

## VIEWPOINT

# Improved Domestic Funding Enhances the Sustainability of HIV/AIDS Response in Nigeria



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## INTRODUCTION

Following the first AIDS case reported in 1986, which heralded the HIV burden in Nigeria, a national response was initiated to address the HIV scourge. Although the HIV/AIDS epidemic grew in the early years, the past decade has witnessed a stabilized epidemic.<sup>1</sup> As a result of the well-coordinated multisectoral response approach, the prevalence rate (from sentinel surveillance) declined from 5.8% in 2001 to 4.1% in 2010.<sup>2</sup> Financing, an integral element of the response has been critical to the significant gains experienced to date. As of 2012, the total HIV/AIDS expenditure from all sources was estimated at US \$577.4 million.<sup>3</sup> However, with dwindling of donor funds sustainability (the capacity to maintain program services at a level that can provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technological assistance from an external donor)<sup>4</sup> of these achievements has come under serious threat, necessitating exigent mitigating measures.

This article briefly looks at recent efforts by the federal government of Nigeria (FGN) to address the brewing risk to its HIV/AIDS response. It highlights the progress in increasing domestic HIV/AIDS funding and the paradigm shift in implementation to foster ownership and sustainability of the HIV/AIDS response.

## SKewed Funding Landscape

HIV financing in Nigeria is pluralistic but broadly categorized into domestic and external

(international) sources. In contrast to the domestic funding which includes the public and private sources, the external support has been more substantial and relatively stable.<sup>3,5</sup> A review of the national expenditure from 2009 to 2012 shows that the public funding varied between 17.7% to 25.2%, whereas the international funding varied between 74.7% and 82%.<sup>3,5</sup> Private funding sources within this period ranged from 0.5% to 1.6%. In absolute figures, HIV spending by public sources ranged from about US \$97.8 million in 2009 to about US \$123.0 million in 2012.<sup>3,5</sup> HIV expenditure by international sources steadily increased to US \$445.2 million in 2012 from US \$317.2 million in 2009.<sup>3,5</sup> Evidently, HIV financing in Nigeria is heavily donor dependent.

External funding remains critical to many HIV programs in low- and medium-income countries. In 2012, about 51 countries including Nigeria depended on international sources for >75% of their HIV-related expenditure.<sup>6</sup> Sources of external funding in Nigeria include bilateral contributions, multilateral agencies, and international nonprofit and for-profit organizations, with the bilateral donation accounting for the largest contribution.<sup>2,4</sup> The 2 major donors are the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Other notable donors include the Department for International Development, the World Bank Multi-country AIDS loans, the Bill & Melinda Gates Foundation, the Canadian Agency for International Development, and the United Nations Agencies.<sup>7</sup>

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However, the recent global economic meltdown has continued to affect external support, resulting in dwindling of donor funds for HIV/AIDS.<sup>8,9</sup> Evidence from Nigeria reveals that although funding from external sources is increasing, the rate of increase is on the decline. Analysis of the external sources from 2009 to 2012 shows a steady decline in the percentage increase from about 17% to 8.2%.<sup>10</sup> PEPFAR Nigeria's total annual budget has gradually been dipping since 2012.<sup>11</sup>

The increasing systematic redesign of donor supported programs is arguably further suggestive of dwindling donor funding. For example, PEPFAR has had a major implementation shift in its support for HIV prevention, treatment, care, and support programs in Nigeria. In the country operative plan for 2014, an active scale-up was limited to only 8 states, while the remaining states were categorized as maintenance states without active demand creation outreach and community-based activities.<sup>12</sup> Additionally, support for certain laboratory investigations such as complete blood count, chemistry, chest x-ray, hepatitis B surface antigen testing, and urinalysis were withdrawn.

Given the degree of reliance on external funding, this downward trend in support portends crisis for the national response and has brought to the fore the imperativeness of increasing domestic funding toward sustainability of the HIV/AIDS response.

## RENASCENT DOMESTIC FUNDING

The pledge by many countries in the United Nations 2011 Political Declaration on HIV and AIDS to intensify efforts to eliminate HIV has led to increased political commitment toward country ownership, efficiency, and sustainable financing.<sup>13</sup> Among the resolutions was the commitment to close the global resource gap by scaling up new, voluntary, and additional innovative financing mechanisms.<sup>14</sup> Consequently, a growing number of countries are exploring innovative funding channels for their HIV programs.<sup>13,15</sup>

It was estimated that 50% of domestic funding of HIV services (in addition to the external sources) is required to achieve universal access to HIV prevention, treatment, care, and support in Nigeria by 2015.<sup>16</sup> As noted earlier, the total share of government contributions to HIV/AIDS expenditure has been <30%. Recognizing the huge existing gap in domestic support and service provision, and to demonstrate his political commitment, the former president of Nigeria, Dr. Goodluck Jonathan in 2013

requested the development of a 2-year action plan that would bridge the gap and accelerate key service implementation toward the achievement of universal access by 2015.

The President's Comprehensive Response Plan (PCRP) is a 2-year plan in the first phase of the longer-term sustainability strategy of the FGN.<sup>16</sup> The PCRP was designed with the objective of addressing financial, health-system, and coordination challenges to the HIV/AIDS response. A matching grant model with the federal and state governments providing resources to the pool in a 50/50 ratio was proposed for the investment. If fully implemented, the proportion of domestic funds investment in HIV/AIDS response will increase to 60%. Overall, the plan aims at ensuring Nigeria takes a greater ownership for a sustainable HIV/AIDS response.

Federal government funding of the PCRP for 2014 and 2015 was provided through the Subsidy Re-investment and Empowerment Programme (SURE-P) under the social safety net programs. SURE-P is driven by the resources that accrued to the government as savings from the partial removal of fuel subsidy and the goal is to accelerate economic transformation through investments in critical infrastructural projects and provision of social safety net program that targets the poor and vulnerable.<sup>17</sup>

In summary, the FGN, from savings through policy reform, gained and allocated additional funding for its domestic support of the HIV/AIDS response. Savings from processes or program reforms have been used in countries like South Africa and Swaziland to scale-up HIV coverage.<sup>13</sup>

## PARADIGM SHIFT IN IMPLEMENTATION APPROACH

With the available SURE-P fund for the PCRP, the FGN has adopted implementation strategies that will promote greater responsibility and ownership of the HIV/AIDS response. Firstly, the government opted to investing directly in HIV treatment, care, and support services. Hitherto, the country did not have such services designed, implemented, and solely funded by the government. Government's expenditure has largely been on human resource, program management, administration,<sup>3,5</sup> and procurement of drugs and commodities to support other donor-funded HIV programs. Country ownership is a key step to sustainability.<sup>18</sup>

Secondly, the adopted implementation approach involves the use of State Ministry of Health

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