

TREND ANALYSIS OF NATIONAL HEALTH BUDGET, 2017-2023



By
development Research and Projects Centre, dRPC

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Background

Nigeria has yet to fulfil its stated commitment to allocating 15% of its budget to health. The current health funding landscape in Nigeria is characterized by minimal governmental spending, large out-of-pocket expenses, and insufficient financial security for the population. According to the World Bank, Nigeria's government health spending in 2017 was only 3.7% of GDP¹, ranking it among the lowest in the world. Out-of-pocket payments account for 76% of total health expenditure, making the country one of the most expensive in the world. As a result, many Nigerians suffer financial barriers to accessing appropriate health care, and millions are forced into poverty because of health-related expenses. There is no doubt that the allocation of the national budget for health has undergone considerable changes in the years leading up to the current year 2023, necessitating a significant shift towards prioritizing long-term investments and infrastructure development in the health sector.

The national health budget is a major indicator of a government's commitment to its citizens' well-being, reflecting policy priorities, resource allocation, and the overall resilience of the health system. Government health financing is critical because it can accelerate progress towards universal health care by boosting service coverage and financial security. While its health financing can help to minimize the burden of out-of-pocket payments, which can lead to financial hardship and injustice for many individuals, it also helps to supply essential health services, particularly during public health emergencies. This paper examines the Nigerian government's health financing efforts between 2017 and 2023, including aligning Nigeria's health budget allocation with strategic health priorities, identifying challenges with the national health budget, its impact on health outcomes, and pertinent recommendations.

Nigerian government health financing efforts (2017 – 2023)

Nigeria's capital health budget increased by 790.51% from 55.61 billion in 2017 to 445.16 billion in 2023. At the same time, the recurrent health budget, which includes day-to-day operational spending critical to the health sector's functionality, has shown a constant increased tendency. This budget has increased by 128.98% from 252.85 billion in 2017 to 578.99 billion in 2023. This increase reflects the growing operational demands, such as salaries, maintenance, and administrative costs, required to sustain and advance healthcare services.

While the Basic Health Care Provision Fund (BHCPF) demonstrates a changing pattern, with a reduction of -6.36% in 2023 compared to the baseline year, this suggests a potential

¹ <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=NG>

reevaluation of prioritization or allocation strategies for this fund within the overall health budget. This subtle modification was made in response to shifting revenue and shifting policy considerations.

Furthermore, the Service Wide Vote for Health, which is dedicated to unforeseen health-related expenses, has increased by 1,166.7% from 7.18 billion in 2017 to 90.95 billion in 2023. This significant increase reflects a greater emphasis on resolving unforeseen health demands, indicating resilience in resource allocation to respond to emergent difficulties.

The overall health sector budget, which includes capital, recurring, statutory transfer, and service-wide vote components, has increased by 269.63% from 315.65 billion in 2017 to 1,166.74 billion in 2023. This indicates an overarching commitment to increasing financial resources provided to the health sector, in line with the requirement of improving the nation's healthcare infrastructure and services.

Table 1: Components of the FGN Health Budget Estimate 2017-2023 (₦bn)

Key Components	2017	2018	2019	2020	2021	2022	2023	% increase: 2017-2023
Capital	55.61	86.49	57.08	51.40	137.39	207.39	445.16	790.51
Recurrent	252.85	269.97	315.61	336.59	380.21	462.63	578.99	128.98
Statutory Transfer: BHCPF	-	55.15	51.21	26.45	35.02	44.56	51.64	-6.36
Service Wide Vote for Health	7.18	6.67	37.33	172.50	145.21	112.33	90.95	1,166.7
Total for Health Sector	315.65	418.28	461.23	586.94	695.04	826.91	1,166.74	269.63
Total Budget Size	7,441.18	9,120.33	8,916.96	10,810.80	14,570.74	18,139.24	24,003.98	222.58

Note: 2021, 2022 and 2023 estimates include the supplementary budget²

Alignment of health budget allocation and the strategic health priorities

Recurrent and capital expenditure priorities: The recurring challenge regarding the prioritization of recurrent expenditure over the health capital budget is one of the key and demanding priority concerns in the healthcare sector. Between 2017 and 2023, the allocation structure of the health budget demonstrates a major concentration on recurring expenditure, which accounts for 71.61% of the overall health budget during this time. Recurrent spending often covers operational expenditures, salaries, maintenance, and administrative expenses that are critical to the healthcare system's day-to-day operation. Capital expenditure, on the other hand, accounts for 28.39% of the total health budget and

² [Budget Documents \(budgetoffice.gov.ng\)](http://budgetoffice.gov.ng)

comprises investments in infrastructure, equipment, and long-term initiatives. This distribution highlights a strong emphasis on satisfying immediate operational demands and ensuring the smooth operation of healthcare institutions, but it also implies a relatively lesser commitment to long-term healthcare infrastructure and development projects. Striking a balance between recurring and capital expenditures is crucial for promoting both immediate operational functionality and long-term growth and enhancement of healthcare services.

Fig 1: Health Allocations in Approved National Health Budget (Nbn)

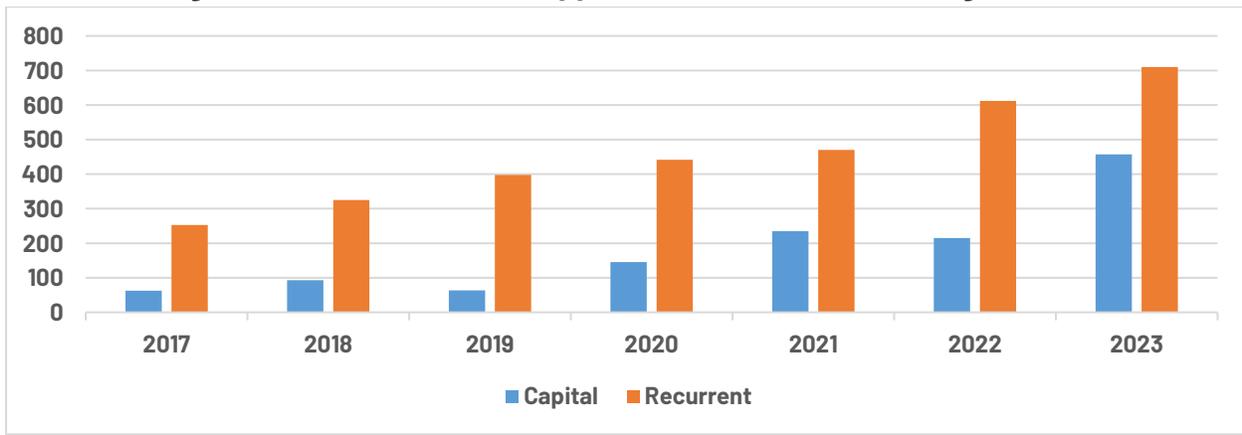
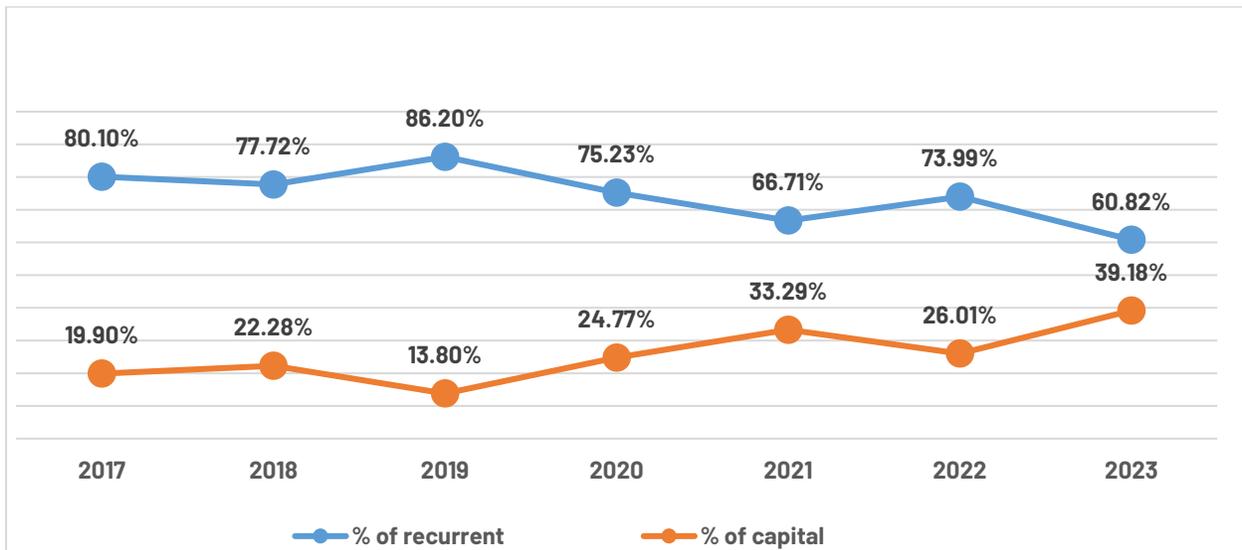


Fig 2: Priorotization According to the Recurrent and Capital Health Expenditure 2017-2023



Healthcare worker migration issue as a priority: In response to the rising trend of healthcare worker migration, the government has shown concern by including two critical programmes in the 2023 budget projection to address this troubling issue. The first

programme intends to develop policies and strategic initiatives to aid in the retention of medical and health workers, hence preventing brain drain in Nigeria. The second programme aims to address the HRH issue by coordinating national human resources for health (HRH) efforts. This includes putting the National Health Workforce Registry (NHWR) into operation, implementing a programme for education and training in health planning and management through national collaborating centres, and reviewing and finalizing the health workforce migration policy and holding a national HRH conference. The allocated budget for these strategic initiatives is 184 million, which complements a 25.15% increase in the recurrent budget compared to the fiscal year 2022, covering salaries, wages, allowances, and gratuities, demonstrating the government's commitment to addressing the challenges confronting the healthcare workforce.

Basic Healthcare Provision Funds (BHCPF) as a Priority: The BHCPF is administered at the national level by three agencies: the National Primary Health Care Development Agency (NPHCDA), which oversees fund transfers to eligible Primary Health Care (PHC) facilities for operational costs via State Primary Health Care Boards; the National Health Insurance Scheme (NHIS), which is in charge of providing funds for the Basic Minimum Health Services Package (BMHSP) at PHC facilities via the State Social Health Insurance Scheme (SSHIS); and the National Health Insurance Scheme (NHIS). And the Emergency Medical Treatment pathway, which allocates 5% of the BHCPF for emergency medical treatment using a manner similar to the NHIS pathway. The Federation's Budget Office calculates 1% from appropriate receipts in the Federal Government Consolidated Revenue Fund (CRF), and the Federation's Accountant General oversees the distribution of funds across these three pathways. The table displays the BHCPF budget as well as the actual amounts released for each fiscal year. Only 23.02% of the budgeted amount was released in 2018, and 19.52% in 2019. However, no details about the actual releases in 2020, 2021, 2022, or 2023 are available.

Table 2: BHCPF Budget Releases

Year	Budget Allocation	Actual Release	Performance
2018	55.15	12.70	23.02%
2019	51.22	10.00	19.52%
2020	26.46	-	-
2021	35.03	-	-
2022	44.56	-	-
2023	51.64	Nil	-

Source: Budget Office of the Federation

National Primary Healthcare Development Agency Budget for PHCUOR Priority: As the agency responsible for effectively implementing the PHCs under one roof National Policy across the 36 states of the Federation and in the 774 LGAs, the NPHCDA ensures the promotion and implementation of high-quality and sustainable primary health care for all

through resource mobilization and partnerships. There has been a declining trend in the allocation to NPHCDA over the years. In 2017, the budget constituted 6.81% of the total health budget, but by 2023, this percentage has decreased to 1.95%. This table below illustrates a potential decrease in prioritization or available resources for the NPHCDA within the broader context of health budget allocations, raising questions about the agency's funding stability and the government's commitment to its initiatives over the examined period.

Table 3: National Primary Healthcare Development Agency Budget Estimates (Nbn)

Year	Allocation	As % of the Total Health Budget
2017	21,522,991,846	6.81%
2018	25,439,034,004	6.08%
2019	18,438,211,385	3.99%
2020	20,485,439,817	3.49%
2021	24,446,356,851	3.47%
2022	24,057,826,307	2.91%
2023	22,765,143,570	1.95%

Family Planning as a Priority: In pursuit of the FP 2030 goal, the Nigerian government has pledged to enhance funding for family planning (FP) by committing to allocate a minimum of 1% annually from the National and State Health budgets, amounting to N4.7 billion and N6.9 billion, respectively. The objective is to utilize both existing and innovative domestic financing mechanisms to support family planning initiatives. However, the provided table spanning from 2017 to 2023 illustrates that the national government has fallen short of meeting this commitment, as the allocated funds for family planning do not consistently reach the pledged 1% of the total health budget. Notably, the table reveals that even when funds are allocated, not all of them are released, exemplified by instances like 2018 where only 33% of the allocated funds were released for family planning. This discrepancy between allocation and release suggests challenges in effectively implementing financial commitments to family planning, potentially hindering the realization of the FP 2030 goal in Nigeria.

Table 4: National Family Planning Budget (N)

Year	Allocation	Allocation As % of the Total Health Budget	FP Fund Released	Performance
2017	988,124,051	0.31%	915,000,000	93%
2018	3,600,000,000	0.78%	1,200,000,000	33%
2019	300,000,000	0.05%	300,000,000	100%
2020	1,200,000,000	0.17%	1,200,000,000	100%
2021	36,891,173	0.004%	36,891,173	100%
2022	Nil	0%	Nil	Nil
2023	20,759,769	0.002%	N/A	N/A

Source: Budget Office of the Federation

Routine Immunization as a Priority: Routine immunization (RI) is a crucial aspect of public health, involving the administration of vaccines to prevent various diseases. The RI funding budget cover - vaccine procurement, distribution, supply chain strengthening, vaccine policy printing, and dissemination across the country. There is also the counterpart funding, including Global Fund/Health/Refund to GAVI and Gavi/immunization as captured under the service-wide vote. The numbers provided represent the amount of money spent on routine immunization in different years, expressed both in absolute terms and as a percentage of the total health budget for each respective year. The allocation for routine immunization in Nigeria experienced significant fluctuations over the analyzed period. There was a notable increase from 2017 to 2019, with funding reaching N34.71 billion, representing 7.53% of the total health budget. However, in 2021, there was a substantial peak with an allocation of N139.11 billion as a result of COVID-19, constituting 19.74% of the health budget. Despite a subsequent decrease in 2022, the allocation remained relatively high at N64.48 billion, indicating sustained emphasis on routine immunization. In 2023, while the allocation decreased to N86.05 billion, routine immunization shares 7.3% of the total health budget in health priorities compared to 2017.

Table 5: Routine Immunization as a % of the Total Health Budget

Year	Routine immunization	Routine Immunization as a % of the Total Health Budget
2017	16,012,276,232	5.07%
2018	17,242,756,834	4.12%
2019	34,711,567,088	7.53%
2020	38,790,641,417	6.61%
2021	139,110,978,669	19.74%
2022	64,484,785,873	7.79%
2023	86,048,276,571	7.3%

Source: Budget Office of the Federation

Other priority project in 2023: Through the budget allocations, the strategic priority of the government in 2023 were directed towards pandemic response, immunization, malaria control, nutrition, cancer care, and disease eradication, demonstrating the government's commitment to addressing diverse health challenges were identified. The largest health allocation is dedicated to the Covid-19 Preparedness and Response Project - Additional Financing (COPREP -AF), reflecting the ongoing commitment to combatting the COVID-19 pandemic with a substantial budget of N174.23 billion Naira. Following closely, the Immunization Plus & Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) project, with an allocation of N67.97 billion Naira, underscores the importance of immunization and malaria control. The Nigeria Covid-19 Preparedness and Response Project (COPREP) receives N43.56 billion Naira, highlighting continued efforts in pandemic preparedness. Addressing nutritional challenges is a priority, with the allocation of N24.50

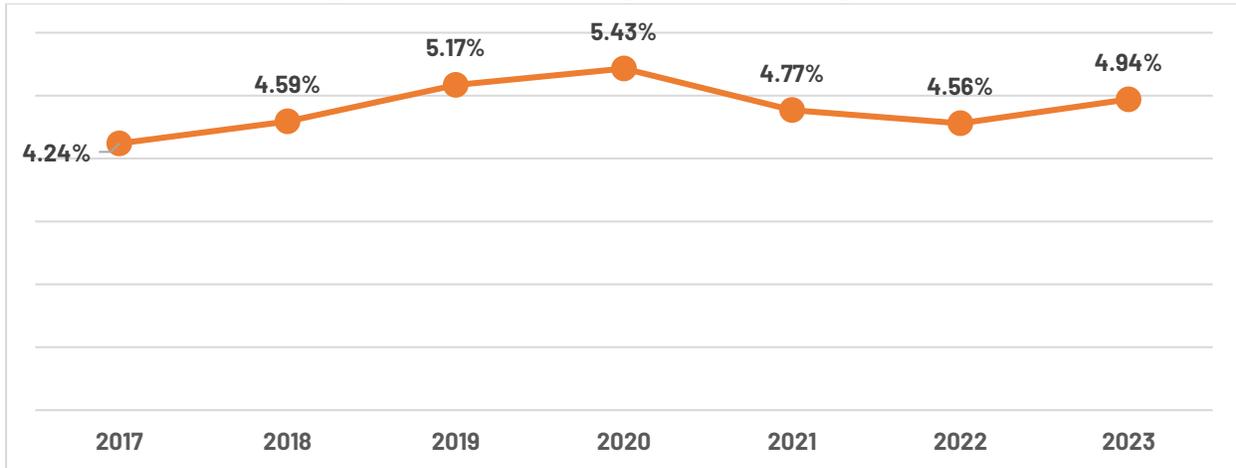
billion Naira for the Accelerating Nutrition Results in Nigeria (ANRN) project. Additionally, the Provision of Modern Cancer Treatment Equipment for the Femi Gbajabiamila Oncology Center, Federal Medical Center Ebute-Metta, reflects a commitment to enhancing cancer care infrastructure with a budget of N4 billion Naira. Furthermore, the allocations for the Procurement of Routine Immunization (RI) Vaccines, Devices, and Operational Cost (N3.62 billion Naira) and the Polio Eradication Initiative (PEI) (N2.16 billion Naira) underscore the government's sustained efforts in routine immunization and the broader initiative for polio eradication.

Challenges in the National Health Budget

The national health budget in Nigeria grapples with a myriad of challenges that significantly impact its effectiveness and the overall state of healthcare in the country. Among these challenges are the uneven distribution of resources, the impact of economic factors on healthcare financing, poor fund releases, poor allocation practices, unavailability of health sector implementation reports, and a concerning culture of fund under-utilisation.

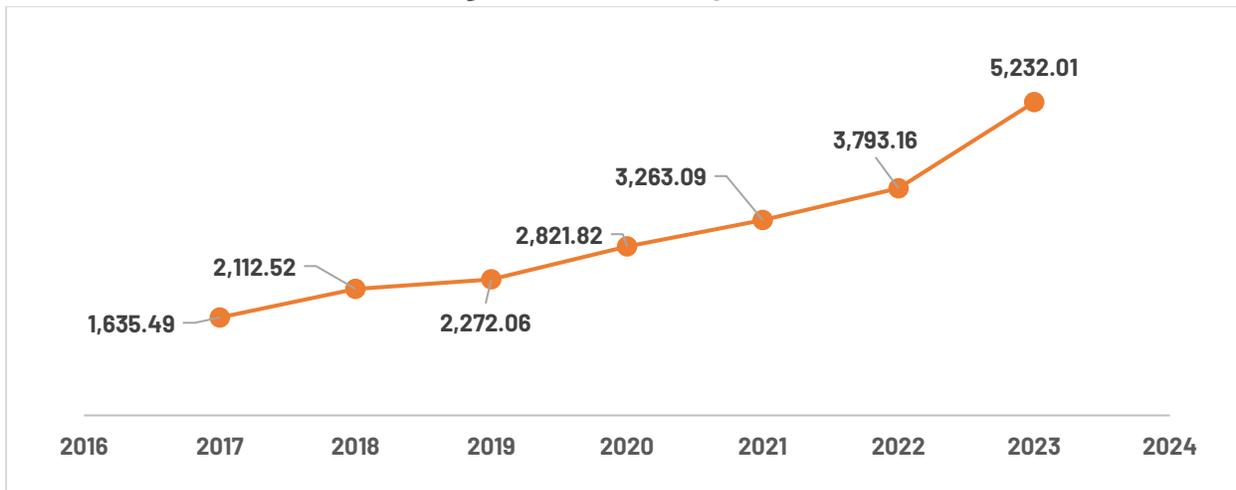
Allocation Practices: The fluctuating percentage of the total budget allocated to the health sector over the years underscores the challenges in maintaining a consistent prioritisation of health within the broader national budget. In 2020, the allocation peaked at 5.43%, reflecting a momentary emphasis on healthcare investment, possibly driven by the exigencies of the global pandemic. However, this was followed by a downturn in 2017 when the allocation hit a nadir at 4.24%, indicating a lapse in sustained prioritization. Despite a substantial trillion-naira allocation earmarked for the health sector in 2023, the percentage allocated remains below 5%, reaffirming the persistent struggle to secure a significant share of the national budget for healthcare in line with government Abuja declaration commitment. The sub-5% allocation not only reflects the need for a more steadfast commitment to health but also highlights the imperative for strategic and sustained efforts to secure adequate funding for the overall well-being of the population.

Fig 3: Total Health Budget as % of Budget Size



Health Per Capita: In the same vein, the Nigeria health per capita, representing the average health expenditure per person in Nigerian Naira (₦), has shown a consistent upward trend from ₦1,635.49 in 2017 to ₦5,232.01 in 2023. This signifies a substantial and progressive increase in health spending per individual over the analyzed period, reflecting a growing commitment to allocate more resources to healthcare. The notable surge in 2023 suggests an intensified focus on health investments, potentially indicating efforts to enhance healthcare accessibility, quality, and overall well-being for the population.

Fig 4: Health Per Capita (N)



Fund Releases and Utilized. A consistent challenge is the poor and untimely release of allocated funds, hindering effective budget execution. Despite budget allocations, the release of funds is often delayed, making it difficult for the health sector to utilize the allocated resources fully. This issue is exacerbated by a poor culture of fund utilization. In 2020, there was an unprecedented release of funds exceeding the allocated capital budget

by 188.32%. However, the subsequent years witnessed varying trends in the released percentage of allocation, utilization rates, and the percentage of utilized funds relative to the allocation. The highest utilization rate in the last seven years was in 2019. However, in 2022, more than 40% of the released funds were not used. This situation raises critical questions about the effectiveness of current mechanisms and highlights the urgent need for reforms to ensure that health capital funds are not only released consistently but also utilized optimally to address the nation's healthcare needs and infrastructure gaps.

Table 6: Health Capital Budget Allocation, Releases and Utilization (Nbn)

Year	Capital Allocation	Released Sum	Released as % of allocation	Utilized Sum	Utilized as % of Released	Utilized as % of Allocation
2017	55.61	52.66	94.68%	48.85	92.77%	87.84%
2018	86.49	63.48	73.39%	52.99	83.46%	61.26%
2019	57.09	32.31	56.59%	30.89	95.61%	54.11%
2020	51.40	96.80	188.32%	66.81	69.01%	129.96%
2021	137.11	90.00	65.64%	54.76	60.84%	39.94%
2022	207.39	123.77	59.68%	74.23	59.97%	35.79%
2023	445.16	N/A	-	N/A	-	-

Source: Budget Implementation Report, 2017 -2022³

Unutilized health capital fund released: Across the years from 2017 to 2022, a substantial portion of the released funds meant for healthcare infrastructure and long-term projects remained unspent, leading to significant amounts being returned to the treasury. Challenges are evident, particularly in 2022, where a substantial portion of the capital budget was returned (49.54 billion), indicating difficulties in executing planned projects or a potential lack of capacity to absorb allocated funds effectively. As was shown that between 2017 and 2022, the sum of N595.09 billion was allocated to the Federal Ministry of Health (FMOH) as capital allocation, N459.02 billion was released while only N328.53 billion was utilised; hence, N130.49 billion was returned to the treasury during the period. The percentage of funds returned to the treasury ranged from 7.23% to 40.03%, indicating challenges in effectively executing planned health capital initiatives. This trend raises critical questions about the efficiency of project implementation, potential bottlenecks in the execution process, and the need for improved mechanisms to ensure that the allocated capital funds are utilized optimally for enhancing the nation's healthcare infrastructure and services. Internal competition, delays in the bidding process, and conflicts of interest might contribute to the delayed release of funds to the designated projects and activities, leading to a surplus that is eventually returned to the treasury. Addressing these issues is crucial to

³ <https://budgetoffice.gov.ng/index.php/resources/internal-resources/reports/quarterly-budget-implementation/>

ensure that the allocated funds contribute effectively to the long-term development and improvement of the healthcare sector in Nigeria.

Table 7: Unutilized Fund (Nbn)

Year	Released Sum	Utilized Sum	Sum Returned to Treasury	% of Return to Released	% Return to actual utilized
2017	52.66	48.85	3.81	7.23%	7.79%
2018	63.48	52.99	10.49	16.52%	19.79%
2019	32.31	30.89	1.42	4.39%	4.59%
2020	96.80	66.81	29.99	30.98%	44.88%
2021	90.00	54.76	35.24	39.16%	64.35%
2022	123.77	74.23	49.54	40.03%	66.73%

Source: Budget Implementation Report, 2017 -2022⁴

Unavailability of Health Sector Implementation Report: - As of November 2023, the Federal government of Nigeria is yet to publish the 2023 Q2 and Q3 budget implementation reports. The 2022 Q4 report and 2023 Q1 reports were published in October 2023. This makes it very difficult to understand what has been spent so far on the health sector. Stakeholders must go through a rigorous process (including using Freedom of Information Request) with the relevant MDAs to request and demand data on the sector’s actual budget releases for independent analysis and effective monitoring and engagement. This process is always tedious and discouraging.

Deficit Financing and Sub-optimal revenue mobilization: The significant challenge facing Nigeria's health financing is the substantial budget deficit, escalating from N3.81 trillion in 2017 to N11.34 trillion in 2023, equivalent to 2.8% and 5.6% of the GDP, respectively.⁵ This staggering increase, influenced by factors like the COVID-19 pandemic, oil market fluctuations, naira depreciation, and increased spending, poses implications for economic growth, inflation, debt sustainability, and macroeconomic stability. Despite government measures such as removing fuel subsidies and seeking external financing, additional reforms are imperative to enhance revenue mobilization, optimize public expenditure efficiency, and reduce dependence on oil for a more sustainable and resilient health financing system.

In 2023, the total revenue available to fund the 2023 FGN Budget was estimated at N10.49 trillion, which includes the gross revenues of 63 government-owned enterprises totaling N3.87 trillion. FGN's oil revenue share is projected at N2.29 trillion, non-oil taxes are estimated at N2.43 trillion, and FGN's independent revenues are projected at N2.62 trillion.

⁴ <https://budgetoffice.gov.ng/index.php/resources/internal-resources/reports/quarterly-budget-implementation/>

⁵ <https://punchng.com/budget-deficit-rises-370-hits-n47tn-under-buhari/>

Other revenues total N762 billion. The overall budget deficit is N11.34tn for 2023. The budget deficit is to be financed mainly by borrowing. The budget deficit has increased by 38.8% from N8.17 trillion in 2022 to N11.3 trillion in 2023.

Challenges of coordinated efforts: The poor coordination between states and the national level poses a significant challenge to Nigeria's health financing efforts. This lack of synergy hampers the effectiveness of health financing strategies and impedes the cohesive implementation of national health policies. The decentralized nature of Nigeria's health system requires seamless coordination to ensure that funds are optimally allocated, resources are efficiently utilized, and health interventions are uniformly implemented across states. Without robust collaboration, disparities may emerge in healthcare delivery, hindering the nation's ability to achieve comprehensive health coverage and address the diverse health needs of its population. Addressing this coordination deficit is crucial for fostering a more integrated and impactful approach to health financing in Nigeria.

Impact on Health Outcomes

The correlation between budgetary allocations and health outcomes in Nigeria is not straightforward, as it depends on many factors, such as the adequacy, equity, efficiency, and effectiveness of health spending, as well as the quality and accessibility of health services, the health system governance and accountability, and the social and environmental determinants of health. However, some studies have suggested that there is a positive relationship between health spending and health outcomes, especially for maternal and child health, and that increasing public health spending can reduce the reliance on out-of-pocket payments and improve financial protection. The government's allocation to the health sector has increased in recent years, both in nominal and percentage terms stated earlier. However, this was still far below the 15% target set by the Abuja Declaration in 2001, which Nigeria and other African countries agreed to allocate to health. Furthermore, the health budget performance has been hampered by poor release and utilization of funds, as well as inefficiencies and leakages in the system.

The maternal mortality ratio is 512 per 100,000 live births. Nigeria's health spending relies heavily on private sources, especially out-of-pocket payments, which account for 76% of the total health expenditure. This exposes many Nigerians to the risk of catastrophic health expenditure and impoverishment. Nigeria's maternal mortality rate is still among the highest in the world, and it is influenced by factors such as poverty, lack of access to skilled birth attendants, poor health infrastructure, and insecurity. Nigeria also faces a high burden of infectious diseases, such as malaria, tuberculosis, and HIV/AIDS, as well as a growing incidence of non-communicable diseases (NCDs) and injuries. The Nigerian government has

committed to reducing the maternal mortality ratio to 70 per 100,000 live births by 2030, as part of the Sustainable Development Goals.

In the same vein, the consistently poor funding of family planning initiatives in Nigeria poses significant implications for public health and socioeconomic development. Insufficient financial support jeopardizes the country's ability to meet the FP 2030 goal and undermines efforts to address population growth, maternal and child health, and overall family well-being. This shortfall not only hampers the implementation of crucial family planning programs but also limits accessibility to reproductive health services. The potential consequences include increased maternal mortality rates, higher incidences of unintended pregnancies, strained healthcare resources, and a hampered demographic transition. Furthermore, the gap between allocated funds and actual releases underscores challenges in the effective implementation of financial commitments, hindering the realization of comprehensive family planning goals and placing an additional burden on the healthcare system.

Conclusion and Recommendations

This analysis shows that Nigeria has yet to achieve its intended and expressed commitment to allocating 15% of its budget to health. Despite the increase in allocation to the health sector, it is still below 15% of the federal budget. There is also a clear indication that the healthcare investment per person has increased but is still below N6,000 per capita. Also, the health sector implementation level was not encouraging. This is because not all the dedicated funding is released, and not all released are utilized, leading to a significant return of funds to the treasury yearly. This will not affect health spending; it's deterring any meaningful development in the sector.

- **Reevaluate Prioritization of BHCPF:** Given the fluctuating pattern of the Basic Health Care Provision Fund (BHCPF), there is a need for a comprehensive review of prioritization and allocation strategies. This involves conducting an in-depth analysis of changing revenue streams and policy considerations to ensure that the BHCPF aligns effectively with the evolving needs of the healthcare sector.
- **Enhance Oversight and Utilization of Service Wide Vote for Health:** While the Service Wide Vote for Health has experienced an extraordinary surge, it is essential to strengthen oversight mechanisms to ensure efficient and targeted utilization of these funds. Implementing robust monitoring and evaluation systems will contribute to the effectiveness of addressing unforeseen health-related expenses.
- **Strategic Allocation for Health Worker Retention and HRH Activities:** Recognizing the challenge of healthcare worker migration, the government's commitment to addressing this issue through specific programs is commendable. However, a strategic approach

to allocate and utilize the allocated ₦184 million for health worker retention and human resources for health (HRH) activities is necessary. Coordination with relevant stakeholders and ongoing evaluation will be vital for the success of these initiatives.

- **Balance Recurrent and Capital Expenditures:** Acknowledging the predominant focus on recurrent expenditures (71.61% of the total health budget), policymakers should strive for a more balanced allocation with long-term investments in healthcare infrastructure. Striking this balance is crucial for both immediate operational functionality and sustainable growth in healthcare services.
- **Improve Coordination Between States and National Level:** The lack of coordination between states and the national level hampers the effectiveness of health financing strategies. Initiating collaborative efforts to ensure optimal fund allocation, efficient resource utilization, and uniform health interventions across states will be instrumental in achieving comprehensive health coverage.
- **Explore Additional Revenue Mobilization Strategies:** Considering the substantial budget deficit and the need for sustainable health financing, exploring additional revenue mobilization strategies beyond traditional sources is crucial. Implementing reforms to optimize public expenditure efficiency, reduce dependence on oil revenue, and enhance overall fiscal resilience will contribute to a more sustainable health financing system.
- **Enhance Budget Transparency and Accountability:** Improving transparency in the budgeting process and ensuring accountability for allocated funds is crucial. This can be achieved by making budget information easily accessible to the public, implementing robust auditing mechanisms, and holding relevant authorities accountable for fund utilization. A transparent system reduces the likelihood of funds being misappropriated and enhances public trust in the healthcare system.
- **Streamline Budgetary Processes and Release Mechanisms:** Simplifying and expediting the budgetary processes, especially the release of funds, is essential to address delays in fund utilization. Implementing efficient release mechanisms and minimizing bureaucratic hurdles can ensure that allocated funds reach healthcare facilities in a timely manner, allowing for effective planning and execution of health projects.
- **Capacity Building and Project Execution Enhancement:** Investing in capacity-building initiatives within the healthcare system can address the challenges related to poor fund utilization. This includes training healthcare administrators, project managers, and other personnel involved in the execution of health projects. Strengthening project management skills will improve the efficiency of fund utilization and increase the successful implementation of healthcare initiatives.
- **Implement Performance-Based Budgeting:** Shifting towards a performance-based budgeting approach can incentivize efficient fund utilization. By tying budget

allocations to measurable outcomes and key performance indicators, the government can ensure that funds are directed towards initiatives that demonstrate tangible results. This approach promotes accountability, as funds are contingent on achieving predetermined health objectives.

- **Establish a Health Sector Implementation Monitoring System:** Creating a dedicated monitoring system specifically for tracking the implementation of health sector projects can significantly improve accountability. This system should include regular reporting, audits, and evaluations to assess the progress of projects and identify any bottlenecks in fund utilization. The findings from these monitoring efforts can inform corrective actions and ensure that funds are optimally utilized for the intended healthcare initiatives.

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