



SuNMaP 2's approach to domestic resource mobilisation

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SuNMaP 2

SUPPORT TO THE NATIONAL
MALARIA PROGRAMME



Partners



National partners



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Summary

In 2020, Nigeria still accounted for 27 percent of global malaria cases and 23 percent of global malaria deaths.^[1] While several factors have contributed to this situation, two in particular are of particular concern: inadequate domestic financing of malaria interventions in the country, and insufficient health budgets to date — despite almost twenty years since the Abuja declaration recommended a 15 percent allocation of the annual budget to healthcare. To improve domestic financing in the country, Malaria consortium's Support to the National Malaria Programme in Nigeria 2 (SuNMaP 2) programme developed a domestic resource mobilisation (DRM) approach that sought to utilise all available resources and data towards improving the funding of the malaria programme at the national and state levels. We observed that systematic links between previous DRM policies, plans and budgets were absent, and that the factors influencing these systemic weaknesses were affecting DRM efforts. We identified the following factors:

- Weakness in advocacy and engagement of critical stakeholders within the malaria landscape
- The absence of a strong system of accountability within the malaria programme
- Capacity gaps within the malaria programme to deliver its mandate
- The absence of effective coordination amongst all stakeholders and partners in the malaria funding landscape
- Inadequate stewardship capacity within the National Malaria Elimination Programme (NMEP)/State Malaria Elimination Programme (SMEP) and institutional arrangement, which limited the ability to explore multiple sources of funding
- Low political profile of malaria including weak engagement with legislatures
- Inadequate capacity to use evidence to improve targeting and skills development for quick problem solving at all levels

The SuNMaP 2 DRM approach of advocacy, capacity development and financial management focused on addressing the identified areas of weakness highlighted within the NMEP/SMEP.

By late 2020, SuNMaP 2's adapted DRM approach had resulted in an improvement in budgetary allocation in two of the programme states. This included increases in budgetary allocation and release for malaria programming in Katsina and Lagos — a significant improvement compared to previous years.

However, with the SuNMaP 2 programme coming to an end — and with the global recession as a result of the pandemic — a crucial question now lies before us: How do we mobilise enough resources for malaria, especially from domestic sources, to build year-on-year on the following gains that were made between 2019 and 2021?

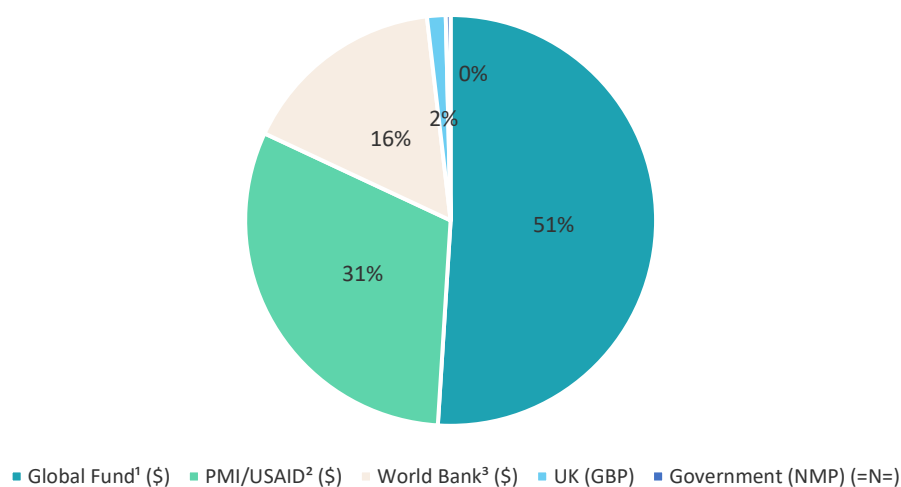
- Ensuring the effective implementation and strengthening of coordination platforms
- Strengthening the budgeting process
- Strengthening performance monitoring
- Further clarifying role ambiguities within the DRM approach
- Strengthening stakeholder participation.

Introduction

This technical brief outlines how the SuNMaP 2 programme strengthened efforts to mobilise sustainable domestic resources for malaria interventions in Nigeria by adapting the DRM approach.

Malaria remains a major public health issue in Nigeria, with the country accounting for 27 percent of global malaria cases and 23 percent of global malaria deaths.^[1] Estimates place the cost of the malaria burden in Nigeria at about 480 billion naira (N) annually due to productivity and economic losses, and opportunity costs.^[1] The level of domestic funding to date has been insufficient to address the malaria burden — this can partly be attributed to the country’s poor economic performance, according to the World Malaria Report 2020. The 2017 Nigeria National Health Account report notes that approximately N1.7 trillion was spent on malaria care and treatment, equivalent to 40 percent of current health expenditure. Of this total, households contributed 88 percent, government contributed eight percent (approximately 3 percent from the federal government, four percent from the state government and one percent from local government), donors contributed four percent and corporations contributed 0.1 percent.^[2] It is, however recommended that government increase its commitment to providing adequate funding for its health programmes, including malaria. With a better understanding of the interlinkages in the process of mobilising domestic resources for malaria, we believe that funding challenges can be surmounted (Figure 1).

Figure I: Malaria spending in Nigeria, 2019



(Source World Malaria Report 2020)

To support the strategies needed to address gaps in domestic funding for malaria interventions in Nigeria, SuNMaP 2 developed and adapted approaches that took into account relevant programme goals and intervention areas.

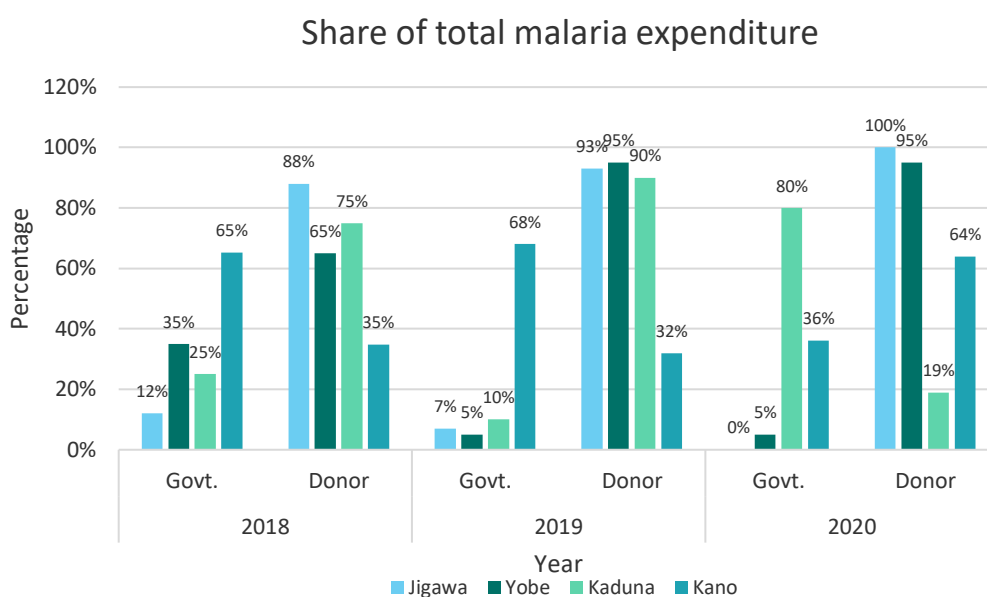
¹ Jimoh A, Sofola O, Petu A, Okorosobo T. Quantifying the economic burden of malaria in Nigeria using the willingness to pay approach. *Cost Effectiveness and Resource Allocation*, 2007; 5(6): <https://doi.org/10.1186/1478-7547-5-6>.

² Federal Ministry of Health. National health accounts 2017: Technical report. Abuja: FMOH; 2019.

The challenge

Significant progress has been made in reducing malaria parasite prevalence in Nigeria, from 42 percent in 2010 to 23 percent in 2018.^[3] However, this has primarily been achieved by relying on external funding, which is not sustainable. Domestic financing for malaria programmes in Nigeria has also been on the decline since it peaked in 2011.^[4] Domestic sources include government (both from its revenue and loans), as well as the private and philanthropy sectors. Figure 2 provides an overview of total expenditure on malaria (showing a high level of donor funding) in selected programme locations over three years.^[5]

Figure 2: Malaria spending in Nigeria, 2019



The combination of low domestic financing and over-dependence on external funding presents a threat to malaria programming and its impact — especially given that donor fatigue has begun to set in in the face of economic challenges donor countries are currently experiencing.

Various strategic plans have been developed over the years in an effort to improve domestic funding for malaria interventions in Nigeria; however, a number of major systemic weaknesses remain. These include weaknesses relating to how the health system was established — with public health responsibilities shared across the three tiers of government (local, state and federal) — which hamper the malaria programme’s domestic mobilisation efforts. This has resulted in limited or inadequate resource allocation with minimal impact, as well as cases of duplicated interventions resulting in a wastage of funds. Indeed, it can be argued that ensuring that there is effective intra- and intergovernmental interaction in mobilising domestic resources for malaria is central to overall good governance and effective stewardship in malaria programming in Nigeria, given its federal system.

³ Federal Ministry of Health. Malaria programme review 2019. Abuja: FMOH; 2019.

⁴ Roll Back Malaria Partnership. Action and investment to defeat malaria 2016–2030: For a malaria-free world. WHO on behalf of RBM Partnership: Geneva; 2015.

⁵ Expenditure tracking reports.

A capacity assessment conducted on the national malaria programme identified weaknesses that have hindered efforts towards mobilisation of domestic funds for malaria interventions in Nigeria. Challenges evident from the political economic analysis (PEA) study include:

- **Inadequate advocacy and engagement of critical stakeholders within the malaria landscape:** Engagement of key stakeholders is essential to gain buy-in, as is collaboration to advocate for additional domestic funds for the malaria programme.
- **Low citizen voice and the absence of a strong system of accountability within the malaria programme:** The ability to mobilise additional funds has been hindered by a lack of accountability and responsiveness on previous fund allocations, as a result of the low citizen engagement in the process.
- **Capacity gap within the malaria programme to deliver its mandate:** Advocacy is a key capacity area required for effective engagement in DRM. It is essential for the national malaria programme unit to lead DRM processes.
- **The absence of effective coordination amongst stakeholder and partners in the malaria funding landscape:** The inability to leverage and unify plans among stakeholders has, over time, resulted in ineffective management of funds earmarked for malaria interventions in the country. Weak coordination efforts to engage in previous DRM policies, plans and budgets were observed.
- **Weak stewardship capacity in NMEP/SMEP and institutional arrangement, which limits the ability to explore multiple sources of funding:** This refers to the capacity gap that is attributed to the organisational structure of the NMEP/SMEP being a non-self-accounting unit within respective ministries, which limits its independence and ability to engage with other funding sources.
- **Low political profile of malaria, including weak engagement with legislatures:** In spite of the malaria's negative impact in Nigeria, it has a low profile within the political space. This has resulted in a complacent attitude towards improving domestic funding that has persisted over time, exacerbated by weak engagement between the malaria programme and the legislatures.
- **Weak capacity to use evidence for better targeting and skills development for quick problem solving at all levels:** The changing malaria landscape requires an adaptive approach to elimination. A capacity gap in using evidence to make decisions has limited programme performance, including resource mobilisation.



Response

Over the course of the SuNMaP 2 programme, we developed and applied strategies to address the challenges described above. At the core of our strategy development was an emphasis on adaptability and simplicity, which ensured that stakeholders could easily and progressively modify their systems and ways of working. The approaches developed by the programme centred on the following pillars:

1. Advocacy

The SuNMaP 2 programme adopted a two-pronged approach to advocacy. First, at inception, there was high level of advocacy targeting stakeholders to raise the profile of malaria within and outside the country. Second, a system of ongoing technical advocacy was deployed throughout the programme, with the aim of encouraging stakeholder buy-in and input for all programme interventions and their implementation across various locations.

2. Domestic resource mobilisation roadmap

We developed roadmap/plan for the DRM approach, in consultation with national and state programme officers. This informed the development of a strategic plan that highlighted areas, interventions and processes to be followed in mobilising domestic resources. This was an action point that arose from engaging with the relevant stakeholder during the inception phases during initial discussions on the status of DRM efforts for malaria interventions in Nigeria.

3. Assessment of the malaria landscape

Following development of the roadmap, we outlined activities focused on understanding the malaria space, to inform targeted DRM strategies. A fiscal space assessment was conducted to understand the opportunities for budget reviews and increases in malaria allocation. Also, a PEA study was conducted to better understand the characteristics of critical stakeholders, as they influence domestic allocation efforts within the health and government sectors. This highlighted the challenges of inadequate domestic financing support for malaria and the over-dependency on donor funding.

4. Developing systems for better planning and approaches for NMEP/SMEP

4.1 Understanding malaria expenditure

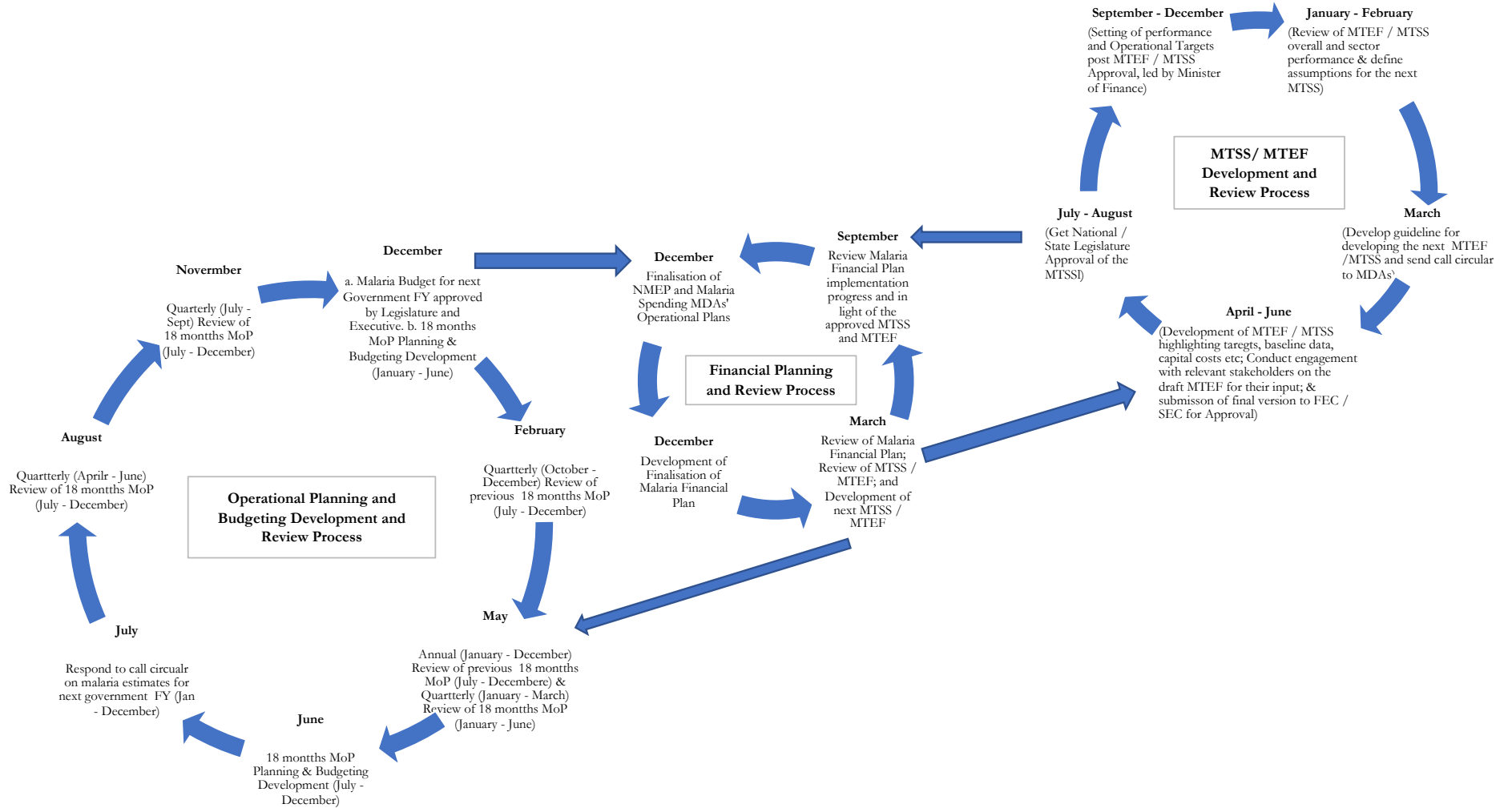
It was important for the programme to strengthen the system's ability to report on fund utilisation and on the funding gap, which would form basis of advocacy discussion with stakeholders. There were three key areas of focus relating to malaria spending:

- **Within the malaria programme:** This looked solely at the expenditure that the malaria programme incurred and its ability to report accordingly. An appraisal of the system was conducted, the results of which were used to initiate capacity development activities for which tools and manuals were developed. Also, continuous technical support, including training, was provided to officers to implement these processes.
- **Within the government, but outside of the malaria programme:** The programme initiated a system to develop a financial plan and report on financial performance. Financial planning presents an opportunity for the malaria programme to capture malaria funding across all government sources outside the malaria programme. The performance report process allows the programme to report on the amount spent across all government funding sources.
- **Outside the government:** To capture this data, an expenditure tracking core team and a steering committee were inaugurated at all programme locations. The committee was composed of all stakeholders — particularly donors supporting malaria interventions — who met quarterly to report on malaria spending. Lastly, the programme engaged with the national health accounts team on the alignment and inclusion of malaria expenditure-specific indicators in the national health accounts data collection and reporting exercise.

4.2 Developing a rolling (operational and mid-term) plan and harmonising all planning and budgeting processes

Effective planning plays an important role in the ability of any governmental programme to make a case for improved funding. The federal and state governments run planning cycles that conclude with the signing off of annual budgets. To make a case for improved funding, the malaria programme needs to have its operational plans and funding needs readily available during the medium-term expenditure framework (MTEF) and yearly budget submission. This strategy will ensure that, at all times, the malaria programme has, at the barest minimum, a 12month operational plan highlighting its needs for submission to the government.

Figure 3: Malaria operational planning, financial planning and medium-term expenditure framework process



4.3 Quality assuring data and reporting on malaria expenditure to improve using evidence for targeting

Recognising the importance of an expenditure data report, the programme implemented a validation process whereby a meeting involving all stakeholders was held. This presented an opportunity to review the report for validation. Upon receipt of approval, the report was sent to the relevant heads of the ministry, e.g. commissioners of health, for their signature before dissemination.

5. Exploring available funding opportunities

This approach relied on three core actions: First, the programme aligned the annual and medium-term planning processes with the government budgetary cycle to increase opportunities for improved government allocation. Second, it engaged with innovative health financing mechanisms, e.g. the Basic Health Care Provision Fund, the National Health Insurance Scheme and members of relevant arms of government. Finally, it engaged private sector to better understand its funding and to identify opportunities to improve private-sector participation in malaria programming, with the goal of improving fiscal space for additional funds for the Nigerian government.

6. Efficient utilisation of available funds

The Nigerian system has been plagued with socioeconomic challenges that have limited governments' ability to raise revenue. Bearing this in mind, the programme adapted the DRM approach to focus on:

- Reviewing stratification of malaria across the country to target interventions efficiently with limited funds
- Revising the NMEP coordination framework document, ensuring a unified focus among all malaria spending stakeholders
- Integrating a value-for-money system within the malaria programme to justify every naira spent, thus ensuring efficiencies and reduced wastage within the programme
- Set-up and training of state-led accountability mechanisms that engage citizens to demand accountability from government on funds spent within the malaria programme.

6.1 Focus of the domestic resource mobilisation approach

The DRM approach currently focuses on getting more funds from government, based on:

- Rolling (operational and mid-term) planning linked to government timeline and budget
- Expanding the scope of the plan to cover all ministries, departments and agencies and private and philanthropy sector spending on malaria
- planning development and review linked to legislative review and budget approval
- Technical evidence-based advocacy linked to the executive for inclusion of budget for malaria in the final government submission to the legislature and release of approved funds, and to legislature for budget defence and approval
- High-level support to resolve implementation and capacity issues in the NMEP/SMEP and exploration of new funding for malaria
- Tracking and providing feedback on the amount, types, effectiveness and efficiencies in malaria funding.

Results

It is important to note that the SuNMaP 2 programme, which was planned to be a five-year programme (2019–2024), had to close in 2021 due to realignment of priorities by the Foreign, Commonwealth & Development Office. Thus, the results presented are output related rather than impact related. Hence, an evaluation of the effectiveness of the interventions may be done at a later stage. Substantive progress was made in addressing some of the weaknesses, especially at the state level as highlighted below:

Lagos State: As at 31st December, 2020, the budgetary release for the Lagos State Malaria Elimination programme was in the excess of N330 million. This was a significant improvement from the N10 million that was released for the malaria programme in 2019. The improvement recorded was as a result of multi-level advocacy and engagement with critical stakeholders within Lagos state, which included a meeting with the Lagos State Governor, M Babajide Sanwolu, late in 2019 to buttress the needs for increasing commitment to the malaria programme. The advocacy meeting with the governor was effective not only in informing key stakeholders (including the government) of the challenges and burden of malaria, but also on the resultant impact of reducing mortality and improving productivity in the state via increased commitment and funding to malaria programmes. This resulted in an almost immediate review of the annual budget to increase allocation for malaria programmes.

Katsina state: Following the closure of the World Bank-supported malaria project several years ago, allocation to the malaria programme has been limited to N2 million, which was further reduced to N1.4 million owing to reprioritisation in light of the impact of COVID-19 on the global economy. However, in 2021, after a series of engagement and continuous technical advocacy with critical stakeholders — especially members of the House of the Assembly during the operation planning development process — the allocation was increased to N240 million in 2021.

Beyond these results, the main gains were wider engagement with, and participation of, major stakeholders in the DRM processes.

Sustainability

Domestic resource mobilisation, although not a new term within the Nigerian health system, has achieved less than the desired impact in previous years. This can be seen in the low allocation of budget to the health sector, which has barely approached five percent in the last eight years. Both state and federal level engagement are vital in the mobilisation of domestic resources for malaria programmes, and in promoting the long-term sustainability of this approach adopted by SuNMaP 2. The presence of federal and state representatives at every workshop was invaluable in advocating for ownership of DRM efforts at the national and state level.

To ensure the sustainability of the SuNMaP 2 programme's adapted approach, an expenditure tracking core team was sent out across all locations to ensure continuous collection of data that would be the basis for advocacy. Further, the coordination framework was revised to improve synergy amongst all stakeholders in the malaria funding landscape, and a sustainability committee was set up to ensure that the issue of malaria programme remains at the forefront of policy discussions. Finally, focal persons were identified for each thematic area within the malaria programme and a sustainability committee was established, comprising critical stakeholders to ensure that SuNMaP 2's interventions are sustained beyond the life of the programme.

Another key sustainability strategy is the continuous engagement of partners and donors operating at the national/states level to support individual components of the DRM approach. This would increase the political profile of malaria and amplify the voice of citizen in policy formulation.

Recommendations

Building on the successes documented during the short implementation period and engagement on DRM, the following are key approaches to take into consideration to encourage sustained efforts on DRM:

- Ensuring the effective implementation and strengthening of coordination platforms
- Continuous adaptation of strategies and capacity-development interventions to strengthen budgeting systems and processes
- Strengthening systems and processes for improved performance monitoring
- Further clarifying role ambiguities within the DRM approach.
- Encouraging continuous stakeholder engagement and participation.



Lessons learnt

1. Efforts towards improving DRM work best when accompanied with interventions to strengthen the capacity of the system to implement such strategies on a sustainable basis.
2. Timely and reliable data are critical in advocating for additional funds, and the need for this has been heightened in a post-COVID-19 era, where government revenue has declined.
3. Collaboration amongst stakeholders is crucial to ensure that available funds are efficiently managed to demonstrate value for money and achieve programme objectives.
4. Citizen engagement at the community level is key in demanding accountability and commitment from government on funding for critical sectors, especially the health sector.
5. Advocacy and continuous engagement with stakeholders, especially those in government, help to build trust and raise the profile of a health programme, ultimately increasing the possibility of improved domestic funding for that programme. This was one of the major factors that influenced the success recorded in Lagos and Katsina.

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