

2020



Kano State
Epidemic Preparedness
Funding Health and
Disease Control

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Overview

Unrealistic budget projections and reduced revenues could lead to a reduction in actual spend on key sectors like health in any fiscal year. Furthermore, scarcity of epidemic preparedness line items in a state's budget means the full picture of epidemic-related allocations cannot be readily gleaned from a direct analysis of the budget.

Similarly, an absence of widely acknowledged financing targets amongst the political elite at the subnational level for epidemic preparedness funding dims the clarity of spending goals which states should uniquely aspire to meet, to help them prepare to prevent, detect and control disease outbreaks.

If funding of health sector is not adequately prioritized from the approved budget, (e.g. with about 15% of total allocation), any subsequent reductions during disbursements due to reduced revenue inflows could mean that health spend needed to create the desired impact would be considerably smaller in states.

Also, untimely and incomplete release of available funds limits the quality of outcomes which relevant agencies can accomplish within the intended fiscal timeframe.

We carried out a research themed "Epidemic Preparedness: Funding Health and Disease Control in Kano, Kebbi and Enugu states". The findings for Kano state are presented here and were also used in engaging selected civil society organizations in Kano. BudgIT in collaboration with CSOs in Kano will further engage state actors with clear recommendations.



10

a desk research
that looked at
over 10 technical
areas

Methodology

We conducted a desk research that looked at over 10 technical areas related to public health and buckets them into the 3 main components essential for epidemic preparedness.

The three key proposed buckets are human resources, structures, and systems. Our research identified the health financing gap in each of the focus states (benchmarking against world average doctor density) and we also reviewed overall health allocation and specific allocations to epidemic-preparedness related line items.

Finally, we curated a checklist tool for CSOs to use in advocating for improved allocations and tracking actual epidemic-preparedness related spend at the subnational level.

Limitations

- Scarcity of direct epidemic-related line items in the budgets allocations
- Difficulty in accessing data on actual spend/disbursed amounts



Key Health Metrics and Scheme

Kano's Child vaccination and Doctor density rates are well below both the national average and the Target/World average.

This therefore shows that there is room for much improvement and intense, focused attention and funding is needed for the general health sector.

The doctor density is particularly worrying with fewer than 1 doctor per 10,000 persons. Health care personnel also goes beyond physicians and encompasses nurses and midwives.

The Sustainable Development Goal (SDG) of 44.5 doctors, nurses and midwives per 10,000 is another, much farther goal for Kano to strive towards.

Epidemic - Related Metrics

Metric	Kano State Aver.	National Aver.	Target/World Aver.
Child vaccination (%) ¹	10%	23%	85%
Doctor density (per 10,000)	0.7	2.0	15.0



Kano State Contributory Health Scheme

Outbreak Profile



Kano State has seen a skyrocketing of outbreaks in recent years with the more devastating ones being cholera cases in 2018 and over 2000 cases of measles in 2019. There have as well as the measles outbreak of 2019.

There have also been several cases of cerebrospinal meningitis since 2017. While the increased trend might be attributable to a strengthening of the diagnosis and reporting systems, the suddenness and unexpectedness of cases is undeniable.

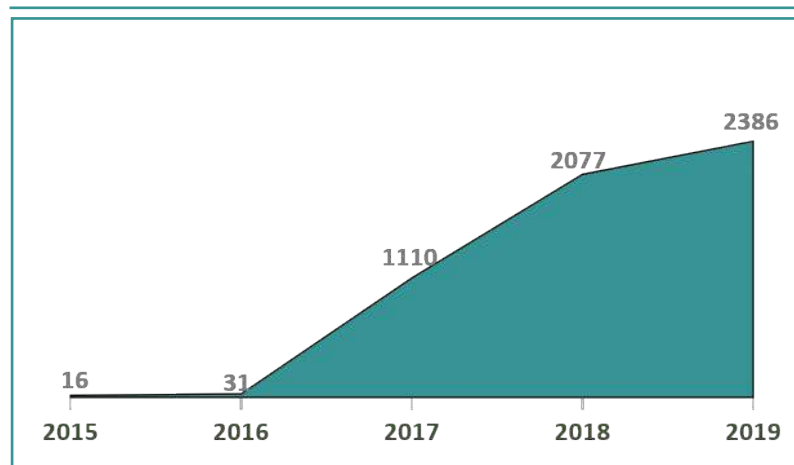
There is therefore need to adequately plan for and fund disease control.

Table of outbreak cases by disease




Diseases	2015	2016	2017	2018	2019
Cholera	0	0	744	1913	58
CSM	0	0	280	94	102
Lassa Fever	16	20	22	0	2
Measles	0	11	0	0	2164
Monkeypox	0	0	1	0	0
Yellow Fever	0	0	63	70	60
Total Cases	16	31	1110	2077	2386
LGAs Affected (out of 44)	9	15	37	39	42
Cases/ 100,000	0.12	0.24	8.49	15.88	18.25
% of LGAs Affected	20%	34%	84%	89%	95%

Note: Data from outbreak profile was gotten from the NCDC dashboard as at January 2020.

Graph of overall cases per year



Health Allocation

	<u>Allocation¹ as a % of total state budget</u>	<u>Allocation ₦'bn</u>
2018	 15.2%	32.6
2019	 15.4%	33.8
2020	 13.2%	31.2

Source: Kano State Budgets

Kano State has grown its health budget share over the years in line with increased prioritization and the need to invest significantly to improved its poor health metrics.

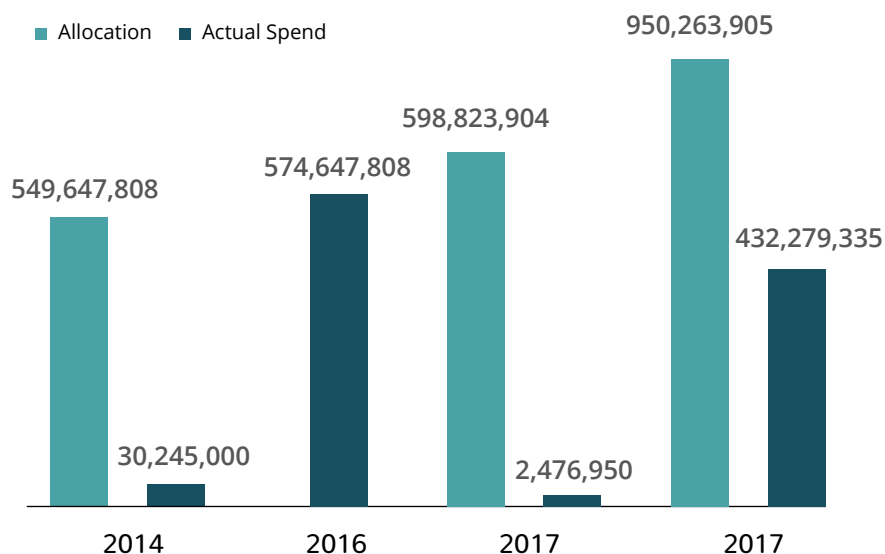
After 2017 advocacy by several CSO groups, the state's health budget rose from single digit figures to double digits and in 2019 and 2020, has exceeded the 15% mark to which several nations (Nigeria included) committed to in the Abuja

Declaration of 2010. Though this target for the national level, Kano State among others, have taken example and guidance from this.

¹Based on budget of the Ministry of Health, Primary Health Care Management Board, State Agency for the Control of AIDS, Hospital Management Board, Post Graduate College of Family Medicine and others

Epidemic – Specific Allocation and Spend (1/2)

Kano State Allocation vs Reported Spend on Epidemic-Specific Health Items, N'mn



When available, data shows that implementation of epidemic-specific line items from Enugu's budget has routinely fallen short of the allocation with none of the budgeted line items being implemented.

This is a cause for concern and raises questions about realistic and dependable budgeting. Due attention is therefore not only needed on budget items but also on if/how the proposed amounts are eventually spent.

Nevertheless, it must be noted that though Enugu's 2018 and 2019 budgets did not include details of epidemic-specific line items, this does not mean that such allocations were not made.

In addition, all other health spend not outlined here is extremely valuable for epidemic preparedness as they contribute to strengthening of the health system.

Epidemic – Specific Allocation and Spend (2/2)

Details of Epidemic-specific line items, N

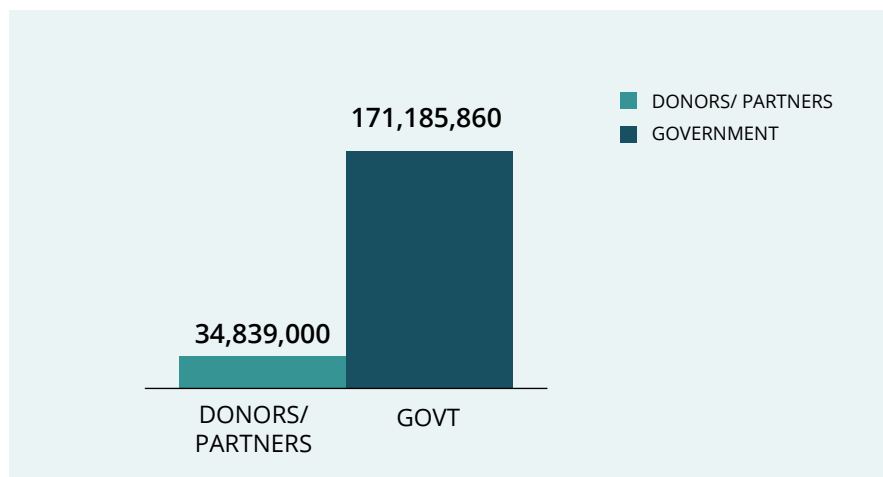
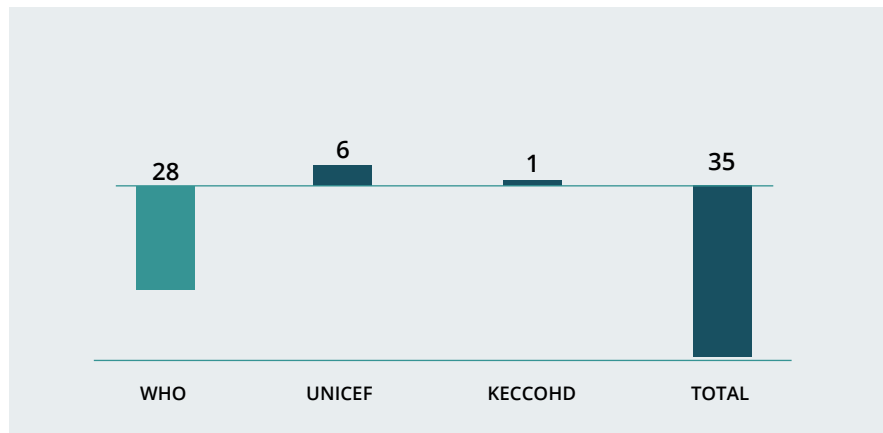
	2015		2016		2017		2018		2019	
	Allocation	Spend	Allocation	Spend	Allocation	Spend	Allocation	Spend	Allocation	Spend
EMERGENCY PREPAREDNESS & RESPONSE FUND (EPR)	N/A	N/A	N/A	N/A	N/A	25,000	10,000,000	6,582,000	10,000,000	
EMERGENCY PREPAREDNESS AND RESPONSE (EPR)	20,000,000	0	20,000,000	N/A	20,000,000	2,451,950	20,000,000	N/A	N/A	
EPIDEMIOLOGY AND CONTROL OF OUTBREAKS, e.g. CSM, MEASLES, CHOLERA, etc	0	0	20,000,000	N/A	20,000,000	0	101,440,000	50,720,000	50,720,000	
GLOBAL POLIO ERADICATION INITIATIVES	70,000,000	30,245,000	70,000,000	N/A	N/A	0	70,000,000	70,000,000	70,000,000	
HEALTH SECTOR RESEARCH	0	0	5,000,000	N/A	N/A	N/A	N/A	N/A	N/A	
GATES AND DANGOTE SUPPORT TO ROUTINE IMMUNAZATION ¹	459,647,808	N/A	459,647,808	N/A	228,823,904	N/A	228,823,905	N/A	228,823,905	
PROCUREMENT OF TRAINING/LABORATORY EQUIPMENT	N/A	N/A	N/A	N/A	20,000,000	0	0	N/A	N/A	
TUBERCLOSIS AND LEPROSY CONTROL	N/A	N/A	N/A	N/A	10,000,000	0	20,000,000	N/A	N/A	
SAVE ONE MILLION LIVES	N/A	N/A	N/A	N/A	300,000,000	0	500,000,000	304,977,335	500,000,000	
TOTAL	549,647,808	30,245,000	574,647,808	0	598,823,904	2,476,950	950,263,905	432,279,335	859,543,905	N/A



¹: Actual spend of the Gates and Dangote Immunization Support are not available in the budget documents. They are listed under grants without a column for full spend

Government vs Donor Funding

Funding from donors/ partners, N'mn



Donor funds are also available for Kano State Health Projects. It must however be noted that a lot of this funding is phasing out. As such, more must be done to increase the local health funding from the state government.

Kano's high investments must be continued with key emphasis on fully utilizing allocated funds. Indeed, the health challenges and metrics of Kano State demand this.

Key as well is the inclusion of other local partners and traditional stakeholders such as the Kano Emirate Council (KECCOHD) as a funding, health education and execution partner

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Issues and Solutions

Funding from donors/ partners, N'mn

Issue	Effect(s)	Proposed Solution(s)
Unrealistic Budgeting	Without realistic budget projections, reduced revenues lead to consequent reduction in key spend (e.g. health spend)	Budget based on robust, realistic expectations from key funding departments and agencies
Scarcity of epidemic specific line items	Lack of a full picture of the epidemic related - allocation	Greater specificity ¹
Lack of clarity of goal for epidemic preparedness funding	Unclear what to aspire to	Assessment of health security infrastructure and resources in the State
Inadequate Prioritization	If health is not adequately prioritized from the onset (e.g. about 15% total allocation), any subsequent reductions due to reduced revenue inflows, means that health spend is greatly reduced as against the spend needed for the significant relevant changes	A set % allocation and spend for health
Untimely or Incomplete Cash Releases	When available funds are not released on time, agencies do not have enough time to spend the funds within the intended fiscal timeframe	Structural improvement - Early and enshrined timelines for fund release

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GUIDE - NOT EXHAUSTIVE

APPENDIX – Prevent Epidemics Allocation Checklist

Prevent Epidemics Allocations Advocacy and Disbursement Tracking Tool

State: _____ Year: _____ Allocated: _____
 Governor: _____ Commissioner for Health: _____
 Commissioner for Budget/Planning: _____ Commissioner for Agriculture: _____

Budget Line Item	Checklist	Budgeted Amount	Disbursements														
			Q1			Q2			Q3			Q4			H1 Total		
			Budgeted	Actual	Variance (\$)	Budgeted	Actual	Variance (\$)	Budgeted	Actual	Variance (\$)	Budgeted	Actual	Variance (\$)	Budgeted	Actual	Variance (\$)
Prevention of Diseases																	
Health Security Framework Research and Reform	<input type="checkbox"/>																
Zoonotic Disease Surveillance System	<input type="checkbox"/>																
Food Safety Surveillance System	<input type="checkbox"/>																
Vaccination cold storage infrastructure	<input type="checkbox"/>																
Enhance/cold storage Power for Health Centers for Vaccine Storage	<input type="checkbox"/>																
State-wide Veterinary Vaccination Program	<input type="checkbox"/>																
Routine Infection Prevention & Control (IPC) Training Program	<input type="checkbox"/>																
Personal Protective Equipment & Other Medical Supplies	<input type="checkbox"/>																
Sanitation - Health and Human Waste Management	<input type="checkbox"/>																
Access to safe water in health facilities	<input type="checkbox"/>																
Epidemic-prone Case Management System	<input type="checkbox"/>																
Multisectoral Health Security Coordination Mechanism	<input type="checkbox"/>																
Detection of Diseases																	
Improved Laboratory Capacity for 10 Priority Tests	<input type="checkbox"/>																
Specimen referral and transport system	<input type="checkbox"/>																
Laboratory Facility Quality	<input type="checkbox"/>																
Surveillance Tools & Reports	<input type="checkbox"/>																
Enhancing Reporting Protocols	<input type="checkbox"/>																
Public Health Multi-Sectoral Workforce Strategy	<input type="checkbox"/>																
Scholar, Regular & non-Regular Allowances	<input type="checkbox"/>																
Public Health In-Service Training	<input type="checkbox"/>																
Response to Diseases																	
Emergency fund for disease outbreak	<input type="checkbox"/>																
Public Health Emergency Operation Center (Construction/Operators)	<input type="checkbox"/>																
Medical Countermeasures and Rapid Personnel Deployment	<input type="checkbox"/>																
Drug stock and transportation	<input type="checkbox"/>																
Health Security/Risk Communication Programs	<input type="checkbox"/>																
		NO															NO

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Engagement with CSOs

Quick Notes

CSOs engaged in Kano state regularly participate in the State's Medium-Term Sector Strategy (MTSS), State Action Plan, visit state house of assemblies, engage in interactive radio programs for citizens engagement and will thus be a good conduits for engaging the government with advocacy messages for including, increasing and improving disbursements to epidemic-preparedness related items.

Some CSO representatives commended the data quality of the research during the online engagement session and also highlighted that there had been a collapse of response of the Kano State government to the COVID-19 pandemic and the federal government is literally taking over/stepping-in, indicating a low prior level of preparedness.

There were also complaints from some CSOs that majority of the communities lack access to good water indicating that there might be a challenge in effectively combating disease outbreaks, highlighting a need for complimentary advocacy on WASH – Water, Sanitation and Hygiene.

They also highlighted the need to meet regularly, develop a coherent advocacy plan and strategy and jointly engage the government for change.

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Clear Asks

For Permanent Secretary/Commissioner/ Governor/Legislators

1. State actors should consider adopting the 'Prevent Epidemics Allocation Checklist' for creating clear line items in the budget for funding epidemic preparedness.

The checklist is not exhaustive but will be a good start.

2. State actors should ensure that processes are put in place for timely and complete cash releases for allocations made in the budget to relevant agencies in the health sector.

3. State government should sustain the current budgetary health allocation which is commendably above 15% of the total State budget.

4. State legislators should use 'Prevent Epidemics Allocation Checklist' for engaging relevant health agencies when reviewing the state's annual budget.

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