

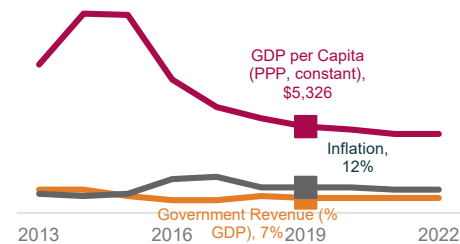


Nigeria

LNCT Network-Wide Meeting Tangerang, Indonesia, July 2019



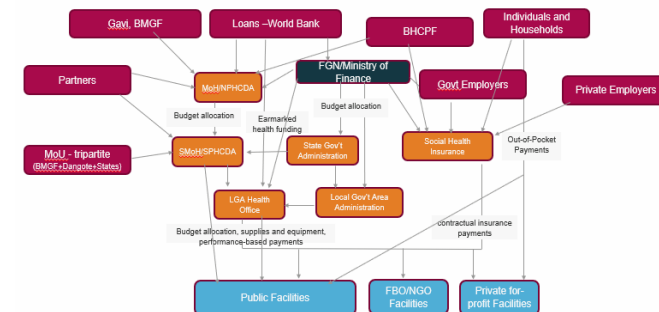
I. Economic Context



II. MOH Budget Execution

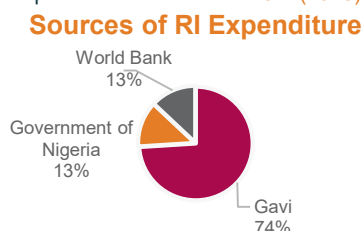
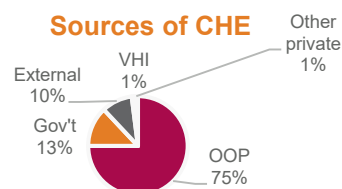
Capital Budget releases and utilisation	MOH Budget (in billion of naira)	Subnat'l Gov't Health Budgets
Total budget (2017)	308,449,880,120	332,100,000,000
Total released (2017)	305,496,143,773	?
Total spent (2017)	301,689,038,548	?
Execution as % of budget (2017)	97.81%	?

V. Funding Flows for Immunization



III. Sources of Health Expenditure

CHE per capita: US\$79 (2016)
Domestic General Government Health Expenditure as % of General Government Expenditure: 4% (2018)
% of Domestic General Government Health Expenditure spent on immunization: 15% (2018)



IV. Routine Immunization Budget

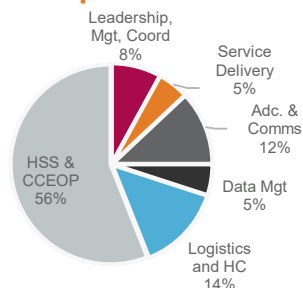
Line Item	Budget Source(s)
Vaccine supply & logistics	<ul style="list-style-type: none"> Nat'l health budget and loans (WB) Gavi grant and other Donors and partners Subnational government budgets to collect vaccines from central/regional cold store
Service Delivery	<ul style="list-style-type: none"> FGN, Gavi, other Donors and partners and Subnat'l health budget
Advocacy & Communication	<ul style="list-style-type: none"> FGN, Gavi, other Donors and partners and Subnat'l health budget
Data management, Monitoring & Disease Surveillance	<ul style="list-style-type: none"> FGN, Gavi, other Donors and partners and Subnat'l health budget
Leadership, Management and coordination	<ul style="list-style-type: none"> FGN, Gavi, other Donors and partners and Subnat'l health budget
Shared Health Systems Costs	<ul style="list-style-type: none"> FGN, Gavi, other Donors and partners and Subnat'l health budget

Total Expenditure (from all sources) on routine immunization: **\$86 million (2018)**

RI Budget per Surviving Infant: **\$10.52 (2018)**

% of RI costs financed by gov't: **26% (2018)**

RI Expenditure



Ask me how:

Nigeria uses innovative models of immunization financing, such as the MOU/Basket fund and PBF/RBF.

I want to know:

How countries secure commitment for a sustainable immunization and PHC financing from sub-national governments.

VIII. Challenges

Poor commitment and ownership by the sub-national government

Funding challenges due to revenue shortfall as result of over dependency on oil sector

Poor programme accountability by both management and technical arms of the programme with associated data quality issues

Donor fatigue.

VI. Budget Allocation Process

Fund	Responsible Authorities	Allocation Guidance and Process	Key Bottlenecks
MOH budget	National MOF/MOH	Allocated to agencies based on Parliamentary priorities and ceilings. MOF allocates budgets to National agencies based on their budget and the envelop allocation based on the availability of funds from the government treasury.	<ul style="list-style-type: none"> Inadequate resources Competing priorities Delays in fund release to MDAs Issues with tracking expenditures
Donor support to national level	External donors	Allocated for specific activities based on donor priorities and government input	<ul style="list-style-type: none"> Delays in expenditure reporting sometimes delays funding release Limited & may not align to key government priorities
State health budgets	MOH/HCH	Allocated to state health agencies and LGAs based on state parliaments allocation and release to agencies and facilities based on requests and fund availability and priority.	<ul style="list-style-type: none"> Accountability issues Health compute with other priorities Expenditure accountability and reporting
State donor health basket (MoU) and other Partner support	Donor coordinating committee/ HCH/ ED SHPCDA	Allocated to agencies and LGAs based on population and health outcomes. LGAs health office reviews requests from health facilities and determines budgets by facility.	<ul style="list-style-type: none"> Delays in expenditure reporting frequently delays funding release expenditure reports not good enough Poor leadership and accountability Poor managerial capacity at the lower levels
LGA Budgets	Ministry of Local Government, Local government Authority	All LGAs receive operational funds from the state based on their budgets and allocate to programmes and health facilities directly. The local government authorities compile requests from all programmes and allocate to various programmes and facilities.	<ul style="list-style-type: none"> Delays in expenditure reporting frequently delays funding release expenditure reports not good enough Poor leadership and accountability Poor managerial capacity at the lower levels.
Results based financing funds	Committee/ MOH/health facility heads	Disbursed Monthly/quarterly based on meeting MCH indicators, including DTP3 coverage. Health facilities determine how to use funds, including staff incentives. Facility can procure items directly and carry out basic renovation	<ul style="list-style-type: none"> Delay disbursement of funds Accountability from agencies and HF's Poor managerial capacity at the HF's Poor documentation of services
NHIS Funds	NHIS/HMOs and Facilities	Funds are disbursed to HMOs and HMO disburse to facilities based on number of enrollees	<ul style="list-style-type: none"> Delay in funds disbursement by the NHIS system Poor accountability in the system Lack of managerial capacity Limited enrollment of clients into the system Immunization portion not clearly define
Immunization fund	National FMF/MOH/NPH CDA Heads	Vaccine procurement is disbursed to UNICEF directly while operational funds is release to the agencies responsible for immunisation programme management. The heads of the agencies are directly responsible for the fund management	<ul style="list-style-type: none"> Delay in fund release Poor prioritization Data management issues Lack of counterpart from the sub-national levels

VII. Identification of Gaps

Line item	Budget 2020	Funding Gap	Potential Budget Sources
Procurement of Bundle Vaccines	\$209,000,000	\$100,000,000	FGN, Gavi, other donors and partners
Leadership Mgt and Coordination	\$3,380,000	?	FGN, Gavi, other donors and partners
Service Delivery	\$2,412,000	?	FGN, Gavi, other donors and partners
Advocacy and Communication	\$5,490,000	?	FGN, Gavi, other donors and partners
Data Management	\$2,116,000	?	FGN, Gavi, other donors and partners
Logistics and Health Commodities	\$6,320,000	?	FGN, Gavi, other donors and partners
HSS and CCEOP support	\$24,605,982	?	FGN and Gavi
Total	\$334,323,982	\$100,000,000	FGN, Gavi, other donors and partners