

Nigeria: 2022 PACFaH@Scale Health Financing Report



By

development Research & Projects Centre, dRPC

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List of Abbreviation

CSOs	Civil Society Organization
DSB	Demographic Statistics Bulleting
FGN	Federal Government of Nigeria
FMoH	Federal Ministry of Health
LGAs	Local Government areas
MDA	Ministry Department and Agency
NPC	National Population Commission
PAS	PACFaH@Scale
PHC	Primary Health Care
SDGs	Sustainable Development Goals
SWV	Service Wide Vote
WHO	World Health Organization
ZBB	Zero-Based Budgeting

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- Federation of Muslim Women Association Nigeria (FOMWAN)
- Global Initiative for Women and Children (GIWAC)
- National Association of Nigerian Nurses and Midwives (NANNM)
- Planned Parenthood Federation of Nigeria (PPFN)
- Women in Media (WIM)
- Centre for Communication and Reproductive Health Service (CCRHS)
- Medical Women's Association of Nigeria (MWAN)
- Society Of Obstetricians and Gynaecologists of Nigeria (SOGON)
- Association for the Advancement of Family Planning (AAFP)

Introduction

Achieving the Universal Health Care (UHC) in Nigeria requires adequate and sustainable financing resources. Without effective health financing, access to healthcare becomes difficult, especially for the poor and most vulnerable community. There are several sources of health financing namely government funding, out-of-pocket payment, prepaid financing, and as well as development funding. Despite all these sources of funding, the health financing system is still characterized by little investment by the government, extensive out-of-pocket payments, limited insurance coverage, and low donor funding¹. This has greater implications for the current health system. Today, the country has one of the highest maternal mortality rates due to poor health infrastructures, poor human resources for health and there is still significant challenges in providing essential health services to average Nigerians. It is against this background this report seeks to;

- Examine the adequacy of the health budget allocation and releases
- Examine the National health per capita
- Ascertain the National and subnational states 15% Abuja declaration to the health sector.
- Identify National health financing gaps
- Examine the National health budget performance

Justification

The public and stakeholders find it very difficult to understand and digest budget. Budget documents are usually prepared by bureaucrat and technical experts who adopt code and input figures for the purpose of processing and approval. Therefore, in order to transform the raw budget document to easily accessible, comprehensible, and productive budget analysis is required. This budget analysis is informed by the need to simplify a complex full of figures and numbers to clearly logical set of facts. However, this analysis is focused largely on the health budget. This is because health is considered to be a critical ceiling to socioeconomic and political stability. Indeed, all sectors derived their survival and vitality from functional health.

There is a dearth of data about the national healthcare financing taking into consideration the FGN and the 36 states' healthcare funds. Often time, it is believed that the amount allocated to health by the FGN and the 36 states governments is enough to manage the healthcare deficit in the country. This report pulled the data together to unravel the misconception surrounding the adequacy of government healthcare financing in Nigeria.

Methodology

This report focused on the 36 states of the federation and the Federal government of Nigeria (FGN). The data for this report is collected from the Federal and state governments annual budget estimates and the quarterly budget implementation reports. The raw data is analyzed using quantity method.

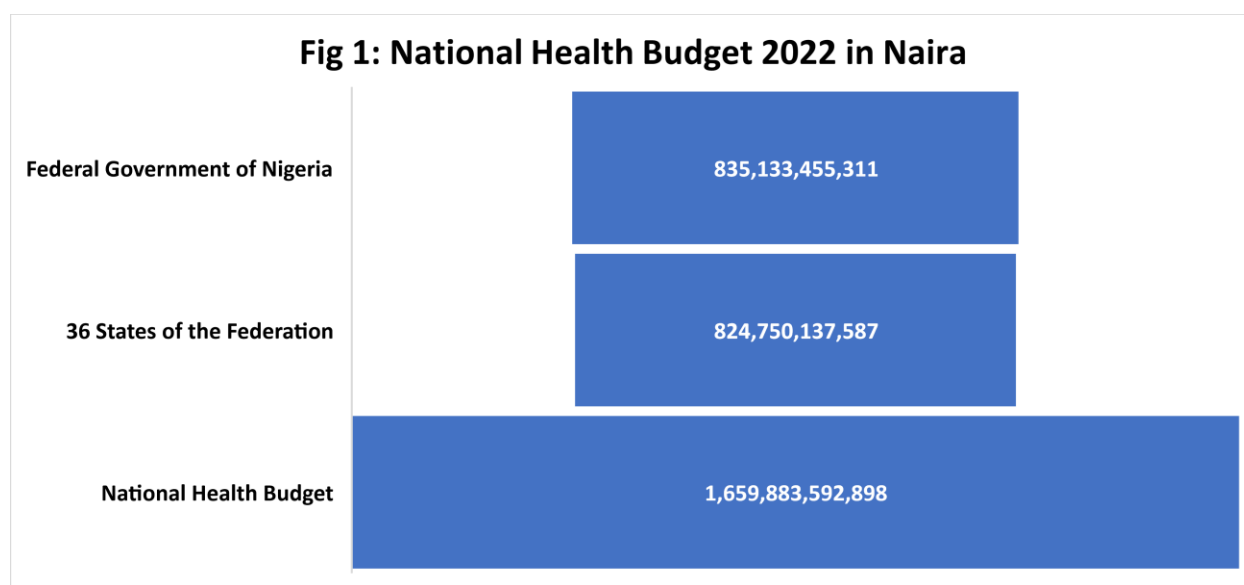
Most donor interventions come informs of grants and loans and are mostly embedded in the government annual budget estimates at the national and subnational states. The health expenditure used for this analysis does not cover out-of-pocket spending and prepaid financing. It also excludes any local government allocation to the health sector. In

¹ [Implications of poor healthcare financing in Nigeria - Vanguard News \(vanguardngr.com\)](https://www.vanguardngr.com/2018/03/implications-of-poor-healthcare-financing-in-nigeria/)

Nigeria, LGAs depends mostly on the fund from the state government for development activities including healthcare.

Federal Government of Nigeria Healthcare Financing

The Federal government of Nigeria and the 36 states of the federation has a total of N26.96 trillion budget for the 2022 fiscal year. Out of this sum, the federal government allocated a sum of N835 billion for health care and 36 states' government has a total of N824 billion for the sector. Thus, a total of N1.65 trillion was allocated to the health sector for the year. The fund covers both the government and the donor-supported funds.

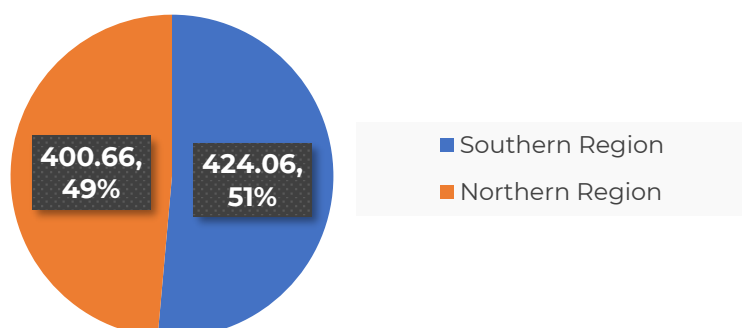


Subnational State Healthcare Financing

Regional Allocation

From the total sum of N824 billion allocated to health care by the 36 states, N400 billion was allocated by the 17 southern governments for the region and N424 billion by the 19 northern state governments. In essence, the northern region has N24 billion more funds allocated to the health sector than the southern region in the 2022 fiscal year.

Fig 2: Regional Government Health Financing 2022 (Nbn)

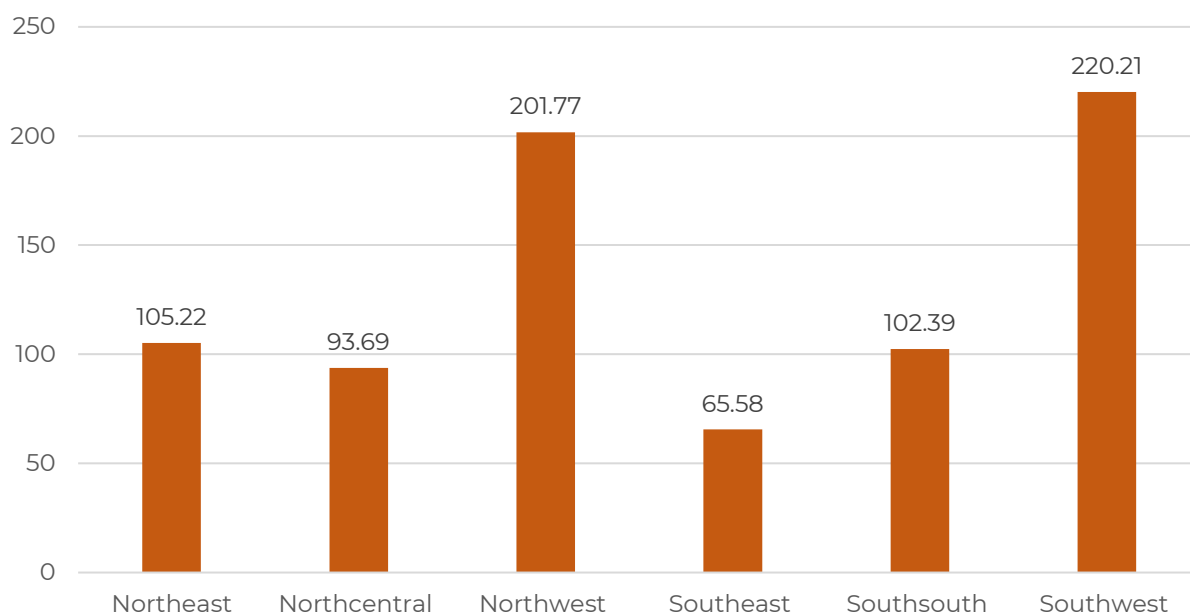


Zonal Allocation

In terms of zonal desegregation, southwest has more funds allocated to healthcare with N220 billion while the southeast has the lowest allocation. Following the Southwest, is the

Northwest with N201.7 billion, Northeast with N105.2 billion, South-South N102.3 billion, Northcentral with N93.69 billion and lastly N65.5 billion

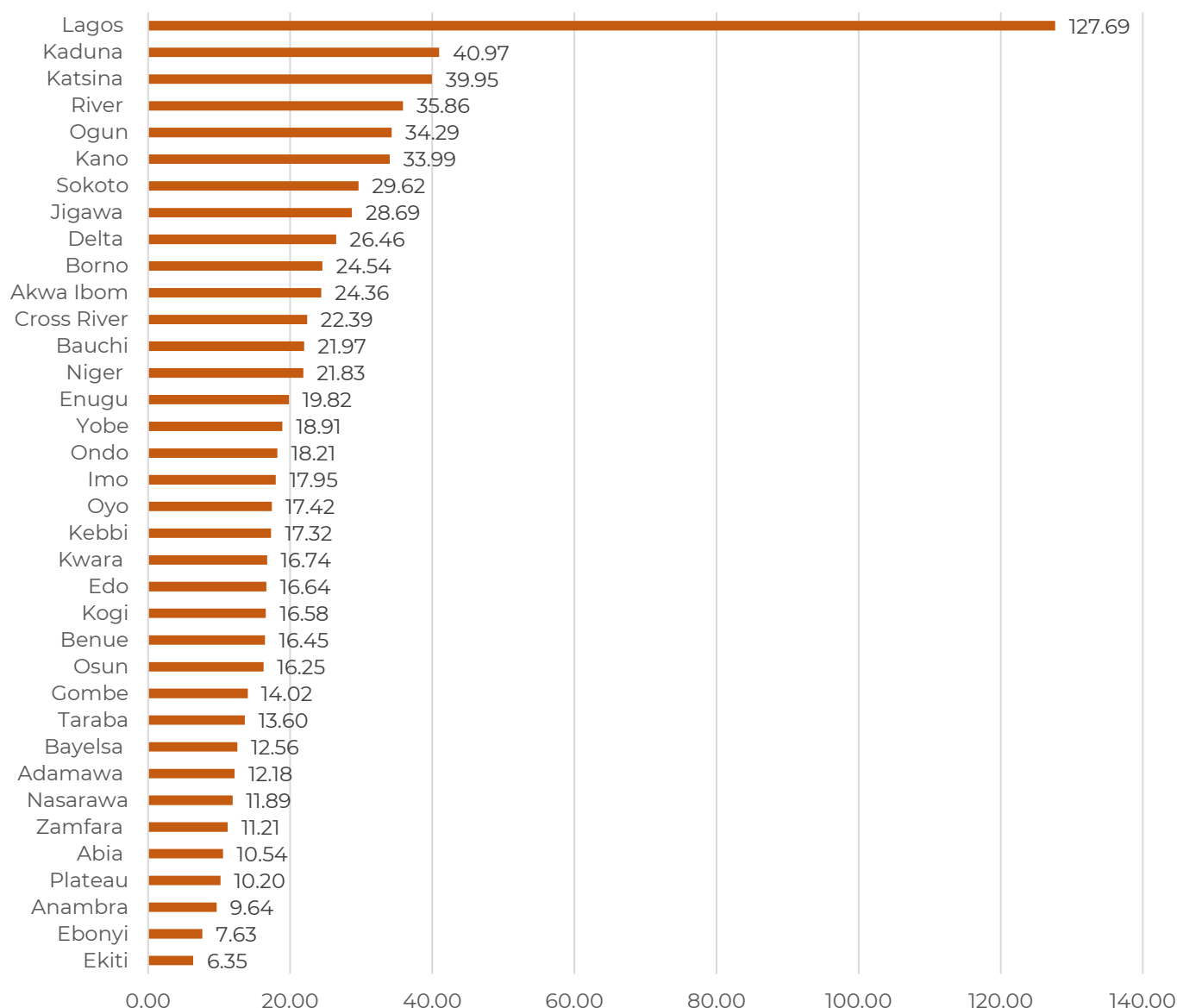
Fig 3: Nigeria 2022 Zonal Health Financing (Nbn)



State to State Analysis

The state - to - state analysis shows that Lagos state has more funds for healthcare in 2022 than all the states in southeast put together; than all the five (5) states in the southeast put together; than the all the six (6) states in north east put together and; than all the six (6) states in the northcentral put together. The state also has more health care allocation than eleven states: Gombe, Taraba, Bayelsa, Adamawa, Nasarawa, Zamfara, Abia, Plateau, Anambra, Ebonyi, and Ekiti whose health budget was N119.82 billion combined in 2022 fiscal a year. With Lagos N127 billion allocations for the sector, Ekiti has the least budget allocation for the health sector. In all the N824 billion was allocated to the 36 states in the year. Meanwhile, Lagos, Kaduna, Katsina, River, and Ogun have the highest health care funding, while Ekiti, Ebonyi, Anambra, Plateau, and Abia states have the least funding for the health care in 2022.

Fig 4: Subnational State 2022 Healthcare Financing (Nbn)



Capital and Recurrent Health Allocation

Capital health allocation is divided into administrative and infrastructural capital. The infrastructure capital is a project that helps maintain or improve health infrastructures such as the construction, expansion, renovation, or replacement of health facilities, procurement of drugs etc. the administrative capital expenditure includes provisions for computer software acquisition, and purchases of computers and printers, buses, trucks and vans, motor vehicles and motorcycles, office, and residential furniture and fittings, photocopying machines, scanners, and shredding machines, residential and office buildings, and land.²

The health recurrent budget covers both the personnel (i.e. salaries, wages and allowances) and overhead. The latter is the operational cost used in running the daily activities of the

² Taiwo H. Adebayo, "EXCLUSIVE: Buhari's 2020 budget cuts affect National Assembly, federal jobs, capital expenditure", Premium Time, May 6, 2020.

MDAs. They include Motor Vehicle Fuel Cost Publicity & Advertisements, Local Travel, and Transport, Newspapers, Honorarium & Sitting Allowance, Magazines & Periodicals, Refreshment & Meals, Maintenance of Office Furniture, motor vehicles, generators, and equipment.

At the federal level, the sum N621.6 billion was allocated to the recurrent health budget and N213 billion to the capital health budget. The 36 states of the federation allocated the sum of N405 billion to the recurrent health budget and N419.5 billion to the capital health budget. It could be deduced that the overall figures of the 36 states for the capital and recurrent health budget show that the states prioritize capital more than the recurrent. The reverse was the case with the federation. while the 36 states allocated 49% of their health allocation to the health recurrent, the federal government dedicated 74%. On the other hand, while the 36 states dedicated 51% of their capital budget to healthcare, the Federal government only dedicated 26% to the same health budget component.

Therefore, the national health recurrent allocation for the year is N1.02 trillion and the capital health budget stands at N633 billion. This represents 62% and 38% respectively.

Table 1: National and Subnational Health Capital and Recurrent Budgets Estimates

FGN and States 2022	Recurrent (Nbn)	Percentage (%)	Capital (Nbn)	Percentage (%)
Abia	5.98	57%	4.56	43%
Adamawa	5.77	47%	6.40	53%
Akwa Ibom	12.54	52%	11.80	48%
Anambra	3.75	39%	5.88	61%
Bauchi	8.88	40%	13.08	60%
Bayelsa	8.45	67%	4.10	33%
Benue	13.24	80%	3.20	19%
Borno	10.65	43%	13.89	57%
Cross River	5.05	23%	17.33	77%
Delta	14.64	55%	11.80	45%
Ebonyi	1.36	18%	6.25	82%
Edo	7.36	44%	9.27	56%
Ekiti	4.99	79%	1.35	21%
Enugu	6.79	34%	13.02	66%
Gombe	7.98	57%	6.03	43%
Imo	11.18	62%	6.76	38%
Jigawa	16.02	56%	12.67	44%
Kaduna	12.33	30%	28.63	70%
Kano	15.04	44%	18.95	56%
Katsina	8.61	22%	31.33	78%
Kebbi	7.10	41%	10.21	59%
Kogi	7.79	47%	8.78	53%
Kwara	4.33	26%	12.40	74%
Lagos	88.55	69%	39.13	31%
Nasarawa	9.86	83%	2.02	17%

Niger	9.67	44%	12.15	56%
Ogun	12.54	37%	21.75	63%
Ondo	12.15	67%	6.05	33%
Osun	10.35	64%	5.89	36%
Oyo	11.11	64%	6.30	36%
Plateau	6.67	65%	3.52	35%
River	8.37	23%	27.49	77%
Sokoto	12.20	41%	17.41	59%
Taraba	6.21	46%	7.38	54%
Yobe	10.58	56%	8.31	44%
Zamfara	6.86	61%	4.34	39%
FGN	621.61	74%	213.51	26%
States Total	405.15	49%	419.59	51%
National Total	1,026.76	62%	633.10	38%

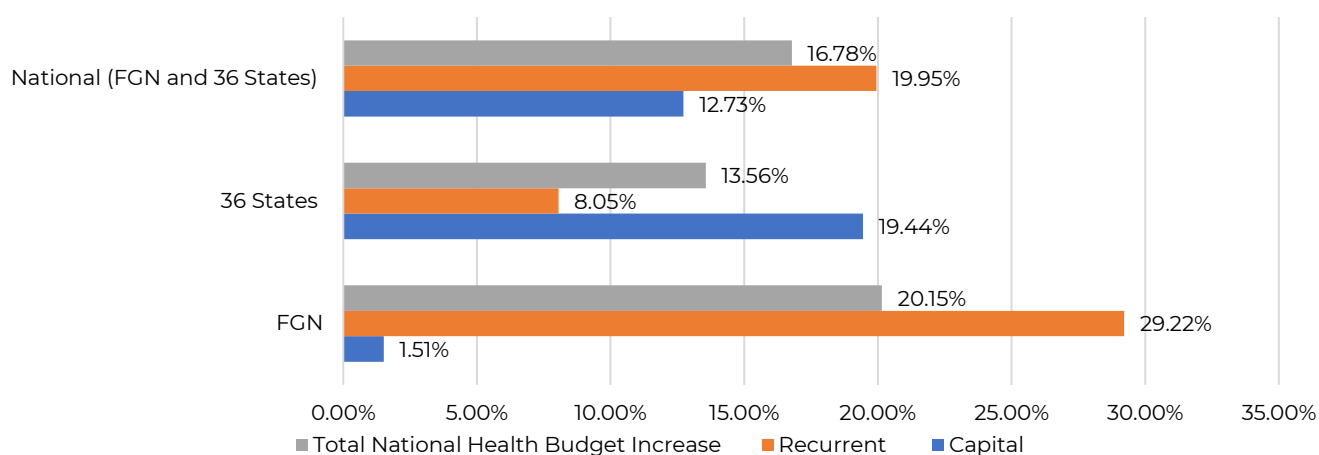
Comparative Analysis of 2021 and 2022 Health Budget Allocation

In 2022, the capital health budget for the 36 states of the federation increased from N351.27 billion in 2021 to N419.59 billion in 2022, representing N68 billion (19.44%) increase. The FGN health capital budget increased from N210.33 in 2021 to N213.52 in 2022, representing N3.19 billion (1.51%) increase. The total health capital for the FGN and the 36 states increase from N561.61 in 2021 to N633.11 billion, representing N71.5 billion (12.73%).

The recurrent health budget for the 36 states of the Federation increased from N374.94 billion in 2021 to N405.15 billion in 2022, representing N30.21 billion (8.05%) increase. The FGN health recurrent budget increased from N481.05 in 2021 to N621.61 in 2022, representing N140.56 billion (29.21%) increase. The total health recurrent for the FGN and the 36 states increased from N855.99 in 2021 to N1,026.77 trillion, representing N170.78 billion (19.95%).

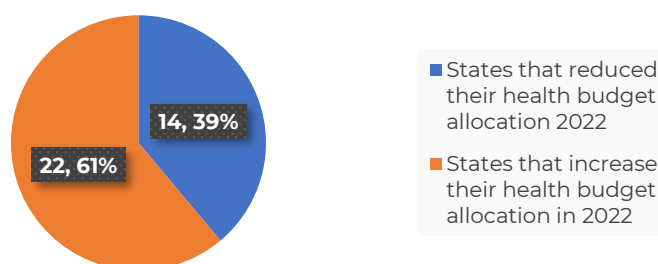
The total national health budget (FGN and 36 states combined) increased from N 726.21 billion in 2021 to N824.75 billion in 2022, representing N98.54 billion (13.56%) increase. The FGN health capital budget increased from N695.06 in 2021 to N835.13 in 2022, representing N140.07 billion (20.15%) increase. The total health capital for the FGN and the 36 states increase from N1,421.27 in 2021 to N1,659.88 trillion, representing N238.61 billion (16.78%).

Fig 5: Comparing FGN and States Capital and Recurrent Budget Increase



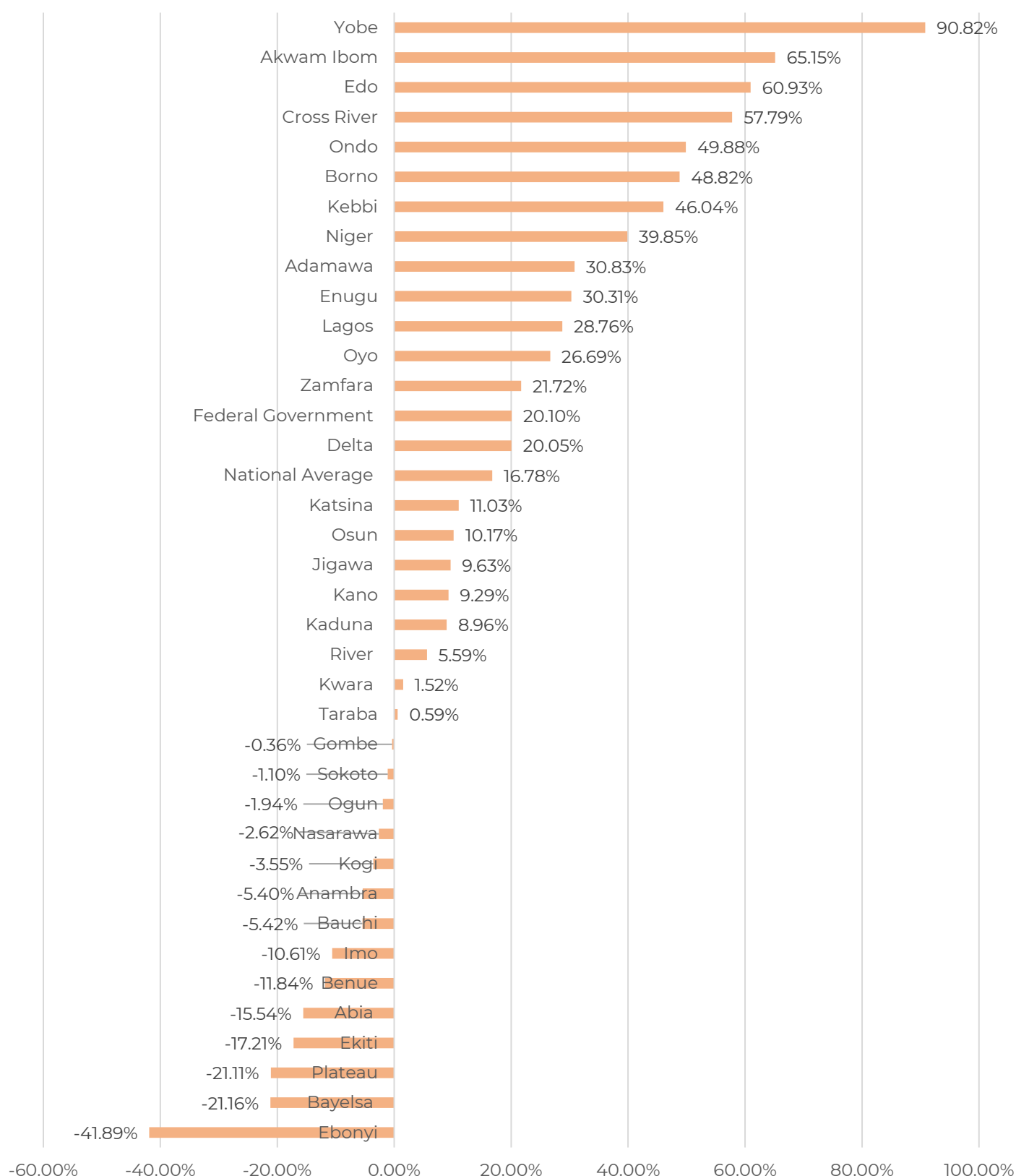
In 2022, fourteen (14) states reduced their budgetary allocation, and twenty-two (22) states increased their health budget allocation for the year.

Fig 6: Nigerian States and 2022 Health Budget Increase



Yobe 90.82%, Akwa Ibom 65.15%, Edo 60.93%, Cross River 57.79%, and Ondo 49.88% are the top five states with the highest increase in the health budget in the 2022 fiscal year while Ebonyi -41.89%, Bayelsa -21.16%, Plateau 21.11%, Ekiti -17.21% and Abia -15.54% are states with health budget decrease.

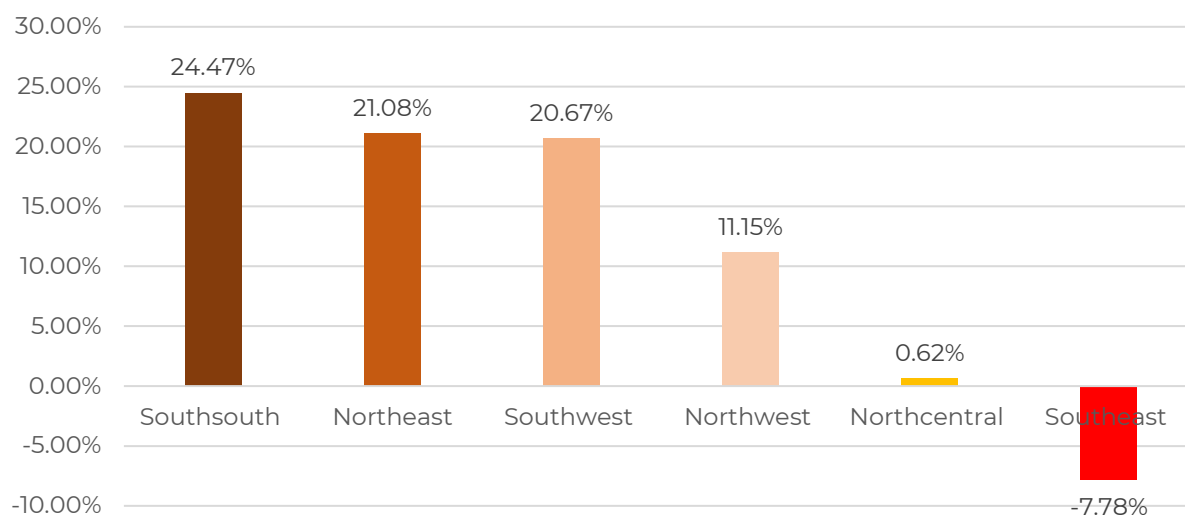
Fig 7: Subnational States 2022 Health Budget Allocation Increase



A cursory look at the zonal budget allocation shows that health budget allocation was increased by 24.47% in the Southsouth, 21.08% in the Northwest, 20.67% in the Southwest,

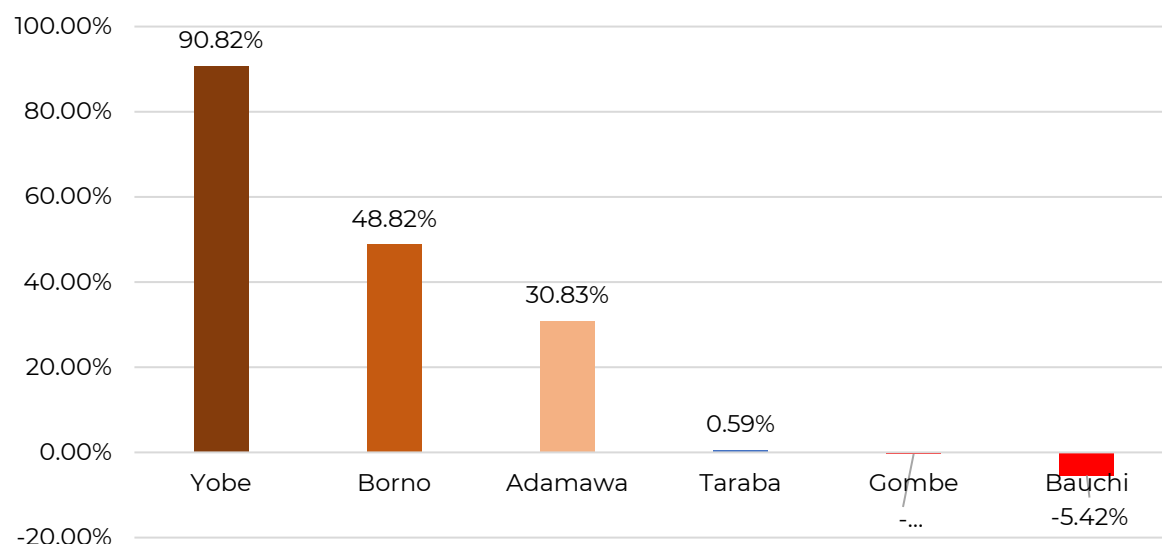
11.15% in the Northwest, 0.62% in the Northcentral, and reduced by 7.78% in the Southeast region.

Fig 8: Zonal 2022 Health Budget Allocation Increase



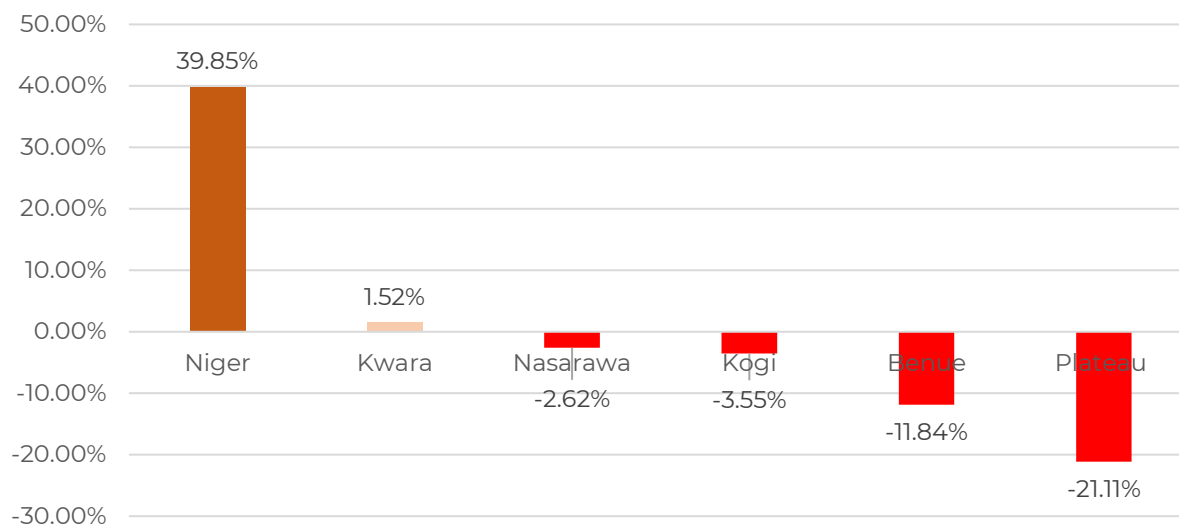
In the northeast region of the country, Yobe, Borno, Adamawa, and Taraba States increased their health budget. This was not the case in Gombe and Bauchi states where the health budget was reduced by 0.36% and 5.42% respectively.

Fig 9: Northeast States 2022 Health Budget Allocation Increase



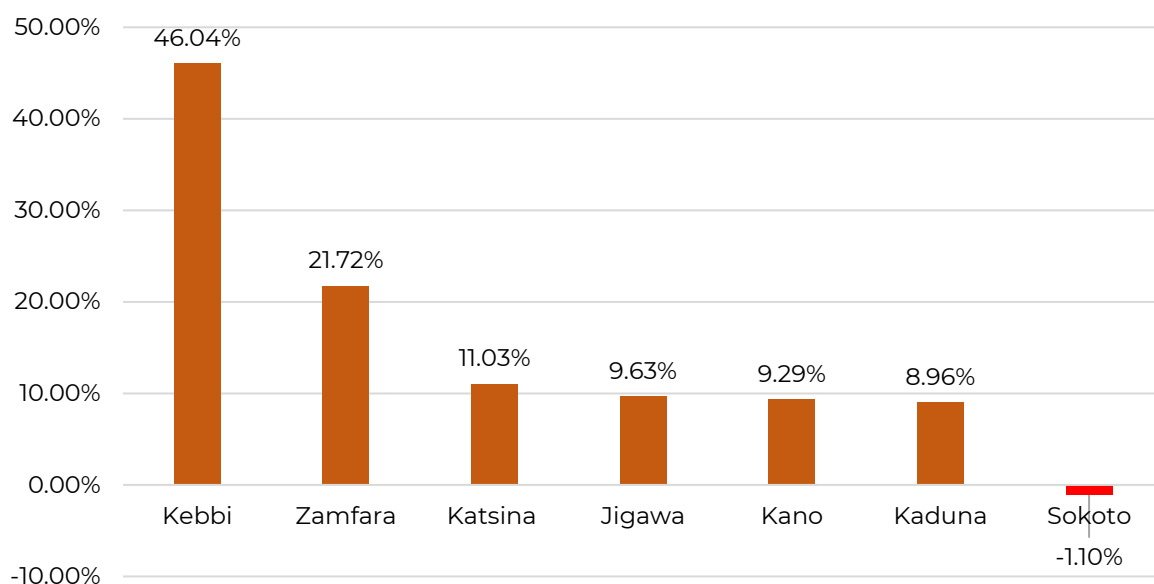
In the northcentral States, two states increased the health budget allocation namely Niger states by 39.85% and Kwara State by 1.52%. Whereas, Nasarawa, Kogi, Benue, and Plateau reduced the health budget by 2.62%, 3.55%, 11.84%, and 21.11% respective in the 2022 fiscal year.

Fig 10: Northcentral States 2022 Health Budget Allocation Increase



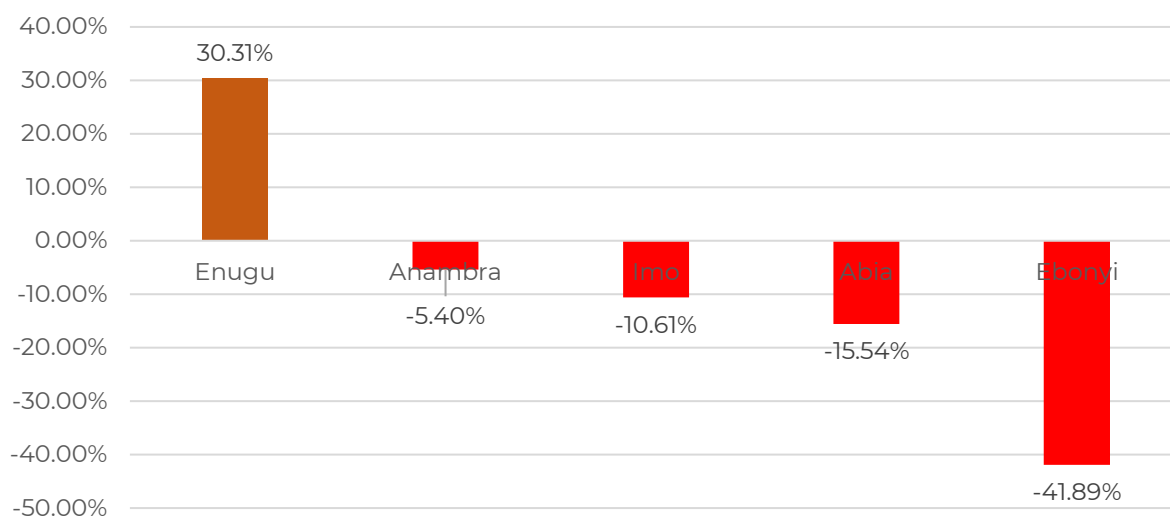
In the northwest states only Sokoto states reduced its health budget allocation by 1.10%, and the other six states namely Kebbi, Zamfara, Katsina, Jigawa, Kano, and Kaduna States increase the health budgets with Kebbi increasing it by 46.04%.

Fig 11: Northwest States 2022 Health Budget Allocation Increase



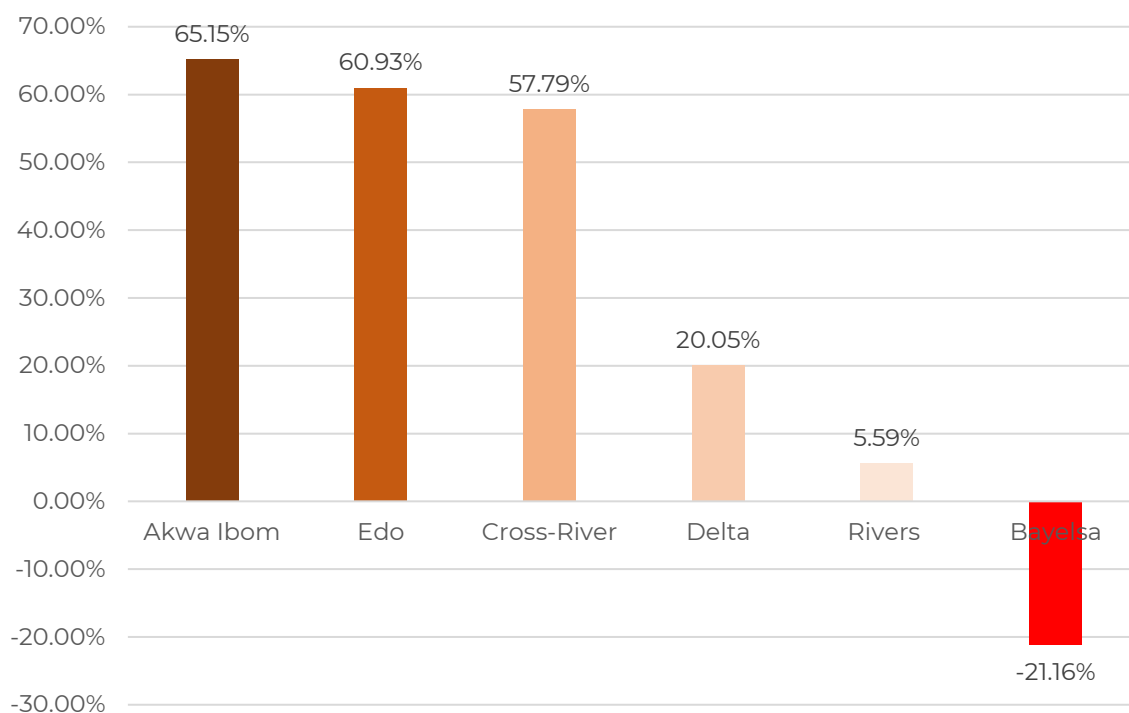
In the southeast states, only Enugu State increase the health budget in 2022, Other four states namely Anambra, Imo, Abia and Ebonyi states reduced the health budget by 5.40%, 10.61%, 15.54%, and 41.89% respectively in the 2022 fiscal year.

Fig 12: Southeast States 2022 Health Budget Allocation Increase



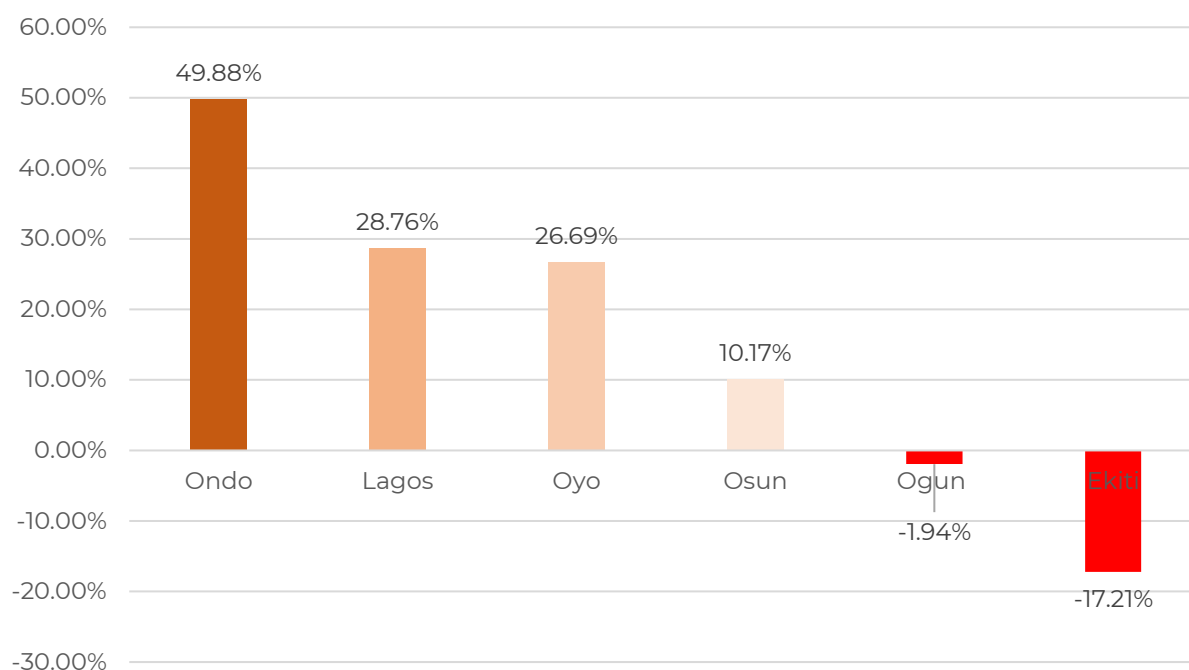
In Southsouth states, only Bayelsa reduced its health budget funding in 2022, the other five states namely Akwa Ibom, Edo, cross river, Delta and rivers States increased the health budget by 65.15%, 60.93%, 57.79%, 20.05%, and 5.59% respectively.

Fig 13: Southsouth States 2022 Health Budget Allocation Increase



In southwest states, Ogun and Ekiti States reduced the health budget allocation by 1.94% and 17.21% respectively in 2022, while Ondo, Lagos, Oyo, and Osun States increased the health budget by 49.88%, 38.76%, 26.69%, and 10.17% respectively in 2022.

Fig 14: Southwest States 2022 Health Budget Allocation Increase



Capital and Recurrent 2022 Health Budget Increase

In the 36 states of the federation, the health capital budget was increased by 19.44% while the recurrent health budget was increased by 8.06% in 2022. The health recurrent budget witnessed a significant increase of 375.84% in Zamfara State and the highest reduction in Ekiti with a 57.82% decrease. In terms of capital expenditure, Jigawa State has the highest health capital budget percentage increase of 78.61% increase and the highest reduction of 22.27% in Bayelsa state.

Fig 15: 2022 Health Recurrent Budget Increase

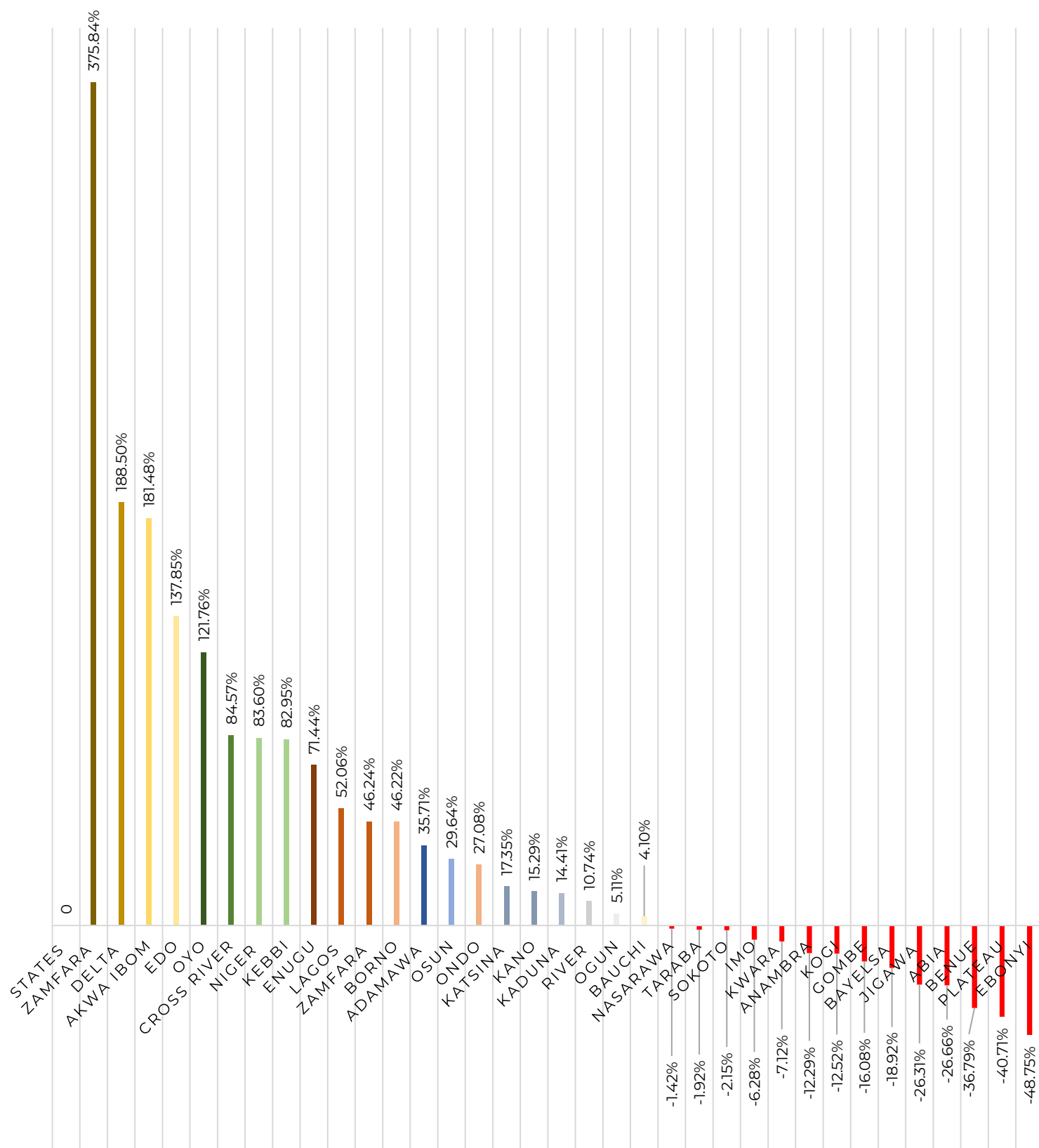
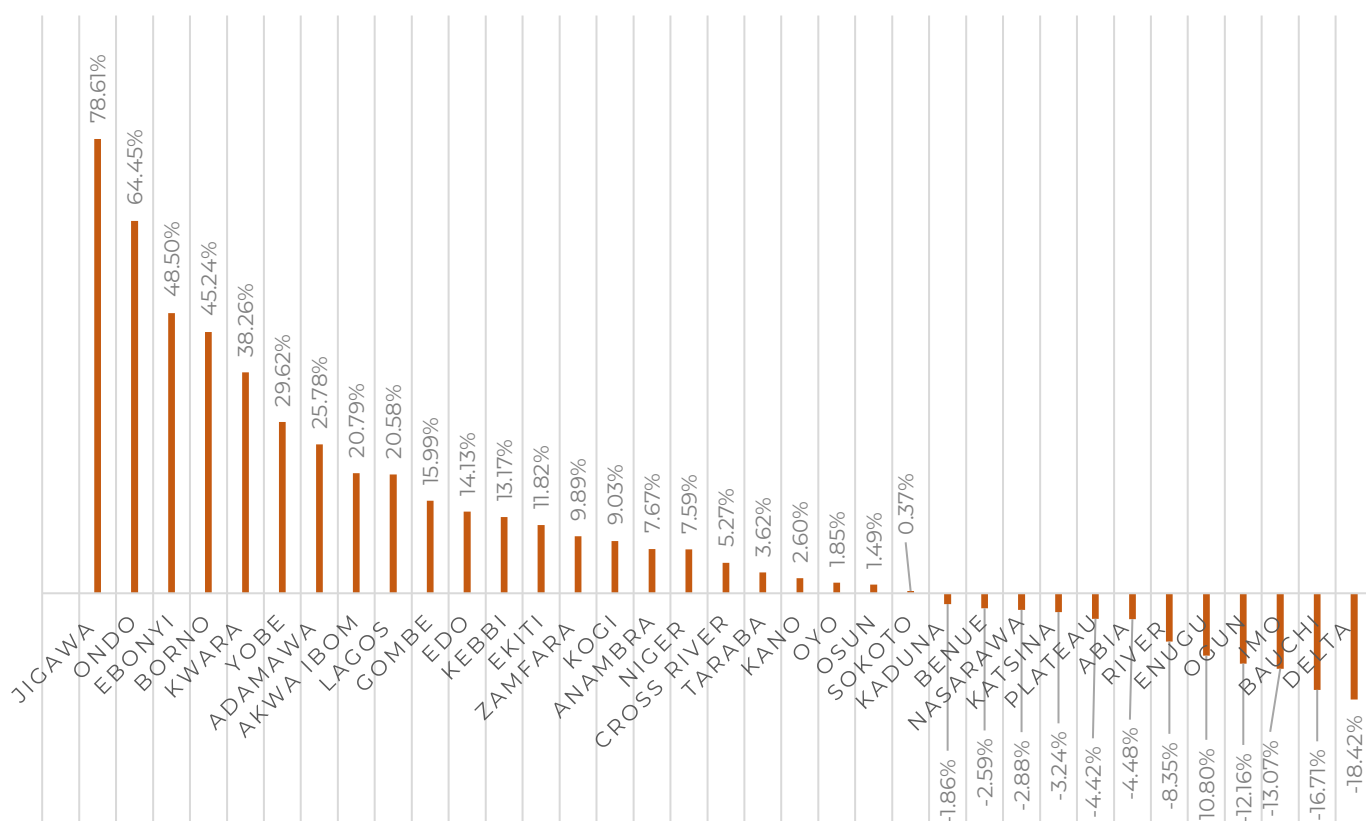


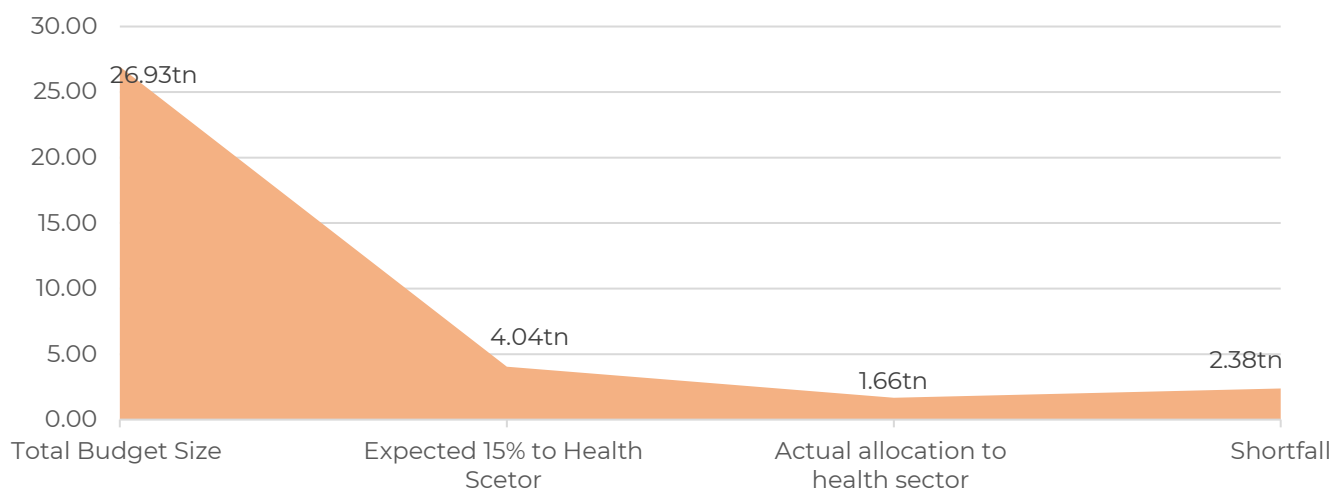
Fig 16: 2022 Health Capital Budget Increase



15% Abuja Declaration

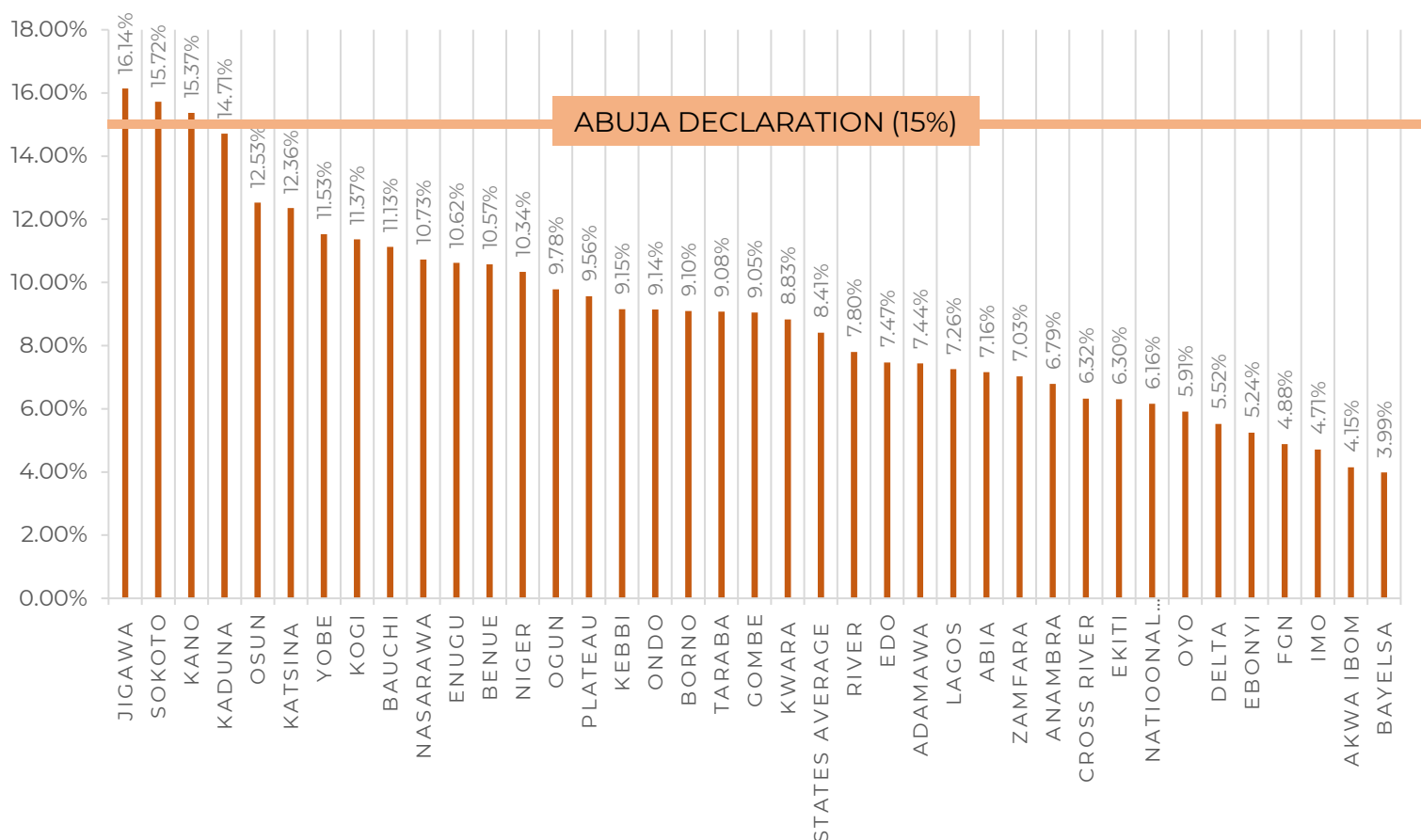
In 2001, Nigeria along with African countries pledged a domestic 15% allocation of the total budget size to the health sector. Given this commitment, from the total of N26 trillion approved budget estimate of the Federal Government of Nigeria and the 36 States of the federation, it is expected that the sum of N4.04 trillion was allocated to the health sector as part of the Nigeria 15% Abuja Declaration to the sector. However, in the analysis of the 36 states and FGN budgets estimates, it was discovered only N1.66 trillion was allocated which constitutes only 6.16% health budget national average. As a result, there is N2.38 trillion deficit in the 2021 fiscal year if Nigeria must fulfill the commitment.

Fig 17: 2022 Health Budget Allocation and Shortfall (Ntn)



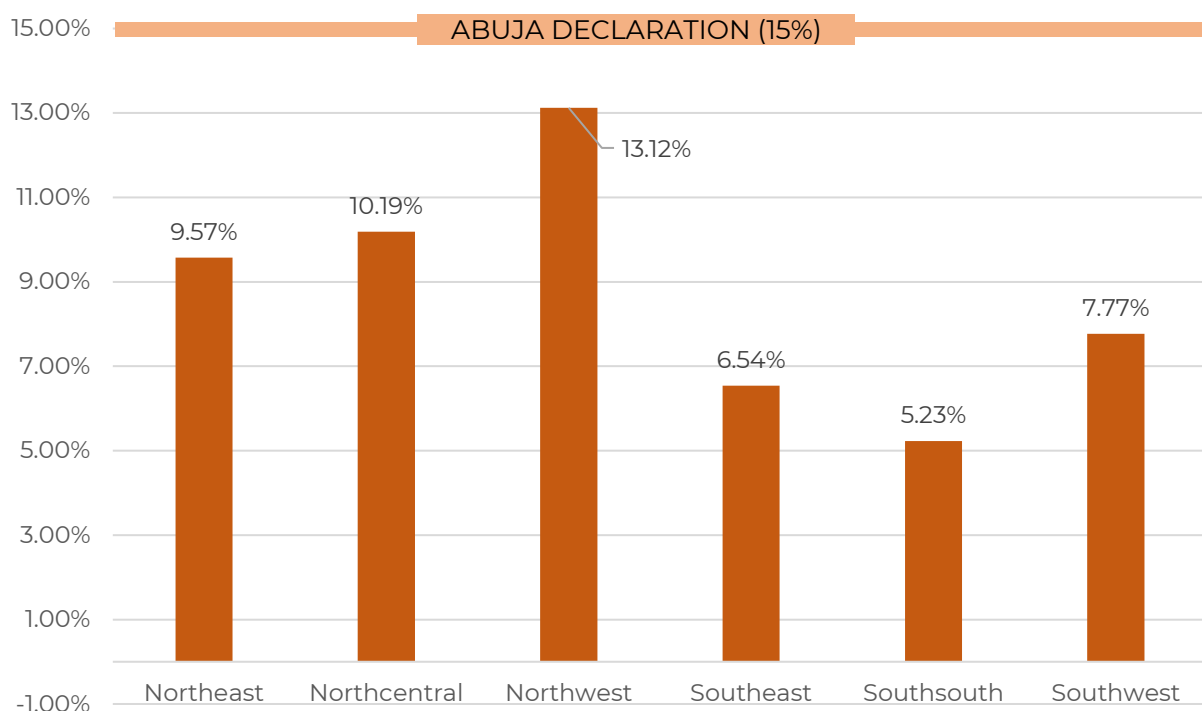
In 2022, only three states namely Jigawa, Sokoto, and Kano achieved this commitment in the 2022 fiscal year. The other 33 states and the Federal government of Nigeria allocated less than 15% of the budget size to the health sector. While the 36 states' allocation to the sector as a percentage of the budget size is 7.80%, the Federal government allocation was 4.88% and national average stands at 6.16% in the 2022 fiscal year. Therefore, Bayelsa state allocated the least with only 3.99% of its budget estimate allocated to the health sector in the year.

Fig 18: Nigeria 15% Benchmark to Health Sector Budget in 2022



The regional data disaggregation shows that the 19 northern states dedicated more of their total budget estimates to health sector than the 17 southern states. In northern region, N400.68 billion was allocated to the health sector out of the total N3.55 trillion total budget estimates while in southern region N388.19 billion was allocated to the health sector out of the total N5.79 trillion total budget estimates for the years. The allocated health care budget for northern and southern regions constitutes 11.26% and 6.7% respectively of the total budget size. In terms of zonal disaggregation, northwestern states dedicated 13.12% of the budget size to the health sector. This follows by the northcentral states with 10.19%, northeast with 9.57%, southwestern states with 7.77%, southeastern states with 6.54%, and south southern states with 5.23%.

Fig 19: 15% Health Budget 2022 Zonal Allocation

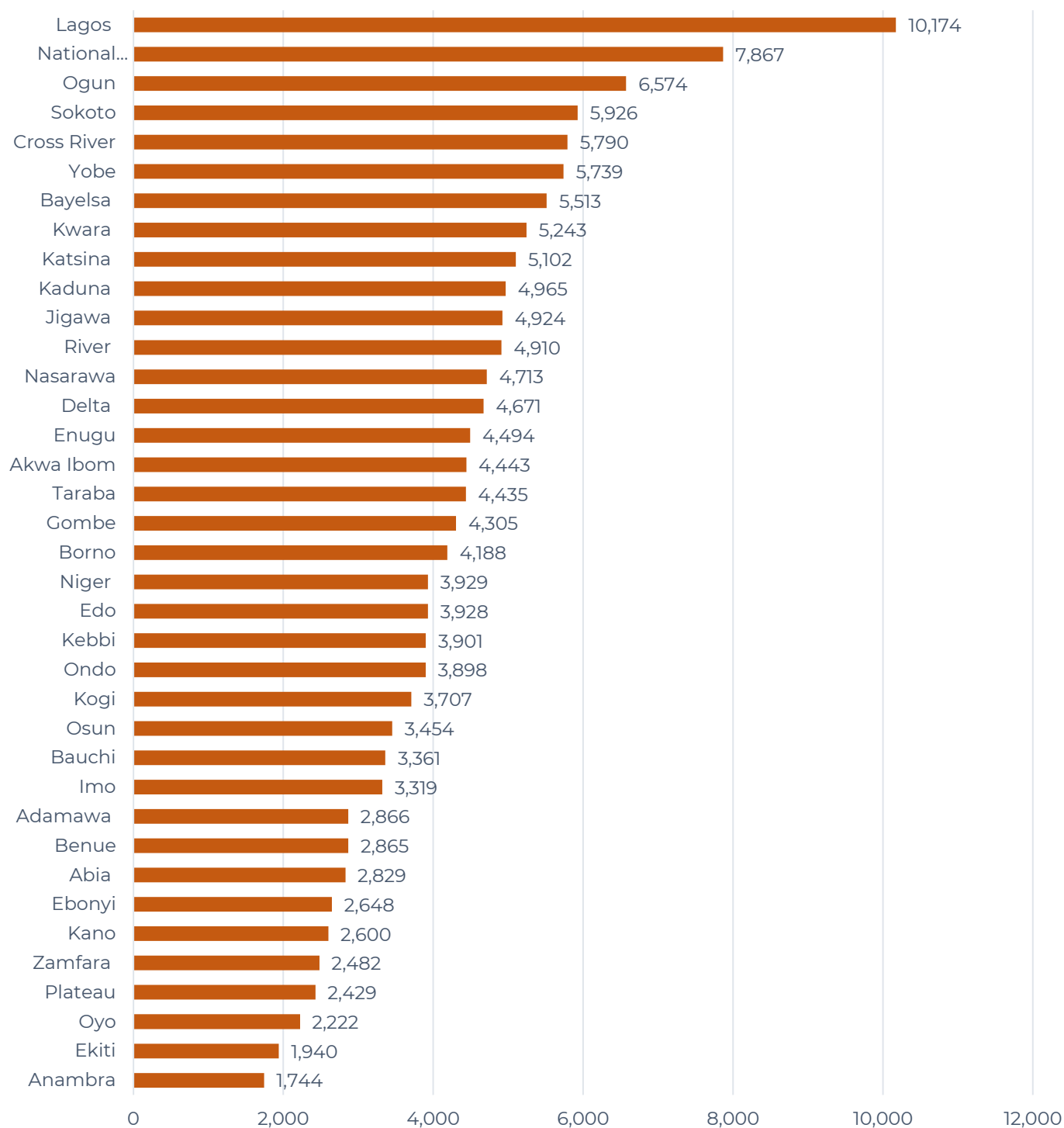


National Healthcare Per Capita

The Nigerian population is growing at the rate of 2.6% annually. The last time the country conducted a census was in 2006. As there were no official statistics about Nigeria's current population, the National Population Commission (NPC) in 2020 estimated the country's population to be 206,153,000 in line with the World Population Review estimates which later put the Nigeria population as 211,447,000 in 2021.¹ Given this population size and the total health budget estimates of ₦1,659,883,592,898 for the Federal government of Nigeria as well as the health of the 36 states of the Federation, the health care per capita stands at ₦7,867. This means that the government is spending this amount per person for twelve months in the 2022 budget year.

Meanwhile, the last time the NPC estimated the state-by-state population was in 2017 in a report titled Demographic Statistics Bulleting (DSB). The report shows the state-by-state population estimates for five years period, 2012-2016. Given the 2016 population estimates, Lagos state has the highest health per capita and Anambra having the least. The five top states' health per capita includes Lagos ₦10,174, Ogun ₦6,574, Sokoto ₦5,926, Cross River ₦5,790, and Yobe State ₦ 5,739. Whereas, the five least states with the lowest health per capita in 2022 are Anambra ₦1,744, Ekiti ₦1,940, Oyo ₦2,222, Plateau ₦2,429, and Zamfara State ₦2,482.

Fig 20: Nigeria 2022 Health Per Capita

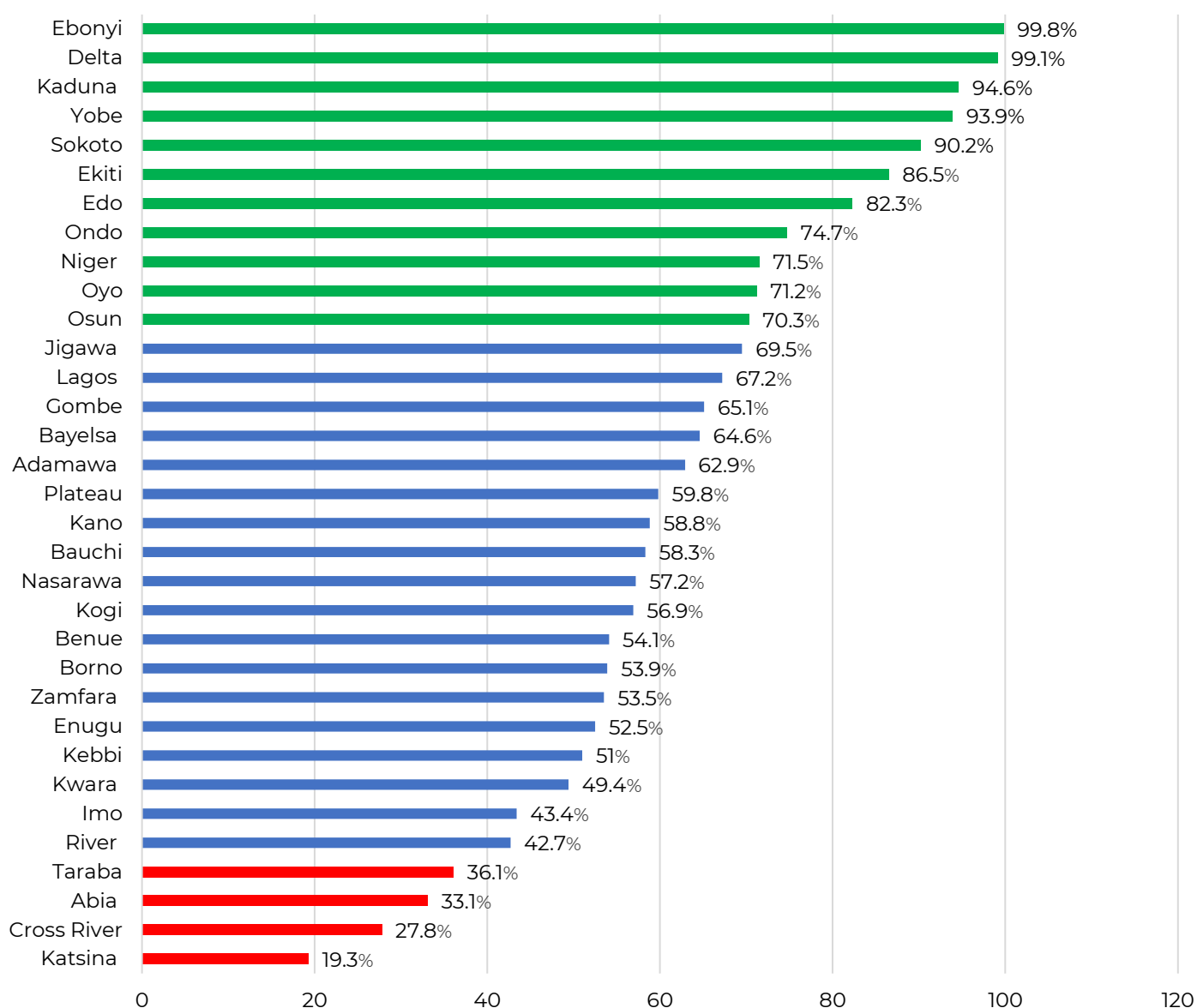


National Health Budget Performance 2021

With the exclusion of the Ogun, Akwa Ibom, and Anambra state health budget and allocation and releases, 33 states allocated the sum of N666.45 billion in 2021 fiscal under which the sum of N418.56 billion was released, representing 62.8% between January and December 2021 fiscal year.

Meanwhile, Ebonyi state has the highest budget performance of 99.8% in 2021 despite having the least health budget allocation in 2022. This follows by Delta 99.1%, Kaduna 94.6%, Yobe 93.9% and Sokoto 90.2%. However, a state like Katsina with the third-highest healthcare allocation of N35 billion in 2021 has the least health budget performance of 19.3%. Other states with the least poor health budget performance include Cross River 27.8%, Abia 33.1%, and Taraba 36.1%. While eleven (11) states released more than 70% of their health budget allocation, five (5) states released about 60 %, ten (10) released about 50%, seven (7) states released below 50% of their total health budgetary allocation for the 2021 fiscal year. The health budget releases in three (3) states namely Akwa Ibom, Anambra, and Ogun States cannot be ascertained as their Q4 budget implementation report was not available for analysis.

Fig 21: Subnational States Health Budget Performance (Q1-Q4)

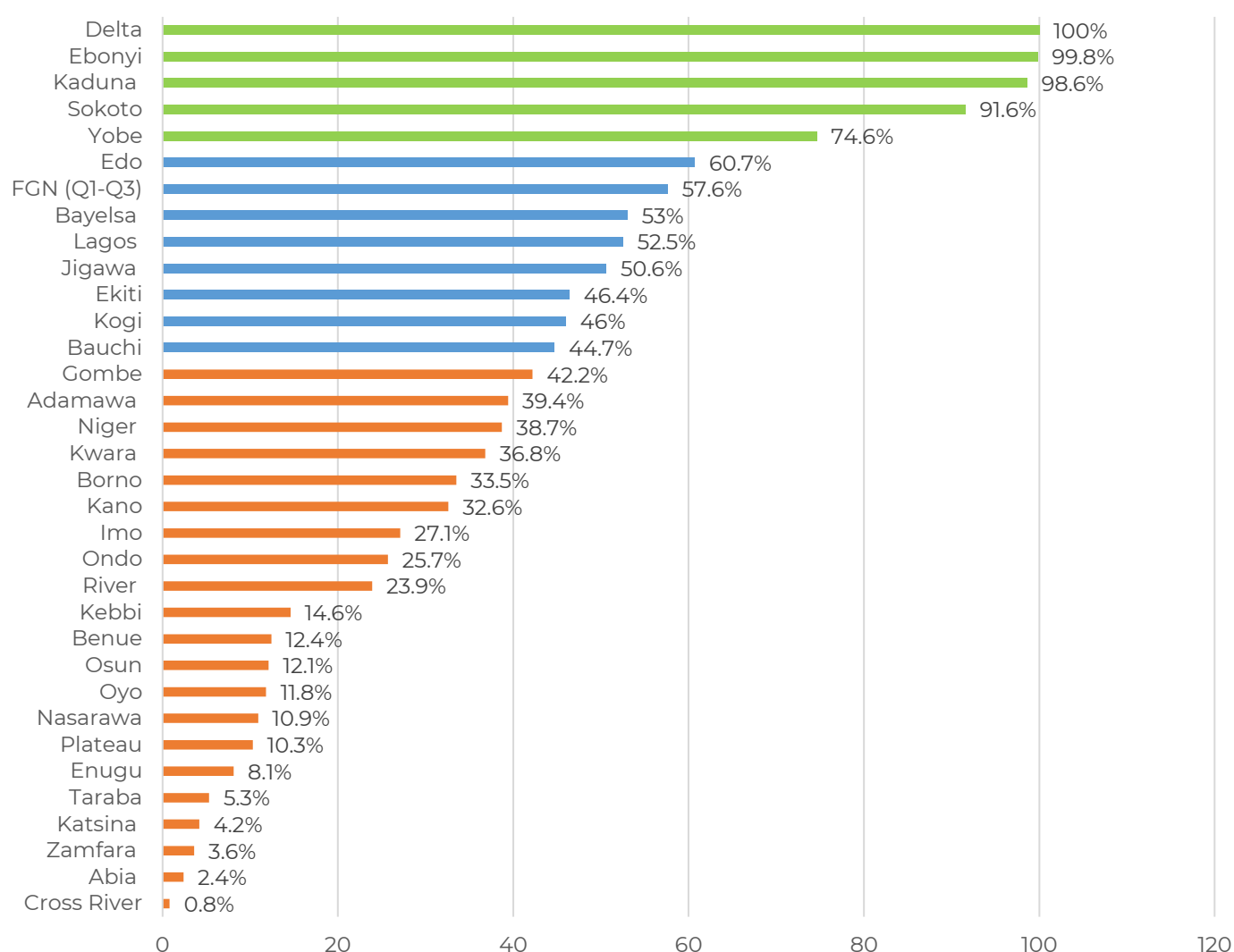


On capital budget performance, thirty-three (33) states allocated the sum of N319.67 billion for capital health budget in 2021. Out of this sum, N133.36 billion was released representing

41.71%. out of the thirty-three (33) states, five (5) states released over 70% of their health budget allocation, only one (1) state released about 60%, three (3) states released about 50%, four (4) states about 40% and twenty-one (21) states released below 40% of the total health capital budget allocation for the year 2021. It is also important to notes that Enugu, Taraba, Katsina, Zamfara, Abia and Cross River states released less than 10% of their health capital allocation for the 12 months. Thus, Cross Rivers state is the only state that released less than 1% of its health capital allocation for the year.

Meanwhile, at the time of writing this report, the Federal government of Nigeria's Q4 budget implementation report has not yet released. However, the Q3 health capital release shows that out of the N137 billion (Excluding the capital expenditure under the Service Wide Vote) allocated, N79 million was released, the amount released, represent

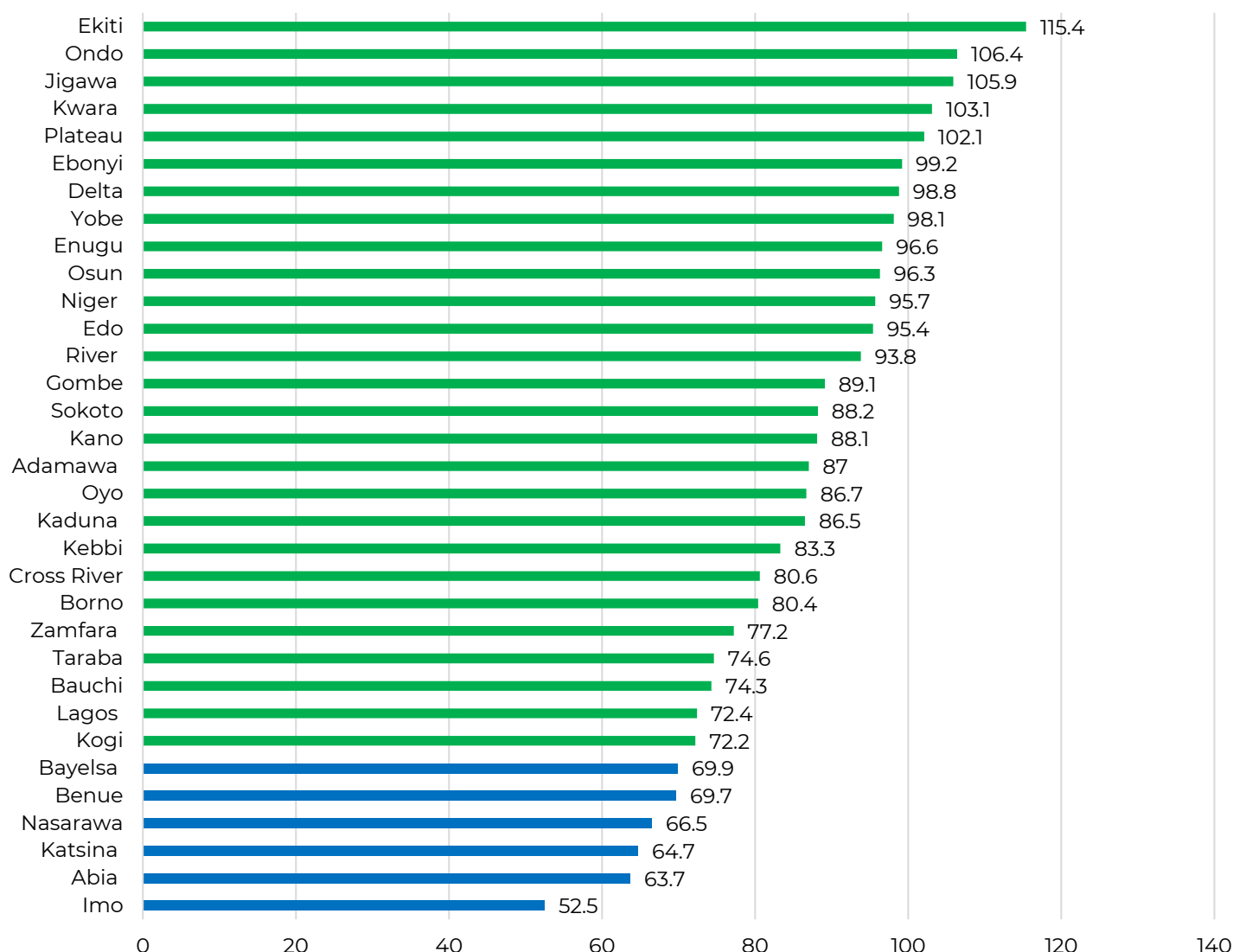
Fig 22: Subnational States Health Capital Budget Performance 2021 (Q1-Q4)



Unlike the health capital expenditure, N285.20 billion was released out of the N346.78 health recurrent allocation in 33 states in 2021. This represents 82.24% of the allocation. Out of the thirty-three (33) states, twenty-seven (27) of them released over 70% of their total health recurrent allocation in 2021, four (4) states released about 60% and only one (1) state

released 50% of their health budget allocation. Therefore, Ekiti, Ondo, Jigawa, Kwara, and plateau states released more funds for recurrent expenditures than was allocated.

Fig 23: Subnational States Health Capital Budget Performance 2021 (Q1-Q4)



Key Findings

• Health Budget Growth Rate

Twenty-two states and the Federal government of Nigeria increased their health budget while 14 states reduced the health budget allocations in 2022 fiscal year. In the northeast, four states increased their health budget, two states in the northcentral, six states in the northwest, one state in the southeast, five in the southsouth, and four in the southwest. For the capital and recurrent health budgets, the health capital budget was increased by 19.44% while the recurrent health budget was increased by 8.06% in the 36 states.

• Inadequate allocation

The total health allocation of the 26 states and the FGN shows a total of N1.66 trillion out of the N26.96 trillion. The health allocation only represents 6.16%, below the recommended 15% Abuja Declaration. There is a shortfall of N2.38 trillion to attain 15% of the budget size to the sector in 2022 fiscal year. It is also important to note that only

Jigawa, Sokoto and Kano state allocated more than 15% of their budget size to the health sector for the year. 33 states and the FGN did not attain this target. Interestingly, no region allocated up to 15% of the budget to the sector.

- **Health per capita shortfall**

Total, Nigeria has a total population estimate of 211 million and a total health budget of N1.66 billion (Including the FGN and the 36 States' budget estimates). As result, the country's average health capita stands at N7,867. While Lagos state has the highest per capita of N10,174, Anambra state with N1,744 is the lowest in 2022.

- **Poor budget performance**

The 33 states' 2021 budget releases were tracked. These states exclude Anambra, Akwa Ibom and Ogun states. It was observed that out of the N666.45 billion allocated for the 33 states, the sum of N418.56 billion was released, representing 62.8% of budget performance. While 82% of the total recurrent health budget was released, only 41% of the total health capital budget estimates were released in 33 states.

- **Prioritisation of recurrent against the capital expenditure**

It could also be observed that the government prioritizes recurrent health budget over the health capital budget. The total 2022 recurrent allocation for the FGN and the 36 States stands at N1,026.76 trillion while the total health capital budget stands at N633 billion. This represents 63% against 38%. The total releases for the 33 states in 2021 also show that more fund was released to recurrent (paid salaries, wages, and other overheads) than capital (construction of hospital, procurement of health facilities, equipment, drugs, etc) expenditure. In the same vein, Ekiti, Ondo, Jigawa, Kwara, and Plateau states released more fund for recurrent expenditures than was allocated, even though some of these has not released up to 50% of their capital expenditure for the year.

- **Underutilization of Healthcare Fund**

The health budget release utilization is very poor. In 2021, the FGN allocated the sum of N137 (Including supplementary budget) as the health capital budget. Out of this sum, N79 billion was released, and only N23 billion of the released fund was utilized. The total utilization is 29% of the total releases and 17% of the total health capital allocation for the year. FGN is yet to release the Q4 budget implementation report.

Conclusions

The findings of this analysis show that Nigeria is far from its intended and expressed commitment to allocating 15% of its total budget to health. Despite the increase in allocation to the health sector, it is still below 7% of the national budget (FGN and 36 states). This shows a N2.4 trillion funding gap if the country must achieve this commitment. As a result, there is a clear indication that the average healthcare investment per person is still far below 8,000 per capita. Also, despite an increase in budgetary allocation to the sector, there was a very poor release as well as a gross underutilization of the healthcare fund released. These are all matters of great concern for the health advocacy CSO community.

What needs to be done

Bureaucrats

- Timely publication of the quarterly budget implementation reports.
- Encourage separate health budget utilization report for accountability and transparency.
- Strike balance between the capital and recurrent health expenditure.
- Adequate budget allocation and timely releases of the health budget allocation.

- Prevent bottlenecks in the utilization of the available healthcare funding.

Law Makers

- Support the health policy efforts through the adequate increase in the health budget allocation.
- Strengthen the executive oversight in the health budget releases and proper utilization of health care funds.
- Ensure proper scrutinization of the budget to ensure the 15% Abuja declaration.
- Increase zonal intervention projects on primary health care.
- Ensure an alignment of the health policy frameworks, actual health projects in the Appropriation Acts and the actual project implementation.

Development Partners/Donors

- Support health accountability platforms across levels and their coordination.
- Support budget literacy among CSOs, citizen, and media.
- Increase funding support to healthcare programmes and projects across levels.
- Demand publication of the healthcare fund utilization rate and project implementation report.
- Sustain the existing momentum in healthcare financing.
- Carry out an independent quarterly, half-year and/ or annual healthcare assessment report.

Activists/Media/Civil Society Organizations (CSOs)

- Improve budget literacy among the activist/media/Civil Society Organizations (CSOs).
- Track the project implementation process (fund releases, procurement, execution and monitoring), and report performance.
- Continue to track the health budget allocation to ascertain the government's commitment towards at all levels.
- Intensify research efforts on healthcare investment to identify areas of improvement and gaps.
- Propagate "Open-Source Funding for Health" (OSFH)". Under this platform concern citizens home and abroad could voluntarily donate any amount to the sector public account which will be used to support government health budget annually.

Religious and Traditional Rulers

- Amplify the need for more funding commitment to the health sector at all levels.
- Engage the philanthropy on the need to support government efforts in health care investment.
- Support the government efforts at all levels to ensure the monitoring and implementation of healthcare projects in their various localities.

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Profile

The Partnership for Advocacy in Child and Family Health at Scale (PAS), is a health accountability network of Nigeria civil society organizations working to catalyze national and state governments to make adequate provision for child and family health in Nigeria through evidence-based advocacy for domestic financing and building champion within the executive legislature.

PACFaH@Scale (PAS) is anchor by the development Research and Projects Centre (dRPC), an indigenous Nigerian non-profit with a mission to build capacity for developing partnership within and across the Nigerian third sector.

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