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Success Stories



TWO NIGERIAN STATES SEE INCREASED BUDGET ALLOCATIONS FOR HIV AND AIDS PROGRAMS

In Nigeria an estimated 3.5 million people are living with HIV, but only half of them receive care and treatment. Donor funding accounts for more than 70% of the country’s HIV/AIDS response, but more resources are needed to sustain and expand this care. To remedy the coverage gap, Nigeria will need to mobilize more of its own resources.

With support from USAID/Nigeria, HFG, and the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project, four of Nigeria’s State Agencies for the Control of AIDS (SACA) have developed domestic resource mobilization strategies for the HIV/AIDS response. These strategies are designed to stimulate government financing for HIV/AIDS programs in the state, and outline potential new funding sources, including those from the private sector.

Rivers, Cross River, Lagos, and Akwa Ibom states are at different stages of implementing strategies aimed at stimulating both public and private spending for HIV and AIDS. The strategies include ways to effectively govern the allocation and use of funds.

Despite wider economic challenges, including the impact of low oil prices, Cross River state has seen a 300 percent (additional \$1million) increase in budgetary allocation for HIV/AIDS programs by the state government, with a sustained 24 percent (additional \$400,000) increase in 2016. HFG’s collaboration with SACA also led to increased budgetary allocations for 2016 in Lagos state, with a 38 percent increase (\$92,000) from the 2015 budgetary allocation for HIV/AIDS.

HIV/AIDS Budgets In Nigerian States Where HFG Is Working

State	2014 HIV/AIDS Funds Budgeted (Nigerian Naira)	2014 HIV/AIDS Funds Released (Nigerian Naira)	2015 HIV/AIDS Funds Budgeted (Nigerian Naira)	Percentage Increase in HIV/AIDS Budgets (2014 to 2015)
Cross Rivers	58m (US\$292,559)	5.5m (US\$ 27,743)	184m (US\$928,121)	317.2 % increase
Rivers	60m (US\$ 302,648)	Nil	200m (US\$ 1.008m)	333.3 % increase
Akwa Ibom	500m (US\$ 2.522m)	Nil	500m (US\$ 2.522m)	Stable high budget
Kwara	55m (US\$ 277,427)	49.62m (US\$250,290)	320m (US\$ 1.614m)	581.8 % increase

1US\$ = 198.250 Naira (Oanda exchange rate, June 11, 2015)

Analysis and Evidence to Defend Budget Requests

In partnership with state institutions, HFG is supporting the implementation of specific parts of each strategy. The project is conducting financial analyses including a fiscal space analysis for the HIV and AIDS response, an HIV/AIDS and health sector budget tracking analysis, and a public financial management (PFM) process review. An initial rapid assessment found limited quantitative information and PFM issues – budgets were not well-defended and funding was not being released.



A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. The HFG project is a five-year (2012-2017), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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In Lagos state, the project provided data to support the quantification of gap costs, and worked with the SACA to strengthen the budget defense process by highlighting the impact of HIV/AIDS programs on population health, and the danger of failing to finance them given donor unpredictability. In Cross River state, HFG and partners supported the defense of the 2016 budget proposal for HIV/AIDS funding.

Along with its partners, HFG has effectively engaged with the finance, and economic planning ministries, as well as governing bodies, such as state government houses of assembly committees on health. This multi-dimensional approach to domestic resource mobilization, addressing several bottlenecks simultaneously—a first at the state level—has built support for increased state funding for HIV and AIDS.

