Context
Nigeria has approximately 1.9 million people living with HIV (PLHIV), with 130,000 new infections recorded every year. Over 90 percent of Nigerians pay out-of-pocket for healthcare with poor households often forgoing the use of healthcare services when the need arises. These out-of-pocket payments also pose financial barriers for PLHIV, a significant proportion of whom are socioeconomically disadvantaged and have challenges affording health services. To reduce out-of-pocket spending for households, Nigeria decentralized its national health insurance scheme to the sub-national level to improve coverage of the poor and vulnerable through the implementation of the State Health Insurance Scheme (SHIS). The project’s objective was to improve health protection schemes for vulnerable PLHIV in Lagos State, with an ultimate goal of increasing enrolment of PLHIV in financial protection schemes.

Activity Impact
Working in close collaboration with PLHIV networks across 20 Local Government Areas of Lagos State, LHSS has provided information on financial protection schemes to over 5,500 PLHIV in 107 support groups, assessed the vulnerability status of 2,200 PLHIV, and supported LGAs to enroll 1,400 vulnerable PLHIV under the Basic Healthcare Provision Fund. LHSS worked closely with numerous PLHIV networks to foster cross-sectoral coordination to improve knowledge sharing and experience exchanges.

Evidence
LHSS has supported improved enrollment among PLHIV in financial protection schemes in Lagos State with the following results:

- Mapped 107 support groups across the 20 Local Government Areas in Lagos State.
- Provided registration information to 5,500 PLHIV.
- Offered registration assistance to 2,400 PLHIV.
- Assessed the vulnerability status of 2,200 PLHIV.
- Enrolled 1,400 vulnerable PLHIV.

Lessons Learned
It’s critical to strengthen the capacity of PLHIV networks to function as essential stakeholders and advocates capable of building partnerships with government agencies and other organizations to design and implement strategies to improve coverage for PLHIV. Implementing partners can actively contribute scaling up of the enrollment of poor and vulnerable PLHIV in financial protection schemes at the treatment centers to ensure equity, the achievement of 95-95-95 targets, and as part of their long-term sustainability strategies for the HIV response.

Facilitators
LHSS prioritized stakeholder outreach and proactive engagement with principal PLHIV networks, the State HIV Control Agency, the State Health Insurance Scheme, the Lagos State-led TWG, and PEPFAR-funded implementing partners. This significant and inclusive effort ultimately established a collaborative environment and a sense of joint ownership in achieving the project’s objectives. These carefully cultivated relationships facilitated the co-creation and co-implementaiton of defined strategies that linked thousands of PLHIV to social health protection schemes.

Challenges
- Lack of awareness about health insurance among PLHIV networks required layered engagement efforts on the part of LHSS. These initiatives focused on building relationships with network leaders and educating them on the benefits and enrollment requirements. Equipped with this information, network leaders were then able to cascade information about the importance of health insurance schemes and how they operate with member organizations.
- Initially, some PLHIV were unwilling to provide complete biographical information needed for enrollment due to the fear of stigma. However, the improved understanding of the registration requirements by the network leaders helped to provide reassurance and allay their members’ fears.
- While addressing these challenges required time consuming stakeholder engagement efforts which on occasion slowed the pace of implementation, it provided multiple opportunities to reach PLHIV with health insurance registration information and improve their awareness and participation in financial protection schemes.

Questions:
1. **How have systems thinking approaches and tools been incorporated in activities to improve health equity?**
   - These approaches are useful in achieving health equity goals if so, what are the pathways by which these approaches helped to address the root causes of inequity?

   **IMPROVING THE ENROLLMENT OF PERSONS LIVING WITH HIV IN FINANCIAL PROTECTION SCHEMES IN LAGOS STATE**

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