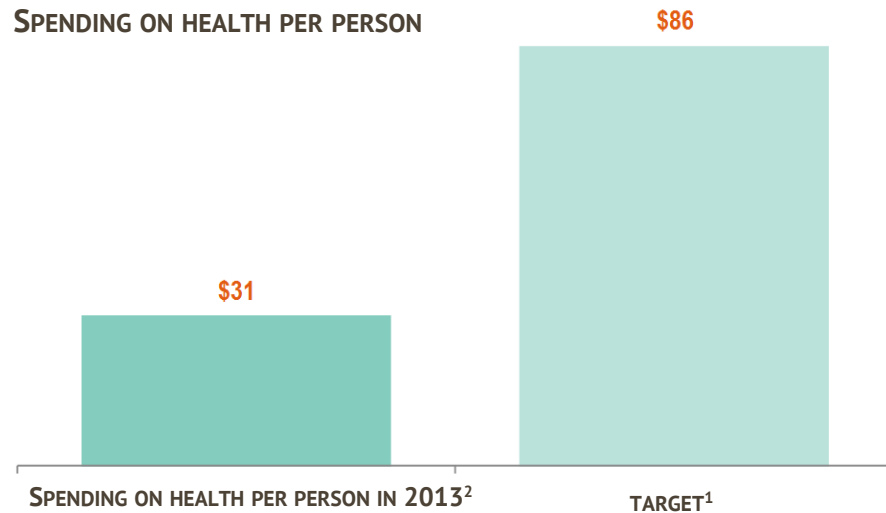


## GOVERNMENT SPENT LESS THAN 40% OF WHAT WAS NEEDED ON EACH PERSON'S HEALTH IN 2013

Governments need to spend **at least US\$86** per person in order to provide basic health services.<sup>1</sup> In 2013, the Government of Nigeria only spent **US\$31**,<sup>2</sup> 36% of the spending required to provide basic universal healthcare.



## DELAYED GOVERNMENT FUNDS IN 2015

According to the Director of Finance and Accounts at the National Primary Healthcare Development Agency (NPHCDA), the late passage of the 2015 budget has had an impact on the delivery of healthcare services.

In the first quarter, government funds were released from the capital budget to the agencies **three to four months behind schedule**,<sup>3</sup> impacting on the delivery of healthcare services.

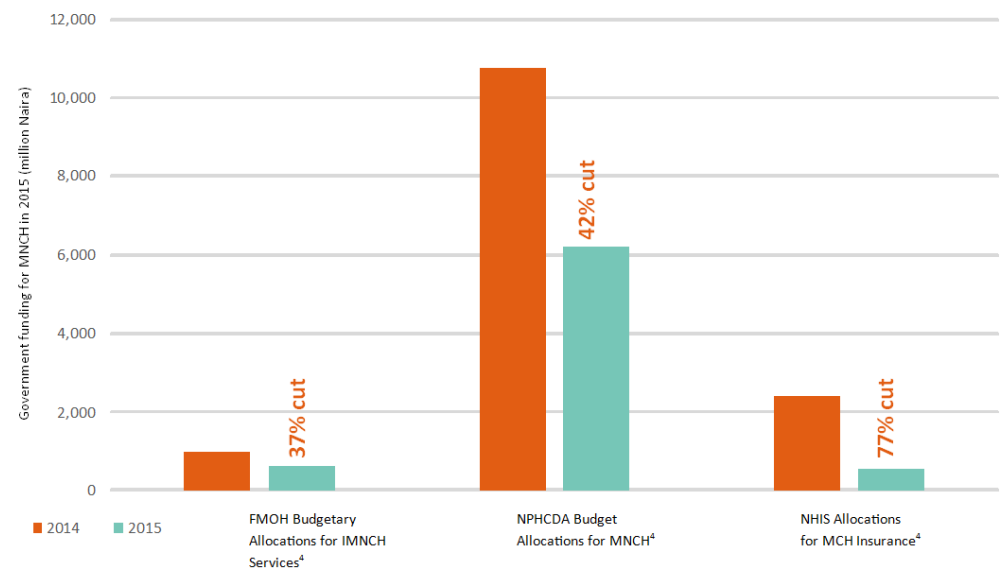
## CUTS TO FEDERAL MATERNAL, NEWBORN AND CHILD HEALTH SPENDING IN 2015

Despite already inadequate spending per capita on health, the 2015 Federal-level budget has promised **dramatic cuts** in spending following a decline in oil revenue.<sup>4</sup>

There are three main agencies that receive funds for health from the Federal level: the Federal Ministry of Health (FMOH), the NPHCDA, and the National Health Insurance Scheme (NHIS). The FMOH allocations for Integrated MNCH in 2015 have been cut by **37%** compared to 2014, with **zero funds** allocated to antenatal care, newborn care, the Saving One Million Lives programme, nutrition, or fistula repair services in 2015.<sup>4</sup> This leaves contraception as the only MNCH area still funded by FMOH.<sup>4</sup>

The NPHCDA budget allocations for MNCH services have also seen a **42%** decrease.<sup>3</sup> Most alarmingly, NHIS allocations for maternal and child health insurance have been cut by **77%**.<sup>4</sup>

## FEDERAL BUDGET ALLOCATIONS TO MATERNAL, NEWBORN AND CHILD HEALTH





**AFRICA HEALTH  
BUDGET NETWORK**

## HOUSEHOLDS BEAR THE HEAVIEST HEALTH SPENDING BURDEN

Because the government spends so little, the burden of paying for healthcare falls disproportionately on households.

In Nigeria, **69%** of all health spending in the country was spent by households up-front, without insurance, in 2013.<sup>2</sup>

This is well over the recommended top limit of **20%**, meaning the poorest are often excluded from care or pushed further into poverty by unsustainable payments.

The **77%** cut in NHIS allocations to MCH in the 2015 budget will **further increase** out-of-pocket payments by households for MNCH services and deter the poorest in Nigeria from accessing basic, life-saving care.<sup>4</sup>

## NIGERIA RANKS LOWEST IN THE WORLD ON GOVERNMENT REVENUE AS A PERCENTAGE OF GDP

Governments can and should spend **at least 5%** of their country's Gross Domestic Product (GDP) on health.<sup>1</sup>

However in 2013, the government only spent **1%** of Nigeria's GDP on health, a figure which has remained unchanged since 1995.<sup>2</sup> Using the GDP measure is important as it shows where governments can do more relative to their country's wealth.

Part of the reason for Nigeria's low performance is that its total government revenue was only **9.7%** of GDP in 2014.<sup>5</sup> Currently, Nigeria ranks the **very lowest** in the world on government revenue as a percentage of GDP.<sup>5</sup>

It has been estimated that if taxes were increased to full capacity in Nigeria, the government would be able to spend a further **US\$9** per person on health,<sup>6</sup> thereby increasing per person spending from **US\$31 to US\$40**.



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