



2018 Federal Health Budget: Adequate Resources And Reforms Should Programme The Budget To Work And Be Of Benefit To All

Centre for Social Justice

Civil Society Organisations working in the Health Sector (CSOs) met recently and reviewed the trend of budgeting in the sector, health outcomes and the quality of service available to Nigerians. The CSOs resolved to forward the following policy recommendations to President Muhammadu Buhari, the Minister of Health, Professor Isaac Adewole and the National Assembly for the improvement of health outcomes and results oriented 2018 federal budget and the Medium Term Sector Strategies 2018-2020.

- a. Allocate 15% of the total annual national budget to the health sector in compliance with the Abuja Declaration of 2001. Where not possible, start with a minimum of 7.5% (being 50% of the Abuja Declaration) allocation in 2018 and progressively increase by 1.5% until the 15% is attained by 2023. The bulk of the new resources should go to capital expenditure to enhance access to equipment and health supporting infrastructure. At least, not less than 40% of the allocation should go to capital expenditure in 2018 and progressively increase in subsequent years.
- b. As stipulated in the National Health Act 2014, allocate not less than 1 percent of the Consolidated Revenue Fund to the Basic Health Care Provision Fund in the 2018 budget and beyond. To generate more funding for the Health Sector, amend the National Health Insurance Scheme Act to make health insurance compulsory and universal. Consider new sources for health insurance funding to include a 2% surcharge on all imports, a special sin tax on alcohol and tobacco and minimal tariffs on telecommunications services to be borne by the consumer.
- c. Consider the establishment of a Health Bank to provide single digit long term loans for the development of health institutions, health infrastructure, research and human resources for health. The initial capital is to be subscribed by the FGN with an invitation to regional and international development institutions to subscribe to the authorized capital.
- d. FGN should consider a special window of funding for the Health Sector. This should be established through administrative action by institutions such as the Central Bank of Nigeria which has provided similar long term and bailout funds in the past.

- e. NASS should elevate the right to Primary Health Care and Maternal, New Born and Child Health to a Fundamental Right under Chapter Four of the Constitution of the Federal Republic of Nigeria, 1999 (as amended).
- f. FGN should strengthen and sustain ongoing efforts towards a policy and legal framework for local vaccine production and sustainable immunization financing. Consider bi-annual funding of the procurement of vaccines to avoid delays and bottlenecks associated with public procurement, management, release, cash backing and utilization of public funds.
- g. Specific provisions should be made for the care and rehabilitation of VVF patients. A phased provision of N15 billion per annum over 6 years will take of the backlog of patients who need care.
- h. PHC revitalization should be done with the strong collaboration and commitment of States and LGAs. It should focus on funding and equipping functional PHCs run by States and Local Governments. The collaboration through an MoU is imperative for the sustainability of the intervention based on previous experience. A clear SMART tool for functionality assessment should be developed by FMOH and the NPHCDA to determine the PHCs that qualify for funding.
- i. Provide funding and other resources in the medium term for energy sustainability through renewable energy and energy efficient lighting and equipment. This will reduce the cost of energy in health institutions.
- j. The reform of the Internal Revenue Generation System of Public Health Institutions is long overdue. The System needs reform through a multiplicity of practices including the deployment of robust information technology that delivers real time interaction between payments, the establishment and the supervising authorities. Also, public private partnerships in IGR management should be considered.
- k. The Minister of Health and FMOH should articulate the definition of basic minimum package of health services required by the NHA and this should include MNCH and the minimum core obligations of the state in healthcare.
- l. The FMOH should set machinery in motion for the issuance of certificates of standards to deserving health institutions in accordance with sections 13 and 14 of the NHA. The Minister of Health should prepare and present an Annual State of Health of Nigerians and National Health System Report to the President and

the National Assembly in 2017 and thereafter prepare and present same every year.

- m. Other duties stated in the NHA including the classification of health establishments and technologies; duty to disseminate information, etc. should be performed by the FMoH, the Minister of Health and other specified authorities.
- n. Increase the efficiency of health sector spending through greater value for money strategies. Ensure strict and efficient utilisation of the resources allocated to the health sector by implementing open contracting standards as part of an open government strategy.
- o. The FMoH should embrace civil society as a critical partner in achieving greater value for money in a bid to improve national health outcomes. Future preparation of the MTSS should rely on a full Sector Team including the civil society and other relevant stakeholders. The FMoH should engage CSOs for budget monitoring and tracking in the sector.

We are convinced that evidence led results oriented 2018 federal health budget which is fully released and utilized will lead to improvement of health outcomes in Nigeria.

This Memorandum was adopted by the following Civil Society Organisations:

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| 1. Centre for Social Justice (CSJ) | 17. Strengthening Advocacy and Civic Engagement |
| 2. Health Reform Foundation of Nigeria (HERFON) | 18. Public Health Foundation of Nigeria (PHFN) |
| 3. The ONE Campaign | 19. Association for the Advancement of Family Planning |
| 4. Evidence for Action (Mamaye) | 20. Civil Society Scaling-Up Nutrition in Nigeria |
| 5. Save the Children | 21. Health Policy Research Group |
| 6. Women Advocates for Vaccine Access (WAVA) | 22. Nigeria Health Economics Association |
| 7. West African Academy of Public Health (WAPH) | 23. Wellbeing Foundation Africa (WBFA) |
| 8. White Ribbon Alliance Nigeria (WRAN) | 24. Glamorous Mothers Development |
| 9. Nigeria Health Watch | 25. Women Advocates Research and Documentation Centre |
| 10. Center for the Right to Health (CRH) | 26. Pan-African Community Initiative in Education and Health (PACIEH) |
| 11. Education as a Vaccine (EVA) | 27. Positive Action for Treatment Access (PATA) |
| 12. Rotary International District 9125 Nigeria | 28. Health, Work, Education & Shelter (HEWS) Foundation |
| 13. Sustainable Healthcare International | 29. Connected Development |
| 14. Silver Lining for the Needy Initiative (SLNI) | 30. Citizens Wealth Platform |
| 15. International Federation of Women Lawyers, Nigeria(FIDA) | |
| 16. Ummah Support Initiatives (USI) | |

31. New Nigeria Youth Organisation
32. NIWAAFA
33. CHRCCR
34. GIFSEF (African Green Movement)
35. VTF
36. NIWA
37. Community Centre For Development
38. Development Communication Network
39. Peoples Empowerment Forum
40. Disability Rights Advocacy
41. Centre for Peoples Health, Peace and Progress
42. African Network for Environment and Economic Justice
43. Women Advocacy, Research and Documentation Centre
44. CBM
45. Alpha Health Alert and Human Development Organisation
46. Four Aces Consulting Ltd
47. YPD
48. Labour, Health and Human Rights Development
49. Michael Adedotun Oke Foundation
50. Gender Care Initiative
51. Green Transact
52. GSHAAL
53. ECOWATCH
54. Centre for Research , Advocacy, Women and Youth Development
55. SOGON
56. Good Governance Team
57. Save and Serve Human Initiative
58. International Centre for Development and Budget Advocacy
59. CLIMATTERS
60. CCIDESOR
61. Society for Family Health
62. Public and Private Development Centre (PPDC)
63. CRAWYD
64. Nigerian Urban Reproductive Health Initiative (JHPHINI/NURHI)
65. African Youth Initiative on Population, Health and Development (AfrYPoD)
66. Association for Social Reform and Awareness Network Katsina
67. Catholic Secretariat
68. Human Development Initiative
69. Afrihealth Optometrics Association
70. Leads Nigeria Kaduna
71. CSACEFA
72. Islamic Youth League
73. GHON
74. CHEDEM
75. Track Health
76. CHEDI
77. ARC
78. NIFT
79. UNDC
80. DCS
81. Vaccines Network for Disease Control
82. Advocacy for Change Initiative
83. International Peace and Civic Responsibility Centre
84. Women and Youth Empowerment for Advancement and Health Initiative
85. Lexville Foundation
86. Federal for Muslim Women Association
87. Center for Citizens with Disability

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