HEALTH SECTOR MEDIUM TERM SECTOR STRATEGIES (MTSS) 2017-2019

A Memorandum from Civil Society Organisations (CSOs) Working in the Health Sector including Maternal, New Born and Child Health (MNCH)

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacille Calmette Guerin
CSOs	Civil Society Organisations
FGN	Federal Government of Nigeria
FMB&NP	Federal Ministry of Budget and National Planning
FMoH	Federal Ministry of Health
FRA	Fiscal Responsibility Act
GAVI	Global Alliance for Vaccines and Immunization
HIV	Human Immunodeficiency Virus
ITN	Insecticide-Treated Net
LGAs	Local Government Areas
MNCH	Maternal, New Born and Child Health
MSS	Midwives Service Scheme
MTEF	Medium Term Expenditure Framework
MTSS	Medium Term Sector Strategies
NHA	National Health Act
NSHDP	National Strategic Health Development Plan
NPHCDA	National Primary Health Care Development Agency
PHC	Primary Health Care/Primary Health Centre
RH	Reproductive Health
SDGs	Sustainable Development Goals
SURE-P	Subsidy Reinvestment Programme

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EXECUTIVE SUMMARY

The Medium Term Expenditure Framework (MTEF) for the period 2017 - 2019 has been developed and approved by the Federal Executive Council. It will be transmitted to the National Assembly for its approval in compliance with the Fiscal Responsibility Act (FRA). The Health Medium Term Sector Strategy (MTSS), which forms part of the MTEF including its focus on Maternal, New Born and Child Health (MNCH) is expected to articulate a medium-term (three years) health goals and objectives against the background of the overall goals of high level national health policies, international health standards and the attainment of the Sustainable Development Goals (SDGs). The MTSS should also Identify and document the key initiatives that will be embarked upon to achieve the goals and objectives while the cost of the identified key initiatives should be presented in a clear and transparent manner among other objectives.

Current health indicators in Nigeria should drive a robust investment plan that the MTSS should highlight based on the realities of the country. Today, life expectancy in Nigeria is nearly the worst in the world at 53 years for males and 56 years for females. Still, government's investments in health fall well below regional and global standards and much of Nigeria's health sector is supported by donor financing – some of which is expected to decline substantially in the next five years due to dwindling resources and fatigue. Health sector funding has also failed to translate to the desired outcomes: healthy mothers, thriving children, and a strong workforce.

Based on a critical review of the health sector, the current statutory obligations of the Government of Nigeria and in line with a sector strategy that considers the critical investments that must be made in the medium term, Civil Society Organizations working in the Health Sector call on the Government of Nigeria to honor its commitments to Nigerian citizens and hereby make the following recommendations:

- Implement the National Health Act by setting aside not less than 1 percent of the Consolidated Revenue Fund to the Basic Health Care Provisions Fund. In this regard, the conclusion of the Guidelines for the administration, disbursement and monitoring of the Fund should be prioritized to reflect the provisions of the Act.

- Increase allocation to the health sector to reach the 15 percent Abuja Declaration benchmark. The bulk of the new resources should go to capital expenditure to enhance access to equipment and health supporting infrastructure.

- Increasing the efficiency of health sector spending through greater value for money strategies. Ensure strict and efficient implementation of the resources

allocated to the health sector by implementing open contracting standards as part of an open government strategy.

- Full and timely release of the capital budget of the Health Sector starting from the 2017 financial year.

- The revitalization of 1 Primary Health Centre per ward (a total of 10,000 across the Federation) is a noble intervention. It needs to be executed with the strong collaboration, dedication and commitment of States and Local Governments who will eventually run these PHCs. This is imperative for the sustainability of the intervention.

- Care must be taken to ensure that Federal Government's spending on health is dedicated to the issues assigned to it by the Constitution and extant laws. The experience of the nurses and midwives hired by FGN during similar interventions under programmes like MSS and SURE-P should be brought on board in designing the implementation strategies of the PHC Revitalization initiative. Essentially, FGN, States and LGAs must come up with a clear strategy for sustaining the improvements after FGN withdraws its intervention.

- Although Primary Health Care is not the primary responsibility of the Federal Government, it should provide resources in form of grants to States and LGAs given that it takes more than half of the Federal Account funds. Strong accountability frameworks and practices must be put in place to ensure efficient utilization of approved funds. FG should focus more on development of national health policies and ensure all the existing ones are implemented.

- FGN should increase its efforts towards a policy and legal framework for sustainable immunization financing.

- Public-Private partnership schemes in the health sector should be encouraged but made as transparent and efficient as possible. This will ensure that the areas that the public sector cannot delve into as a result of lean finances, the private sector actors can augment and fill the funding gap. However, necessary caution must be applied in adopting the public private partnership model of health funding in order not to price public health facilities beyond the reach of the ordinary Nigerian.

- FGN should explore innovative funding mechanisms for the health sector including compulsory universal health insurance scheme for all Nigerians.

- 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 all relevant stakeholders.

- The specific contributions of Development Partners should be identified and captured in the budget for purposes of transparency and accountability.

The Table below details recommendations for critical health sector interventions for the period 2017-2019 at the federal level based on a medium term sector strategy.

HEALTH SUB-SECTORS – HEADINGS	**2016 PROVISIONS**	**PROPOSAL FOR 2017**	**PROPOSAL FOR 2018**	**PROPOSAL FOR 2019**	**JUSTIFICATION/COMMITMENTS**
Total Health Budget	N257.38bn (only 4.13 per cent of overall budget)	N980.85bn	N940.59bn	N958.07bn	Based on 15% of the Total Budget as agreed in Abuja Declaration (2001). Parameters: Based on projected revenue of the Federal Government in the 2017-2019 MTEF
- **Basic Health Care Provision Fund (At least 1% of CRF)**		N41.69bn	N43.57bn	N54.37bn	Statutory Transfers to be implemented by FMoH, NHIS, AND NPHCDA calculated on the basis of FGN Retained Revenue.
Immunization	N12.88 bn	USD123 million GAVI support USD199 million	USD141 million GAVI support USD165 million	USD210 million GAVI support USD186 million	Based on cMYP projects $181 million USD needed to close the funding gap for 2017 & 2018 RI vaccines procurement, because of new RI vaccines introduced and declining GAVI support requirement for Nigeria. Note: Because of the lead-time in vaccine procurement, we strongly recommend a biennial appropriation for the procurement of vaccines. Of the USD256 million required for procurement of vaccines that will last till 2018, USD83 million (USD65 million from proposed new world bank loan, USD 8 million rollover of current World Bank loan, USD5

					million rollover of 2015 budget and USD5 million from the 2016 budget) have been confirmed. Consequently, the **USD181 million** funding gap (USD40 million in 2017 and USD141 million in 2018) should be allocated for vaccines procurement in 2017 budget.
Family Health					
Counterpart fund for the Procurement and National Distribution of contraceptive commodities based on 2016 forecast	N797.4mn	N 32.2bn	N44.3bn	N58.6bn	$122.5 million required for FP in 2017 because Nigeria has a costed policy document for Family Planning - Nigeria Family Planning Blueprint (Scale-Up Plan 2014 - 2018). This was developed to address the London commitment of increasing CYP to 36% by 2018. **Breakdown for 2017 in USD:** Demand Creation - 23 Service Delivery - 25.1 Commodities - 44.4 Supply Chain - 4.6 SMC - 25.6 However, if partners' contribution to commodities is pegged at 33 million USD, Nigeria has to fund a total of 111 million USD.
All Nutrition Related projects/policy development	N3.3mn	N2.9 bn	N4.1bn	N5.3bn	Based on the annual costed plan (NSPAN) which assumes that the FG provides $10m annually for 2014-2018.
Midwives Service Scheme (MSS)	N1.06bn	N1.17bn	N1.28bn	N1.41bn	Based on projected increase of functional PHCs country wide with at least 10 per cent increase annually
NHIS Unified Maternal & Child Health Programme (UMCHP)	N63 million	All NHIS operational budget	All NHIS operational budget	All NHIS operational budget	More than 60 billion is allocated by the FG as funding for NHIS for all federal government employees. The operational budget of the agency is not detailed in the Budget except for the capital project. Details of NHIS budget will allow transparent monitoring of

					actual investments in the health sector.
NACA Capital Projects on HIV Response					
ART, care and support and logistics for PLHIV In Taraba and Abia; Expansion Of Option B+ for PMTCT And HCT Services	N525.16 mn	N2.91 bn	N3.49 bn	N4.19 bn	The 2016 budget was grossly inadequate. Currently 48,332 PLHIV are on ART in Taraba and Abia States. To maintain this number of (48,332) PLHIV on ART for 12 months will cost N2,428,199,680. The proposed subsequent budgets for 2017-2019 took into consideration an annual growth rate of 20% (9,666 PLHIV) to give a total of 57,998 PLHIV (i.e. old plus new) to be placed on ART in Taraba and Abia states in 2017.
SUPPLY OF RAPID TEST KITS AND CONSUMABLES TO STATES	N881.07 mn	N30.2bn	N59.5bn	N88.8bn	At 3.0% HIV prevalence, 100 persons need to be tested to get 3 persons to be placed on ART; therefore we need to counsel and test 15,666,667 persons in 2017 to harvest 470,000 PLHIV to be placed on ART. The unit cost for testing an individual for HIV is N3,840, thus it will cost N60,160,000 to test 15,666,667 persons for HIV.
ART for 470,000 PLHIV in 36 States and FCT	Nil	N23.6bn	N28.32bn	N33.984bn	Currently the national treatment gap is 2,350,000 PLHIV requiring ART. This budget was based on the assumption that in 2017-2019 only 20% of this number (i.e. 470,000 PLHIV) will be placed on ART in addition to those currently on treatment in 36 states and FCT.
Treatment of VVF cases		N30bn	N30bn	N20bn	800,000 women and girls are reported to be suffering from the VVF scourge and treating all at N100,000 each for surgery, remediation and rehabilitation will cost a total N80 billion

1. INTRODUCTION

1.1 Background

The Federal Ministry of Budget and National Planning (FMB&NP) has prepared the draft Medium Term Expenditure Framework (MTEF) for the period 2017 - 2019 and thereafter sent it to the Executive Council of the Federation which has endorsed same. The MTEF will now be sent to the National Assembly for its approval in compliance with the Fiscal Responsibility Act (FRA)[1].

The Health Medium Term Sector Strategy (MTSS) which forms part of the MTEF including its focus on Maternal, New Born and Child Health (MNCH) is expected to:

- Articulate medium-term (three years) health goals and objectives against the background of the overall goals of high level national health policies, international health standards and the attainment of the Sustainable Development Goals (SDGs);

- Identify and document the key initiatives (that is, projects and programmes) that will be embarked upon to achieve the goals and objectives;

- Cost the identified key initiatives in a clear and transparent manner;

- Phase implementation of the identified initiatives over the medium-term;

- Define the expected outcomes of the identified initiatives in clear measurable terms; and

- Link expected outcomes to the objectives and goals.

1.2 Rationale for the Exercise

Official preparation of the Health Sector MTSS provides CSOs working in the MNCH and Health Sector an opportunity to present memorandum articulating key inputs into the MTSS and 2017 federal health budget. The memorandum is focused on the needs and rights of Nigerians and makes appropriate recommendations for the promotion of the right to health including MNCH. It is therefore imperative that CSO stakeholders deliberate and consolidate their inputs into a policy paper framework that will be submitted to both the Federal Ministry of Budget and National Planning and the Federal Ministry of Health.

[1] As required by section 14 of the Fiscal Responsibility Act, 2007.

By this memorandum, CSOs stakeholders seek to articulate medium-term (three years) health goals and objectives against the background of the overall goals of high level national health policies, international health standards and the attainment of the Sustainable Development Goals; identify and document the key initiatives that will be embarked upon to achieve these goals and objectives. It also provides the opportunity to provide insights on how to cost the identified key initiatives in a clear and transparent manner; phase implementation of the identified initiatives over the medium-term; define the expected outcomes of the identified initiatives in clear measurable terms; and link expected outcomes to the overall sectoral goals and objectives.

1.3 Outlining Linkages between MTSS and Annual Budget

Section 18 of the Fiscal Responsibility Act (FRA) stipulates that annual budgets are to be derived from Medium Term Expenditure Framework (MTEF). It further provides that notwithstanding anything to the contrary contained in this Act or any law, the Medium Term Expenditure Framework (MTEF) shall:

1) *Be the basis for the preparation of the estimates of revenue and expenditure required to be prepared and laid before the National Assembly under section 81 (1) of Constitution.*

2) *The sectoral and compositional distribution of the estimates of the expenditure referred to in subsection (1) of this section shall be consistent with the Medium Term Developmental Priorities set out in the Medium Term Expenditure Framework (MTEF).*

CSO seek to make inputs into the Medium Term Developmental Priorities of the Federal Government in the Health Sector considering that this will form the basis for the preparation of the 2017 federal Health budget.

1.4 Identifying High Level National and International Policies and Standards

Nigeria has approved a new Health Policy, enacted health laws while the Vision 20:2020 stated the goals of the sector within the context of overall national goals. Apart from national laws and policies, Nigeria is a member of the United Nations and signatory to a plethora of international standards that mandate States Parties to be more responsive to the bundle of rights encapsulated in health and MNCH[2]. The SDGs

[2] These include article 25 of the Universal Declaration of human Rights; article 12 of the International Covenant on Economic, Social and Cultural Rights; article 16 of the African Charter on Human and Peoples Rights; article 24 of the Convention on the Rights of the Child; article 14 of the African Charter on the Rights and Welfare of the Child; article 12 on the Convention on the Elimination of all forms of Discrimination against Women, etc.

1-3 all support the protection of the right to health. SDG 3 is specifically on ensuring healthy lives and promoting well-being for all at all ages[3].

The Constitution of the Federal Republic of Nigeria1999 (as amended), which is the fundamental law protects the right to life in section 33 and the right to life is inextricably linked to the right to health. The easiest way to deprive a person of his life is to deny her of health supporting facilities to the point of abrogation. Chapter 2 of the Constitution, under the Fundamental Objectives and Directive Principles of State Policy creates a state obligation; the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused. It also states that there should be adequate medical and health facilities for all persons[4].

Although the constitutional health provisions are non-justiciable, the National Health Act (2014) on the basis of that mandate gives specific rights and duties to right holders and duty bearers respectively, and this makes effective, the right to health or specific aspects of it including MNCH[5]. The National Health Act specifically empowers the Ministry of Health to prepare strategic medium term health and human resources plans annually for the exercise of its powers and the performance of its duties under this Act.[6]

The National Health Act (2014) further establishes a Basic Health Care Provision Fund with a government annual grant of not less than one percent of the Consolidated Revenue Fund which is to be used *inter alia*; 50 per cent for the provision of basic minimum package of health services to citizens in eligible primary or secondary health care facilities through the National Health Insurance Scheme; 20 per cent for essential

[3] Targets include: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births: 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: 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 programmes: 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.

[4] 1999 Constitution of the Federal Republic of Nigeria: Section 17 (3) (c) and (d).

[5] Item 60 of the Second Schedule to the 1999 Constitution provides for the establishment and regulation of authorities for the Federation or any part thereof - (a) To promote and enforce the observance of the Fundamental Objectives and Directive Principles contained in this Constitution;

[6] See section 2 (2) of the Act.

drugs, vaccines, and consumables for eligible primary health care facilities; 15 per cent for the provision and maintenance of facilities, equipment and transport for eligible primary health care facilities whilst 10 per cent to be used for the development of human resources for primary health care. 5 per cent of the Fund shall be used for emergency medical treatment. It also makes provisions for grants to states and local government who will be required to provide counterpart funding of 25 per cent of the total cost of the project. It strengthens the authority of the National Primary Health Care Development Agency over State and Local Government Health Authorities and it can withhold funds due to the later, if it is not satisfied that the money earlier disbursed was applied in accordance with the provisions of the Act[7].

Aside the National Health Act, the Child Rights Act in section 13 subsection 1-3 stated as follows:

> *13.—(1) Every child is entitled to enjoy the best attainable state of physical, mental and spiritual health.*
>
> *(2) Every Government, parent, guardian, institution, service, agency, organisation or body responsible for the care of a child shall endeavour to provide for the child the best attainable state of health.*
>
> *(3) Every Government in Nigeria shall—*
>
> > *(a) endeavor to reduce infant and child mortality rate;*
> > *(b) ensure the provision of necessary medical assistance and health care services to all children with emphasis on the development of primary health care;*
> > *(c) ensure the provision of adequate nutrition and safe drinking water*
> > *(d) ensure the provision of good hygiene and environmental sanitation;*
> > *(e) combat disease and malnutrition within the framework of primary health care through the application of appropriate technology;*
> > *(f) ensure appropriate health care for expectant and nursing mothers; and*
> > *(g) support, through technical and financial means, the mobilisation of national and local community resources in the development of primary health care for children.*

A review of the above shows that the Act has created positive obligations for the state to ensure the protection of the rights of the child to MNCH services.

Nigeria is not short on policies on health and MNCH. The First Pillar of Vision 20:2020 is Guaranteeing the Productivity and Wellbeing of the People and one of its strategic objectives is focused on health - enhance access to quality and affordable healthcare. The First National Implementation Plan targets improvements in the health indicators to

[7] See section 11; (5), (6) and (7) of the National Health Act.

achieve remarkable drop in maternal, new-born and under-5 mortality rates. The vision targets further a reduction by half of the HIV prevalence rate of 4.4% by 2015 and increasing immunisation coverage from 27% at the base year (2009/10) to 95% in 2015. This is yet to be achieved as at 2016.

2. LAYING OUT GOALS AND OBJECTIVES BASED ON HIGH LEVEL NATIONAL AND INTERNATIONAL POLICIES AND STANDARDS

There are several health goals and objectives both at the national level and at the international level. The overall vision of the sector as contained in the Vision 20:2020 is to promote, provide sustainable quality health systems and services for all the inhabitants of Nigeria by the year 2020.

2.1 High Level National and international Policies, Standards and Commitments

The national key policy document Vision 20:2020 has the health and MNCH goals and objectives to include:

- To provide equitable, efficient, high quality but affordable health services based on the primary health care approach, appropriately updated to improve the knowledge, attitude, practice and the adoption of healthy lifestyles by the people.

- Reduction in maternal and childhood morbidity and mortality and the burden of other priority endemic diseases.

- Improvement of basic sanitation and water supply.

- Increase Nigeria's capacity to manufacture essential drugs, vaccines and consumables from 40% to 80% of national need.
- Expansion of secondary and tertiary health care coverage.

- Improvement of health data base and promotion of research.

- To strengthen secondary and tertiary health care facilities to enable them support primary health care.

- To enhance and strengthen the availability and management of health resources (financial, human and infrastructural)

Likewise, the target of the national policies and laws include:

- Improvement of Under-5 nutritional status;

- Full vaccination, which consists of 1 dose of BCG; 3 doses of Penta; at least 3 doses of oral polio vaccine; 1 dose of measles and at least two doses hepatitis B vaccine should be administered within first year of life. The NPHCDA should be strengthened and empowered to supervise all PHC activities;

- Routine immunization to be handed back to the states and local governments for more effective performance. Also, both the overall vaccine coverage and measles coverage should be significantly improved;

- Maternal Mortality Ratio and Infant and Under 5 Mortality Rates, significantly reduced;

- Aimed at providing potable water and human and other waste disposal system for every household;

- Access to antiretroviral therapy and prevention of mother/child transmission, use of Insecticide-Treated Net (ITN), anti-malarial prophylaxis in pregnancy and access to treatment of respiratory disease should be strengthened;

- There should be significant increase in essential drugs manufactured in Nigeria;

- Increases in knowledge, attitude and practices of prevention of complications arising from common disease and injuries; as well as

- The establishment of primary mental and dental health in health centres and clinics in all states of the Federation.

At the international level, the Millennium Development Goals 4 (Reduce Child Mortality); 5 (Improve Maternal Health) and 6 (Combat HIV/AIDS, Malaria & other Diseases) all relate to health and the MNCH. Thought these goals have been carried forward to become the SDGs, it is important to note that the country couldn't achieve most of the health and MNCH MDGs at the end of 2015 as shown by several indicators used in assessing the achievement.

The Health Care system in Nigeria is made up of three tiers - the Federal, State and Local Government, as well as a robust private sector. The Federal Government manages tertiary health care (universities and teaching hospitals), the State is responsible for the secondary healthcare (general hospitals) while the Local Governments manage the Primary Health Care (Health Care Centres and Dispensaries). Inadequate funding has contributed to the poor health outcomes, especially at the Local Government level. PHC is the first level of care expected to

provide essential preventive, curative and rehabilitative health care services. However, evidence shows this is the weakest link in health care service delivery in Nigeria. This level of care is often by-passed for the secondary and tertiary levels. But the poor who cannot afford higher level of care often resort to traditional and unorthodox medicines. This contributes to Nigeria's poor health status indicators especially as regards MNCH. The National Strategic Health Development Plan 2010-2015, which has recently been extended for an additional year, 2016, and the National Health Act of 2014 clearly identifies strengthening PHCs to deliver basic , cost effective services for the prevention and management of common health problems such as immunization, skilled birth attendants, basic obstetric care among others at the LGA and Ward levels. There is therefore the need for greater focus on PHC which has been identified as the minimum core content of the right to health. Nigeria, as a State Party to several international health standards, the minimum core content encapsulates the minimum core obligation of the Federal Government of Nigeria in matters of health[8].

2.2 Goals and Objective for the Sector and the Intervention

Actions and interventions are required in the MNCH and health sector in order to realize the goals and objectives. In accordance with the Integrated Maternal, New Born and Child Health Strategy, these include:

- Improved access to good quality health services; ensure adequate provision of medical and laboratory supplies, drugs, bundled vaccines, reproductive health (RH) commodities, insecticide treated nets, and the provision and maintenance of basic equipment;

- Strengthening the capacity of individuals, families and the community to take necessary MNCH actions at home and to recognize when to seek appropriate health care solutions;

- Improved capacity for organization and management of MNCH services;

- Establishment of a financing mechanism that ensures adequate funding, affordability, equity, and the efficient use of funds from various sources;

- Strengthening supervision, monitoring and evaluation systems, to assess the progress towards achieving the maternal and child health MDGs; as well as

[8] The United Nations Committee on Economic Social and Cultural Rights in General Comment No. 3 held inter alia that"*.. the Committee is of the view that a minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights is incumbent on every State Party (including Nigeria). Thus, for example, a State Party in which any significant number of individuals is deprived...of essential primary health care….is prima facie failing to discharge its obligations under the Covenant. If the Covenant were to be read in such a way as not to establish such a minimum core obligation, it would be largely deprived of its raison d'etre*".

- Establishment and sustain partnerships to support the implementation of the IMNCH strategy.

3. REVIEW OF EXISTING BUDGET COMMITMENTS (2013-2016)

3.1 Key Issues

A review of the budgetary allocation to the Federal Ministry of Health between 2013 and 2016 will reveal the commitment of FGN to the Health sector. The Abuja declaration commits the FGN and the Government of other tiers to dedicate not less than 15% of the overall budget to the Health Sector. Table 1 shows the state of allocations.

Table 1: *Health Sector Allocations and the 15% Commitment*

Year	Total Budget (N' Billion/Trillion)	Health Allocation (N' Billion)	As % of Total Budget	As 15% of Total (N' Billion)	Variance from 15% Benchmark (N' Billion)
2013	4,987,220,425,601	282,501,464,455	5.66	748,083,063,840	465,581,599,385
2014	4,695,190,000,000	264,461,210,950	5.63	704,278,500,000	439,817,289,050
2015	4,493,363,957,158	259,751,742,847	5.78	674,004,593,574	414,252,850,727
2016	6,060,677,358,227	250,062,891,075	4.13	909,101,603,734	659,038,712,659
	Total to Health Sector: 1,056,777,309,327				

Table 1 shows a total allocation of the sum of N1.056 trillion; an average of N264.194 billion per annum. This amount constitutes an annual average of 5.30% of the total approved national budgets. This is less than the 15% commitment made during the Abuja Declaration of 2001. Therefore a funding gap between the needs of the sector and actual appropriation has been established.

Of the total allocation, 85% (N898.261 billion) was appropriated for recurrent expenditure while the remaining 15% (N158.157 billion) was for capital expenditure. Table 2 shows the utilization of capital allocation to health for the years 2013-2015

Table 2: Health Capital Budget Allocation, Releases, Cash Backed and Utilisation

Year	Approved Capital Health Budget (N'mn)	Released Health Capital Budget (N'mn)	Cash Backed Health Capital Budget (N'mn)	Utilised Sum of the Health Capital Budget (N'mn)	Utilised as a Percentage of Approved Budget	Utilised as a Percentage of Cash Backed Sum
2013	60,047	28,838	28,838	19,109	31.82	66.26
2014	49,517	20,472	20,472	18,688	37.74	91.29
2015	22,676	16,445	16,445	12,214	53.86	74.27
Total	132,240	65,755	65,755	50,011	Average for 3 years: 41.14%	Average for 3 years: 77.27%

Source: *Budget Implementation Reports - Budget Office of the Federation*

Between 2013 and 2015, a total of N65.755 billion was released for capital expenditure (49% of allocation) out of which, N50.011 billion (37.82%) of allocation was expended. This shows that notwithstanding the low budgetary allocation to health, there was poor release of funds and utilization of released funds. The implication is that actual capital budget expenditure is less than the 15 per cent appropriated in the budget.

Chart 1 below summarizes the above findings.

Chart 1: Analysis of FMOH Capital Budget Release and Expenditure, 2011-2015

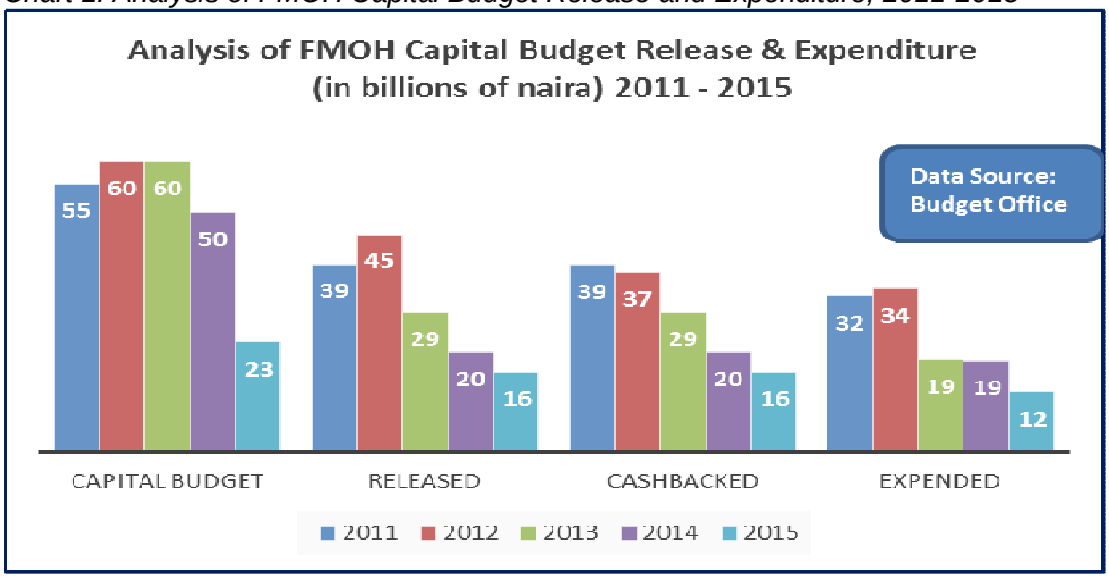
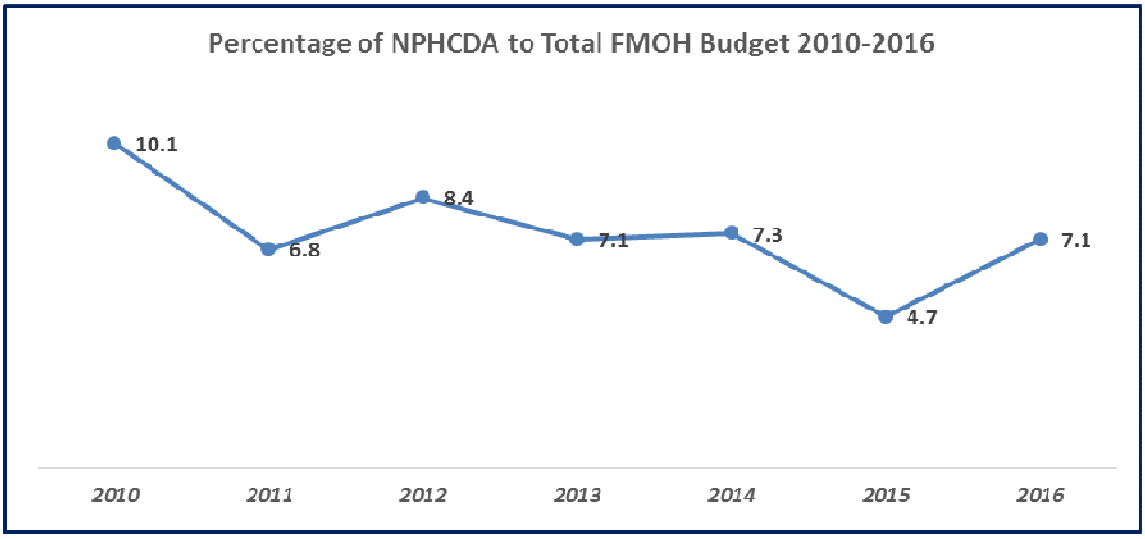


Chart 2 shows the allocation to the National Primary Health Care Development Agency (NPHCDA) over the years 2013-2016.

Chart 2: Allocation to the NPHCDA, 2013-2016.



The percentage of health budget that was allocated to the National Primary Health Care Development Agency (NPHCDA) was 7.1 per cent, 7.3 per cent, 4.7 per cent and 7.1 per cent in 2013, 2014, 2015 and 2016 respectively.

There was no appropriation for the Basic Health Care Provision Act as provided in the National Health Act for the years 2015 and 2016. The implication of the foregoing is that MNCH and related services (using the minimum floor of 1 percent) lost good sums of money. With a total Consolidated Revenue Fund of N3.419trilion in 2015, one percent amounts to N34.190bn which should have been remitted to the Basic Health Care Provision Fund. With a total Consolidated Revenue Fund of N3.855trilion in 2016, 1 percent amounts to N38.555bn which should have been remitted to the Basic Health Care Provision Fund. Of these sums, 45% percent of the Basic Health Care Provision Fund would have gone to the National Primary Health Care Development Agency which would have used it for a number of programmes including MNCH. This would amount to N15.385bn and17.350bn in 2015 and 2016 respectively; bringing the total to N32.735bn over the two years. Also, the 50 percent of the Basic Health Care Provision Fund going to basic minimum package of health services to citizens through the National Health Insurance Scheme would have positively impacted on the right to health.

3.2 MDAs and Projects/Programmes

We note FGN's planned health sector intervention to flag off the revitalization of 1 Primary Health Centre per ward (a total of 10,000 across the Federation). Whilst this intervention is noble, it needs to be executed with the strong collaboration, dedication and commitment of States and Local Governments who will eventually run these PHCs. This is imperative for the sustainability of the intervention. Also, care must be taken to ensure that Federal Government's spending on health be dedicated to the issues assigned to it by the Constitution and extant laws. The experience of the nurses and midwives hired by FGN during similar interventions under programmes like MSS and SURE-P should be brought on board in designing the implementation strategies of this initiative. Essentially, FGN, States and LGAs must come up with a clear strategy for sustaining the improvements after FGN withdraws its intervention.

3.3 MDAs Projects/Programmes Performing Well

1. No report of vaccines stock-out since 2014. Note that it was donor (loan from the World Bank) and Nigeria counterpart funds that have been in use since 2014.
2. Two years without report of wild polio virus (July 2014 – July 2016)
3. Nigeria is now working on sustainable immunization financing

3.4 MDAs Projects/Programmes Performing Poorly

1. No National Health Policy between 2007-2016 (although, a new health policy has been approved)
2. No existing NHDSP (although extant NHDSP) has been extended to 2016
3. Poor implementation of MSS and SURE-P
4. Worsening maternal health indices (Maternal Mortality increased from 545 to 576 per 100,000 live births between 2008 & 2013)
5. No appropriation for Basic Health Care Provision Funds as required by NHA 2014.
6. Low insurance coverage (less than 5%)
7. Misappropriation of donor funds (Global Fund, GAVI)

4. INITIATIVES: PRIORITISATION, COSTING AND PHASING

The following initiatives detailed below represent the irreducible minimum commitments which we consider as part of the minimum core obligation of the FGN to Nigerians and should be reflected in the Health MTSS 2017-2019 and the 2017 Federal Health budget**.**

Table 3: Critical Health Sector Investments for the Period 2017-2019 at the Federal Level

HEALTH SUB-SECTORS – HEADINGS	**2016 PROVISIONS**	**PROPOSAL FOR 2017**	**PROPOSAL FOR 2018**	**PROPOSAL FOR 2019**	**JUSTIFICATION/COMMITMENTS**
Total Health Budget	N257.38bn (only 4.13 per cent of overall budget)	N980.85 bn	N940.59bn	N958.07bn	Based on 15% of the Total Budget as agreed in Abuja Declaration (2001). Parameters: Based on projected revenue of the Federal Government in the 2017-2019 MTEF
Basic Health Care Provision Fund (At least 1% of CRF)	-	N41.69bn	N43.57 bn	N54.37bn	Statutory transfers to be implemented by FMOH, NHIS, AND NPHCDA calculated on the basis of FGN Retained Revenue.
Immunisation	N12.88 billion	USD123 million GAVI support USD199 million	USD141 million GAVI support USD165 million	USD210 million GAVI support USD186 million	Based on cMYP projection, $181 million USD needed to close the funding gap for 2017 & 2018 RI vaccines procurement, because of new RI vaccines introduced and declining GAVI support requirement for Nigeria. Note: Because of the lead time in vaccine procurement, we strongly recommend a biennial appropriation for the procurement of vaccines. Of the USD264 million required for procurement of vaccines that will last till 2018, USD83 million (USD65 million from proposed new World Bank loan, USD 8 million rollover of current World Bank loan, USD5 million rollover of 2015 budget and USD5 million from the 2016 budget) have been confirmed. Consequently, the **USD181 million** funding gap (USD40 million in 2017 and USD141 million in 2018) should be allocated for vaccines procurement in 2017 budget.
Family Health					

HEALTH SUB-SECTORS – HEADINGS	2016 PROVISIONS	PROPOSAL FOR 2017	PROPOSAL FOR 2018	PROPOSAL FOR 2019	JUSTIFICATION/COMMITMENTS
Counterpart fund for the Procurement and National Distribution of contraceptive commodities based on 2016 forecast	N 797.4 million	N 32.2 billion	N44.3 billion	N58.6 billion	$122.5 million required for FP in 2017 because Nigeria has a costed policy document for Family Planning - Nigeria Family Planning Blueprint (Scale-Up Plan 2014 - 2018). This was developed to address the London commitment of increasing CYP to 36% by 2018. **Breakdown for 2017 in USD:** Demand Creation - 23 Service Delivery - 25.1 Commodities - 44.4 Supply Chain - 4.6 SMC - 25.6 However, if partners contribution to commodities is pegged at 33 million USD, Nigeria has to fund a total of 111 million USD.
All Nutrition Related projects/policy development	N3.3 million	N2.9 billion	N4.1 billion	N5.3 billion	Based on the annual costed plan (NSPAN) which assumes that the FG provides $10m annually for 2014-2018.
Midwives Service Scheme (MSS)	N1.06billion	N1.17billion	N1.28billion	N1.41 billion	Based on projected increase of functional PHCs country wide with at least 10 per cent increase annually
NHIS Unified Maternal & Child Health Programme (UMCHP)	N 63 million	All NHIS operational budget	All NHIS operational budget	All NHIS operational budget	More than 60 billion is allocated by the FG as funding for NHIS for all federal government employees. The operational budget of the agency is not detailed in the Budget except for the capital project. Details of NHIS budget will allow transparent monitoring of actual investments in the health sector.
NACA Capital Projects on HIV Response					

HEALTH SUB-SECTORS – HEADINGS	2016 PROVISIONS	PROPOSAL FOR 2017	PROPOSAL FOR 2018	PROPOSAL FOR 2019	JUSTIFICATION/COMMITMENTS
ART FOR PLHIV IN TARABA AND ABIA, ALLOWANCES FOR ART SUPPORT STAFF IN TARABA AND ABIA STATES, EXPANSION OF OPTION B+ FOR PMTCT AND HCT SERVICES, AND CARE AND SUPPORT TO PLHIV	N525.16 million	N2.91 billion	N3.49 billion	N4.19 billion	The 2016 budget was grossly inadequate. Currently 48,332 PLHIV are on ART in Taraba and Abia States. To maintain this number of (48,332) PLHIV on ART for 12 months will cost N2,428,199,680. The proposed subsequent budgets for 2017-2019 took into consideration an annual growth rate of 20% (9,666 PLHIV) to give a total of 57,998 PLHIV (i.e. old plus new) to be placed on ART in Taraba and Abia states in 2017.
SUPPLY OF RAPID TEST KITS AND CONSUMABLES TO STATES	N881.07 million	N30.2 billion	N59.5 billion	N88.8 billion	At 3.0% HIV prevalence, 100 persons need to be tested to get 3 persons to be placed on ART; therefore we need to counsel and test 15,666,667 persons in 2017 to harvest 470,000 PLHIV to be placed on ART. The unit cost for testing an individual for HIV is N3,840, thus it will cost N60,160,000 to test 15,666,667 persons for HIV.
ART for 470,000 PLHIV in 36 States and FCT	Nil	N23.6 billion	N28.32 billion	N33.98 billion	Currently the national treatment gap is 2,350,000 PLHIV requiring ART. This budget was based on the assumption that in 2017-2019 only 20% of this number (i.e. 470,000 PLHIV) will be placed on ART in addition to those currently on treatment in 36 states and FCT.
Treatment of VVF cases		N30 billion	N30 billion	N20 billion	800,000 women and girls are reported to be suffering from the VVF scourge and treating all at N100,000 each for surgery, remediation and rehabilitation will cost a total of N80 billion

5. POLICY RECOMMENDATIONS

The Memorandum makes the following policy recommendations:

- Increased allocation to the health sector to reach the 15 percent Abuja Declaration benchmark. The bulk of the new resources should go to capital expenditure to enhance access to equipment and health supporting infrastructure.

- The implementation of the National Health Act setting aside not less than 1 percent of the Consolidated Revenue Fund to the Basic Health Care Provisions Fund. In this regard, the guidelines for the administration, disbursement and monitoring of the Fund should be designed to reflect the provisions of the Act.

- Increasing the efficiency of health sector spending through greater value for money strategies. Ensure strict and efficient implementation of the resources allocated to the health sector by implementing open contracting standards as part of an open government strategy.

- The full release of the capital budget of the Health Sector starting from the 2017 financial year.

- The revitalization of 1 Primary Health Centre per ward (a total of 10,000 across the Federation) is a noble intervention. It needs to be executed with the strong collaboration, dedication and commitment of States and Local Governments who will eventually run these PHCs. This is imperative for the sustainability of the intervention.

- Care must be taken to ensure that Federal Government's spending on health is dedicated to the issues assigned to it by the Constitution and extant laws. The experience of the nurses and midwives hired by FGN during similar interventions under programmes like MSS and SURE-P should be brought on board in designing the implementation strategies of the PHC Revitalization initiative. Essentially, FGN, States and LGAs must come up with a clear strategy for sustaining the improvements after FGN withdraws its intervention.

- Although Primary Health Care is not the primary responsibility of the Federal Government, it should provide resources in form of grants to States and LGAs given that it takes more than half of the Federal Account funds. Strong accountability frameworks and practices must be put in place to ensure efficient utilization of approved funds. FG should focus more on development of national health policies and ensure all the existing ones are implemented.

- FGN should increase its efforts towards a policy and legal framework for sustainable immunization financing.
- The full funding of the nationwide roll-out of the Integrated Community Case Management for Malaria, Pneumonia and Diarrhoea, the 3 biggest childhood killer diseases in Nigeria.
- Public private partnership schemes in the health sector should be encouraged but made as transparent and efficient as possible. This will ensure that the areas that the public sector cannot delve into as a result of lean finances, the private sector actors can augment and fill the funding gap. However, necessary caution must be applied in adopting the public private partnership model of health funding in order not to price public health facilities beyond the reach of the ordinary Nigerian.
- FGN should explore innovative funding mechanisms for the health sector including compulsory universal health insurance scheme for all Nigerians.
- 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 all relevant stakeholders.
- The specific contributions of Development Partners should be identified and captured in the budget for purposes of transparency and accountability.

This memorandum was adopted by the following Civil Society Organizations:

1. Centre for Social Justice (CSJ)
2. Health Reform Foundation of Nigeria (HERFON)
3. The ONE Campaign
4. Evidence for Action (Mamaye)
5. Save the Children
6. Nigerian Medical Association
7. Women Advocates for Vaccine Access (WAVA)
8. West African Academy of Public Health (WAPH)
9. White Ribbon Alliance Nigeria (WRAN)
10. Nigeria Health Watch
11. Center for the Right to Health (CRH)
12. Education as a Vaccine (EVA)
13. Civil Society for HIV/AIDS in Nigeria (CiSHAN)
14. BusinessDay Newspaper
15. CHAN
16. FOMWAN
17. Advocacy Nigeria
18. Rotary International District 9125 Nigeria
19. Sustainable Healthcare International

20. Silver Lining for the Needy Initiative (SLNI)
21. International Federation of Women Lawyers, Nigeria(FIDA)
22. Ummah Support Initiatives (USI)
23. Strengthening Advocacy and Civic Engagement
24. Public Health Foundation of Nigeria (PHFN)
25. Association for the Advancement of Family Planning
26. Civil Society Scaling-Up Nutrition in Nigeria
27. Health Policy Research Group
28. Nigeria Health Economics Association
29. Wellbeing Foundation Africa (WBFA)
30. Glamorous Mothers Development
31. Women Advocates Research and Documentation Centre
32. Pan-African Community Initiative in Education and Health (PACIEH)
33. Positive Action for Treatment Access (PATA)
34. Health, Education, Work & Shelter (H.E.W.S.) Foundation
35. Healthcare Federation of Nigeria.
36. Connected Development
37. Citizens Wealth Platform
38. New Nigeria Youth Organisation
39. NIWAAFA
40. CHRCR
41. GIFSEF (African Green Movement)
42. VTF
43. NIWA
44. Community Centre For Development
45. Development Communication Network
46. Peoples Empowerment Forum
47. Disability Rights Advocacy
48. Centre for Peoples Health, Peace and Progress
49. African Network for Environment and Economic Justice
50. Women Advocacy, Research and Documentation Centre
51. CBM
52. Alpha Health Alert and Human Development Organisation
53. Four Aces Consulting Ltd
54. YPD
55. Labour, Health and Human Rights Development
56. Michael Adedotun Oke Foundation
57. Gender Care Initiative
58. Green Transact
59. GSHAAL
60. ECOWATCH
61. Centre for Research , Advocacy, Women and Youth Development

62. SOGON
63. Good Governance Team
64. Save and Serve Human Initiative
65. International Centre for Development and Budget Advocacy
66. CLIMATTERS
67. CCIDESOR
68. Society for Family Health
69. Public and Private Development Centre (PPDC)
70. CRAWYD
71. Nigerian Urban Reproductive Health Initiative (JHPHINI/NURHI)
72. African Youth Initiative on Population, Health and Development (AfrYPoD)
73. Vaccine Network for Disease Control
74. Network for Health, Equity and Development (NHED)
75. Live Well Initiative (LWI)
76. Coalition for Maternal, Child, Newborn and Adolescent Health Network of Nigeria (C4MAN)