

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



HEALTH SYSTEMS  
STRENGTHENING  
ACCELERATOR

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

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## 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 financial protection schemes. The enrolment of PLHIV in State Health Insurance Schemes (SHIS) provides a valuable opportunity to providing financial protection against catastrophic costs for healthcare for PLHIV and their households.

The USAID Local Health System Sustainability Project (LHSS) identified the need to support the expansion of sustainable pro-poor health financing options to reduce health inequalities, improve access to essential health services for vulnerable populations (e.g., PLHIV, orphans and vulnerable children (OVC)) and promote the sustainable delivery of HIV services at the sub-national level.

## Activity Description

The USAID LHSS project began work to work with the Lagos State AIDS Control Agency and Lagos State Healthcare Management Agency in August 2022. As part of the project's activities, The LHSS team met with key government stakeholder agencies in Lagos including: PLHIV Networks, PEPFAR-implementing partners, and Lagos State-led technical working groups (TWG). LHSS supported participating stakeholders in identifying system levers along with opportunities in health facilities and at the community-level to support the enrolment of PLHIV into financial protection schemes.

LHSS used results from the stakeholder meetings to identify, map and formulate outreach plans for the following constituents; community- and facility-based PLHIV support groups, donor supported HIV treatment sites, community-based organizations collaborating with HIV service delivery partners, and HIV-focused civil society organizations.

The project used the mapping results to develop three outreach strategies to increase enrolment of PLHIV in financial protection schemes: 1) leverage PLHIV support groups, 2) engage PLHIV during clinic visits, and 3) mobilize community agents from the State Health Insurance Agency (SHIA) to identify and locate PLHIV within their communities.

Once identified, LHSS was able to administer its vulnerability assessment tool to gauge the financial vulnerability of PLHIV. PLHIV who met the vulnerability criteria based on their assessment scores were deemed eligible to receive premium exemptions from the social health 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.

LHSS's engagement with PLHIV networks has resulted not only in increased financial protection for vulnerable PLHIV, but has also elevated their role and participation in the health system. The combination of these significant improvements has increased collaboration among constituent organizations and fostered local ownership by LGAs and the PLHIV networks.

## 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.

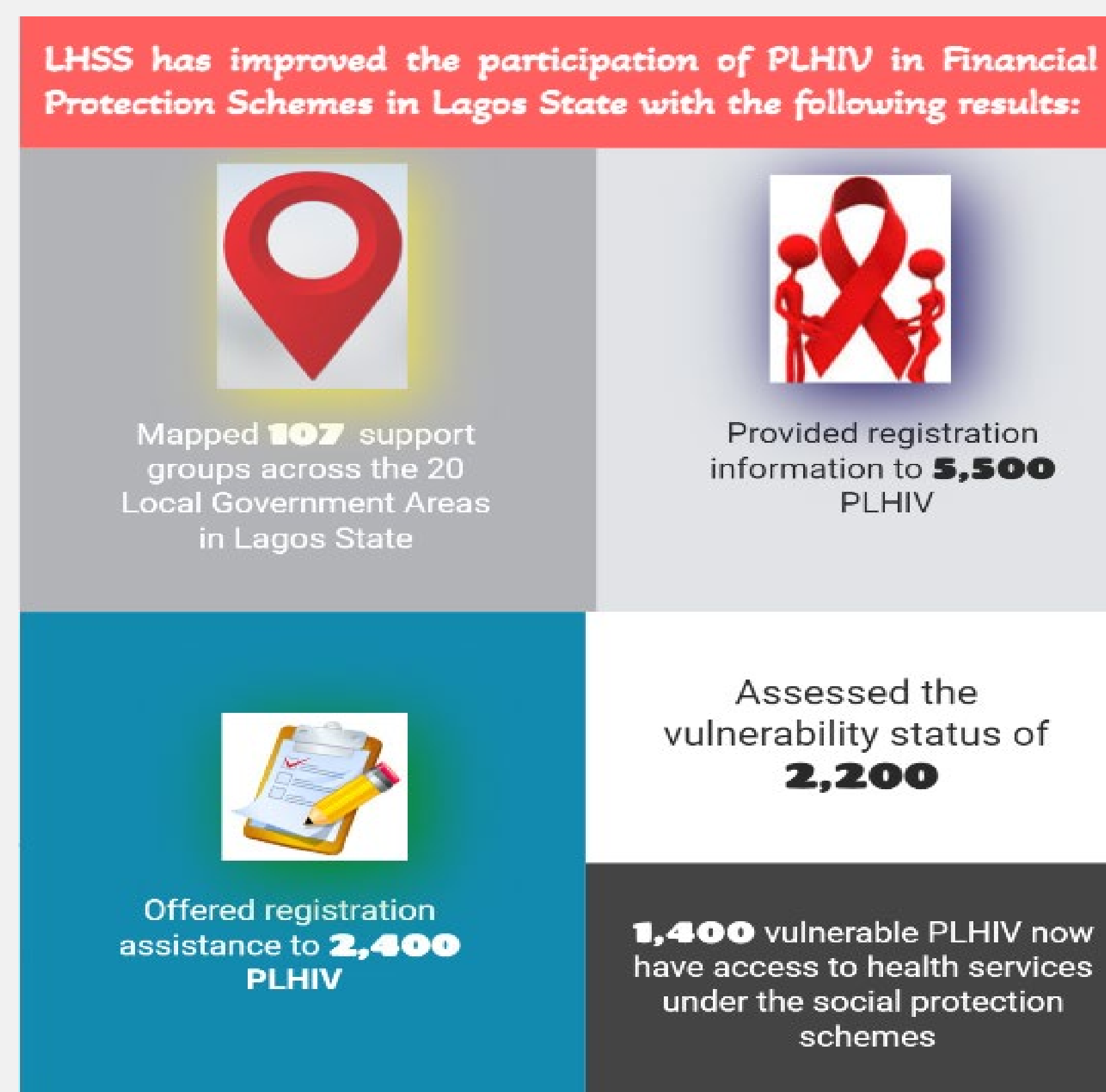


Figure 1. LHSS supported results in Lagos through FY23-Q2

## 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-implementation 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 establishing 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 enrolment due to the fear of stigma. However, the improved understanding of the registration requirements by the network leads 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.

## 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.