



Overview

CAPITAL

Uyo

POPULATION

5,482,200 (NPC projected population 2016)

LOCAL GOVERNMENT AREAS

31 LGAs

ETHNIC GROUPS

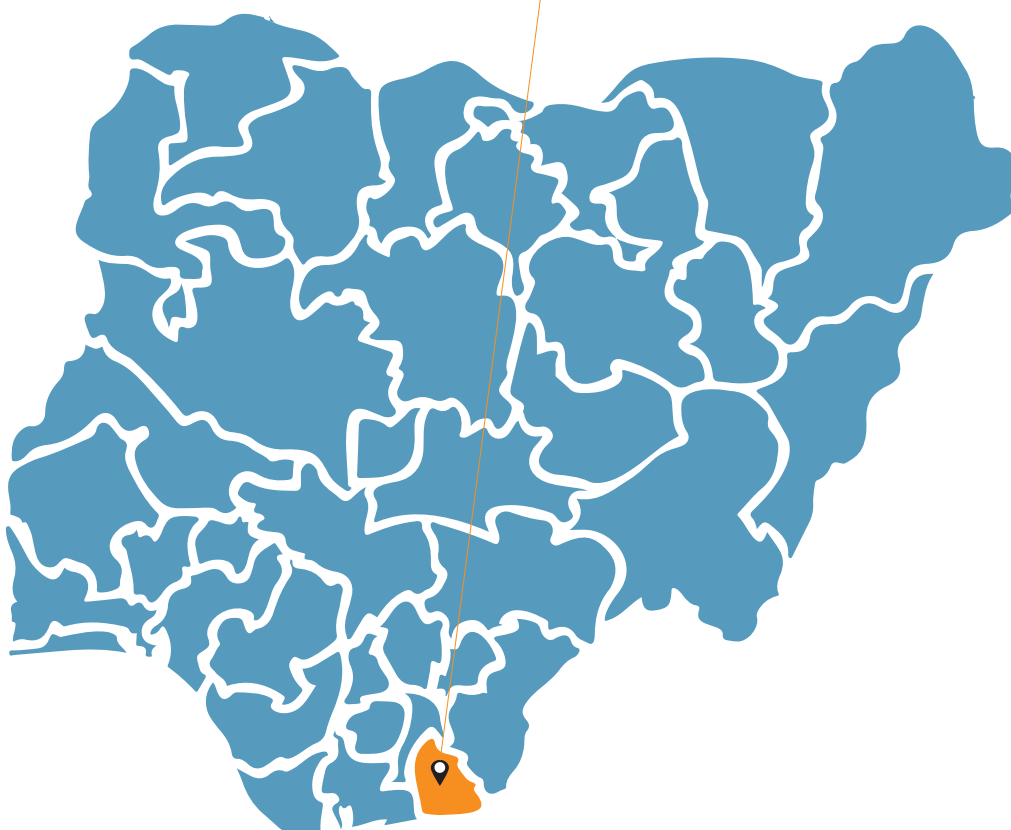
Ibibio, Annang and Oron

MAIN OCCUPATIONS

Farming, Fishing, Public Service

LANGUAGES

Ibibio, Annang, Oron, Eket, Obolo, ItuMbuzo





Akwa Ibom State Health Indices

HIV AND AIDS PREVALENCE

10.8%

(2014 National Sentinel
Survey PMTCT)

2.8%

(Akwa Ibom State Aids
Indicator Survey
(AKAIS) 2017)

TUBERCULOSIS PREVALENCE



13,000

NUMBER OF PEOPLE
AFFECTED BY TB BURDEN
IN AKWA IBOM STATE

Using the 2013 national prevalence for all forms of TB in all ages at 326 per 100,000 population and a population estimate of 3.9 million (2006 Census), TB burden is affecting more than 13,000 persons in Akwa Ibom state



Key Stakeholders

1

State Ministry
of Health



Provide policy direction for the implementation of HIV and AIDS activities in terms of Management and care of HIV and AIDS clients.

2

Akwa Ibom State Agency
for the Control of Aids
(AKSACA)



Coordination of HIV and AIDS activities in the state.

THE USAID/HFG PROJECT IN AKWA IBOM STATE

MANDATE

To mobilize local resources **to support HIV and AIDS activities in Akwa Ibom state.**

To build the capacity of **DRM Technical Working Group (TWG) members to advocate for increased budget allocation and release of funds for HIV and AIDS in Akwa Ibom state.**

To strengthen PFM **by conducting PER and FSA for improved Governance.**



USAID/HFG in Akwa Ibom State

HEALTH STRUCTURES AND SERVICES

Though the State Primary Health Care Development Agency (SPHCDA) was passed into law in 2017 and assented in 2018 by the Governor, the agency is yet to be constituted. Most of the responsibilities were still managed by the Local Government Service Commission (LGSC).

STATE HEALTH INSURANCE

SCHEME The SHIS was passed into law in 2017 and is currently awaiting the assent of the Governor.



IMPROVEMENT IN HEALTH BUDGET ALLOCATIONS

From NGN100m (\$275,482) in 2017 to NGN120m (\$330,579) in 2018.

INTERVENTION AREAS



In 2016 HFG supported Akwa Ibom State to mobilize domestic funding through Domestic Resource Mobilization for HIV and AIDS



In 2018, HFG supported the state on Domestic Resource Mobilization (DRM) for HIV and AIDS.



Approach



STAKEHOLDER MAPPING

Mapping and identification of stakeholders for partnership and collaboration



STAKEHOLDER ENGAGEMENT

Engagement of stakeholders to brief them on HFG's mission and alignment with the policy thrust of the current administration.



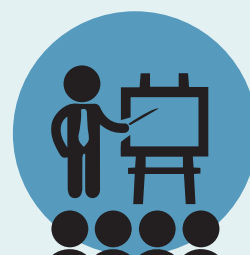
MULTI-SECTORAL COLLABORATION

Constituted and inaugurated the multi-sectoral Domestic Resource Mobilization (DRM) Technical Working Group (TWG) aimed at working together to accomplish the goal of increased budget allocation and releases of funds for HIV and AIDS intervention in Akwa Ibom state.



CORE DIAGNOSTICS

Identification of core diagnostics (PER, FSA, PFM) that will aide evidence-based advocacy tools for policy makers.



CAPACITY BUILDING

Built the capacity of DRM TWG on Health Financing to own and sustain budget tracking performance for improved good governance



Achievements

- Developed structured and targeted advocacy briefs to policy makers
- Inaugurated the Multi-sectoral DRM TWG; a platform where professionals from ministries, departments and agencies (MDAs) come to deliberate on health issues to proffer solutions and make a case for increased budget allocation and releases for HIV and AIDS.
- Conducted Public Expenditure Review (PER), Fiscal Space Analysis (FSA) and Public Financial Management (PFM) data collection.
- Sustainable DRM TWG that will continue to advocate for increased budget allocations and releases of funds for HIV and AIDS.
- High level awareness of policy makers on the need for DRM as an alternative to donor funding for the management of HIV and AIDS intervention in the state.
- Creation of a forum for the executive and legislature to have a common voice for the need to support HIV and AIDS funding through DRM.
- MDAs come together to speak on the importance of mobilizing domestic funds for HIV/AIDS intervention in Akwa Ibom state.
- Harmonious working relationship amongst MDAs and more collaborative information sharing.



INAUGURATED MULTI-SECTORAL DRM TWG

A PLATFORM TO DELIBERATE ON HEALTH
ISSUES TO PROFFER SOLUTIONS



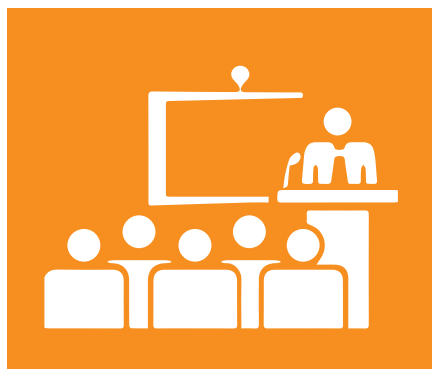
HIGH LEVEL AWARENESS ON DRM AS AN ALTERNATIVE

TO DONOR FUNDING FOR THE MANAGEMENT
OF HIV AND AIDS INTERVENTION



HARMONIOUS WORKING RELATIONSHIPS

MORE COLLABORATIVE INFORMATION SHARING AMONGST MDAs



Lessons Learnt



FOSTERED INTEGRATION

The Multi-sectorial DRM TWG became a strong political drive that regulated blockages and fostered integration and partnership in the state. Members of the Akwa Ibom DRM TWG now see the need to mobilize funds locally to support HIV/AIDS intervention.



POLITICAL COMMITMENT

Getting releases for health is a matter of political commitment since it consists of a political process that ensures the creation of an equitable health financing system.



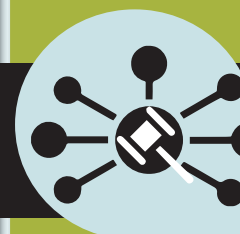
LONG-TERM PLANNING

To allow structures to mature and achieve tangible results coupled with the current focus on long-term planning and health financing and reforms, it is important that donors earmark a project life span of at least 2 years and above.



MULTI STAKEHOLDER PLATFORMS

Multi stakeholder platforms proved to be useful platforms that facilitated accountability, knowledge sharing and advocating for increased political commitment to improve health financing and reforms.



LEGISLATIVE NETWORK

The Legislative Network for UHC is a platform that can breach the gap between the legislature and the Executive.



Challenges



Inadequate funding of health sector.



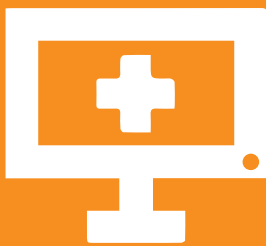
Low political will for health investment by policy makers.



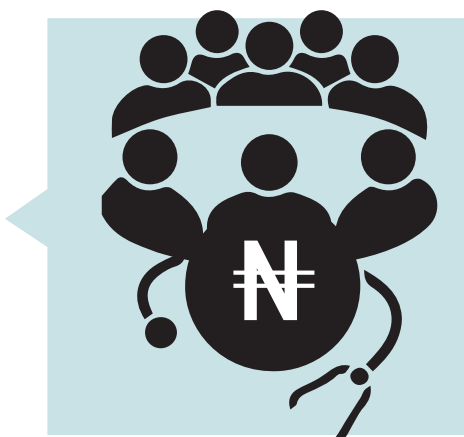
Inadequate knowledge about health policies by most health policy makers.



Basic healthcare infrastructure and equipment are in short supply in most healthcare centres.



Legacy



Ownership and sustainability of DRMTWG to continually agitate for increased budget allocations and releases for HIV and AIDS and the health sector



Recommendations

Gatekeepers should be identified and relationships built over time in order to achieve DRM.



For continuity, the DRMTWG should be domiciled in the state ministry of health. The Commissioner of Health being the Chairman and with the support of other partners and stakeholders will sustain the quest for increased budget allocation and releases for health.



Politicians need to be orientated to include health as part of their agenda in the development of their constituencies.



The electorates also should be sensitized to request for health packages from politicians.



Effective provision of health care depends largely on the supply of equipment and infrastructure.





Sustainability Initiative



DRMTWG will be sustained in Akwa Ibom state because key policy makers are the **SMOH** (Hon. Commissioner, Permanent Secretary, DPRS, Health care Financing, PM SACA and SASCP Coordinators) are members of **DRMTWG**



Follow us!

On the web at www.HFGproject.org

On Twitter at [@HFGproject](#)

On Facebook at www.facebook.com/hfgproject

The HFG project is funded by the United States Agency for International Development (USAID) under cooperative agreement No. OAA-A-12-00080. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.