IMO STATE 2023

PRE-BUDGET RIGHT TO HEALTH MEMORANDUM

Centre for Social Justice

SCALE STRENGTHENING CIVIC ADVOCACY AND LOCAL ENGAGEMENT

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By

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BCG	bacille Calmette-Guérin Vaccine
CSJ	Centre for Social Justice
CSOs	Civil Society Organizations
EHP	Equity Health Plan
FRL	Fiscal Responsibility Law
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
ISHIS	Imo State Health Insurance Scheme
ISPHCDA	Imo State Primary Health Care Development Agency
ITN	Insecticide Treated Net
MSP	Minimum Service package
MSPAN	Multi-Sectoral Plan of Action on Nutrition
MTEF	Medium Term Expenditure Framework
MTSS	Medium Term Sector Strategy
NGN	Nigerian Naira
NHA	National Health Act
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NHP	National Health Policy 2016
NPHCDA	National Primary Health Care Development Agency
PHC	Primary Health Care
SDGs	Sustainable Development Goals
SEEDS	State Economic Empowerment Development Strategy
SMOH	State Ministry of Health
TB	Tuberculosis
TIHP	Tertiary Institution Health Plan
UHC	Universal Health Coverage
USD	United State Dollars

LISTS OF TABLES

EXECUTIVE SUMMARY

This Memorandum is divided into seven sections. Section 1 is the background, provides the rationale for the exercise and reviews key sectoral goals, objectives, targets and strategies. Section 2 reviews Imo State specific health indicators and their implications. Section 3 reviews the health budget commitments of the State including the actuals and their compliance with the Abuja 15% Declaration. It also reviews whether the State has set and costed a Minimum Service Package for PHC and the whole of government and health in all policies approach. Section 4 is on the implementation of the Basic Health Care Provisions Fund in the State while Section 5 reviews the sustainability of the current health care financing model. Section 6 is on the operation of health insurance in Imo State while Section 7 is on recommendations.

The following recommendations for Imo State flow from the review and analysis in this Memorandum.

- Prepare a New Strategic Health Development Plan 2023-2027.
- Prepare a Health MTSS.
- Mainstream the Plan, Policy and Budget Continuum in Health.
- Adopt a Whole-of-Government, Health-in-all Policies Approach.
- Ensure Stakeholder Engagement and Popular Participation in Preparation of MTSS and Annual Budget.
- Adopt a Whole of Society Approach to Health.
- Implement the Minimum Service Package for Primary Health Care.
- Increase Funding to the Sector and Invest in Value for Money.
- Moratorium on New Capital Projects.
- Invest in Transparency and Accountability.
- Prepare and present Annual State of Health Report.
- Ensure Maximum Benefits from BHCPF.
- Full Implementation of ISHIS Law and the National Health Authority Act.

SECTION ONE: INTRODUCTION

1.1 Background

The Imo State Fiscal Responsibility Law (FRL) requires the State Government to prepare the Medium Term Expenditure Framework (MTEF) every year.[1] This is a three year rolling plan containing the macroeconomic framework, fiscal strategy paper, expenditure and revenue framework, consolidated debt statement and statement describing the nature and fiscal significance of contingent liabilities. However, after preparing the MTEF, every Ministry, Department and Agency of the State Government (MDA) is expected to submit its Medium Term Sector Strategy (MTSS), which should focus on the medium term goals of their sectors and will feed into the broad goals of the MTEF. Where the State neither prepares the MTEF nor the MTSS, it still has a constitutional obligation to prepare an annual budget.

Adapting the provisions of the National Health Act (NHA) to Imo State, the State Ministry of Health (SMOH) shall prepare strategic, medium-term health and human resource plan annually for the exercise of its powers and performance of its duties and ensure that this plan shall be the basis of the annual budget estimates for health.[2]

In the Nigerian context, the Centre for Social Justice (CSJ) articulates the principles of good health budgeting as follows:

- Pursue spending policies that are consistent with strategic and high-level health plans and policies and which assures a reasonable degree of stability and predictability;
- Hinge health spending on a whole of government, health in all policies approach;
- Prioritize primary health care (PHC) which is the foundation for secondary and tertiary care;
- Provide an enabling environment and motivate domestic resource mobilization as a step towards Universal Health Coverage (UHC);
- Pursue spending within a definitive macro-economic framework with, at a minimum, medium term horizon and which assures a prudent balance between available resources and planned spending;
- Ensure that the scale and focus of health spending address the prevalent disease

[1] S.3 (1) of the Imo State FRL.
[2] S.2 (2) of the NHA 2014.

conditions found in epidemiological analysis in the State;

- Ensure optimal value for all Government health spending combining the realisation of improved (more) health from already available resources while pushing for more money for health;
- Maintain the integrity of the Health Information Management System;
- Provide full, accurate and timely disclosure of financial information relating to the health activities of the Government and its agencies, that is, ensuring transparency and accountability; and
- Manage health risks faced by the State prudently, having regard to economic, social and other circumstances.

The Health Sector Budget is to be prepared with the Health Sector Envelope contained in the MTEF. It is expected to incorporate the following:

- Key programs and projects that the Imo State Government shall embark upon within the financial year in order to achieve the health goals and objectives as detailed in high level subnational, national and international standards including the National Health Policy, National Strategic Health Development Plan, Sustainable Development Goals (SDGs 3, etc.) and ratified treaties and standards, etc.;
- Cost and prioritize the identified key programs and projects in a clear and transparent manner; and
- Provide definite and measurable outcomes of each of the identified programs and projects.

Accordingly, priority programs and projects are to be ranked in accordance with their contribution to the vision and mission of the State's Strategic Health Development Plan 2018-2022. The vision is to reduce the mortality and morbidity rates due to communicable diseases to the barest minimum; reverse the increasing prevalence of non-communicable diseases; meet global targets for the elimination and eradication of diseases and significantly increase the life expectancy and quality of life of Imo residents. The mission is to develop and implement appropriate policies and programs and other necessary actions to strengthen the state's health system and to deliver effective, quality and affordable health care services. Furthermore, it should contribute to the National Health Policy's theme of "promoting the health of Nigerians to accelerate socioeconomic development".

1.2 Rationale for the Exercise

The SMOH is required to consult relevant stakeholders including Civil Society Organizations (CSOs) that work in the Health Sector during the preparation of the annual budget. Therefore, this memorandum presents the key inputs of CSOs into the 2023 State Government budget for the health sector. The primary focus is on PHC as an entry point for UHC.

For budgets to be effective, they must be based on empirical evidence and in tandem with the plan, policy and budget continuum. Therefore, this exercise provides the opportunity to use evidence garnered by CSJ and other CSO actors which is aligned with the minimum core content of the right to health, in a bid to implement the minimum core obligations of the state for the progressive realization of the right to health within the ambit of available resources. These state obligations reflected as activities, projects and programs should ensure the respect, protection, facilitation and to a great extent, the fulfillment of the right to health and as such should prioritize PHC including maternal, new born and child health, preventive care, water, sanitation and hygiene, promotional activities and respect the forward ever obligation in health provisioning - backward steps are not acceptable. The budget should also be based on a plan for increased domestic resource mobilization and the optimum utilization of all available resources in a more health for money approach.

Thus, this Memorandum seeks to make inputs into the 2023 Imo State Health Budget.

1.3 Sectoral Goals, Objectives, Targets and Strategies

Health Sector goals and objectives are clearly identified in key high level policy documents such as the National Health Policy 2016 (NHP), SDGs[3], NHA, etc. The National Health Policy 2016 is made with a vision of UHC for all Nigerians and specifically states that its goal is to strengthen Nigeria's Health System, particularly the primary health care sub-system so as to deliver quality, effective, efficient, equitable, accessible, affordable, acceptable and comprehensive health care services to all Nigerians. Imo

[3] Targets include: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births: End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. They further include: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all: Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination, etc.

State has established a mandatory Health Insurance Scheme with a key objective of reducing out of pocket health expenditure; provide access to effective quality and affordable healthcare services to residents of Imo State.

The NHA establishes a National Health System which is mandated inter alia to provide for persons living in Nigeria the best possible health services within the limits of available resources and to protect, promote and fulfill the right of the people of Nigeria to have access to health care services[4]. It entitles all Nigerians to a basic minimum package of health services[5]. The NHA further provides in S.11 for the Basic Health Care Provision Fund (BHCPF) with a government annual grant of not less than one percent of the Consolidated Revenue Fund of the Federal Government.

The Imo State Primary HealthCare Development Agency (ISPHCDA) is established by Law No.6 of 2016 with objectives inter alia to manage, mobilise resources, monitor, provide database, fast tract the development of PHC in the State, ensure easy access to health care services by people in the State especially at the grassroots level, etc.

SECTION TWO: HEALTH SECTOR INDICATORS AND MAJOR CHALLENGES IN IMO RELATED TO THE MINIMUM CORE OBLIGATION OF THE STATE AND PRIMARY HEALTH CARE

2.1 Health Indicators

The Imo State Health Sector is faced with a number of challenges. Some of the challenges include the poor health indicators in the midst of dwindling financial resources. The National Bureau of Statistics puts Imo State's population at 5.4milion as at 2016.[6] This figure increasing by 2.5% a year would have added not less than 600,000 persons over the last six years.

The implication of the population figure is that there is increasing pressure on available health facilities in the State. PHC has been identified as a critical part of the minimum core obligation of the state on the right to health.[7]

Table 1 documents major health indicators relating to PHC and other tiers of health in Imo State. This will facilitate a proper understanding of the health challenges in the State within the context of programming available public resources towards their resolution.

[4] Section 1 (1) (c) and (e) of the NHA.
[5] Section 3 (3) of the NHA.
[6] https://nigerianstat.gov.ng/elibrary/read/474
[7] United Nations Committee on Economic, Social and Cultural Rights, General Comment No. 3 (Fifth Session, 1990) on the nature of State Parties obligations under article 2 (1) of the International Covenant on Economic, Social and Cultural Rights. Nigeria is a State Party to the ICESCR.

Table 1: Health Indicators – National Average vs Imo State

S/N	Health Indicator	National Average	Imo State
	Maternal and Child Health		
1	Neonatal Mortality*	39 per 1,000 live births	27 per 1,000 live births
2	Post-neonatal Mortality*	28 per 1,000 live births	27 per 1,000 live births
3	Infant mortality*	67 per 1,000 live births	54 per 1,000 live births
4	Child mortality*	69 per 1,000 live births	35 per 1,000 live births
5	Under-5 Mortality*	132 per 1,000 live births	87 per 1,000 live births
6	Adolescent birth rate **	120 per 1,000 population (15 – 19 years)	36 per 1,000 population (15 – 19 years)
7	Percentage of women with unmet need for contraception (spacing) **	18.5%	8.7%
8	Percentage of women without antenatal care **	31.6%	3.4%
9	Percentage of women who deliver at home **	60.2%	7.6%
10	Percentage of women with postnatal checks for their newborns (in a facility or at home)**	32.8%	61.3%
	Immunization		
11	Percentage of children (1-2 yrs) who receive BCG Vaccine**	53.5%	95.6%
12	Percentage of children (1-2 yrs) who receive Hepatitis B Vaccine at birth**	30.2%	55.3%
13	Percentage of children (1-2 yrs) who receive Polio Vaccine at birth**	47.4%	80.2%
14	Percentage of children (1-2 yrs) who receive Yellow Fever Vaccine**	38.8%	72.0%

15	Percentage of children (1-2 yrs) who receive Measles Vaccine (MCV 1)**	41.7%	74.6%
	Adequate Supply of Potable Water		
16	Unimproved Source*	34.7%	10.4%
17	Improved Source*	65.3%	89.6%
	Sanitation		
18	Improved facility usage*	53.4%	88.6%
19	Unimproved facility usage*	23.7%	0.4%
20	Open defecation*	22.9%	11.0%
	Others		
21	HIV/AIDS prevention knowledge* (a) Men: Using condoms and limiting sexual intercourse to one uninfected partner can reduce risk (b) Women: Using condoms and limiting sexual intercourse to one uninfected partner can reduce risk	 88.3% 74.1%	 70.7% 71.5%
22	Malaria* (a) Percentage who slept under any mosquito net last night (b) Percentage who slept under ITN by persons in the household the previous night (c) Percentage of pregnant women who slept under an ITN last night	 43.9% 43.2% 58.0%	 24.8% 24.8% 23.2%

	(d) Prevalence, diagnosis and prompt treatment of children with fever	24.2%	27.9%

*Source: * Indicates NDHS 2018: ** Indicates MICS (2016 – 2017)*

Table 1 makes very interesting findings. Generally, Imo State's indicators are better than the national average. But the national and Imo State's indicators are very poor compared to the demands of the SDG 3 Target 2 which requires that by 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births. In HIV/AIDS prevention and knowledge, the state performed below the national average. It also performed below the national average in the malaria related indicators except the prevalence, diagnosis and prompt treatment of children with fever where it recorded a performance above the national average.

The performance is still a long way from the benchmark of SDG 3. For instance, the under-5 mortality of 87 per 1,000 live births is so far off the SDG target mark of 25 per 1,000 live births. They are also below the expectations and targets set in other SDGs (beyond SDG3), National Health Policy, other relevant policies and ratified international standards on the best attainable state of physical and mental health.[8]

2.2 Implications of the Indicators

The first major implication of the indicators listed in Table 1 is the urgency of taking deliberate and targeted steps within the context of available resources to begin to reverse the negative trends as well as sustaining and improving on the relatively positive trends. The second implication is the need to increase the resource outlay through domestic resource mobilization for the task of promoting improvements in health indicators and the third is the need to improve value for money and resource optimization in the deployment and expenditure of the available resources. Finally, improving the standard of health in the State in a constrained fiscal environment will require the mainstreaming of health in governance through the whole of government and health in all policies approaches to the realization of the right to the highest attainable standard of physical and mental health using PHC as the entry point towards UHC.

[8] The need for reform and improved investment is also supported by a recent survey by CODE, a civil society organization which found that primary health care facilities in Imo State did not meet requisite standards and as such, was scored least in a survey of 15 states. Primary healthcare facilities were measured based on their access to clean water, connection to grid electricity, availability of sanitary waste collection points, availability of separate toilet facilities for males and females, and availability of appropriate staff accommodation within the facility premises, among others.

SECTION THREE: REVIEW OF EXISTING BUDGET COMMITMENTS AND EMERGING ISSUES

There is a state obligation to take concrete and targeted steps and to use the maximum of available resources for the progressive realization of the right to health including PHC.[9] This is to be done with a view to the realization of UHC. Resource includes financial resources appropriated through the budget and other finances leveraged through collaboration with state and non-state actors. Resources also include information, environment, technology and human resources. To set the context for the state health budget review, the overall Imo State Budget per capita for the years 2019, 2020, 2021 and 2022 was N46,133.73, N18,064.31, N57,696.12 and N63,577.16 respectively.

There are standards used to benchmark state financial resources dedicated to health. Two of the standards vis, the Abuja Declaration and the utilization of appropriated funds will be used to benchmark Imo State's health budget allocations between 2019 and 2022.

3.1 Abuja Declaration

Under the Abuja Declaration, Nigeria (and this is binding on Imo State being a component of the Federation of Nigeria) made a commitment to dedicate not less than 15% of its overall budget to funding the health sector. From Table 2 below and a projected population of 6million persons in Imo State, the health budget per capita for 2019, 2020, 2021 and 2022 was N4,595.85, N1,430.01, N3,347.36 and N2,991.53 respectively. Table 2 shows the trend of Imo State Allocation to Health Sector as a percentage of total State budget over a four-year period of 2019 – 2022.

Table 2: Trend of Imo State Allocation to Health Sector as % of Total State Budget (2019 - 2022)

TREND OF IMO STATE ALLOCATION TO HEALTH SECTOR AS % OF STATE TOTAL BUDGET (2019 - 2022)					
Years	**Total Budget (NGN)**	**Health Budget (NGN)**	**% of Health Budget to Total Budget**	**15% of Total Budget (NGN; Benchmark)**	**Variance from 15% Benchmark (NGN)**
2019	276,802,371,814.00	27,575,100,479.00	10.0%	41,520,355,772.10	13,945,255,293.10
2020	108,385,836,130.09	8,580,075,906.79	7.9%	16,257,875,419.51	7,677,799,512.72
2021	346,176,722,084.58	20,084,135,031.00	5.8%	51,926,508,312.69	31,842,373,281.69
2022	381,462,947,677.00	17,949,164,665.00	4.7%	57,219,442,151.55	39,270,277,486.55
Total	**1,112,827,877,705.67**	**74,188,476,081.79**	**5.7%**	**166,924,181,655.85**	**92,735,705,574.06**

Source: Imo State Approved Budgets and Author's Calculations

[9] Article 2 (1) of the ICESCR ratified and binding on Nigeria.

From Table 2 above, the year 2019 had a 10% vote and it decreased to 7.9% in 2020, came down to 5.8% in 2021 and further to 4.7% in 2022. The highest vote of 10% was recorded in 2019 while the lowest vote of 4.7% was recorded in 2022. Thus, the vote kept decreasing every year. However, the average vote over the four years was 5.7% - being 38% of the Abuja Declaration. The variance in terms of shortfall between the expected 15% in the Abuja Declaration and allocated resources amounts to N92.735billion. The implication of Table 2 is that the State has not met the demands and commitments of the Abuja Declaration. 38% compliance is a poor start towards meeting the target. In Table 3, the disaggregation between appropriated capital and recurrent expenditure over the four year period is shown.

Table 3: Trend Analysis of Imo State Health Budget (2019 - 2022): Recurrent and Capital

TREND ANALYSIS OF IMO STATE HEALTH BUDGET (2019 - 2022)					
Year	**Health Budget (NGN)**	**Capital Expenditure (NGN)**	**Recurrent Expenditure (NGN)**	**% of Capital Exp to Total Health Budget**	**% of Recurrent Exp to Total Health Budget**
2019	27,575,100,479.00	20,311,478,116.00	7,263,622,363.00	73.7%	26.3%
2020	8,580,075,906.79	2,307,900,493.00	6,272,175,413.79	26.9%	73.1%
2021	20,084,135,031.00	7,218,869,956.00	12,865,265,075.00	35.9%	64.1%
2022	17,949,164,665.00	6,765,000,000.00	11,184,164,665.00	37.7%	62.3%

Source: Imo State Approved Budgets and Author's Calculation

Table 3 clearly shows that recurrent expenditure received more votes than capital expenditure. The highest capital vote was in 2019 while the lowest was in 2020. Capital expenditure over the five years averaged 43.55% while recurrent expenditure averaged 54.45%.

It is imperative to present information on the actual expenditure especially where there are variances between appropriation and actual releases and implementation. Tables 4A and 4B show the actual expenditure between the years 2020-2021 being the years in which implementation reports are publicly available.

Table 4A: Trend Analysis of Approved and Actual Imo State Health Sector Budget 2020-2021

TREND ANALYSIS OF APPROVED AND ACTUAL IMO STATE HEALTH SECTOR BUDGET (2020-2021)			
Year	**Approved/Revised Health Budget (NGN)**	**Actual Health Budget (NGN)**	**% of Actual Health Budget to Approved Health Budget**
2020	8,580,075,906.79	643,429,768.09	7.50%
2021	20,084,135,031.00	8,728,875,283.01	43.46%

Source: Imo State Budget Implementation Reports

Table 4A shows that 7.5% and 43.46% respectively were released and utilised in the years 2020 and 2021. This is an average budget utilization of 25.48% over the two years. This shows that the Imo State Health Budget requires more credibility to reduce the gap between appropriation, releases and utilized budgets sum.

Table 4B below shows the breakdown of the ratios between recurrent and capital expenditure in 2020 - 2021.

Table 4B: Imo State Trend of Actual Health Expenditure - Capital and Recurrent 2020-2021

TREND OF ACTUAL HEALTH EXPENDITURE - CAPITAL & RECURRENT BUDGET (2020-2021)					
Year	**Actual Health Budget (NGN)**	**Actual Recurrent Expenditure (NGN)**	**Actual Capital Expenditure (NGN)**	**% of Recurrent Exp to Total Health Budget**	**% of Capital Exp to Total Health Budget**
2020	643,429,768.09	293,747,875.19	349,681,892.90	45.7%	54.3%
2021	8,728,875,283.01	6,675,214,808.01	2,053,660,475.00	76.5%	23.5%

Source: Imo State Budget Implementation Reports

From Table 4B, in 2020, the ratio of recurrent to capital expenditure was 45.7% to 54.3% and 2021 was 76.5% to 23.5%. The average recurrent expenditure for the two years was 61.1% while the capital expenditure averaged 38.9%. The implication of this development is that there was very little capital budget implementation. On a very large scale, recurrent expenditure trumped capital expenditure.

3.2 Forward Ever, Backward Never Commitment

The right to health, which is to be realized progressively, under the jurisprudence of economic, social and cultural rights is a “forward ever, backward never” right. Deliberate retrogressive measures are not permitted and if any such measure is to be undertaken by the State, it requires the most careful consideration and justification by reference to other compelling rights and in the context of the full use of the maximum of available resources.[10]

Considering that the Naira has been depreciating over the years, the health allocations have been converted to a more stable international currency being the United States Dollar to bring out the real value of the votes and overall budget over the years. Table 5 tells the story.

[10] General Comment No.3 (Fifth Session, 1990) on the nature of State Parties obligations under the ICESCR, paragraph 9.

Table 5: Trends of Imo State Allocation to Health Sector in USSD as % of State's Total Budget (2019 - 2022)

CONVERSION OF IMO STATE TOTAL BUDGET AND HEALTH BUDGET TO USD					
Years	**Total Budget (NGN)**	**Health Budget (NGN)**	**Exchange Rate (1$=NGN)**	**Total Budget (USD)**	**Health Budget (USD)**
2019	276,802,371,814.00	27,575,100,479.00	307	901,636,390.27	89,821,174.20
2020	108,385,836,130.09	8,580,075,906.79	307	353,048,326.16	27,948,129.99
2021	346,176,722,084.58	20,084,135,031.00	380	910,991,373.91	52,852,986.92
2022	381,462,947,677.00	17,949,164,665.00	413.49	922,544,554.11	43,408,944.99
TOTAL	**1,112,827,877,705.67**	**74,188,476,081.79**		**3,088,220,644.44**	**214,031,236.10**

Source: Imo State Budgets, Central Bank of Nigeria Website https://www.cbn.gov.ng/rates/exchratebycurrency.asp and Author's Calculations

The overall available resources being the total budget figures have been decreasing in real terms between 2019 and 2022. It nosedived from $89.821million in 2019 to $27.948million in 2020; moved up to $52.852 million in 2021 and declined to $43.408million in 2022. Thus, the 2020 vote was 31.1% of the 2019 vote; the 2021 vote was 58.8% of the 2019 vote while the 2022 vote was 48.3% of the 2019 vote. Essentially, the resources available to the health sector has been decreasing over the four-year period.

3.3 Minimum Service Package

The Imo State Primary Health Care Development Agency is required to develop a Minimum Service package (MSP) for PHC and this would be implemented through the Ward Health System Service Package. The MSP is the minimum core content of PHC, being the minimum package of health services to be delivered at the primary and secondary levels of care funded by the state. This is to ensure the best health/value for money in government expenditure so that scarce resources are deployed to the areas of greatest need and impact. This will ensure the provision of the best possible health service to citizens within the limits of available resources.

It is reported that Imo State has developed the MSP for PHC facilities identified for the one PHC per political ward strategy, and the package has been fully costed. Imo State is also implementing the repositioning component of the Primary Health Care Under One Roof Strategy.[11]

[11] State of Primary Health Care Delivery in Nigeria by ONE Campaign, etal; at page 107.

3.4 Whole-of-Government and Health-in-all-Policies Approach

Although there are indications of collaboration across Ministries, Departments and Agencies of Government in the State, there is no policy mandating the whole of government and health in all policies approach. For example, there is little in the budget to show the involvement of the ministry in charge of information in the critical task of information dissemination as a resource for preventive and promotive health interventions.

The whole-of-government approach is an understanding that securing the health of the population cannot be achieved by the Ministry of Health and its departments and agencies alone. It requires inter-ministerial/agency collaboration and mainstreaming health in other sectors. Health should be made an explicit objective of every policy decision. Health in all policies approach is a collaborative approach that integrates and articulates health considerations into policy making across sectors to improve the health of all communities and people.

SECTION FOUR: THE BASIC HEALTH CARE PROVISION FUND

According to the State of Primary Health Care Delivery in Nigeria, 2019-2021;[12]

> *Imo State has capacity to utilise BHCPF disbursements from the NPHCDA Gateway but eligible PHCs are not receiving and retiring funds. Enrollees on the NHIS Gateway have not started accessing care and providers payments have not commenced. The State has failed to provide either its counterpart or its equity funding for the NHIS Gateway, and has not sent reports of any gateway forum and SOC meetings from Q4 2021. The state also does not have a formal sector health insurance scheme.*

According to the summary of key steps to improvement, the following is recommended:[13]

- Provide equity funds for the NHIS gateway of the BHCPF;
- The State needs to commence payment of capitations to eligible health facilities, so that the poor and vulnerable who have been enrolled into the NHIS Gateway of the BHCPF can start to access services;
- Develop and implement a communications strategy to generate demand for services among the poor and vulnerable who have been enrolled into the NHIS gateway of the BHCPF;

[12] State of Primary Health Care Delivery in Nigeria, supra.
[13] State of Primary Health Care delivery in Nigeria, supra.

- Develop an Electronic Workforce Registry in the State to support management of human resources for health;
- Fund the printing and distribution of NHMIS reporting tools for all health services, including HIV services;
- Commission a legal assessment and provide political leadership for the drafting and passage of a Comprehensive State Health Law;
- Develop a Health System Wide Accountability and Performance Management Framework, and engage technical assistance to support its implementation;
- Create a pipeline for private sector involvement in overcoming the health infrastructure deficit in the State, by aligning with the new national drive to adopt a PHC building on its strong Diaspora community.
- Develop a State MSPAN and an investment plan to accompany the fully costed MSP, and ensure that both plans fit into the State Strategic Health and Development Plan III and forms the basis of state budgeting for health;
- Invest in an integrated logistics and supply chain management system, to leverage gains and experience from ensuring last mile availability of vaccines and TB control health products, and ensure that family planning, malaria and HIV control commodities are also available at service provision points.

From available information, Imo State needs to take extra steps to be able to access resources from the BHCPF. It needs to deepen the engagement with the BHCPF by paying its counterpart and equity funds, full enrolment of the poorest of the poor and vulnerable groups into a social insurance scheme; and enhancing transparency, accountability, value for money and citizens' engagement.

SECTION FIVE: SUSTAINABILITY OF CURRENT HEALTHCARE FINANCING MODEL IN IMO STATE

The sustainability of healthcare services is to a great extent dependent on the quantum and sources of healthcare financing. From section 3 on the review of existing budget commitments, it is clear that the State's public budget allocations do not meet the requirement of the funding needed to achieve UHC. This is compounded by the dwindling fiscal resources and fiscal space available to the State Government. Also, the complimentary funding from the BHCPF has not been accessed, and when accessed will not be sufficient to fill the funding gap while the contributions expected from donors, the private sector and other non-state actors have been unable to fill the funding gap.

Nigeria's out of pocket expenditure on health is one of the highest in the world and has been stated by the World Bank at 70.52 percent. This is in contrast to the Sub-Saharan Africa average of 29.98 percent.[14] Imo State, as a part of the Nigerian Federation falls under this umbrella of high out of pocket health expenditure. Out of pocket health expenditure is a reference to direct expenses on health care which is not covered by any prepayments for health services. It is paid from an individual's cash reserves. It forces people, especially the poor to make unnecessary choices between their health and expenditure on other basic rights such as food, housing and education.

To fulfil the vision of UHC where all Imo residents have access to the health care services they need, at any time, without being constrained by the depth of their pocket and personally available resources, will require optimum health financing from a plethora of sources which minimizes the need for out-of-pocket health expenditure. The current Imo State Health Financing Model is not sustainable and needs to be improved upon.

SECTION SIX: HEALTH INSURANCE TO THE RESCUE

The enrolment numbers into the various plans of the National Health Insurance Scheme (NHIS) and various private health insurance schemes across the Federation is reported at 10million, about 5% of the population.[15] However, there is no disaggregation of this overall national figure according to States. Generally, the contribution of health insurance to overall healthcare financing is still very low. The majority of health insurance enrollees seem to be in the NHIS schemes which have been generally rated not to be very impactful. A health scholar has posited of the low enrolment numbers as follows:[16]

> *A number of reasons could be attributed to the small proportion of this veritable source of healthcare financing. One of the major reasons is the administrative bottlenecks within the National Health Insurance Scheme in Nigeria. Another important reason is the non-comprehensiveness and non-inclusiveness of the Scheme. A number of those that have NHIS accounts are deprived of some services with the flimsy reason that the Scheme does not cover all the healthcare services they may have need of. Certain healthcare services have been deliberately excluded under the scheme. This does not encourage more take-up of the Scheme. This is compounded by the fact that the Scheme has not been marketed to non-government workers. An all-inclusive Scheme*

[14] https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=NG, 2019.

[15] See the Guardian Newspaper of 25th September 2020: https://guardian.ng/features/Over 170 million Nigerians without health insurance — Features — The Guardian Nigeria News – Nigeria and World News quoting Head, Media and Public Relations of NHIS, Mr. Ayo Osinlu who stated: "There are over 10 million Nigerians currently covered by health insurance under various programs by NHIS, State health insurance agencies and private plans by HMOs". It also cited with approval a study published in The Lancet, a medical journal, where it was noted that more than ''90 per cent of the Nigerian population were uninsured, despite the NHIS that was established in 2006. Less than five per cent of Nigerians in the formal sector are covered by the NHIS. Only three per cent of people in the informal sector are covered by voluntary private health insurance. Uninsured patients are at the mercy of a non-performing health system."

[16] David Agu in Contributions to Health Sector MTEF 2019-2021.

will do Nigeria a greater and better deal than the current state of the National Health Insurance Scheme.

Considering the beautiful provisions of the Imo State Health Insurance Scheme Law, the Imo State Health Insurance Agency should take steps to popularize the available schemes as well as enforce the mandatory provisions vis:[17]

> *The Imo State Health Insurance Scheme [established in S.11 of the Law and made compulsory in S.12 (1) of the Law] shall comprise a Mandatory Public Health Insurance Scheme for all residents. Voluntary (private) Health Insurance Plans may be purchased by residents to complement or supplement the Mandatory Public Health Insurance Scheme. And all other programs of government aimed at improving access to healthcare and financial risk protection.*

The mandatory provisions of Imo State Health Insurance Scheme are further supported by the National Health Insurance Authority Act which makes health insurance compulsory and universal. The key objectives of the Scheme are: (1) Ensure that every resident of Imo State has easy access to effective, quality and affordable healthcare services (2) Ensure that residents of Imo State have protection against financial risks that may arise due to illness (3) Protect families from financial hardship of huge medical bills; (4) Improve the attitude of Imo State residents in respect of being more careful about their health thereby increasing life expectancy (5) Limit the inflammatory rise in the cost of healthcare services; (6) Ensure equitable distribution of healthcare costs across different income groups.[18] Table 6 below shows the amount appropriated for the Agency from 2019 to date.

Table 6: Allocation to Imo State Health Insurance Agency

Year	MDA	Personnel	Overhead	Capital
2022	Imo State Health Insurance Agency			210,000,000
2019	Ministry of Health - NHIS Community Primary Healthcare Coordination		1,000,000	
	Ministry of Health - Imo State health Insurance Scheme	5,000,000	10,000,000	
		5,000,000	11,000,000	210,000,000

Source: Imo State Approved Budgets 2019-2022

[17] Imo State Health Insurance Agency Benefit Package and Operational Guidelines.
[18] S.14 of the Law. Others objectives include: (7) Ensure that the poor and vulnerable shall have access to the basic minimum package of healthcare as defined under the National Health Act (8) Maintain high standard of health care delivery services within the Health Sector. (9) Ensure efficiency in healthcare delivery within the Health Sector (10) Improve and harness private sector participation and investment in the health sector of Imo State, etc.

Table 6 shows a total vote of N226milion over the four years. However, there are no votes for the years 2020 and 2021. 2019 had paltry votes for personnel and overhead and no capital vote. 2022 had no votes for personnel and overhead but a moderate capital vote. The basis of these budget votes is not clear considering that S.19 (1) of the Law establishing the Imo State Health Insurance Fund requires inter alia, an equity fund comprising of not less than one percent of the Consolidated Revenue Fund of Imo State annually.

In accordance with the Imo State Law, the Health Insurance Fund also consists of initial take off grant from the State Government, formal sector funds consisting of contributions from public and private sector employees and employers, informal sector funds based on contributions from the informal sector, funds to be provided under the National Health Insurance Authority Act, etc.

Evidently, the scheme needs more funds to meet its goal and objectives especially for the provision of health services to the poor and vulnerable and to fund campaigns to increase enrolment and activate and maximize the use of resources available from the BHCPF.

SECTION SEVEN: RECOMMENDATIONS

Based on the foregoing review, this memorandum makes the following recommendations.

7.1 A New Strategic Health Development Plan: Considering the expiry by the effluxion of time of the Imo State Strategic Health Development Plan 2018-2022, prepare a new Imo State Strategic Health Development Plan 2023-2027 to provide a framework, guide and policy basis for state level health budgeting.

7.2 Prepare a Health MTSS: The State Ministry of Health should take steps towards the preparation of a Health MTSS. This is to complement section 3 (1) of the Imo State Fiscal Responsibility Law which demands the preparation of a Medium Term Expenditure Framework. It is mandatory for the compositional distribution of the annual budget to be in accordance with the priorities of the MTEF.

7.3 Mainstream the Plan, Policy and Budget Continuum in Health: Plans and policies provide the legal and policy framework for sectoral governance and service delivery while budgets activate plans and policies through providing resources for their implementation. The disconnect between plans, policies and budgeting has been largely responsible for poor PHC and health outcomes in most states of Nigeria.

7.4 Whole-of-Government, Health-in-all Policies Approach: The Ministry of Health should prepare an executive memorandum and seek the approval of the State Executive Council for a whole-of-government and health-in-all policies approach. The whole-of-government approach is an understanding that securing the health of the population

cannot be achieved by the Ministry of Health and its departments and agencies alone. It requires inter-ministerial/agency collaboration and mainstreaming health in other sectors. For example, the ministry in charge of information should be involved in the critical task of information dissemination as a resource for preventive and promotive health interventions.

Health-in-all-policies approach is a collaborative approach that integrates and articulates health considerations into policy making across sectors to improve the health of all communities and people. Health should be made an explicit objective of every policy decision.

7.5 Stakeholder Engagement and Popular Participation in Preparation of MTSS and Annual Budget: In the preparation of the MTSS, formulation and preparation of the annual health budget, there is the need to mobilize all stakeholders in the Health Sector, engage them and ensure popular participation. Most policy and budget failures in Nigeria have been attributed to top-down approach to policy development and implementation. Conscious involvement of all relevant stakeholders in the development and implementation of health sector plans and budgets will be of great benefit to the sector.

7.6 Whole of Society Approach to Health: Further to the last recommendation, the State should adopt the *whole-of-society approach involving the* engagement of all relevant stakeholders in society to address socio-economic and livelihood issues that affect health. This includes public health, education, food security, agriculture, power and energy, communications, environment, employment, industry, and social and economic development.

7.7 Implement the Minimum Service Package for Primary Health Care: The MSP is the minimum core content of PHC, being the minimum package of health services to be delivered at the primary and secondary levels of care funded by the state. This is to ensure the best health/value for money in government expenditure so that scarce resources are deployed for the areas of greatest need and impact.

7.8 Increase Funding to the Sector and Invest in Value for Money: It is imperative to increase health sector funding to ensure that the 15% target is met in actual releases and utilization of the vote. The vote for the Equity Fund of not less than 1% of the Consolidated Revenue Fund of the State as provided in S.19 (2) of the Imo State Health Insurance Law should be implemented. Furthermore, the Ministry of Health should invest in value for money tools and processes to increase economy, efficiency, effectiveness and equity of its investments across the health value chain.

7.9 Moratorium on New Capital Projects: Considering that the year 2024 will witness a change in the executive and 2023 for legislative leadership of the State, there should be

a moratorium on new capital projects and the focus should be on completing existing and ongoing projects. In this way, the resources of the State will not be spread too thin and project abandonment will be minimized.

7.10 Invest in Transparency and Accountability: The SMOH should invest in improving the transparency and accountability of its operations through collating and publication of timely and quarterly line item by line-item expenditure details. This will build the confidence of stakeholders and increase contributions and collaborations for improving the standard of health in the State.

7.11 Annual State of Health Report: To boost transparency and accountability and in accordance with S.2 (2) (d) of the National Health Act, the Commissioner for Health should prepare and present an annual report on the state of health of residents in Imo State to the Governor and the State House of Assembly and publish same on the State Government's website.

7.12 Ensure Maximum Benefits from BHCPF: The State should ensure that it derives the maximum benefits available from the BHCPF through fulfilling all the conditions required for the state to become a beneficiary. It should guarantee the required equity and counterpart funding, accredit more health institutions especially PHCs, timely and meticulous retirement of disbursed funds from the National Primary Health Care Development Agency and Health Insurance Gateways. The State Primary Health Care Development Agency should provide detailed information on its engagement with the NPHCDA Gateway of the BHCPF.

7.13 Full Implementation of ISHIS Law and the National Health Authority Act: ISHIS Law and the National Health Insurance Authority Act envisage a universal and compulsory health insurance regime in Imo State and across the Nigeria Federation. The Agency should draw up an action plan that will start from awareness creation and massive sensitization to enforcement over a period of four years. The first one year should focus on awareness creation and enforcement follows in the second two years.

Government should increase the funding of the Agency, especially in terms of resources to enroll the most vulnerable groups. The Agency should regularly update its website to provide information on its activities including details of receipts, expenditures on its engagement with the BHCPF.