

- **Financing and sustainability of tuberculosis control in Nigeria**

Nigeria, with a population of 120 million, has an estimated annual incidence of Tuberculosis cases of 200 000. This requires substantial funding (about US\$ million) to effectively treat TB patients in the country annually.

However, in recent times the national budgetary allocation to health has remained fairly constant at an average of 2.0%–2.5% of the national budget. This level is far below the WHO recommended minimum allocation to health.

Against this background, we are requiring more resources for the control of TB to enable us address the TB problem in the country nationwide.

Presently, about ten percent of TB patients are diagnosed and treated with support from International Donor Agencies. These Donor Agencies in-addition to supporting capacity building also provide anti-TB drugs and laboratory reagents, to 19 states of the country.

Government on its own is planning in the course of the year, to make provision to treat another twenty percent of cases from the available resources for health expenditure in the country.

Special input will thus be needed in order to make provision to treat the remaining 60%–70% of TB cases, as well as other aspects of control activities such as training and supervision.

One of the options we shall consider is cost-sharing among the three tiers of Government; a cost sharing formula shall be worked out. Continued advocacy will ensure that the three tiers meet their obligations.

Cost-sharing could also be considered between Government and partners who are willing to invest in this sector. Government shall set aside some resources as counterpart funds for activities supported by partners.

The public sector remains the predominant financier of the health care in Nigeria. User charges have been introduced in most health facilities as a cost recovery measure. However, the policy is to give TB treatment free of charge to patients. Nevertheless, in order to make TB control sustainable in the country, cost sharing by patients may also be considered. This could be such that the patient pays for the diagnosis while treatment is given at no cost to the patient.

The National Health Insurance Scheme (NHIS), soon to come on board in Nigeria, may be another way of mobilizing funds for the treatment of TB patients. The details of the scheme are still being looked into.

The TB control programme could also ride on the back of the National AIDS and STD control programme, specifically to bridge deficiencies in the supply of anti-TB drugs for TB patients.

Central procurements and bulk purchasing of drugs shall be undertaken to make the provision of anti-TB drugs cheaper.

The possibility of establishing a Tuberculosis Fund within the country will be considered in order to meet full financing requirements of the TB control programme. This could be raised from public/private sectors. The detailed mechanism can be worked out but essentially members of the community would be encouraged to donate to the Fund.

Local NGOs will also be encouraged to carry out TB fund raising activities in order to complement Government efforts.

Furthermore, Government will be redefining administrative units to ensure decentralization of responsibility of supervision and reinforce local capabilities to control Tuberculosis.

Capacity building of General Health workers will be intensified in order to improve control activities coverage through integrated services at the District level in a cost-effective way. Logistics will be improved so that supervision can be strengthened.

I would like to conclude by mentioning that Government has put in place poverty alleviation programme to enhance sustainable development of the country. Improvement in socioeconomic conditions generally, no doubt, will decrease poverty and make less people vulnerable to communicable diseases. Therefore, a multi-sectoral approach will be pursued.

- **Partnerships and the expanded response to TB: the Nigerian experience**

Nigeria operates a 3-tier system of government with health on its concurrent list of responsibilities. Therefore, the Federal, the States and the Local Government Areas (LGA) have specific roles to play as stipulated in the Nigerian Health Policy document. Implementation of health activities is carried out mainly at the State and LGA levels. The Federal is responsible for formulation of policies, development of guidelines, technical and financial assistance and monitoring and evaluation.

The National Tuberculosis and Leprosy Control Programme (NTBLCP) was launched in Nigeria in 1991. The core activities in Nigeria for Tuberculosis Control include passive casefinding, diagnosis, treatment and health education. The programme promotes the use of Directly Observed Treatment, Short-course (DOTS) with guidelines from the World Health Organization (WHO) and the International Union Against Tuberculosis and Lung Disease (The Union). However, the implementation of the Programme is carried out in 19 of the 36 States and the Federal Capital Territory. Even then, activities such as the provision and distribution of anti-TB drugs, are carried out by NGOs namely German Leprosy Relief Association (GLRA), Netherlands Leprosy Relief (NLR), Damien Foundation Belgium (DFB), Nigerian NGO (CHAN) and recently United Kingdom Department for International Development (DFID). The remaining 17 States presently carry out rudimentary activities due to limited resources.

As a result of the military regimes in Nigeria and its subsequent decertification, the resources accruing to the Health Sector especially from our development partners dropped significantly in the past few years. This also had its toll on the NTBLCP as with many other disease control programmes. The programme is under-funded. Staff recruitment and training are limited. Monitoring of States and LGAs and NGO activities were grossly curtailed. More significantly, anti-TB drugs could not be purchased. However, Nigeria is now experiencing a new dawn. A democratic government is now in place. It is no longer business as usual, but now it is time for action.

The procurement and distribution of anti-TB drugs will be our priority this year. The States and the LGAs will be encouraged to carry out other control activities such as health education and promotion and provide facilities for the implementation of the DOTS strategy. To accelerate the pace of implementation, the capacity at the district level will be developed and the performance of the present crop of TB and Leprosy Supervisors will be enhanced.

The NTBLCP has developed joint plans of action with the National AIDS & STD Control Programme. This will be revisited and its scope expanded to include the prisons and other at risk groups/communities.

The control of TB must be multisectoral to make an impact. There must be collaboration between the private and the public sectors for example one of our key partners is pharmaceutical manufacturers group of the manufacturing association of Nigeria to ensure sustainable availability of anti-tuberculosis drugs in Nigeria.

The health Sector cannot tackle the treatment and prevention of TB alone. Therefore, we must collaborate with other sectors such as housing, education, agriculture, labour, and the community. These sectors play crucial roles in improving living standards, promoting health and preventing tuberculosis.

The task is enormous and hence Nigeria welcomes cooperation and collaboration with our partners. The NGOs working on TB control in Nigeria have been very supportive and indeed have been the force driving the programme for some years now. Our collaboration will be strengthened.

In the spirit of forging strong partnership in the health sector, the Government of Nigeria has pledged to set aside some resources as counterpart funds for activities supported by Development Partners who are willing to invest in this sector. Nigeria and indeed Africa is under a heavy disease burden from Malaria, HIV/AIDS, TB, Diarrhoeal Diseases, Acute Respiratory Diseases, Onchocerciasis, etc. and the emergence of chronic non-communicable diseases such as hypertension, Diabetes Mellitus, Cancers, etc. We need to establish partnership and strengthen existing ones to win this war against disease and poverty in our continent. However, these partnerships must be with the "Recipient" country being in the "driver seat" to ensure sustainability—a partnership of Give and Take.

In conclusion, I wish to express the gratitude of the Government of Nigeria to the NGOs referred to above for their steadfastness in collaborating with us even when others left Nigeria. This is the true spirit of partnership which we hope will evolve at the end of the meeting.

Thank you.