RIGHT TO HEALTH CLUSTER

CSJ
Centre for Social Justice

ADVOCACY MEMORANDUM ON THE 2024 FEDERAL HEALTH BUDGET PROPOSALS

1. INTRODUCTION

The total sum allocated to the Federal Ministry of Health (FMoH) out of the overall expenditure of ₦ 27,503,404,073,861 is ₦ 1,228,100,390,765 inclusive of the ₦ 125,737,146,031 provided for the Basic Health Care Provision Fund (BHCPF). This is 4.47% of the proposed budget expenditure. This is slightly less than one-third of the 15% Abuja Declaration commitment.

However, there are other provisions related to health in the budget vis, Provisions for the National Health Insurance Scheme fund of MDAs (₦120,096,348,469), NHIS for Military Retirees (₦4,025,476,074), NHIS for Corps Members (₦5,000,000,000), Counterpart Funding Including Global Fund/Health (₦7,416,508,000), GAVI/Immunization Counterpart Funding (₦137,210,720,045), Presidential Committee on Health Sector Reform (₦500,000,000), and another Presidential Committee on Health Sector Reform (₦500,000,000). These add up to an extra ₦274,749,052,588.00. This increases the health vote to ₦ 1,502,849,443,353.00 being 5.46% of the proposed overall expenditure. This is just 36.43% of the Abuja Declaration. [1] 15% of the overall budget vote would have amounted to ₦ 4,125,510,611,079.15. The extant health vote leaves a funding gap of ₦2,622,661,167,726.15.

[1] The Special Adviser to the President on Health Dr Salma Ibrahim Anas had earlier promised a minimum of 10% allocation to the Health Sector.

Table 1: Allocation to the Health Sector

S/N	PROJECT	AMOUNT (₦)
1	Allocation to the Ministry of Health	1,228,100,390,765
2	Provisions for the National Health Insurance Scheme fund of MDAs	120,096,348,469
3	NHIS for Military Retirees	4,025,476,074
4	NHIS for Corps Members	5,000,000,000
5	Counterpart Funding Including Global Fund/Health	7,416,508,000
6	GAVI/Immunization Counterpart Funding	137,210,720,045
7	Presidential Committee on Health Sector Reform (ERGP30212116)	500,000,000
8	Presidential Committee on Health Sector Reform (ERGP30212161)[2]	500,000,000
	TOTAL	**1,502,849,443,353**
	₦1,502,849,443,353.00 is 5.46% of the overall expenditure of ₦27,503,404,073,861	

For a population of 220million, the federal allocation amounts to N6,831 for every citizen of Nigeria. In United States dollar terms, the allocation translates to N2.003bn at N750 for 1USD. This allocation is against the background of Nigeria's 70% out of pocket health expenditure. Nigeria's challenging macroeconomic indicators; inflation rate of 28.2% year on year, actual exchange rate of about N800 to 1USD, and population growth which is equal to the economic growth rate raises questions on the sufficiency of this level of funding. The 2023 federal health budget was in the sum of N1,268, 060,820,220;[3] converted to the USD at the official exchange rate of N435.57 to 1USD amounts to $2.911billion. Essentially, the actual value of the 2024 proposal is less than the 2023 vote. Furthermore, in the spirit of the law, plan, policy and budget continuum, the allocation seems insufficient to meet Nigeria's Universal Health Coverage framework implementation.

2. ISSUES FROM THE HEALTH BUDGET PROPOSAL

2.1 Centralization of Capital Votes at the Headquarters: Out of the Ministry's total capital vote of N434,785,945,488, the sum of N218,689,893,732 is reserved and programmed for the Ministry's headquarters. This is 50.30% of the entire capital vote. However, the headquarters' share of the entire health vote is 18.50%. This is over-centralization of resources for capital expenditure at the headquarters.

[2] It is not clear whether the proposal is for N500million only considering that it is duplicated. Furthermore, it is not clear whether the vote to the Presidential Committee is for administrative purposes or to kickstart implementation of recommendations.

[3] This overall figure for 2023 includes allocation to the Ministry of Health, provisions of NHS to MDAs, NHIS for military retirees, NHIS for Corps members and counterpart funding for Global Fund and GAVI.

2.2 Bulk Capital Votes without Details: There is an allocation of a huge sum of N57,392,640,000 without details. This opacity is usually the foundation for the absence of value for money, creating opportunities for mismanagement of funds. This sum of money is for a new project titled IMMUNIZATION PLUS AND MALARIA PROGRESS BY ACCELARATING COVERAGE AND TRANSFORMING SERVICES (IMPACT)-IMMUNIZATION (MULTILATERAL/BILATERAL PROJECT TIED LOAN) and the code of the project is ERGP25211712. Considering the huge sum of N57 billion, it would have been better to provide a little more detail. This practice of bulk capital votes without details was observed in some other projects.

Table 2: Bulk Capital Votes Without Details

CODE	PROJECT	AMOUNT (₦)
ERGP25203503	SUPPORT THE INSTITUTIONALISATION AND COORDINATION OF DIGITAL HEALTH IN NIGERIA	520,000,000
ERGP25203468	COORDINATION AND STEERING ACTIVITIES FOR EFFECTIVE IMPLEMENTATION OF STRATEGIC BLUEPRINT AND OTHER NATIONAL HEALTH PROGRAMMES & PROJECTS	520,000,000
ERGP25212111	REVOLVING POOLED PROCUREMENT AND DISTRIBUTION OF CRITICAL DRUGS FOR VULNERABLE GROUPS	5,000,000,000
ERGP25205793	SUPPORT FOR DESIGN AND IMPLEMENTATION OF SOCIAL ACTION FUND APPROVED BY MR PRESIDENT TO IMPROVE COMMUNITY HEALTH AND NUTRITION	464,000,000

2.3 Personnel and Overheads Mix: For recurrent expenditure, the proposal is 97.3% for personnel and 2.7% for overheads. However, there is a challenge with this scenario. This recurrent mix of personnel and overheads cannot facilitate functional health institutions that would deliver effective service when the overhead costs are simply not provided for. Overheads are needed to facilitate service delivery in health institutions.

2.4 Primary Health Care: There are critical and important provisions for SPECIAL INTERVENTION FOR REVITALIZATION OF PRIMARY HEALTH CARE CENTRES IN TOTAL 180 UNITS OF 6 GEO-POLITICAL ZONES AND FCT, INCLUDING REFURBISHMENT, BASIC EQUIPMENT, BOREHOLES AND MANAGEMENT ERGP25212866 in the sum of N18billion; ERGP25212887 SUPPLY AND INSTALLATION OF SOLAR EQUIPMENT IN EXISTING COMPREHENSIVE PHCs IN 6 GEO-POLITICAL ZONES in the sum of N2billion and ERGP25212889 MOBILE MEDICAL PHC MISSIONS OUTREACH TO RURAL COMMUNITIES IN 6 GEO-POLITICAL ZONES, INCLUDING MEDICATIONS, TEST KITS AND MEDICAL EQUIPMENT in the sum of N4.3billion as well as the EXPANDED MIDWIVES SERVICE SCHEME across the six geopolitical zones in the sum of N2.8billion, etc. INTEGRATING DIABETES CARE INTO THE PRIMARY HEALTHCARE SERVICES, PROCUREMENT AND DISTRIBUTION AND TRAINING FOR ON POINT LOCALLY PRODUCED BLOOD GLUCOSE MONITORING SYSTEM ERGP25171814 in the sum of N1.240billion is welcome innovation.

However, the allocation of ₦63,967,193,490 given to the NPHCDA may not meet PHC needs, considering the birth rate and that PHC is part of the minimum core content of the right to health as well as the minimum core obligation of the state[4] under article 2 (1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) ratified by and applicable to Nigeria.[5] Furthermore, this minimum core obligation of the state includes issues of maternal and child health which is a component of the most fundamental of the fundamental rights - the right to life, being the fulcrum upon which other rights revolve. PHC is the first level of contact for citizens and the community within the national (and state) healthcare system. It focuses on the primary health problems in the community, providing preventive, curative, rehabilitative and promotional health services. It engages the broad determinants of health through a multi-sector/stakeholder approach anchored on the understanding of the complex interplay of factors that lead to improved health.

2.5 Basic Health Care Provision Fund (BHCPF): There are concerns around the 1% Consolidated Revenue Fund (CRF) for BHCPF in the 2024 FGN budget proposal. The ₦ 125,737,146,031 provided for the BHCPF was included in the vote of the Ministry of Health, as well as in statutory transfers. This amounts to double counting. The National Health Act anticipates that the BHCPF should be a statutory transfer. If it is retained under the Ministry of Health, this poses a challenge because section 28 of the Fiscal Responsibility Act (FRA) stipulates as follows regarding the duties of the Finance Minister on budgetary matters:

> "*Where, by the end of three months, after the enactment of the Appropriation Act, the minister determines that the targeted revenues may be insufficient to fund the heads of the expenditure in the Appropriation Act, the minister shall, within the next 30 days of such determination, take appropriate measures to restrict further commitments and financial operations according to the criteria set in the Fiscal Risk Appendix- such provisions shall not apply to statutory or constitutional expenditure."*

The above implies that if there is a paucity of resources for budget implementation, the vote provided for BHCPF would be subject to budget cuts alongside other budget lines that are not statutory transfers. This is very likely to happen considering the huge deficit financing of the 2024 budget.

The second challenge associated with the allocation is that S.11 of the National Health Act (NHA) did not provide that the BHCPF must get only 1% of the CRF. It merely states that it must not be less than 1%. Thus, 1% is the minimum threshold and not the maximum. Since inception, the BHCPF has not received more than 1% allocation. This should not be the case. Beefing up the vote to the BHCPF is imperative because of its knock-on effect on access to primary health care.

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[4] See General Comment Number 3 of the United Nations Committee on Economic, Social and Cultural Rights which includes the obligation to satisfy at the very least, minimum essential levels of the right to health including primary health care - read with contemporary instruments including the Alma-Ata Declaration. See further article 16 of the African Charter on Human and Peoples Rights, article 24 of the Convention on the Rights of the Child and article 12 of the Covenant for the Elimination of all Forms of Discrimination against Women.

[5] ICESCR adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force on 3rd January 1976 in accordance 2ith article 27.

2.6 The Proposals and Other National Health Act Provisions: The proposals made some key provisions related to critical sections of the NHA 2014. These include the details shown in Table 3

Table 3: Relevant National Health Act Provisions in the Budget

Code	Section of NHA	Project Name	Amount
ERGP25132163	S.35 on Coordination of National Health Management Information System	STRENGTHENING OF THE NATIONAL HEALTH INFORMATION MANAGEMENT SYSTEM (DHIS 2) TO IMPROVE DATA QUALITY AND DATA USE STRENGTHENING OF THE NATIONAL HEALTH INFORMATION MANAGEMENT SYSTEM (DHIS 2) TO IMPROVE DATA QUALITY AND DATA USE	23,000,000
ERGP25132164		SUPPORT FOR DATA GOVERNING STRUCTURES AT ALL LEVELSSUPPORT FOR NATIONAL HEALTH DATA GOVERNING STRUCTURES AT ALL LEVELS	34,000,000
ERGP25173752		STRENGTHENING ROUTINE HEALTH MANAGEMENT INFORMATION SYSTEM: ARHITECTURE, ENTERPRISE AND SECURITY	16,000,000
ERGP25156739	S.2 (2) (d) on Annual State of Health Report	SUPPORT FOR PREPARATION OF ANNUAL HEALTH REPORT AND STATE OF THE HEALTH OF NIGERIANS AS PROVIDED IN THE NATIONAL HEALTH ACT	12,000,000
ERGP25171665	S.45 on Industrial Disputes	ARTICULATION OF POLICIES AND STRATEGIC PLANS TO PROMOTE INDUSTRIAL HARMONY FOR UNINTERRUPTED SERVICE DELIVERY	25,000,000
ERGP25171666	S.41 and 43 (e) on Human Resources Distribution and Retention	ARTICULATION OF POLICIES AND STRATEGIC PLANS FOR RETENTION OF MEDICAL AND HEALTH WORKERS TO STEM BRAIN DRAIN IN NIGERIA	30,000,000
ERGP25203563	S.41 and 43 (e) on Human Resources Distribution and Retention	DEVELOPMENT OF IMPLEMENTATION PLAN FOR THE HEALTH WORKFORCE MIGRATION POLICY; IMPLEMENT POLICY INTERVENTIONS TO MITIGATE HEALTH WORKERS MIGRATION	20,934,000
ERGP25203566	S.41 and 43 on Human Resources Distribution and Retention	CONDUCT OF HEALTH LABOUR MARKET ANALYSIS (HLMA) SURVEY IN THE COUNTRY IN LINE WITH GLOBAL STRATEGY ON HUMAN RESOURCES FOR HEALTH WORKFORCE (GSHRH) 2030, USING THE HEALTH LABOUR MARKET ANALYSIS (HLMA) FRAMEWORK	7,490,000
ERGP25202748	S.19 (1) and (2) on Evaluating Services of Health Establishments	IMPLEMENTATION OF STANDARDS ON QUALITY OF CARE, DISSEMINATION OF ASSESSMENT REPORT AND INSPECTION OF FACILITIES ON SERVICE PROVIDED AND QUALITY OF CARE USING THE STANDARDIZED TOOL	50,000,000

ERGP25202765	S.19 (3) on Evaluating Services of Tertiary Health Establishments	FUNDING OF THE ACTIVITIES & OPERATIONALIZATION OF NATIONAL TERTIARY HEALTH INSTITUTIONS STANDARDS COMMITTEE (NTHISC)	350,000,000
ERGP25203479	S. 2 (2) (a) and (b) on Strategic Medium Term Health and Human Resources Plans	DEVELOPMENT OF HEALTH SECTOR MID- TERM EXPENDITURE FRAMEWORK	10,000,000
ERGP25203516	S.31 on National Health Research Committee	NATIONAL HEALTH RESEARCH COMMITTEE (NHRC) ACTIVITIES	285,000,000
ERGP25205077	S.33 on National Health Research Ethics Committee	NATIONAL HEALTH RESEARCH ETHICS (NHREC) ACTIVITIES	270,000,000

The votes for the National Health Management Information system totaling N73million needs to be increased for the system to become effective. Also, the vote for evaluation and implementation of standards at N50million will be inadequate for the task. N12million will be grossly inadequate for research, report writing, publication and dissemination of the Annual State of Health of Nigerians Report while N10million will also be inadequate for the development of health sector medium term expenditure framework. Conspicuously missing from the MTEF is the Human Resource Plan which by law accompanies the spending plan. This should get a vote in the budget. The votes to the National Health Research Committee and the National Health Research Ethics Committee are votes in the right direction. They are new and seek to activate the relevant sections of the NHA.

The NHA envisages equitable distribution of all health facilities, goods and services but there is nothing in the budget to address health issues in multi-dimensional poverty in terms of physical access to PHCs and other health facilities. There seems to be the absence of health mainstreaming in all government policies which will ensure coordination by the Ministry of Health of all health investments in accordance with data from the Health information Management System. There is still the staccato approach of constituency funds of legislators investing in PHCs and other MDAs investing in health facilities without guidance from the coordinating Ministry of Health.

2.7 Vulnerable Group Fund of the National Health Insurance Authority Act: The VGF established by S.25 of the National Health Insurance Authority (NHIA) Act has many sources of funding. The first is the resources accruing from the BHCPF which apparently has been activated before the enactment of the Act. The second source of funding is the health insurance levy which has not been fixed or imposed. It is not clear, in view of the prevalent negative macroeconomic indicators, which sets of individuals, companies, or organizations that can afford to pay any extra levies. The third is the special intervention fund to be allocated by Government and appropriated to the

Fund. However, there is a vote for REVOLVING POOLED PROCUREMENT AND DISTRIBUTION OF CRITICAL DRUGS FOR VULNERABLE GROUPS, ERGP25212111 in the sum of N5billion in the budget proposal. But the VGF is not just for the procurement and distribution of critical dugs. Furthermore, there is ERGP25212850 CONTRIBUTION TO VULNERABLE GROUPS FOR CATASTROPHIC EXPENDITURE for N5billion. It is not clear whether this vote is a contribution to the VGF anticipated in S.25 of NHIA Act. This needs to be clarified. Furthermore, part of the minimum core obligation of the state under national and international standards is to ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable and marginalized groups.[6] Vulnerability and marginalization based on poverty and lack of fiscal resources will be addressed by activating the VGF to cover all vulnerable and marginalized groups and ensure within the contemplation of S.3 (3) of the NHA, that all Nigerians are entitled to basic minimum package of health services..

2.8 Compulsory Health Insurance: The National Health Insurance Authority Act of 2022 provides for compulsory and universal health insurance coverage for all citizens and residents of Nigeria. The Authority has launched the Operating Manual. However, there is nothing in the budget proposal to give the Authority some nudge to start and sustain implementation so as to raise more pooled funds that will supplement treasury funding for the health sector. The Authority has a vote of N423,382,596 for 6 capital projects. Realizing Universal Health Coverage in Nigeria will be virtually impossible without pooled funds to address challenges of catastrophic out-of-pocket health expenditure. Furthermore, the provision of funds to guarantee compulsory health insurance will activate S.1 (1) (c) of the NHA to provide for persons living in Nigeria the best possible health services within the limits of available resources. Available resources include not just treasury funds but what can be mobilized from citizens through pooled health insurance funds.

2.9 Vesicovaginal Fistula (VVF) Scourge: Nigeria is reported to account for 40% of the 2million VVF cases worldwide with a prevalence of obstetric fistula of 3.2 per 1000 births. Worthy of note is the fact that ₦850,000,000 is budgeted for "CONSTRUCTION AND EQUIPPING OF MATERNITY COMPLEX AND OPERATION THEATRE, NORTHEAST ZONAL VVF CENTRE" (ERGP25212419) and ₦30,000,000 is budgeted for "RENOVATION, FURNISHING AND EQUIPPING OF 4NO VVF WARDS" (ERGP25203656). There is also ERGP25159828 on PROMOTING THE ERADICATION OF OBSTERIC FISTULA THROUGH PREVENTION, TREATMENT AND REHABILITATION SERVICES in the sum of N42,025,000 AND ERGP25202750, NEED BASED PROCUREMENT OF MEDICAL EQUIPMENT FOR THE NATIONAL OBSTERTRIC FISTULA CENTRES IN ABAKALIKI AND NINGI in the sum of N260,000,000. At an average cost of N250,000 for repairs for 800,000 patients, the 2024 budget proposal did not dedicate enough resources to address the scourge of VVF.

2.10 Sin and Other Health-Related Taxes/Levies: In accordance with the recommendations of the Nigeria Health Care Financing Policy and Strategy:[7] "*Government shall earmark a percentage of the taxes on tobacco, alcohol, harmful environmental pollutants, and unhealthy foods as Sin Taxes to generate revenue for health as follows: 5% on Alcohol Tax; 20% on Tobacco Tax; 3 kobo/second on all phone calls; 0.5% of Companies Income Tax (CIT) and; 0.5% on all aviation air tickets".* Furthermore, the justification for the imposition of Sugar and

[6] See paragraph 43 of General Comment No.14 (2000) of the United Nations Committee on Economic, Social and Cultural Rights on the right to the highest attainable standard of physical and mental health (article 12 of the ICESCR).
[7] At page 32.

other Sin Taxes is related to promoting good and healthy lifestyles and reducing obesity and other non-communicable diseases such as type 2 diabetes, cardiovascular diseases, dental caries, liver disease, etc. However, where these taxes have been imposed, they are not dedicated to the Health Sector.

2.11 Family Planning: According to the Nigeria Family Planning 2030 Commitment: *"By the end of 2030, Nigeria envisions a country where everyone including adolescents, young people, populations affected by crisis and other vulnerable populations are able to make informed choices, have equitable and affordable access to quality family planning and participate as equals in society's development"*

Nigeria promised to improve financing for FP by leveraging both existing and additional innovative domestic mechanisms and to improve financing for FP by allocating a minimum of 1% annually of the National and State Health budgets. The 2024 budget proposal provides ₦2 billion for "COUNTERPART CONTRIBUTION FOR FAMILY PLANNING COMMODITIES" (ERGP25212406), and another ₦200 million for INCREASE ACCESS TO COMPREHENSIVE AND QUALITY FAMILY PLANNING COMMODITIES (ERGP25158195). However, these sums are not enough to meet Nigeria's family planning commitments and amounts to 0.15% of overall health budget. In accordance with the Nigerian Family Planning 2030 Commitment, 1% of the 2024 health budget proposal will amount to N15.02 billion. Therefore, the sum of N12.82billion is outstanding to meet the target.

2.12 Inappropriate and Unclear Expenditure Proposals: There are expenditure heads considered inappropriate and unclear. They should be reviewed, saved and re-programmed.

CODE	LINE ITEM	INAPPROPRIATE, UNCLEAR AND WASTEFUL EXPENDITURE (N)	OUR POSITION/ RECOMMENDATION	SAVINGS (N)
	FEDERAL MINISTRY OF HEALTH AND SOCIAL WELFARE – HQTRS			
ERGP25112538	BILATERAL SESSIONS WITH HEALTH AGENCIES ON 2025 BUDGET FORMULATION, DEFENCE WITH NATIONAL ASSEMBLY COMMITTEES ON HEALTH AND IMPLEMENTATION	80,000,000	This can be done at a much lower rate. Save half of this sum.	40,000,000.00
ERGP25112573	PROCUREMENT AND INSTALLATION OF ENTERPRISE NETWORK SECURITY SOFTWARE (ANTIVIRUS)	66,250,594	Should this line item cost this much? Save half of this sum.	33,125,297.00
ERGP25132196	DESIGN AND DEVELOP E-DATA BASE FOR VERIFICATION OF ASSETS AND MOTOR VEHICLES	55,530,000	This can be done at a much lower rate. Save half of this sum.	27,765,000.00
ERGP25132270	IMPLEMENTATION OF POLICY AND STRATEGIC PLANS TO IMPROVE QUALITY	250,000,000	The budget already has specific projects on reproductive, maternal,	250,000,000

	OF REPRODUCTIVE MATERNAL, NEWBORN AND CHILD HEALTH SERVICES		newborn, and child health. This line item lacks specificity. Save this sum and re-program.	
ERGP25156944	MONITORING TRANSPARENT INPLIMENTATION AND COMPLIANCES WITH 2022 CAPITAL APPROPRIATION NATIONWIDE, CODE OF ETHICHS, NATIONAL ANTI- CORRUPTION LAWS AND DECLARATIONS TO ENSURE ACCOUNTABILITY.	33,390,000	What exactly is the expected deliverable or meaning of this jargon? Save and re-program	
ERGP25202787	STRENGTHENING CAPACITY OF PROCUREMENT OFFICERS	130,000,000	This can be done at a much lower rate. Save half of this sum and re-program.	65,000,000
ERGP25203503	SUPPORT THE INSTITUTIONALISATION AND COORDINATION OF DIGITAL HEALTH IN NIGERIA	520,000,000	Specificity and clarity are lacking. How do you support? Save half of this sum and re-program	260,000,000
ERGP25212854	PROJECT MANAGEMENT	500,000,000	Specificity and clarity are lacking. Save this sum	500,000,000
ERGP25192710	HUMAN CAPACITY DEVELOPMENT OF FMOH STAFF	220,000,000	Capacity development on what? More clarity would be useful because specific capacity building activities have been provided in the budget as shown in the next ten rows.	220,000,000
ERGP25212412	TRAINING OF MEDICAL DOCTORS, SURGEONS IN SPECIALIZED AREAS AT CENTRES OF EXCELLENCE TO IMPROVE HEALTH CARE QUALITY AND MAAGEMENT	1,500,000,000	Specific for health care quality	
ERGP25112589	CAPACITY BUILDING OF AUDIT PERSONNEL IN FORENSIC AUDITING	47,730,000	Specific for audit personnel	
ERGP25132224	CAPACITY BUILDING OF LEGAL STAFF	20,000,000	Specific for legal staff	
ERGP25159834	HUMAN CAPITAL DEVELOPMENT PROGRAMME FOR GENERAL SERVICES STAFF INCLUDING STORE OFFICERS	25,000,000	Specific for general services staff.	
ERGP25171072	STRENGTHENING THE CAPACITY OF ACTU STAFF AND SENSITISATION AND ENLIGHTENMENT OF THE MINISTRY ON CORRUPTION & RELATED OFFENCES AND	11,054,300	Specific for ACTU staff	

	DOMESTICATION OF NATIONAL ANTI-CORRUPTION LAWS, TREATIES, STRATEGIES AND PROGRAMMES			
ERGP25202868	DIGITAL CAPACITY BUILDING, ICT STRATEGIES AND INNOVATIONS.	36,956,324	Specific for ICT	
ERGP25203386	STRENGTHEN CAPACITY BUILDING ON MONITORING AND EVALUATION, DATA COLLECTION AND ANALYSIS, DEVELOPMENT OF SPECIFIC PROGRAMME KPIS FOR FDS	9,864,207	Specific for M&E	
ERGP25203589	STRENGTHENING THE CAPACITY OF TECHNICAL AND POINT OF ENTRY (POE) PERSONNEL ON EMERGENCY PREPAREDNESS AND RESPONSE	10,000,000	Specific for point of entry personnel	
ERGP25203631	CAPACITY BUILDING FOR EFFECTIVE IMPLEMENTATION OF SUPPLY CHAIN MANAGEMENT SYSTEM	10,000,000	Specific for supply chain management	
ERGP25203640	STRENGTHEN CAPACITY OF HEALTH WORKERS ON INTEGRATED CASE MANAGEMENT NTDs IN 6 STATES	10,000,000	Specific for NTDs	
ERGP25212863	MONITORING AND EVALUATION OF KEY HEALTH SECTOR PROJECTS	500,000,000	So many specific monitoring votes have been provided and this is a general omnibus monitoring vote. Save this vote. See ERGP25212895, ERGP25112545, ERGP25167951 on YEARLY PROJECT INSPECTIONS IN COLLABORATION WITH FISCAL RESPONSIBILITYS COMMISSION (FRC) IN ALL HEALTH INSTITUTION IN ACCORDANCE WITH FRC ACT 2007 for N46.028m; ERGP25132240 on MONITORING OF PPP PROJECTS IN FEDERAL TERTIARY HEALTH INSTITUTIONS for N11.9m; on etc.	500,000,000

ERGP25212109	PROCUREMENT OF CANCER EQUIPMENT, INFRASTRUCTURE AND TRAINING IN COLLABORABORATION WITH NSIA IN 6 TEACHING HOSPITALS (UBTH BENIN, UNTH, ENUGU, ABUTH, ZARIA, FETH, KATSINA, LUTH, LAGOS AND JUTH, JOS	20,000,000,000	Confirm if the two votes are not the same- this one and the next row.	-
ERGP25212909	SPECIAL INTERVENTION TO UPGRADE INFRASTRUCTURE AND MEDICAL EQUIPMENT IN FEDERAL TEACHING HOSPITALS IN THE 6 GEO-POLITICAL ZONES, INCLUDING COUNTERPART FOR CANCER EQUIPMENT, COLLABORATION WITH NSIA, TECHNICAL ASSISTANCE FOR PROCUREMENT, MONITORING AND ACCOUNTABILITY TO ENSURE EFFICIENT EXECUTION	22,000,000,000		-
	TOTAL			**1,895,890,297**

3. RECOMMENDATIONS

On the basis of the foregoing, this Advocacy Memo makes the following recommendations:

3.1 Increase Allocation to Health: The vote to the Ministry of Health should be increased to at least 10% of the overall vote. If meeting the 15% benchmark is difficult because of lean resources, the budget should at least target two-thirds of the benchmark. The savings from unclear expenditure proposals identified in the Ministry should be reallocated to beef up the resources in underfunded areas. Various budget reviews have identified a lot of frivolous, inappropriate, wasteful and even illegal expenditure proposals outside the health budget. The savings from such proposals could be used to beef up the health budget.

3.2 Decentralize Capital Votes to the Implementing Agencies: The Ministry's headquarters should not retain 50.30% of the entire capital vote. It should be disaggregated and only those for operations at the headquarters should be retained there and others should be sent to the responsible agencies.

3.3 Provide Details of all Bulk Capital Votes without Details: The details of all bulk votes without details should be provided to the National Assembly and made public to the Nigerian people.

3.4 Increased Allocation to Overheads: Provide not less than 10% of recurrent expenditure for overhead costs. The recurrent mix of personnel (97.3%) and overheads (2.7%) cannot facilitate functional health institutions that deliver effective services.

3.5 Increased Funding for Primary Health Care: Considering the foundational nature of primary health care, the vote to the National Primary Health Care Development Agency and other programs related to PHC should be increased to not less than 20% of the overall health vote.

3.6 Basic Health Care Provision Fund (BHCPF): The vote to the BHCPF should be further increased beyond the 1% CRF which is the statutory minimum. Nigeria's poor health indicators demand not less than 2% due to the emergency at hand. Furthermore, the BHCPF should be provided as a statutory transfer being a first line charge. Previous appropriations to the BHCPF which were not released should be added to the current year.

3.7 Other Provisions of the NHA: Increase funding for the Annual State of Health Report, Health Information Management System and Health Medium Term Expenditure Plan while providing resources for the preparation of the Annual Human Resource Plan.

3.8 Mainstreaming Health in all Government Policies: The FMoH should champion the mainstreaming of health in all government policies and projects to the extent that all health investments from other MDAs and arms of government should benefit from the guidance of evidence and data from the FMoH. This will help to avoid distortions in planning and policy implementation.

3.9 Vulnerable Group Fund of the National Health Insurance Authority (NHIA) Act: The budget should, in accordance with S.25 of the NHIAA make an explicit provision for the VGF. It is recommended that a minimum of N50billion be provided to kickstart the Vulnerable Group Fund.

3.10 Provide Funding to the National Health Insurance Authority: New funds beyond what is available at the NHIAA would be required to kickstart the campaign and advocacy and later enforcement of the compulsory health insurance regime.

3.11 Provision for the Vesicovaginal Fistula (VVF) Scourge: Provide more resources for treatment, surgery, remediation and rehabilitation of VVF patients to reduce the VVF crisis. Data on the actual number of persons needing repairs and surgery should be used and phased over four years to provide remedies for the patients.

3.12 Increase Provision for Family Planning: There is need to increase budgetary resources for family planning, in line with Nigeria's Family Planning 2030 Commitment to not less than 1% of the health. The sum required is N15.02 billion

3.13 Programme Sin and Other Health-Related Taxes/Levies to the Health Sector: All sin taxes and levies should be channeled to the increased funding of the health sector.