors, government, individuals, and the private sector.

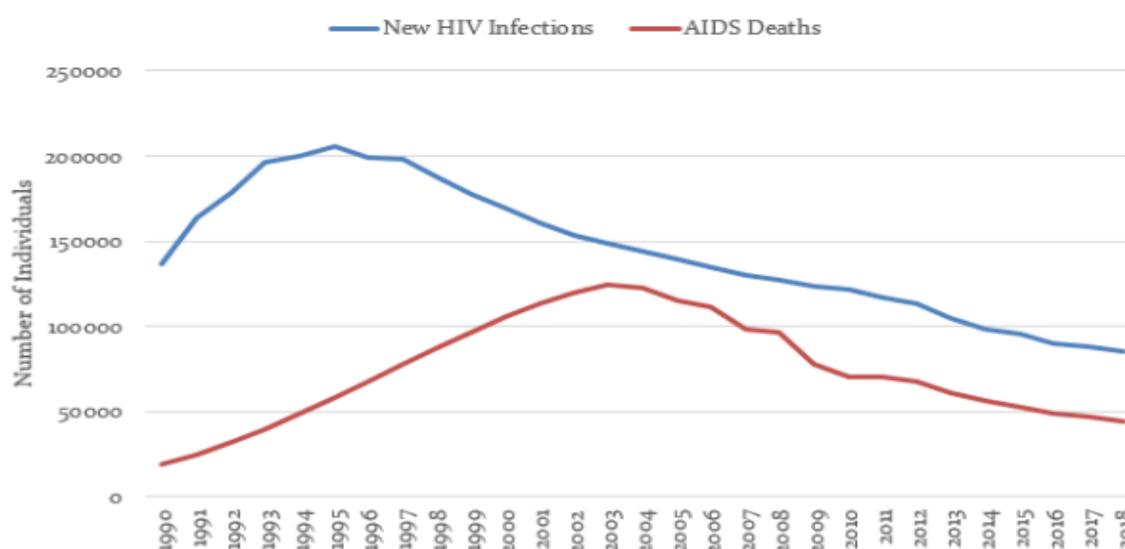
**Governance and Ownership.** Donors contribute more than 80 percent of the funds required for HIV response in Nigeria, suggesting inadequate country ownership (especially at subnational levels) of the HIV response. There has been reluctance of the private sector to be fully involved even as donor funds have plateaued and are likely to decrease over time. It is essential that national and state stakeholders assume greater ownership of the HIV response, including its financing. Strong accountability structures, along with a multisectoral HIV response, are needed to monitor the use of funds and ensure they are spent on activities that will have real impact on people living with HIV. On the political side, there is a need to improve understanding at the highest levels of government of the broad benefits of HIV programming. Lessons may be drawn from states where the involvement of and advocacy by high-visibility HIV stakeholders have yielded positive results.

## 2. HIV Financing in Nigeria: Historical Context and Current Situation

### 2.1 HIV Environment in Nigeria

The HIV response in Nigeria has yielded significant results in recent years. The impact is evident from the results of the Nigeria HIV/AIDS Indicator and Impact Survey data released in 2019 which show HIV prevalence rates of people 15–49 years old declined from 5.8 percent in 2001 to 1.4 percent in 2018 (NAIIS, 2019b). Longer-term trends in AIDS deaths and new HIV infections between 1990 and 2018 are shown in Figure 1, with deaths declining since the early 2000s, and infections since the late 1990s. Recently, NACA estimated that in 2019, there were 103,404 new HIV infections and 44,830 AIDS-related deaths (NACA, 2020a).

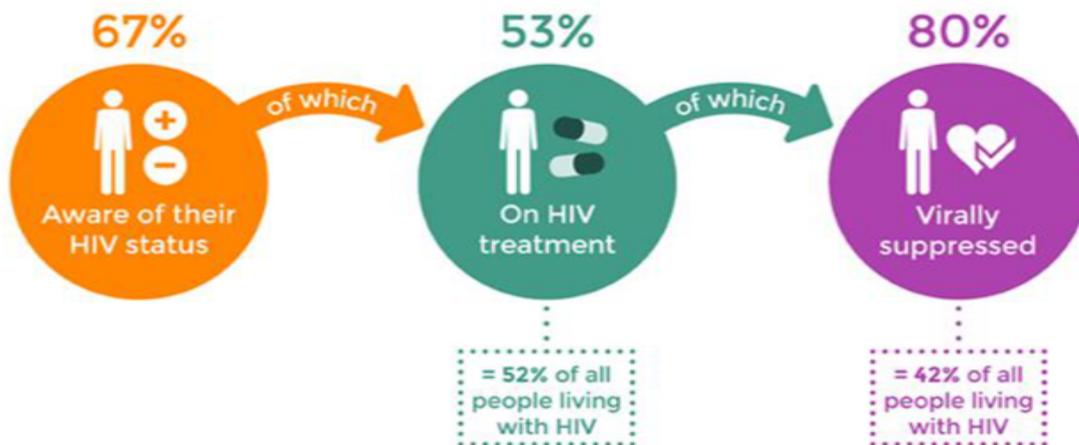
Figure 1. New HIV Infections and AIDS Deaths, Nigeria 1990–2018



Source: PEPFAR, 2019

Nigeria's strategic response to HIV is guided by the UNAIDS 90-90-90 strategy to end the HIV epidemic. According to UNAIDS, the 90-90-90 targets envision that, by 2020, 90 percent of people living with HIV will know their HIV status, 90 percent of people who know their HIV-positive status will be accessing treatment and 90 percent of people on treatment will have suppressed viral loads (UNAIDS, 2020a). Nigeria's progress toward these targets is shown in Figure 2. Case finding and linkage to care are crucial elements for accelerating progress on the 90-90-90 targets.

Figure 2. Nigeria’s Progress on the UNAIDS’ 90-90-90 Targets, 2018



Source: Kalu, 2019

At the state level, six states (Abia, Anambra, Akwa Ibom, Benue, Rivers, and Taraba) have an HIV prevalence greater than 2 percent and will require greater efforts to achieve PEPFAR priority targets for increased antiretroviral therapy (ART) coverage (PEPFAR, 2019). Disparities by demographic group also exist, with HIV prevalence higher among women (1.7 percent) than men (0.8 percent) and ART coverage lower among younger Nigerians. Accordingly, addressing sex and age disparities is a PEPFAR priority for states with prevalence below 1 percent. Lastly, barriers to treatment must be addressed for sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, and people in prisons and other enclosed settings. People in these groups account for up to 23 percent of new infections but represent 1 percent of the population.

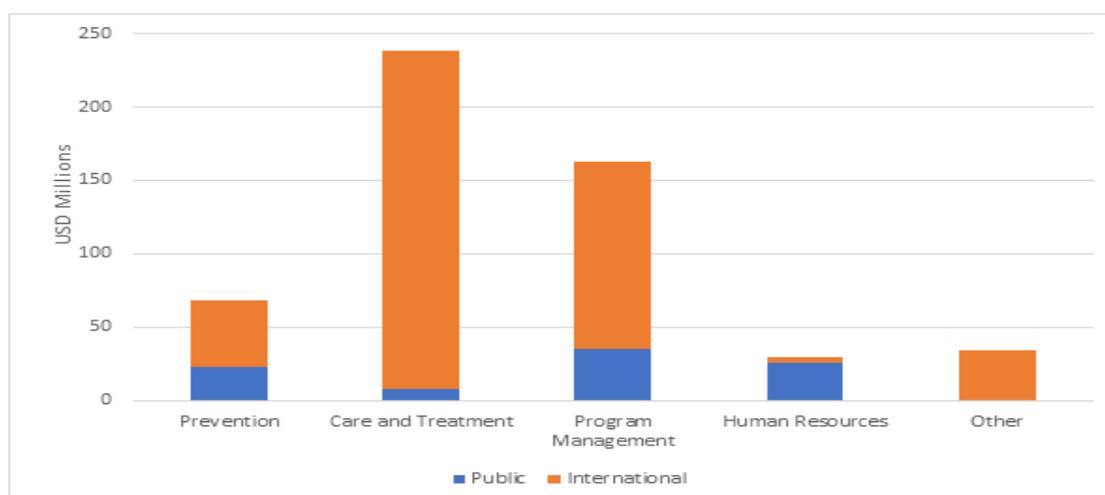
The national response to HIV in Nigeria is coordinated through a multisectoral three-tiered system. NACA, under the presidency, coordinates the multisectoral response at the national level. NACA has equivalents at the state and local government level: the state agencies for the control of AIDS (SACAs) and the Local Government committees on AIDS. The National AIDS and STI Control Programme (NASCP) of the Federal Ministry of Health (FMOH) coordinates the health sector response. The national HIV response is guided by the *Strategic Framework* and the *HIV Strategic Plan*, which provide a structure for advancing the multisectoral response to the epidemic in Nigeria. The *Strategic Framework* has been revised and provides guidance on how to fast-track the national response toward ending AIDS in Nigeria by 2030.

## 2.2 The HIV Financing Landscape in Nigeria

Between 2005 and 2018, a total of US\$6.2 billion was spent on the HIV response in Nigeria, including on the diagnosis and treatment of almost 1.1 million people living with HIV (NACA, 2020a). More than US\$5 billion of these funds came from international donors, accounting for 81 percent of the HIV expenditure. Public funds accounted for 18 percent and private funds for an additional 1 percent. The Global Fund has contributed US\$300–500 million annually since 2004. In addition, the U.S. government has invested more than US\$4.7 billion in Nigeria since 2002 through the PEPFAR country operational plans.

Nigeria’s National AIDS Spending Assessment (NACA, 2019a) report gives a breakdown of the HIV expenditures by year, programmatic areas, and funding. Figure 3 shows funding by public and international sources across programme areas.

Figure 3. Public and International Funding by Key Programme Areas, 2018



Source: NACA, 2019a

## 2.3 Funding Gap and Targets

According to preliminary internal estimates, the *National HIV Strategic Plan 2021–2015* will require an estimated US\$2.8 billion to finance the HIV response within the period, with a funding gap close to US\$350 million. To address the funding gap, Nigeria must plan to mobilise domestic resources through Federal, state, and private funding. Table 1 presents the estimated resources that can be mobilised if the strategies proposed in this DRMS strategy document are to be implemented. Based on the targets specified in the strategic plan, there would still be a funding gap of US\$30 million.

Table 1. Estimated Resources to be Spent and Resource Mobilisation Targets by Sector, 2021–2025 (US\$ millions)

Source	2020 (baseline)	2021	2022	2023	2024	2025	TOTAL
Federal expenditures	66.5	69.5	77.1	91.5	113.9	148.7	500.7
State expenditures	11.1	11.6	12.9	15.3	19.0	24.8	83.5
Private (for-profit and nonprofit)	1.4	10.2	11.5	14.7	20.5	21.1	78.0
PEPFAR, Global Fund, and other international donors	453.0	461.0	448.7	437.2	396.9	396.9	2,140.8
Total	532.0	552.3	550.2	558.6	550.3	591.6	2,803.0
<b>Total estimated need for <i>National HIV Strategic Plan 2021–2015</i></b>							<b>2,833.1</b>
<b>Total estimated gap</b>							<b>-30.1</b>

Note. The baseline reflects estimated expenditures for 2020.

## 2.4 Past and Current Domestic Resource Efforts by NACA

Most funding for HIV programming in Nigeria comes from international donors, mainly PEPFAR and the Global Fund. Human resources for health are primarily paid for by the government of Nigeria, while other areas including prevention, care and treatment, programme management, and commodity procurement are heavily reliant on donors (PEPFAR, 2019). Private sector contribution has remained low over the years, suggesting the need for more advocacy to this sector. By geopolitical zone, state-level funding for HIV is highest in the southwest of the country and lowest in the southeast (NACA, 2019c). The total amounts and percentages of HIV expenditure by funding source between 2015 and 2018 are shown in Tables 2 and 3.

**Table 2. HIV Expenditure by Source (US\$ millions)**

	Public	Private	PEPFAR	Global Fund	Others	Total
2015	73.3	0.8	371.7	49.6	6.3	501.7
2016	79.5	1.6	386.6	54.8	30.5	553.0
2017	66.0	2.9	303.3	122.3	65.7	560.3
2018	91.5	0.2	355.3	80.4	5.0	532.4

Source: NACA, 2019a

**Table 3. HIV Expenditure by Source as Percent of Total**

	Public	Private	PEPFAR	Global Fund	Others	Total
2015	15	0	74	10	1	100%
2016	14	0	70	10	6	100
2017	12	1	54	22	12	10
2018	17	0	67	15	1	100

Source: NACA, 2019a

In 2012, the Enhancing Nigeria's Response to HIV/AIDS Programme, funded by the U.K Department for International Development, developed a DRMS Strategy to estimate the resource needs for the *Strategic Framework* (Lievens et al., 2012). That DRMS Strategy proposed strategies across four areas: 1) government allocation to HIV programming through public sector mainstreaming and improved budgeting, 2) mobilisation of resources from the private sector through alternate sources and direct contribution to HIV programming, 3) improved efficiency and equity in the management of HIV resources, and 4) strengthened institutional arrangements for resource mobilisation and building capacity for resource management, including financial reporting. The strategy forecasted increasing resource needs up to US\$1.4 billion in 2022 and a concurrent decline of 46 percent in donor funding between 2016 and 2022. Successes, shortcomings, and lessons learned from the 2012 DRMS Strategy have been incorporated into this updated DRMS Strategy.

As part of the DRM efforts taken by NACA in 2017, NACA advocated that the National Council on Health earmark at least 0.5 to 1 percent of the monthly Federal allocation to the states to finance the implementation of the HIV programme. The National Economic Council in January 2018 approved the recommendation. The National Health Insurance Scheme has

recommended that states allocate at least 1 percent of the state Consolidated Revenue Fund to health insurance following the adoption of the SHIS at the National Council on Health and inclusion in the National Health Act 2014 as the Basic Health Care Provision Fund (BHCPF). This recommendation led to the appropriation of 1 percent of the Consolidated Revenue Fund from states to the State Health Insurance scheme (SHIS), equivalent to Nigerian naira 6.8 billion (US\$17.8 million) in 2018. However, not many states have been able to implement the recommendation to allocate 1 percent of the Consolidated Revenue Fund to health insurance.

The BHCPF is mainly financed from an annual grant of at least 1 percent of the Consolidated Revenue Fund from the Federal government. It covers a basic minimum package of health services in eligible primary and secondary health care facilities through the National Health Insurance Scheme. The reformed basic minimum package includes several HIV services such as testing and counselling, but does not include ART. There are ongoing attempts to revise the percentage to be drawn for the BHCPF from the Consolidated Revenue Fund. Also, NACA and other stakeholders are advocating for inclusion of HIV in the benefit package of the fund.

Consistent with the 2012 DRMS Strategy to mobilise funds from the private sector, NACA has played an active role in establishing and implementing a private sector-led HIV Trust Fund in collaboration with the Nigerian Business Coalition Against AIDS (NiBUCAA). Plans to launch the Trust Fund have been postponed twice due to changes in NACA's and NiBUCAA's leadership along with the COVID-19 pandemic lockdown. The Trust Fund has since been incorporated and has hired a chief executive officer. It has been structured to be self-funded by the Nigerian business community, with plans to raise a start-up fund of Nigerian Naira 50 billion (US\$162,866,450 million). The fund will be used to procure HIV commodities to contribute to the national pool. It will also be used to provide Prevention of Mother-to-Child Transmission of HIV (PMTCT) services and help scale-up pediatric HIV treatment.

In December 2019, a two-day national DRMS Strategy workshop in Abuja organized by NACA produced an outline for a revised strategy. In the same month, NACA drafted a national blueprint for the integration of HIV into SHISs with support from U.S. Agency for International Development-funded Health Policy Plus project. The blueprint can be adapted to guide integration of HIV into the BHCPF benefit package. This effort has been successful in Lagos and Rivers states, where the state's benefit packages were expanded to include HIV counselling and testing, PMTCT, and ART.

## 3. Core Principles of the Strategy

### 3.1 Vision Statement

The vision of this DRMS Strategy is to substantially improve domestic funding for Nigeria's HIV national response to achieve a substantial reduction of the current funding gaps in support of the effective implementation of the *HIV Strategic Plan* and the *Strategic Framework* and by extension state strategic plans. The implementation of this strategy will ensure that Nigeria remains on the path toward epidemic control and sustains its advances in HIV treatment and health outcomes.

## 3.2 Strategic Goals

This strategy's central goal is to ensure a clear, systematic, predictable, and well-coordinated approach that leads to more flexible and predictable multiyear funding of HIV prevention and treatment services from domestic sources. This strategy considers the changing environment for donor funding, which is expected to decline over the next few years. Thus, it reflects the need for the country to expand the resource base and increase domestic resources. A concurrent goal is to diversify HIV funding sources to ensure sustainable resource availability for the implementation of NACA's programmes and meeting the UNAIDS 95-95-95 targets by 2030.

## 3.3 Strategic Objectives

The objectives of this strategy are:

1. To increase efforts to mobilise resources from Federal and State Governments.
2. To expand resource channels with the goal of reducing the HIV programme's dependence on external funding.
3. To strengthen the capacity of private sector entities, such as for-profit corporations, philanthropies, and civil society organizations, to financially contribute in a sustainable way to the country's HIV response.
4. To increase funding of the HIV Trust Fund between 2021 and 2025 for more self-sustainable financing for HIV.
5. To ensure that the HIV response in Nigeria secures consensus for a clear and coordinated approach for its domestic resource strategy, i.e., managing, spending, and mobilising financial inflows efficiently and transparently.

## 3.4 Guiding Principles

This strategy is consistent with national HIV response overarching goals and priority programmes. The strategic actions will follow these guiding principles:

**Equity.** Funds will be mobilised and allocated in a way to ensure that all people, particularly poor and vulnerable populations, have access to HIV prevention, testing, counseling, treatment, and care and support services.

**Tailored to national needs.** This strategy aims to meet the specific needs of the national HIV response, with NACA maintaining its core mandate and role in supporting the HIV response in Nigeria through the *Strategic Framework* and the *HIV Strategic Plan*, which shall continue to serve as the key planning instruments.

**Efficiency and effectiveness.** This strategy will help stakeholders ensure the effective and efficient use of mobilised resources to best achieve the targets set in the *Strategic Framework* and *HIV Strategic Plan*.

**Accountability and transparency.** This strategy proposes systems and mechanisms to ensure that mobilised resources for HIV are tracked, that all responsibilities and enforcement mechanisms are clearly defined, and that the right set of incentives are established to best promote the mobilisation and sustainable use of HIV resources.

**Sustainability and feasibility.** Domestic resources will be mobilised from sources that are economically and politically viable in the long term.

**Partnership and collaboration.** Resource mobilisation and sustainability initiatives will be designed, implemented, and monitored in coordination with all relevant public, private, and nongovernmental partners, including CSOs, donor and technical partners, local communities, and people living with HIV.

**Capacity building.** At the federal, state, and civil society level, capacity building will be a continuous and central objective to strengthen skills to generate, track and monitor funding.

## 4. Strategic DRM Activities and Targets

### Pillar 1: Public Sector Mainstreaming

Government budgetary allocations and releases are key to raising sustainable funds for the HIV programme. Some challenges with government funding for the HIV programme include unrealistic budget targets, the low political prioritization of HIV, inappropriate use of evidence for budget allocation and release, overly centralized processes, and low budget execution rates at the state level. Strategic actions are needed to increase the continued relevance of the HIV response as a priority among government leaders and the public. Integrating HIV into the benefit package of the National Health Insurance Scheme and SHISs will increase the public sector financial contribution for the HIV response.

#### **Strategy #1. Increase public sector budgetary allocation and execution for the HIV response.**

Nigeria's HIV response receives inadequate public funding and is highly dependent on donor funding. This situation is not unique to HIV, as Nigeria's health sector is severely underfunded. Only 4 percent of the national budget is allocated to the health sector, about a fourth of what was agreed in the Abuja Declaration, which stipulated 15 percent (WHO, 2011). Government budgetary allocations and releases are key to raising these needed funds, yet multiple challenges remain. Sometimes disbursement decisions are made at the highest executive level requiring strong political advocacy and lobbying, resulting in delays or non-release of health and HIV funds for HIV programming at the local, state, and national level. To increase the release of budgeted funds for HIV, key actors need to engage political forces, form multisectoral alliances, and submit compelling memos for fund releases in a timely manner. To improve budget allocation, releases and execution, significant capacity development is required at the national, state, and LGA level.

#### **Objectives**

1. Increase the budget allocation for HIV control at the national and state level by least 11 percent by 2025.
2. Ensure at least 85 percent execution of HIV budgets at the national and state level by 2025.
3. Introduce and improve HIV budgetary allocation at the LGA level.

## Strategic Actions

- NACA, NASCP, SASCPs, and SACAs will institute early budget planning meetings before the budget cycle begins. A key tool will be annual operational plans, which should be evidence-based and considered in the development of the yearly budget. This process will require NACA and SACAs to align HIV programming and budget planning with the budget process cycle at the national level and in the states.
- NACA and partners will use evidence-based advocacy, multisectoral collaboration, and a political economy application. Mechanisms include a multisectoral national Resource Mobilisation TWG to stimulate adequate budget allocations and releases at all levels, targeting at least 85 percent budget execution for HIV at the national and state level.
- NACA and SACAs will identify obstacles to the implementation of HIV financing policies; such policies should include the 0.5 to 1 percent earmarking of Federal allocation to states for HIV and conduct advocacy efforts for releases.
- NACA will build the capacity of Federal and State HIV actors (NACA, SACAs, and SASCP) in public financial management, financial management, and DRM.
- SACAs and SASCPs should budget for HIV treatment of at least 20 percent of those on treatment in each state as well as for the purchase of test kits to help identify at least 95 percent of people who are HIV positive, consistent with the first “95” of the UNAIDS 95-95-95 targets.
- NACA will work with SACAs to:
  1. Institute quarterly budget tracking mechanisms at the Federal and State levels to identify public financial management obstacles and mechanisms for overcoming them.
  2. Institutionalize a mechanism for tracking state spending and the use of a dashboard for monitoring HIV allocations, releases, and expenditures at the national and state level, with mechanisms to link this information to decision making.
- NACA, NASCP, SACAs, and SASCPs will institute a DRM scorecard incorporating national and state HIV government financing targets, which will be updated quarterly. This information will be presented at key events and updated on the NACA and SACAs websites and in the National Data Repository. It will be shared with key stakeholders, including the Nigerian Governors’ Forum and CSOs to stimulate advocacy and support decision making.
- NACA will advocate with government agencies that can contribute to the HIV response such as the Nigerian National Petroleum Corporation, the Niger Delta Development Commission, and the North East Development Agency. to support the HIV response
- NACA zonal offices, SACAs, and state-level members of Civil Societies on HIV/AIDS in Nigeria, the Network of People Living with HIV/AIDS in Nigeria, State Resource Mobilisation TWGs, and development partners working in states will conduct advocacy and engagement at the LGA level to increase the proportion of LGA spending allocated to HIV control.
- NACA, SACAs, and the Resource Mobilisation TWGs will engage and collaborate with the other ministries, departments, and agencies around HIV budgeting to identify

priority spending areas, ensure adequate allocations, and support advocacy for release and expenditure.

## Strategy #2. Include HIV services in the benefit package of the Basic Health Care Provision Fund

Inclusion of HIV services in the benefit package of the BHCPF is another way to increase public contribution to the HIV response. BHCPF was established to support the effective delivery of primary health care services, provide a Basic Minimum Package of Health Services and emergency medical treatment to Nigerians. The package consists of nine interventions, including syphilis and eMTCT services covering HIV testing and counseling for pregnant women, ART for mother and newborn, and infant feeding counseling. Adding additional HIV services to the BHCPF benefits package will improve uptake of services. Expanding the package to include ART for men and women not covered under the basic minimum package and HIV services provided at primary health care centers across the country creates the potential for an increase in the number of patients diagnosed and placed on ART and the percentage of individuals aware of their HIV status.

### Objective

- Include a comprehensive package of HIV services (including testing and treatment) in the benefit package of the BHCPF by 2023.

### Strategic Actions

- NACA and the National Health Insurance Scheme will conduct advocacy and sensitization with political leaders and relevant stakeholders on the inclusion of HIV services into the basic minimum package services of the BHCPF.
- NACA and the Resource Mobilisation TWG will collaborate with Ministry of Health, the National Health Insurance Scheme, Nigeria's National Primary Health Care Development Agency, and other key stakeholders to update the BHCPF benefit package to include HIV services such as PMTCT and ART.

## Strategy #3. Prepay for HIV services through inclusion in the health insurance benefit package.

The Government of Nigeria has a mandate to provide and finance basic health care to its citizens. The World Health Organization (WHO) recommends prepayment and pooled financing mechanisms to protect the population against financial risk and to ensure universal access to health care (WHO, 2005). Nigeria follows the lead of other countries in leveraging health insurance for HIV financing and NACA has developed a *National Blueprint for Integration of HIV into Health Insurance Schemes* to serve as an operational guidance for implementation. State governments will be encouraged and facilitated to adapt the blueprint to develop their state-specific roadmaps to guide their HIV integration efforts. Integrating HIV services into state insurance schemes will help increase financial protection for people living with HIV, who will be able to avoid or reduce the economic burden imposed by user fees they sometimes must pay to see a healthcare provider or access ART.

### Objectives

1. Include a package of comprehensive HIV services into the health benefits package of 36 SHISs and the Federal Capital Territory by 2025.
2. Eliminate user fees for HIV services in at least 60 percent of states by 2025.

## Strategic Actions

- NACA will provide technical assistance to SACAs and SHISs to draft and guidance to implement roadmaps for integration of HIV into the SHISs in line with the national HIV blueprint, including specifying and implementing referral mechanisms, provider payment mechanisms, empanelment of facilities, and establishment of monitoring systems to track facilities delivering HIV services at the primary care level.
- NACA, NASCP, and partners will invest in developing the capacity of HIV actors at the Federal and State level on the implementation of the National Blueprint for integrating HIV into SHIS and the SHIS HIV integration roadmaps.
- NACA will work with the SHISs, State Primary Health-care Development Agencies, and the Network of People Living with HIV/AIDS in Nigeria to enroll people living with HIV into health insurance schemes at the Federal and State levels.
- SACAs will support the SHISs to expand coverage of the scheme to the informal sector and organized private sector groups to encourage sustainability of the SHISs.
- NACA will collaborate with the National Health Insurance Scheme and SHISs to estimate the long-term costs of integrating the three benefit packages that are recommended in the national blueprint (NACA, 2020b).

## Pillar 2: Non-Public Sector Financing Sources

The non-public sector in Nigeria has made marginal contributions to the HIV response over the years (NACA, 2019a). A huge opportunity exists to motivate private sector corporations to provide more financial support for the HIV programme given their proven commitment to support programmes for health system strengthening. For example, the private sector contributed up to US\$55 million for COVID-19 interventions few months after the COVID-19 outbreak in Nigeria. NACA and NiBUCAA will explore how to engage with individuals, philanthropies, and private and corporate organizations in Nigeria.

### Strategy #4. Strengthen the private sector's participation in HIV financing

In Nigeria, the private sector has not been adequately explored as a source of domestic funds for the HIV response. Large domestic and foreign corporations, as well as business associations and coalitions have played some valuable role in supporting the health and development sector. For example, in 2010, Chevron, a multinational oil company, used a corporate social enterprise approach to contribute to the creation of the Niger Delta Partnership Initiatives, an independent development organization with an initial investment of US\$100 million. The initiative went on to create the Foundation for Partnership Initiatives in the Niger Delta. The two organizations provided investments of more than US\$92 million into the region. Some private organizations such as Dangote Foundation are members of NiBUCAA and make annual contributions for specific HIV activities. Also, the private sector-led HIV Trust Fund recently established by the private sector will serve as the vehicle for the mobilisation of resources for HIV response from the private sector in Nigeria.

### HIV Trust Fund

The HIV Trust Fund for Nigeria is a potential game changer in Nigeria's response to the challenge of HIV. Some other countries in Africa facing similar challenges, e.g Zimbabwe, Botswana, Kenya, Tanzania, Cote D'Ivoire, among others, have developed their home-grown initiatives to respond to HIV/AIDS' devastating effects on their economy and society with variable levels of success.

In consideration of the above, a HIV Trust Fund has been set up. The HIV Trust Fund of Nigeria, a public trust fund, will operate as private sector driven and will be managed as a platform through which resources will be mobilised from the private sector to finance HIV activities in the country. This will maximize opportunities for Nigeria to diversify funding sources for HIV and to lay the foundation for expanding incrementally, domestic resource allocation. It presents an excellent opportunity to inject the much-needed resources into the National Response and positions Nigeria on the path towards a sustainable HIV/AIDS response. The major role of the trust fund is to help mitigate the impact that constraints and lack of funding imposes on the supply of HIV services and commodities. The fund will increase available funds for HIV interventions and activities in Nigeria and support the purchase of HIV inputs and commodities, effectively reducing supply-side barriers, improving HIV response implementation, increasing uses of the health system, and reducing HIV mortality.

### *Objectives*

1. Increase private sector for-profit contributions to HIV from US\$197,000 in 2018 to a total of US\$20 million by 2025.
2. Create an enabling environment with incentives to encourage private sector contributions.

### *Strategic Actions*

- NACA will work with NiBUCAA and key stakeholders to develop incentives that can be used to motivate private sector involvement.
- NACA and NiBUCAA will fast-track the launch of the HIV Trust Fund and ensure its smooth operation.
- NACA's Resource Mobilisation Division will update the list of private companies that can financially contribute to the HIV response, including those already playing a role through NiBUCAA.
- NACA and NiBUCAA will hold periodic stakeholder meetings with key private organizations (including non-members of NiBUCAA) to develop incentives that can be used to motivate private sector involvement. These entities will regularly explore how the private sector can better assist Nigeria's HIV response.
- NACA will organize annual investment forums to solicit support from private organizations and encourage them take on HIV financing as part of their Corporate Social Responsibility.
- NACA will build capacity of SACAs to effectively engage small and medium enterprises in financing the HIV response.

### **Strategy #5: Strengthen philanthropic investment in HIV**

Individuals and philanthropies are potential sources of financing for Nigeria's HIV programme and for ensuring sustainability of the programme (Itiola and Agu, 2018). Some philanthropies have also been investing in social enterprises in Nigeria; for example, the Rotary Club played a vital role toward polio eradication in Nigeria, which was achieved in August 2020. Individuals and other philanthropies can be engaged using targeted advocacy materials and appropriate incentives to contribute to the HIV response. Funds from these groups can be collected through an HIV trust fund or other mechanism as may be determined by NACA.

## Objective

1. Engage philanthropists in the HIV response by creating an enabling policy environment with incentives to encourage their contributions of approximately US\$2 million annually to the HIV programme by 2022, with slight annual increases to a total of US\$10 million for the 2021–2025 period.

## Strategic Actions

- NACA's Resource Mobilization Division will compile a list of philanthropies with a history of donating to government and charity causes, including those that have contributed to containing the COVID-19 pandemic
- NACA will work with CSOs and key CSO networks working with people living with HIV to strategize on how to engage philanthropies and identify incentives and target areas that could motivate them.

## Strategy #6: Mobilise resources for the HIV programme through diaspora bonds

The placement of diaspora bonds is a mechanism primarily designed to mobilise resources. It has been successfully used in India, Israel, and Nigeria (Fagan et al., unpublished). Nigeria launched its first diaspora bonds placement in June 2017 following the assent by then-Acting President Professor Yemi Osinbajo to the Nigerians in Diaspora Commission Bill. The Nigerian diaspora bonds were the first in Africa to be registered with the U.K. Listing Authority and U.S. Securities and Exchange Commission. The launch raised US\$300 million at a coupon rate of 5.625 percent for five years. The launch attracted considerable investment from Nigerians in diaspora, to the extent that these bonds were oversubscribed by 130 percent. One reason Nigerians were attracted to this bond was that the bonds were tax-exempt and could be used as collateral for borrowing from banks and as discounts on the Federal Government housing scheme. The diaspora bonds have opened a new source of financing for the Federal Government of Nigeria. Diaspora bonds can be used to leverage HIV investment, potentially in the funding of the local manufacture of ARV drugs and test kits. Investment in local manufacture of ARV drugs and test kits is expected to help reduce Nigeria's dependency on foreign HIV commodities, improving Nigeria's balance of trade and reducing treatment costs in the long term.

## Objective

1. Raise more than US\$48 million in five years from diaspora bonds; funds could be invested to support the local manufacture of HIV commodities such as ARV drugs and HIV test kits.

## Strategic Actions

- NACA through its Performance Management & Resource Mobilization Department will engage with relevant entities involved in diaspora bonds placement, including the Federal Ministry of Finance and Central Bank of Nigeria, to obtain their approval for the use of diaspora bonds to finance HIV interventions.
- NACA will establish performance management mechanisms and platforms for transparency, accountability, and effective monitoring of mobilised funds to build and maintain trust with the diaspora and finance agencies.
- NACA through its Performance Management & Resource Mobilization Department and the DRM TWG will work with NAIP, the Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria and the Nigerians in Diaspora Commission to

meet with Federal Ministry of Finance to discuss using diaspora bonds to raise funds to support the local manufacture of HIV commodities.

### Strategy #7: Expand private health insurance coverage for HIV services

Private voluntary health insurance rarely covers more than 2 percent of the general population in sub-Saharan Africa (Spaan et al., 2012). Private Health Insurance (PHI) usually covers more workers from the formal sector than the informal sector because it is typically offered as part of a worker's employment benefits. In Nigeria, the National Health Insurance Scheme works with private Health Maintenance Organizations who run PHI schemes sponsored by private sector corporations. PHI companies do not have an incentive to include HIV services into their health benefits packages and perceive HIV treatment to be expensive.

The inclusion of HIV services into the basic package of services of PHI will help reduce out-of-pocket expenditure for enrollees. The workplace policy should be revised to include HIV services to reduce the public sector's burden for HIV care. To this end, efforts will be made under this strategy to encourage private insurers to provide clients with HIV Prevention and Treatment in their package of services.

#### Objectives

1. Include a comprehensive HIV service package in PHI by 2023.
2. Provide comprehensive HIV services through major PHI schemes by 2023.

#### Strategic Actions

- NACA will research PHI companies to identify those with HIV services in their benefit packages.
- NACA will collaborate with the Federal Ministry of Labour to update the existing workplace policy for PHI companies to include HIV services in their basic package of services.
- NACA's Performance Management & Resource Mobilization Department will engage PHI actors and key stakeholders through meetings and workshops on the feasibility of including HIV services into PHI. The goal is to reach an agreement on a framework for including HIV in all their packages, with NACA providing technical assistance as required for a smooth integration of the HIV services.
- NACA and NiBUCAA will secure commitments from employers providing PHI to subscribe only to PHI schemes with HIV as part of their benefit packages.
- NACA and SACAs will advocate to PHI organizations to include HIV services in the benefit package of private health insurance schemes.

## Pillar 3: Increasing Efficiency and Effectiveness of the HIV Response

In resource mobilisation, efficiency has been identified as a key strategy to reduce waste. When resources are used more efficiently, more resources are available and closing a resource gap is more feasible. According to the current National AIDS Spending Assessment, a large proportion of the public funding for HIV is spent on programme management, leaving gaps in HIV testing, eMTCT, and treatment. In 2018, 38 percent of HIV public funding was spent on programme management, 25 percent on prevention and only 8.6 percent on treatment. In addition, no funds were spent on the most at-risk populations, and 67 percent was spent on

non-targeted interventions. There is a need to identify the areas of waste in HIV programming to ensure improved technical and allocative efficiency and most optimum use of available resources. Promoting efficiency will require better prioritization of allocated government funds and targeted spending.

To improve allocative and technical efficiency, resources mobilised by this strategy must be aligned with *HIV Strategic Plan* targets. Significant efficiency gains will be realized through improved targeting of key and priority populations as well as alignment of interventions with *HIV Strategic Plan* high-impact and cost-effective priority interventions and needs. HIV stakeholders and partners need to collaborate at the national and state level and engage with policymakers and legislators in the budget process before release of the budget circular and during the budget process.

Technical efficiency will be promoted by continuing to push for effective HIV service delivery. This is especially true in urban areas, where many patients receive ART in hospitals and costs could be reduced by promoting access to ART at health centres and health posts. Multimonth prescriptions and models of differentiated care for stable patients can reduce travel to facilities and health workers' interactions and frequency of contact with patients, thus reducing costs to both the system and patients. NACA and SACAs can research workable models for efficient health service delivery in Nigeria.

### **Strategy #8: Promote financial transparency and accountability in the use of mobilised resources.**

To implement the DRMS Strategy and guarantee sustainability of the various funding sources, it will be critical to establish mechanisms for monitoring the expenditure of released funds to ensure transparency and to minimize fund misappropriations and waste. These steps are crucial for building trust and commitment of the HIV programme financiers. Challenges in achieving timely and effective budgetary releases at the state level will need to be addressed to reduce inefficiencies associated with redirection of funds for unintended purposes from delayed fund releases. To achieve this, it is necessary to improve the performance management capacity of NACA's Performance Management & Resource Mobilization Department, performance management focal persons, and zonal offices of NACA and SACAs. CSOs can be leveraged to track the use of funds at the facility and community level.

#### **Objectives**

1. Increase in transparency and accountability in the use of mobilised funds; at least 90 percent of the released funds are spent on the approved activities.
2. Institutionalize routine budget tracking, transparency, and accountability mechanisms at the national and state level.
3. Increase in the number of people who have access to testing through public funding at the community and facility level.
4. Increase in the number of HIV patients on government-funded ART by 50,000 every year.

#### **Strategic Actions**

- NACA and SACAs will develop electronic fund tracking systems, e.g., the Performance Management Activity Tracking Tool and the Performance Dashboard, that allow easy budget tracking and prompt detection of expenditure anomalies.

- NACA and the FMOH will build the capacity of various ministries, departments, and agencies, including state ministries of health (SASCP), SACAs, LGA departments, state primary health care development agencies, and SHISs on disbursement, spending, routine tracking of HIV expenditure, and development of memos one budget releases.
- NACA and SACAs will co-develop mechanisms to encourage accountability and transparency in the use of HIV funds and deter misappropriation of the funds.
- NACA and SACAs should institutionalize quarterly and annual harmonized performance and financial reporting that captures the investment of public and private sector stakeholders. These reports will be published in newspapers and reported on national television on a quarterly basis and made available to current and prospective funders of HIV activities. This action will motivate low contributing states to increase their investment in the HIV response and encourage more private sector organizations to support Nigeria's HIV programme
- NACA, NASCP, SACA, and SASCP, with support from key stakeholders, will advocate for transparency and accountability of budget allocation, releases, and expenditures at all levels.
- NACA and SACAs will conduct mid-year performance management reviews of their annual operational plans to assess performance based on specific indicators for HIV testing, eMTCT, and treatment targets at the national and state levels.
- NACA will support SACAs to periodically estimate the HIV financing requirements for prevention, treatment, care, and support at the state level to help estimate the HIV funding gap analysis and to set appropriate DRM targets for the states
- NACA and SACAs will ensure alignment of all HIV public funding sources at the national and state levels toward addressing key areas of identified needs and gaps, by engagement and multisectoral collaborations with all ministries, departments, and agencies that receive HIV funding.
- CSOs will track HIV control efforts at the community and facility levels to ensure adequate results and impact at the facility and community level. To this end, NACA's Performance Management & Resource Mobilization Department will collaborate with key CSO networks to conduct quality of service assessment of HIV prevention and treatment service providers.

### **Strategy #9: Promote Value for Money in the HIV Response**

There is a need to ensure that existing and new resources are better leveraged to provide improved Value for Money (VFM) (DFID, 2011) to maximize the available limited resources (University of Cambridge, 2021). VFM will be the key principle guiding the application of funds received from all sources and investments made during the strategy's life cycle from 2021 to 2025. The promotion of VFM in the country's HIV response requires data on financial inflows to the national HIV response at all levels and on the interventions or programme areas in which these funds were used. The data can be used compare costs over time and across funding sources. (Efficiency in its most rudimentary sense is typically defined as the "extent to which the interventions are produced at least cost" [Bautista-Arredondo et al., 2008].) For the DRMS Strategy, input measures should describe funds by source and how they are allocated across spending categories in the HIV response. The analysis should also measure progress along the HIV cascade, describing new HIV infections prevented and the number of individuals tested, process measures of HIV services such as funds disbursed and services

funded, health interventions such as number of clients reached and number of clients on ART, and HIV deaths and mortality averted.

The lack of financing data on input and output measures has been a significant challenge in assessing VFM for HIV programmes in Nigeria. Expenditure data by source of funding for the HIV response need to be readily available in a timely manner; there is a need to develop systems to allow funders to provide financing and fund disbursement reports through a unified portal. Promoting VFM in this strategy requires collaborative efforts between funders and the Performance Management & Resource Mobilization Department of NACA. The aim is to establish a platform that can link input and output financing and disbursement data with monitoring and evaluation data so that NACA, external donors, and domestic funders can access information on how to allocate resources to services that provide better VFM.

### *Objectives*

1. Develop a VFM framework as part of the national HIV response by 2022.
2. Train and educate stakeholders on the use of the VFM framework to inform decision making.
3. Increase the proportion of government funds for HIV counselling and testing, eMTCT, and treatment.
4. Improve coordination and alignment of all HIV funding sources from the various ministries, departments, and agencies.

### *Strategic Actions*

- NACA will develop a VFM framework with indicators that can be used to determine high-impact activities to be prioritized during annual budget development.
- NACA will conduct an allocative efficiency analysis using data to identify areas of improvement in HIV resource allocation and to make recommendations at the Federal and State level.
- NACA will work closely with donors to better coordinate their support to ensure that resources are properly prioritized and that the HIV budgets are evidence-based to achieve good VFM while minimizing duplication of support.
- NACA and FMOH will strengthen the link between budgets and targets to ensure good VFM.
- NACA and the Resource Mobilization TWG will regularly review the performance of the national DRMS Strategy implementation and attempt to link financial inputs to results and impact. The aim is to identify efficiency improvement opportunities as well as create evidence for scaling up efficient service delivery.
- NACA's Performance Management & Resource Management Department will annually conduct rapid assessments to identify areas of inefficiency in HIV programming and propose corrective measures.
- NACA will hold periodic review meetings with SACAs to share reports and recommendations from the assessments and identify needed adjustments.
- NACA and SACAs will institutionalize the use of evidence for budget development at the national and state level.

- NACA and SACAs will conduct a midterm review of the national DRMS Strategy by 2023.
- FMOH and NACA to work closely with donors to better coordinate their support to ensure that resources are properly prioritized.
- SACAs, in collaboration with NACA, funders, and implementing partners, will strengthen logistics management and information systems in the state to ensure efficient movement of HIV commodities.

## Pillar 4: Local Manufacture of HIV Commodities (Test Kits and ARV drugs)

Local production of HIV commodities, including test kits and ARV drugs, has been recognized as part of the strategy for sustainable financing of the HIV programme. The revised *Strategic Framework* for 2019-2021 recognized the need for the government to create the needed regulatory, fiscal, and policy environment for large-scale competitive production of HIV commodities. According to the 2019–2021 *Strategic Framework*, 60 percent of the HIV funding requirement in 2018 was spent on ART only, with all ARV drugs externally sourced.

### Strategy #10: Promote in-country manufacture of ARV drugs and test kits

Local manufacture of HIV commodities in Nigeria has several benefits. It can be a sustainable response mechanism that can ensure the availability, reduced price, and improved accessibility of HIV commodities. All of these can increase adherence to treatment and lead to better HIV outcomes. Although there is no evidence that domestic production of ART can be cost-effective, the potential reduction in the price for ARV drugs will encourage SHISs to include HIV commodities in their benefit packages. The local production of HIV commodities on a large scale will improve the financial capacity of the manufacturers and create cost savings from the avoidance of import duties (such as those associated with the importation of active pharmaceutical ingredients). Local production of ARV drugs could allow manufacturers to offer ARV drugs at affordable bulk and off-the-shelf prices. Local manufacturers can work with NACA to establish requirements for local production and develop a strong investment case for the Government and donors to provide technical and financial support for this initiative.

Some risk factors must be addressed, including the impact of national policies, the high cost of production inputs, human resource issues, and the need for working capital. In addition, the enterprise would require information on the sources and prices of the required pharmaceutical materials (dos Santos Pinheiro, E., et al., 2014). Examples may be found in countries that have succeeded with the production of HIV commodities: Brazil, Argentina, Cuba, South Africa, Uganda, Kenya, the Democratic Republic of the Congo, and Zambia. The baseline assessment in developing this strategy showed that Nigeria’s pharmaceutical manufacturers are willing to venture into HIV commodities given the required enabling and policy environment for these industries to thrive.

### Objectives

1. Strengthen collaboration among drug manufacturers, health policymakers, drug regulators, and financiers to fast-track manufacture of ARV drugs and test kits.
2. Facilitate dedicated funding mechanisms for HIV drug manufacturers.
3. Strengthen local capacity that meets WHO specifications for local production of HIV commodities.

4. Create an enabling environment for local production of HIV commodities, especially the implementation of the Executive Order on Local Content in this regard.

### *Strategic Actions*

- NACA will facilitate meetings and workshops with Federal Government agencies, National Agency for Food and Drug Administration and Control, the Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria, and key manufacturers to discuss the local production of HIV commodities and understand in-country capacity, infrastructure, human capital, production, and distribution.
- NACA will collaborate with local pharmaceutical companies and SACAs to develop a strong investment case for local production of ARV drugs which will serve as an advocacy tool with the government and prospective donors
- NACA will work with interested manufacturers to research and establish financial, material, regulatory, and other requirements for local production.
- NACA, in collaboration with FMOH and the National Agency for Food and Drug Administration and Control, will work with regulatory agencies and pharmaceutical companies for approval of production of ARV drugs and test kits.
- NACA will work with relevant institutions (such as FMOH, the National Agency for Food and Drug Administration and Control, the Federal Ministry of Finance) to strengthen the capacity of at least three local manufacturers to obtain WHO certification and certification of regulatory bodies for local production of HIV commodities (ARV drugs and test kits) in-country by the end of 2023.
- NACA's Research Division will collaborate with stakeholders to access government research funds especially the Central Bank of Nigeria fund chaired by the National Agency for Food and Drug Administration and Control director general and similar funds for research on ARV production. Such research activities may include learning trips for select local manufacturers and stakeholders to countries producing ARV drugs.
- NACA will collaborate with other sectors (e.g., education) that can provide technical or financial support to fast-track local production of HIV commodities. Federal research institutions such as the Nigerian Institute for Medical Research, the Nigerian Institute for Pharmaceutical Research and Development, and tertiary institutions can be engaged to support research on ARV drugs and test kit production. Some of the research funds from the Tertiary Education Trust Fund can be targeted to HIV research. Research will help generate evidence for local pharmaceutical manufacturers intending to produce HIV commodities.
- NACA, in collaboration with stakeholders, will advocate with the Government of Nigeria (such as the Federal Ministry of Finance and the Central Bank of Nigeria), Donors and funders, including the World Bank, the African Development Bank, and the oil and gas actors such as the Nigerian National Petroleum Corporation, will provide seed funding to selected manufacturers for initial importation of active pharmaceutical ingredients.
- NACA, through the DRM TWG and relevant stakeholders, will work with the government to provide import tax waivers, tax rebates and other financial and non-financial incentives to pharmaceutical manufacturers.

- NACA will work with government of Nigeria finance and health entities to establish payment mechanisms for the purchase of locally produced HIV commodities to avoid delays that may impede the sustainability of local manufacturing.

## Pillar 5: Improvement of Governance of HIV Response at All Levels

### Strategy #11: Strengthen the institutional capacity of Federal and State Governments to drive DRM efforts, support Resource Mobilisation TWGs, and encourage multisectoral collaboration

A concerted effort will be needed from various sectors and stakeholders to raise resources to implement the HIV programme between 2021 and 2025. Strong institutional and governance arrangements will be required to support efforts to mobilise sufficient resources. These funds will be transparently used, tracked, and accounted for. In addition, multisectoral collaboration is crucial; one way to encourage it is through the establishment of TWGs. For example, the National Resource Mobilization TWG coordinated by NACA was established to spearhead activities geared toward improving DRM for HIV, optimizing efficiency in the use of the mobilised funds, and devising innovative ways to finance HIV services to promote self-reliance and country ownership of the HIV programme. The multisectoral nature of its membership will influence private sector participation in HIV financing and enable the implementation of the DRM strategies proposed in this document. At the national level, NACA has set up a committed Resource Mobilization Division under the Performance Management & Resource Mobilization Department responsible for driving and coordinating DRM efforts. At the state level, NACA, through its zonal offices, will support SACAs in setting up similar units or will identify focal persons to perform similar roles. NACA's Performance Management & Resource Mobilization Department will continue to provide DRM technical support and capacity development to stakeholders in the states.

#### Objectives

1. Develop strong governance and institutional arrangements that enable proper coordination for HIV resource mobilisation and ensure transparency and accountability in use of mobilised funds.
2. Ensure a workforce at NACA, SACAs, NASCP, SASCP, and line ministries with the capacity to engage in evidence-based budget advocacy with key stakeholders, to efficiently manage and account for mobilised resources and to track and report on progress of DRM activities.
3. Ensure functional multisectoral HIV Resource Mobilisation TWGs at the Federal level and establish state-level HIV Resource Mobilisation TWGs with representation from various sectors to monitor the implementation of the DRMS Strategy.

#### Strategic Actions

- NACA, in collaboration with key stakeholders, will identify the gaps in resource management that need to be strengthened.
- NACA will develop capacity-building plans related to budget advocacy, releases, expenditures, and resource mobilisation. It will work with NASCP to train relevant staff at SACA and SASCP.
- SACAs, collaborating with SASCPs, will also expand training from NACA to LGAs.

- Donor agencies and implementing partners will provide technical support to NACA, SACAs, NASCP, and SASCPs in the development of their strategic plans and help strengthen their governance and oversight capacity.
- NACA will support SACAs to establish resource mobilisation units or at the least designate resource mobilisation focal persons within the agencies and empanel state HIV DRM TWGs with the mandate of mobilising domestic resources for HIV.
- NACA will reactivate a multisectoral national DRM TWG to track efficiency and effectiveness in HIV funds utilization and effectiveness in the implementation of DRM efforts.
- NACA will collaborate with partners to strengthen the capacity of the resource mobilisation team at all levels to drive DRM efforts and coordinate them at national and state levels.
- NACA will conduct virtual quarterly resource mobilisation update meetings with SACAs and as well as zonal annual performance review meetings in states.

### **Strategy #12: Leverage CSOs to undertake resource mobilisation activities and strengthen accountability mechanisms for mobilised funds**

To mobilise resources for the HIV response and to strengthen accountability systems, the government of Nigeria can leverage key HIV Civil Society Networks such as the Network of People Living With HIV/AIDS in Nigeria and Civil Society on HIV/AIDS in Nigeria as well as key CSOs working with people living with HIV. Interviews during the baseline assessment with CSOs working with people living with HIV showed the CSOs are willing to support the implementation of the national HIV strategy. NACA and FMOH will need to engage these CSOs to identify key areas of support for the implementation of some of the strategies described in this document.

#### **Objectives**

1. Leverage the experience of CSO networks, key CSOs, and implementing partners to strengthen the capacity of HIV-focused CSOs to carry out resource mobilisation advocacy, budget tracking, and fund utilization monitoring
2. Maximize the potential of CSOs to mobilise funds to support the organizational development of their network and increase access to HIV services for people living with HIV
3. Strengthen the internal transparency and accountability of key CSOs in the management and use of mobilised resources.

#### **Strategic Actions**

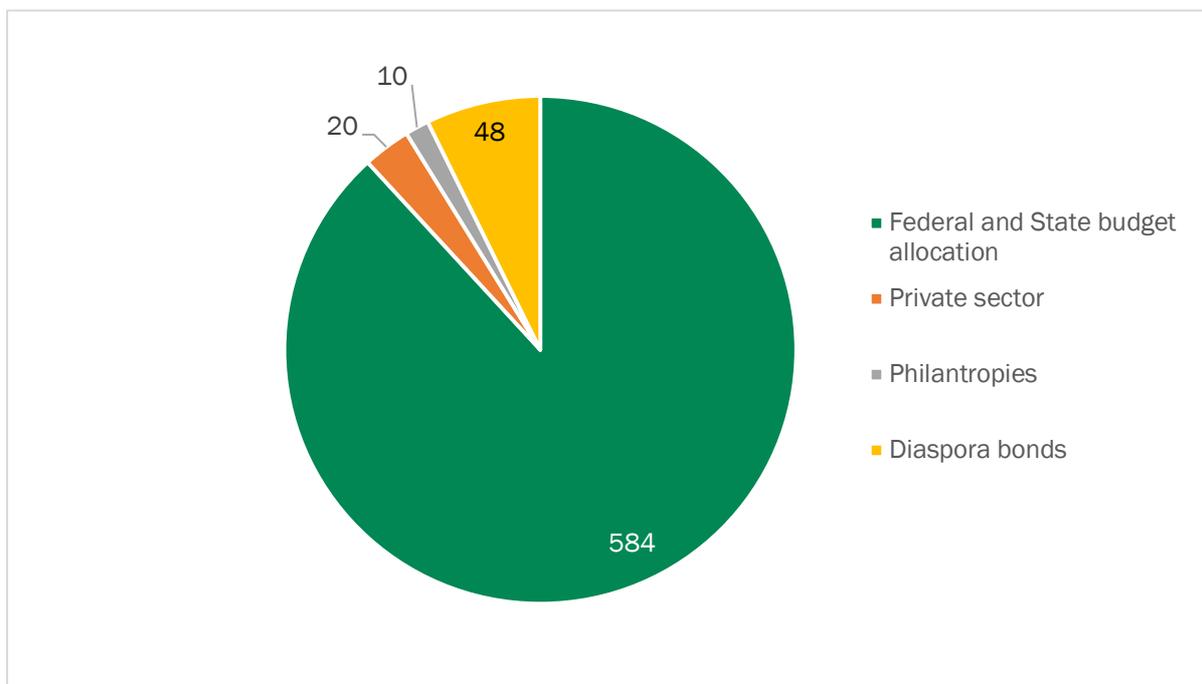
- NACA will assess the capacity of key CSOs on resource mobilisation to identify weak areas that need to be strengthened.
- Key CSO networks, with support from NACA, funders, and implementing partners, will deploy a capacity development programme for their networks and constituents on resource mobilisation, budget advocacy, and tracking and monitoring.
- In collaboration with NACA and implementing partners, key CSO networks and CSOs will periodically advocate with Federal and State Legislative houses on budgetary issues.

- CSOs will work with NACA to monitor the implementation of the DRMS Strategy to identify potential areas of suboptimal disbursement of funds.
- NACA, in collaboration with donors and the National Resource Mobilisation TWG, will monitor the use of HIV grants and funds obtained by CSOs for HIV activities.

## Outcomes and Targets: Governance, Coordination and Oversight

Initial estimates indicate that the *HIV Strategic Plan 2021–2025* will require US\$2.8 billion for the five-year period. Of the 12 strategies proposed in the DRMS Strategy, strategies #1, #4, #5, and #6 are specifically intended to address directly the mobilisation of domestic resources. The targets specified in those strategies notwithstanding, there would still exist a funding gap of US\$30 million. The expected resources to be mobilised are summarized in Table 1. The largest sources of additional domestic resources to support the Nigerian *HIV Strategic Plan 2021–2025* will be the allocation of additional Federal Government and state resources as well as increased release or disbursement of appropriated Federal and State funds. Funds realized from the HIV trust fund, funds raised through the bond market, and philanthropic contributions will contribute 24 percent of the overall spending on HIV prevention and treatment services. It is expected that the proportion of Nigeria’s HIV response from domestic sources will increase from 16 percent to 34 percent by 2025. Figure 4 shows the total value of domestic resources to be mobilised over 2021–2025 (see Table 1 for description), a total of US\$662 million.

Figure 4. Estimated Funds to be Mobilised (2021–2015) through DRM Strategies #1, #4, #5, #6 (US\$ millions)



## 5. Roles and Responsibilities of Stakeholders

The successful implementation of this DRM strategy for HIV relies on strong collaboration between NACA and multiple agencies and stakeholders at both the national and state level. Some key responsibilities proposed for the various agencies/stakeholders are summarized below:

### NACA

- Disseminate the DRMS Strategy to stakeholders at all levels and advocate for its prompt adaptation and implementation.
- Coordinate the implementation and monitoring of the DRMS Strategy across the country.
- Establish mechanisms for the collection, allocation, and use of funds mobilised through the DRMS Strategy.
- Build the capacity of states to implement the proposed strategies and support them to address any implementation challenges.
- Work with states to document domestic resources mobilised and produce biannual reports on states' performance on DRM activities.
- Support states in the use of platforms for tracking budgetary allocation, releases, and expenditures.
- Coordinate and lead advocacy to key stakeholders relevant to the implementation of the respective DRM strategies.

### FMOH (NASCP) and Federal Line Ministries

- Support advocacy to the respective stakeholders on implementation of the DRMS Strategy.
- Support the implementation of the DRMS Strategy in coordination with NACA, SACAs, state ministries of health/SASCPs, and federal and state line ministries.
- Support NACA and other stakeholders in the development of mechanisms for the collection, allocation, and use of funds mobilised through DRMS strategy implementation.
- Establish mechanisms for monitoring budgetary allocations to NASCP and SASCP as well as releases and expenditures.
- Support NACA in tracking the collection, allocation, and use of funds mobilised through DRMS Strategy implementation.

### SACAs

- Lead the adaptation and implementation of the DRMS Strategy at the state level.
- Build the capacity of state and LGA staff to implement the DRMS Strategy.
- Lead the establishment of DRM units or identify DRMS Strategy focal persons at SACA and the DRM TWG for HIV.

- Use the DRMS Strategy to help promote the inflow of funds and resources from individuals and public and private sources.
- Ensure the efficient allocation and use of resources mobilised through DRMS Strategy implementation and work with NACA to establish accountability mechanisms at the state and LGA level.

## State Ministries of Health (SASCP) and Line Ministries

- Support SACA to conduct advocacy to stakeholders at the state level relevant to the implementation of the DRMS Strategy
- Support the state in the implementation of the DRMS Strategy in a coordinated manner.
- Collaborate with SACA to build the capacity of SASCP and LGA staff for the implementation of the DRMS Strategy.
- Work with SACA to ensure the efficient use of the funds mobilised through DRMS Strategy implementation and establish a feedback and accountability mechanism for SMOH allocated funds through SASCP.

## Key CSO Networks

- Support the implementation of the DRMS Strategy at the national and state level.
- Support budget tracking as well as tracking of the allocation and use of funds mobilised through DRMS Strategy implementation.
- Implement tasks of the DRMS Strategy relevant to CSOs, including budget advocacy and monitoring.
- Contribute to quarterly reports on the progress of DRMS Strategy implementation, to include the amount mobilised, sources, allocation, and expenditures.
- Establish internal transparency and accountability mechanisms to guide key CSO networks and constituent CSOs in the use of grants and funds received.

## Ministries of Finance, Budget, and Planning

- Support improved budgetary allocations and releases for the HIV programme.
- Collaborate with NACA to articulate how to eliminate bottlenecks associated with delayed fund releases for the HIV programme at the national and state level.

## Implementing Partners

- Provide technical support to NACA, SACA, and the DRM TWG for the implementation of the DRMS Strategy.
- Support NACA to monitor the performance of implementation of the strategy and medium-term implementation plan.

## National and State DRM TWG

- Support NACA and SACAs to conduct a midterm review of the DRMS Strategy by 2023.
- Support NACA and SACAs to monitor the implementation of the DRMS Strategy at national and state levels.

## Donors

- Incentivize states to make increased financial contributions to HIV programmes through recognition and awards and increased technical assistance to consolidate their ongoing sustainability efforts.
- Support the removal of user fees for HIV services in Nigeria through the implementation of memorandum of understanding agreements with state governments on co-financing of the HIV programme.
- Provide technical support to state and Federal governments to strengthen existing efficiency and effectiveness strategies and mechanisms and the institutional capacity at Federal and State levels for better ownership and coordination of the country's HIV response.
- Support CSOs to strengthen community-led monitoring to increase accountability in the HIV response.

## 6. Suggested Next Steps

As part of the efforts to ensure the successful implementation of this DRMS, Strategy NACA will require support from states, partners, and donors to do the following:

Conduct a baseline assessment to:

- Establish the status of some of the proposed DRM strategies or its key components across all 36 states and the Federal Capital Territory. Examples include the status of SHIS and BHCPF implementation across the states, and the status of implementation of the proposed 0.5–1 percent state budget allocation to HIV.
- Review the effectiveness and success of current sustainability efforts for Nigeria's HIV programme.
- Understand the fiscal space available for increasing domestic funding for HIV in the states.
- During review of the National Health Act, advocate to the National Assembly, Federal policymakers, and key Federal government influencers to provide HIV prevention and treatment to beneficiaries of BHCPF.
- Conduct a risk assessment to understand the bottlenecks that can affect the implementation of the proposed DRM strategies and how to manage the risks.
- Develop an investment case for the manufacture of ARVs and test kits in-country by pharmaceutical companies operating in Nigeria.

## 7. Summary Implementation Plan for the DRMS Strategy (2021–2025)

Before commencing implementation of this DRMS Strategy, a costed DRM medium-term operational plan for 2021–2025 will be developed and will align with the tasks in this strategy. Technical and financial support to facilitate the production of the medium-term operational plan will be solicited from implementing partners and donors. Details are described in Table 5.

**Table 4. Immediate Action Points for Implementation of the DRMS Strategy**

Pillar	Action Points	Responsible Actor(s)	Timeline
1. Public sector mainstreaming	1. Identify stakeholders who can influence HIV budget allocation and releases, and the inclusion of HIV in the benefit package of SHISs and the BHCPF	NACA and SACAs	Year 1
	2. Collate the bottlenecks affecting HIV budgetary allocation and releases including the non-implementation of the 1 percent state budget allocation for HIV.	NACA, SACAs, and the DRM TWG	Year 1- 5
	3. Collaborate with the National Health Insurance Scheme and key CSOs to organize a virtual workshop for all SHISs on the national blueprint for HIV integration and support them to develop and implement state-specific roadmaps for HIV integration in line with the blueprint recommendations.	NACA	Year 1-2
	4. Develop targeted advocacy materials and an effective stakeholder engagement plan including frequency of the engagement and persons responsible for carrying out the advocacy to the various stakeholders	NACA and SACAs	Year 1-5
	5. Annually develop and implement a capacity building plan for health financing or Performance Management & Resource Mobilization Department staff of NACA, SACA, NASCP, SASCP, the Network of People Living With HIV/AIDS in Nigeria, Civil Society on HIV/AIDS in Nigeria, and other key CSOs. Topics could include orientation on the DRMS Strategy, Public financial management and budget tracking, development of advocacy toolkits, political economy analysis, etc.	NACA and SACAs with support from NASCP, SASCPs, and DRM TWGs	Year 1-5
2. Non-public sector financing sources	1. Routinely update and share list of potential private organizations and philanthropists to be engaged with the DRM TWGs and NiBUCAA and develop appropriate incentives and advocacy materials.	NACA, SACAs, and the DRM TWGs Secretariat	Year 1-3
	2. Organize biannual engagement forums for private sector actors and philanthropists identified to showcase the achievements of the HIV programme, and funding and capacity gaps; the meetings can also identify key areas of collaboration and partnership.	NACA, SACAs, and NiBUCAA (donors can be engaged to financially support the events)	Year 1-5

Pillar	Action Points	Responsible Actor(s)	Timeline
	3. Meet with NiBUCAA to organize a national launch for the HIV Trust Fund. States should be invited and encouraged to reach out to private sector organizations in their domains to be part of the HIV Trust Fund.	NACA	Year 1
	4. Engage key stakeholders responsible for the management and implementation of diaspora bonds such as the Nigerians in Diaspora Commission, the Federal Ministry of Finance to explore the feasibility of launching a diaspora bond bid for the local production of HIV commodities.	NACA	Year 1-2
3. Increasing efficiency and effectiveness of the HIV response	1. Review the current system for budget and expenditure tracking in the HIV programme at the national and state level and document gaps that need to be addressed.	NACA and SACAs	Year 1-2
	2. Request support from donors, CSOs and implementing partners to a) develop an easy-to-use electronic system for tracking HIV budget allocation, releases, and spending at the Federal and state level, b) assess the efficiency of implementation of the HIV programme, and c) design or modify existing systems to reduce inefficiencies in the HIV programme implementation at all levels.	NACA and SACAs	Year 1-3
4. Local manufacture of ARV drugs and test kits	1. Work with implementing partners and key local pharmaceutical manufacturers to develop a strong investment case to the government of Nigeria and donors for the local production of HIV commodities.	NACA and NASCP	Year 1-2
	2. Regularly engage with the key stakeholders, FMOH, Federal Ministry of Finance, the National Agency for Food and Drug Administration and Control and local manufacturers to develop a roadmap for local production of HIV commodities.	NACA	Year 1-2
5. Improvement of governance of HIV response at all levels	1. Collaborate with donors and implementing partners to establish strong systems to ensure that the DRM TWGs at state and national level remains functional.	NACA and DRM TWG	Year 1-5
	2. Organize trimester DRM TWG meetings to discuss the progress with the implementation of the DRMS Strategy and brainstorm on how to address implementation challenges identified.	NACA and SACAs	Year 1-5
	3. Hold a virtual DRMS Strategy review meeting with the SACAs and make recommendations to them on how implementation challenges can be addressed.	NACA	Year 2-5
	4. Solicit from donors and implementing partners capacity-building and technical assistance support for the staff of the Performance Management & Resource Mobilization Department in NACA and performance management and resource mobilization units or focal persons of SACAs to strengthen their capacity to drive DRMS Strategy implementation.	NACA and SACAs	Year 1-4

## 8. Monitoring and Evaluation Framework

For the successful implementation of the DRMS Strategy, an effective monitoring framework is required (see Table 6). The Resource Mobilization Division under the Performance Management & Resource Mobilization Department in NACA will be primarily responsible for coordination and monitoring of the DRMS Strategy in collaboration with the organization's Research, Monitoring and Evaluation Department. The national and state DRM TWGs will serve as an advisory body that reviews DRMS Strategy implementation progress, including amounts mobilised, the allocation criteria, and the use of the funds. A database managed by the Performance Management Division of NACA's Performance Management & Resource Mobilization Department will be developed. Data on the indicators identified in the DRMS Strategy Performance Framework will be collected biannually or as determined by NACA and the DRM TWG. The information collected will be analyzed by NACA and a summary report on effectiveness of the DRMS strategies will be developed and disseminated to all stakeholders. The framework will help to ensure transparency in the inflow and use of domestic resources and serve to track the use of mobilised funds. Stakeholders at all levels, including FMOH, SACAs, CSOs, private sector organizations, and NiBUCAA, will be tasked by NACA to collect specific data based on the DRM strategies proposed in this document. The data collected will be shared with the national and state DRM TWG. It will be compiled by NACA for analysis and dissemination to national- and state-level stakeholders for decision making.

The DRMS Strategy will be reviewed at the midterm in 2023 and evaluated in the first quarter of 2025.

Table 5. Monitoring and Evaluation Framework for the DRMS Implementation

Pillar	Strategy	Objectives	Indicators
<b>Pillar 1. Public Sector Mainstreaming</b>	Strategy #1. Increase public sector budgetary allocation and execution for the HIV response.	<ul style="list-style-type: none"> <li>• Increase the budget allocation for HIV control at the national and state level by at least 11 percent by 2025.</li> <li>• Ensure at least 85 percent execution of HIV budgets at the national and state level by 2025.</li> <li>• Introduce and improve HIV budgetary allocation at the local government area level.</li> </ul>	<ul style="list-style-type: none"> <li>• The annual HIV budget at the Federal and State level</li> <li>• Yearly increase (percentage) in the national and state HIV budget using 2020 as the baseline</li> <li>• Proportion of the approved HIV budget that was spent (yearly)</li> <li>• The annual HIV expenditure from public sources</li> <li>• Percentage increase in HIV expenditure from 2021–2025</li> </ul>
	Strategy #2. Include HIV services in the benefit package of the Basic Health Care Provision Fund.	<ul style="list-style-type: none"> <li>• Include a comprehensive package of HIV services (including testing and treatment) in the benefit package of the Basic Health Care Provision Fund by 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• Type of HIV services included in the benefit package of the Basic Health Care Provision Fund in 2020 (baseline)</li> <li>• Type of HIV services included in the benefit package of the Basic Health Care Provision Fund by the end of 2023</li> </ul>
	Strategy #3: Prepay for HIV services through inclusion in the health insurance benefit package.	<ul style="list-style-type: none"> <li>• Include a package of comprehensive HIV services in the health benefits package of 36 state health insurance schemes and the Federal Capital Territory by 2025.</li> <li>• Eliminate user fees for HIV services in at least 60 percent of states by 2025.</li> </ul>	<ul style="list-style-type: none"> <li>• Type of HIV services included in the benefit package of the SHISs of the 36 states and the Federal Capital Territory in 2020 (baseline)</li> <li>• Type of HIV services included in the benefit package of the state health insurance schemes of the 36 states and Federal Capital Territory yearly by end of 2025</li> <li>• The estimated amount of user fees paid by HIV patients in all 36 states and the Federal Capital Territory in 2020</li> <li>• Percentage reduction in the amount of user fees paid by HIV patients in states annually (from 2021–2025), using 2020 data as the baseline</li> </ul>

Pillar	Strategy	Objectives	Indicators
<b>Pillar 2. Non-Public Sector Financing Sources</b>	Strategy #4. Strengthen the private sector's participation in HIV financing.	<ul style="list-style-type: none"> <li>• Increase private for-profit sector contributions to HIV from US\$197,000 in 2018 to US\$20 million by 2025.</li> <li>• Create an enabling policy environment with incentives to encourage private sector contributions</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of funds for HIV contributed by private sector organizations annually</li> <li>• Total value of revenue generated from the HIV Trust Fund contribution annually and by 2025</li> </ul>
	Strategy #5. Strengthen philanthropic investment in the HIV programme.	<ul style="list-style-type: none"> <li>• Engage philanthropists in the HIV response by creating an enabling policy environment with incentives to encourage contributions of approximately US\$2 million annually to the HIV programme by 2022, with slight annual increases for a total of US\$10 million for the 2021–2025 period.</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of HIV expenditure covered by funds from individuals and philanthropists contribution</li> </ul>
	Strategy #6. Mobilise resources for the HIV programme through diaspora bonds.	<ul style="list-style-type: none"> <li>• Raise more than US\$48 million in five years from diaspora bonds; funds could be invested to support the local manufacture of HIV commodities such as Antiretroviral drugs and HIV test kits.</li> </ul>	<ul style="list-style-type: none"> <li>• Amount of funds raised from diaspora bonds for HIV by 2025</li> <li>• Amount of funds raised from diaspora bonds for HIV spent on local production of HIV commodities by 2025</li> </ul>
	Strategy #7. Expand private health insurance coverage for HIV services.	<ul style="list-style-type: none"> <li>• Include a comprehensive HIV service package in Private Health Insurance by 2023.</li> <li>• Provide comprehensive HIV services through major private health insurance schemes by 2023.</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of private insurers in Nigeria with HIV services included in their benefit package by 2025</li> <li>• The types of HIV services included in the benefit package of the Private Health Insurers by 2025</li> </ul>

Pillar	Strategy	Objectives	Indicators
<b>Pillar 3. Increasing Efficiency and Effectiveness of the HIV response</b>	Strategy #8. Promote financial transparency and accountability in the use of mobilised resources.	<ul style="list-style-type: none"> <li>• Increase transparency and accountability in the use of mobilised funds; at least 90 percent of the released funds are spent on the approved activities.</li> <li>• Institutionalize routine budget tracking, transparency, and accountability mechanisms at the national and state level.</li> <li>• Increase the number of people with access to testing through public funding at the community and facility level.</li> <li>• Increase number of HIV patients on Government-funded Antiretroviral therapy by 50,000 every year.</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of monitoring and evaluation systems for tracking budgetary allocation and releases</li> <li>• Proportion of HIV expenditure that aligns with the budgeted activities</li> <li>• Number of test kits provided by the government (Federal and state) annually.</li> <li>• Annual HIV spending reports submitted to National Agency for the Control of AIDS by states</li> <li>• Number of HIV patients on Antiretroviral drugs covered by government (federal and state) annually</li> <li>• Percentage increase in the number of HIV patients on Antiretroviral drugs covered by government (Federal and State) annually</li> </ul>
	Strategy #9: Promote Value for Money in the HIV response	<ul style="list-style-type: none"> <li>• Develop a Value-for-Money framework as part of the national HIV response by 2022.</li> <li>• Train and educate stakeholders on the use of the Value-for-Money framework to inform decision making.</li> <li>• Increase the proportion of Government funds for HIV counselling and testing, prevention of Mother-to-Child Transmission, and treatment.</li> <li>• Improve coordination and alignment of all HIV funding sources from the various ministries, departments, and agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• A comprehensive Value-for-Money framework approved by stakeholders and used to assess efficiency of HIV fund utilization at all levels (Federal, State, and Local Government Area) by 2023</li> <li>• Proportion of government funds used for HIV counselling and testing, elimination of Mother-to-Child Transmission and Antiretroviral drugs procurement yearly</li> <li>• Proportion of the resources mobilised via domestic resource mobilisation strategy implementation spent on Antiretrovirals, test kits or routine diagnosis such as chemistry and viral load tests</li> </ul>

Pillar	Strategy	Objectives	Indicators
<b>Pillar 4. Local manufacturing of HIV commodities, including test-kits and ARV drugs</b>	Strategy #10. Promote in-country manufacture of ARV drugs and test kits.	<ul style="list-style-type: none"> <li>• Strengthen collaboration among drug manufacturers, health policymakers, drug regulators, and financiers to fast-track manufacture of ARV drugs and test kits.</li> <li>• Facilitate dedicated funding mechanisms for HIV drug manufacturers.</li> <li>• Strengthen local capacity to meet World Health Organization specifications for local production of HIV commodities.</li> <li>• Facilitate implementation with respect to in-country production in line with the executive order on local content which encourages patronage of locally produced commodities.</li> <li>• Create an enabling environment for local production of HIV commodities.</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of an assessment report and Investment case of the current in-country capacity to produce antiretroviral drugs and test-kits</li> <li>• An investment case developed for local production of HIV commodities</li> <li>• Number of local pharmaceutical manufacturers certified by regulatory bodies and the World Health Organization to commence antiretroviral and/or test kit production by 2023</li> <li>• Quantity of Antiretroviral drugs procured by Government from local manufacturers annually (starting from 2023)</li> <li>• Proportion of the estimated Antiretroviral drugs need in the country supplied by local manufacturers annually (starting from 2023)</li> </ul>

Pillar	Strategy	Objectives	Indicators
<b>Pillar 5. Improve Governance of HIV Response at all Levels</b>	Strategy #11. Strengthen the institutional capacity of Federal and state governments to drive DRM efforts, support Resource mobilisation TWGs, and encourage multisectoral collaboration.	<ul style="list-style-type: none"> <li>• Develop strong governance and institutional arrangements that enable proper coordination for HIV resource mobilisation and ensure transparency and accountability in the use of mobilised funds.</li> <li>• Ensure a workforce at NACA, the State Agency for the Control of AIDS, the National AIDS and STI Control Programme, the States AIDS and STI Control Programme, and line ministries with the capacity to engage in evidence-based budget advocacy with key stakeholders, to efficiently manage and account for mobilised resources, and to track and report on progress of DRM activities.</li> <li>• Ensure functional multisectoral HIV Resource Mobilisation Technical Working Groups at the federal level and establish state-level HIV Resource Mobilization Technical Working Groups with representation from various sectors to monitor the implementation of the domestic resource mobilisation strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of states with a functional resource mobilisation technical working group</li> <li>• Functional resource mobilisation technical working group at the national level</li> <li>• Availability of biannual report of the domestic resource mobilisation strategy activities and results produced by the National Agency for the Control of AIDS in collaboration with state agencies for the control of AIDS, National AIDS and STI Control Programme and States AIDS and STI Control Programme</li> </ul>
	Strategy #12. Leverage CSOs to undertake resource mobilisation activities and strengthen accountability mechanisms for mobilised funds.	<ul style="list-style-type: none"> <li>• Leverage the experience of key civil society organizations and implementing partners to strengthen the capacity of HIV-focused civil society organizations to carry out resource mobilisation tasks, budget tracking, and monitoring of the use of funds.</li> <li>• Maximize the potential of civil society organizations to mobilise funds to support the organizational development of their network and increase access to HIV services for people living with HIV.</li> <li>• Strengthen the internal transparency and accountability of key civil society organizations in the management and use of mobilised resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of a capacity-building plan for civil society organizations on resource mobilisation developed and implemented by key civil society organizations</li> <li>• Inclusion of domestic resource mobilisation for HIV in the annual workplan of key civil society organization networks and key civil society organizations focused on HIV</li> <li>• Total amount of funds raised by key civil society organization networks and civil society organizations for the HIV programme</li> <li>• Amount of funds raised from domestic sources by key civil society organization networks and civil society organizations for the HIV programme</li> </ul>

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