

INADEQUACY OF STATES' HEALTH BUDGETS

While the Federal Government of Nigeria has the primary responsibility for the health and well-being of the People, State Governments are closer to the people than the Federal Government and therefore have more important roles to play in ensuring States' health facilities are well equipped and suitable for peoples' use.

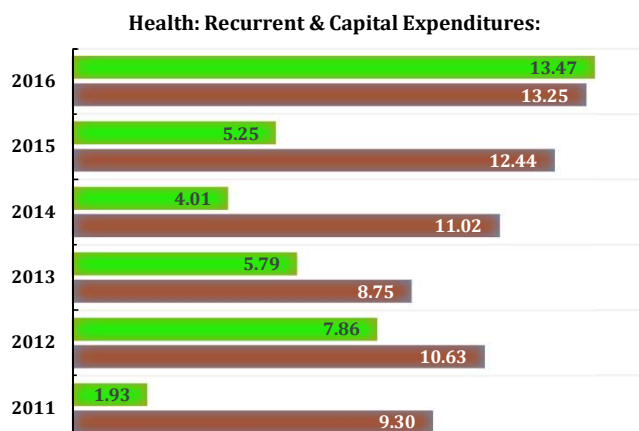
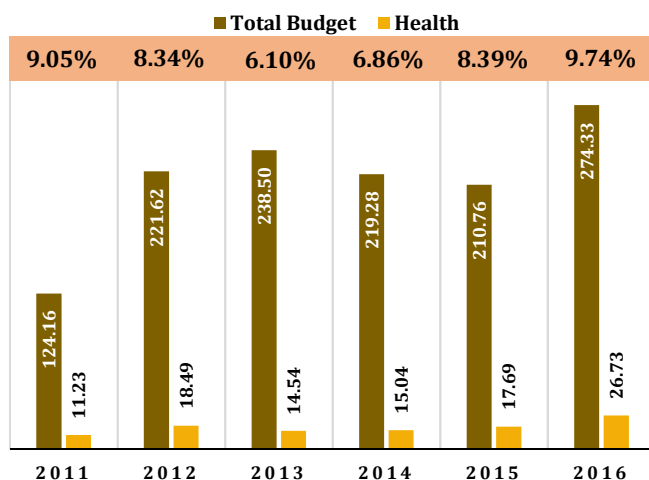
While we acknowledge that the Abuja Declaration is a commitment by national government, it is however instructive to sub-national governments as a guide to their budgetary allocations to the health sector.



KANO STATE



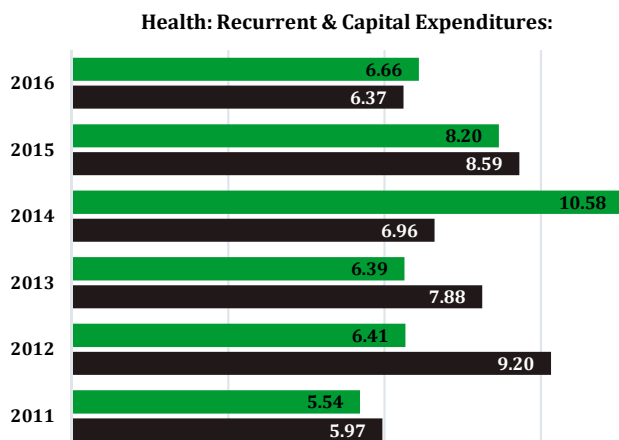
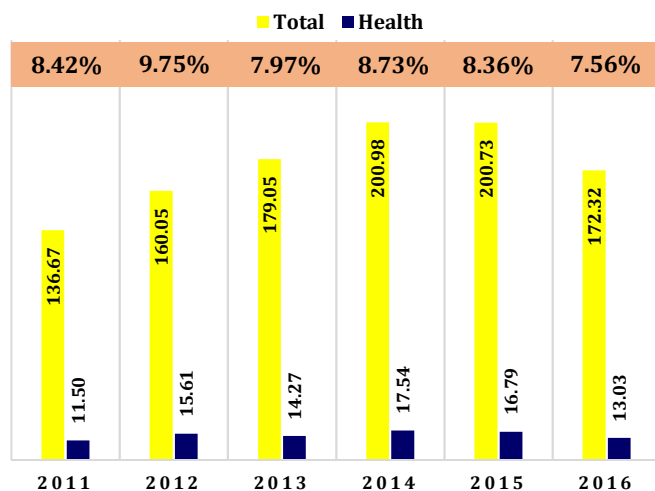
From 2011 to 2016; Kano has allocated between 6.10% to 9.74% of its annual budget to Health. As seen at the National government level, Kano state has not been able to achieve the 15% benchmark of the Abuja Declaration. On the average, the ratio of Kano state health budget Recurrent Expenditure to Capital Expenditure is 66%:34%, Salaries, Pensions, and Overheads still consumes the highest allocation. However, the 2016 budget experienced a total turnaround from the usual allocation as there were more allocation to Capital Expenditure (50.41%) than Recurrent Expenditure (49.59%).



KADUNA STATE



Similarly, from 2011 to 2016, Kaduna State allocated between 7.56% to 9.75% of its annual budget to Health. This is also less the 15% benchmark of the Abuja Declaration. On the average, between 2011 and 2016, Kaduna State health budget Recurrent Expenditure to Capital Expenditure is 51%:49%. This means Salaries, Pensions, and Overheads consumes almost equal proportion with investment in health infrastructure.



All Budget figures in ₦Bn

WHILE BOTH KANO AND KADUNA STATES HAVE DONE RELATIVELY BETTER THAN THE NATIONAL GOVERNMENT IN THEIR ALLOCATIONS TO HEALTH, THEY ARE STILL FAR FROM THE RECOMMENDED BENCHMARK!