CHILD AND FAMILY HEALTH

1 - GUIDE US ON IMPORTANT POLICY ISSUES THAT YOU HAVE OBSERVED THAT YOU BELIEVE GOVERNMENT SHOULD ADDRESS AS A MATTER OF URGENCY;

POLICY ISSUES:

Policy Issue – 1: Revitalization of Primary Healthcare Centres across the Nation and in partnership with State Government. This can be further addressed through some kind of Matching Grant Programme, as it is currently being done for Education.

45% of the Federal Government Annual Grant – the Basic Health Care Provision (BHCF) – is Primary Healthcare Centres, therefore ensuring **eligibility criteria** includes revitalization of PHCs across the States will endear some level of commitments.

- 20% of the fund shall be used to provide essential drugs, vaccines and consumables for eligible primary health care facilities
- 15% of the fund shall be used for the provision and maintenance of facilities, equipment and transport for eligible primary healthcare facilities; and
- 10% of the fund shall be used for the development of Human Resources for Primary Health Care;

Policy Issue – 2: Vaccination of Children. Universal immunisation of children against six common vaccine-preventable diseases, namely **tuberculosis**, **diphtheria**, **whooping cough** (pertussis), **tetanus**, **polio**, and **measles**, is crucial to reducing infant and child mortality.

A child is considered to have received all basic vaccinations if he or she has received a bacille Calmette-Guérin (BCG) vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus; at least three doses of polio vaccine; and one dose of measles vaccine.

	ALL BASIC VACCINATIONS	NO VACCINATION
2003	12.9	26.5
2008	22.7	28.7
2013	25.4	20.7
2018	31.3	19.2

Policy Issue – 3: Investing in human resources and health infrastructures. According to the 2016 JAMB Application record, Medicine and Surgery is the most sought-after course in Nigerian Universities, however less than 5% are admitted for various reasons, top on it is the inability of Nigerian universities to accommodate due to lack of adequate infrastructures. Despite this interest, Patient to Doctor ratio is in excess of 1 Patient to 5,000 Doctors because Nigerian Doctors are leaving the country in droves.

Sources:

https://www.rockcityfmradio.com/40000-nigerias-registered-doctors-left-greener-pasture-abroad-nma/

https://punchng.com/nma-raises-alarm-as-900-doctors-resign-from-uch-lagos-hospitals/

https://www.icirnigeria.org/nma-more-than-half-of-nigerian-doctors-are-abroad-100-have-left-uch-this-year-alone/

Policy Issue – 4: Focus on the Sustainable Development Goal (SDG) 3 **– Health and Well Being**. While the SDG began in 2015, Nigeria has not demonstrated serious commitment to focusing on achieving the SDG 3 Targets. According to the SDG Index and Dashboards Report 2018, as monitored by Bertelsmann

Stiftung and Sustainable Development Solutions Network, Nigeria's is ranked 150th 156 countries and with performance in Goal 3 (Health and Well Being) remaining flat and unprogressive.

Thankfully, the Nigerian Senate has created a Committee on Sustainable Development Goals, there should be immediate engagement with the Committee Chair and Members to foster a mutual relationship and solicit their assistance in budgetary allocation for this cause. This could also help in ensuring the Senators consider such health related programmes in their Constituency Project initiatives.

SDG3 – Good Health and Well-Being

Maternal mortality rate (per 100,000 live births)	814.0	● →
Neonatal mortality rate (per 1,000 live births)	34.1	● ↗
Mortality rate, under-5 (per 1,000 live births)	104.3	● ↗
Incidence of tuberculosis (per 100,000 population)	219.0	● →
HIV prevalence (per 1,000)	1.0	● ↑
Age-standardised death rate due to cardiovascular disease, cancer, diabetes, and chronic respiratory disease in populations age 30–70 years (per 100,000 population)	20.8	● →
Age-standardised death rate attributable to household air pollution and ambient air pollution (per 100,000 population)	150.0	● ••
Traffic deaths rate (per 100,000 population)	20.6	● ↗
Healthy Life Expectancy at birth (years)	54.5	● ↗
Adolescent fertility rate (births per 1,000 women ages 15-19)	109.3	● →
Births attended by skilled health personnel (%)	35.2	● ••
Surviving infants who received 2 WHO-recommended vaccines (%)	49.0	● ↓
Universal Health Coverage Tracer Index (0-100)	48.7	● →
Subjective Wellbeing (average ladder score, 0-10)	5.3	● →

2 - WE BELIEVE THAT THERE IS A CRITICAL ADVOCACY ISSUE THAT YOU ARE BEST PLACED TO ADDRESS - IT IS THE ISSUE OF POOR BUDGET PERFORMANCE, UNTIMELY RELEASES AND FUNDS BEING RETURNED TO THE TREASURY. TO MAKE THE SECOND POINT WE NEED YOU TO PRESENT US WITH THE DATA AND COGENT ARGUMENTS.

WHAT HAILS NIGERIA'S HEALTH BUDGET?

Historically, Nigeria's health budget is relatively poor compared to many other of its counterparts, in Africa, Lower-Middle Income countries, and its likes in emerging economies. This has not only reflected in Nigeria's poor health indices, it also has huge negative impacts in Nigeria's human capital development perspectives as relating to education and health and well-being. However, these realities in Nigeria's health system performance are a result of some of the discussions below

PRIORITY BUDGETING

Nigeria's health budget does not follow its health priority and commitment. It is a case of not putting your money where your mouth is. In 2001, Nigeria's commitment during the Abuja's Declaration was an allocation of 15% of its budget to Health. However, since 2001 till date, Nigeria has done a maximum of 6% of its allocation to Health. The Vision of the of the Federal Ministry of Health is: "*To reduce the morbidity and mortality due to communicable diseases to the barest minimum, reverse the increasing prevalence of non-communicable diseases, meet global targets on the elimination and eradication of diseases, and significantly increase the life expectancy and quality of life of Nigerians.*" A critical focus for achieving these Vision is intentional allocation to Primary Healthcare Centres and commitment to meeting global targets such as the Sustainable Development Goals and the Family Planning 2020 Goals.

Allocations to the National Primary Health Care Development Agency does not reflect this priority dwindles between 5% of the Health Budget in 2015 to now 4% in the 2019 budget. This does not reflect that the Vision is backed with concrete commitment. On Family Planning, Nigeria committed to achieving the goal of a Contraceptive Prevalence Rate (CPR) of 36% by 2018 by making incremental budgetary allocation to Family Planning budget lines from US $3 million to $8.35 million annually for 4 years for the procurement of reproductive health commodities. Based on the National Demographic and Health Survey (2018), Nigeria is currently at 17% CPR. Similarly, the budget for Family Planning has dwindled over the years, from N624.74bn in 2015 to N300bn in 2019. All these are indicators that Nigeria has not been able to prioritize its health budgeting in accordance with its vision of significantly increase the life expectancy and quality of life of Nigerians.

UNTIMELY BUDGET RELEASES

The Nigerian budgeting system goes through a cycle that makes it impossible to run from January to December every year. Historically, the Budget is passed second quarter of the year following which Agencies begins to make submission for releases. This is also hampered by the shortage in revenue which makes capital projects a second priority for salaries, overheads and pensions. The Federal Ministry of Health must be proactive in its approach, having observed that the budgeting system is inefficient. This should be through a proactive development of budget release application to the Ministry of Finance, such that immediately the Budget is assented to, it is among the first set of Agencies whose application for funds are prioritized for release. This will ensure better and proactive release of available limited funds to service the capital projects.

POOR IMPLEMENTATION OF CAPITAL PROJECTS

Beside the delay in budget releases, Health capital projects are poorly implemented, and this ultimately leads to waste of the little resources available to the Ministry. Several audit observations by the Office of the Accountant General of the Federation gives credence to how projects are haphazardly implemented,

resources wasted, overpayment of staff on official missions, etc. For instance; 2012 Audit findings says: "*Shabby job done by Contractor awarded the rehabilitation of the Akahaba General Hospital, Abiriba, in Abia State*." In this case, the Contractor was paid fully (N179,999,949.15) on the presentation of a Job Completion Certificate, which was later found to be untrue. In 2014 Audit Findings: It was observed that "*(i) Drugs were haphazardly arranged in the store, instead of arranging them according to each programme. Attention should be paid to the proper arrangement. (ii) Most of the drugs like malaria; Narcotics, Mosquito nets, etc were left in the store undistributed even though they were almost at their expiring dates*."

When resources are poorly managed, no matter how much budgetary increases the Ministry of Health eventually receives from advocacy effort, it will never be enough to meet the needs of the people and improve Nigeria's health indices.

UNUTILIZED BUDGETARY ALLOCATION / RETURN OF FUNDS TO THE TREASURY / POOR IMPLEMENTATION OF HEALTH BUDGET

Beside the fact that the Capital Expenditure component of the Health Budget, which focuses on the implementation of key capital projects and health infrastructures, is not sufficient to cater for the needs of the sector, records show that released funds are not entirely utilized. As shown in the table below, capital allocation was fully released only 2010. In addition, released funds are not also utilized to the fullest, only in 2011 was the full amount released utilized by the Federal Ministry of Health. Overall, the Health budget have not performed 100% since 2009, only in 2016 was 97.1% of what was allocated utilized for capital projects. The implication of the non-use of released funds is that the balance funds are returned to the Federation Account, by extension, it makes it difficult for more funds to be released as returned funds becomes reference point for inefficient operation or execution plan by the Ministry.

YEAR	Capital Allocation (N'bn)	Released (N'bn)	% Released	Utilized Funds (N'bn)	As a % of Released	As a % of Allocation	Returned
2018*	**141.64**	21.62	15.3%	13.35	**61.7%**	**9.4%**	8.27
2017	**55.61**	52.66	94.7%	48.85	**92.8%**	**87.8%**	3.81
2016	**28.65**	28.59	99.8%	27.81	**97.3%**	**97.1%**	0.78
2015	**22.68**	16.45	72.5%	12.21	**74.2%**	**53.8%**	4.24
2014**	**49.52**	20.47	41.3%	18.69	**91.3%**	**37.7%**	1.78
2013	**60.05**	34.78	57.9%	33.34	**95.9%**	**55.5%**	1.44
2012	**60.92**	45.00	73.9%	33.68	**74.8%**	**55.3%**	11.32
2011	**38.79**	32.17	82.9%	32.17	**100.0%**	**82.9%**	0
2010	**33.57**	33.56	100.0%	17.75	**52.9%**	**52.9%**	15.81
2009	**50.80**	48.64	95.7%	25.51	**52.4%**	**50.2%**	23.13

This also pays credence to the fact that it is practically impossible to achieve 100% budget implementation when budgets are not passed on time and when releases are not made on time, and by the time funds are released for the execution of projects, it is almost the end of the financial year and all Agencies are therefore busy planning for another budget year and reconciling their accounts to return unused funds in order not to be penalized for non-return of unutilized allocations.

The Federal Ministry of Health need to urgently put measures in place to ensure capital project executions receive urgent and immediate attention that enables it to achieve time releases of funds and most importantly maximize released funds to achieve 100% utilization and avoid the need to make refunds to the Federation Account.