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**The role of Civil Society in Health Budget Analysis, Tracking and Advocacy in Nigeria: Challenges and Prospects**

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Background

Significant efforts and investments have been to reform Nigeria’s health sector by succeeding governments and development partners, but health indices remain one of the poorest in Sub-Saharan Africa and Nigeria was unable to meet the MDGs targets. Health experts attribute the poor health outcomes to poor budgetary allocation, inefficiency, lack of accountability and transparency in the sector which contribute significantly to the low returns on value for money for services delivered. This paper reviews the health budget process in Nigeria and role of civil society in health budget tracking, analysis and advocacy, and to what extent their involvement and participation has contributed in improving transparency and accountability of the budget process, and the implications for funding the achievement of the health- related Sustainable Development Goals (SDGS).

Methodology

Data collection involved desk review of published and grey literature including relevant documents and reports from the websites of the Federal Ministry of Health and its agencies, the Ministry of Budget and National Planning, the Budget Office of the Federation, The National Assembly, Donor Agencies and mainstream CSOs involved in Budget Advocacy. These were analyzed to extract relevant information on the health sector budget with particular attention given to health-related MDGs/SDGs allocation and expenditures between 2011 and 2015.

Key Findings

Overall findings show that CSOs have become increasingly engaged in health budget tracking and analysis, using scorecards to track health budget, among other strategies. Despite the advocacy efforts, Nigeria has been off-track in meeting the 15% budget allocation to the health sector as agreed by the 2001 Abuja Declaration. The annual health budget has averaged about 5% in the last few years, with high ratio of recurrent over and above capital expenditure. Funding to tackle child and maternal mortality has generally been poor in relation to disease-specific interventions like HIV/AIDs. Despite the availability of enabling laws, the health budgeting process lacked transparency and openness, and with low citizen participation and it is difficult for ordinary citizens to access health budget information.

Conclusion/Recommendations

The active participation of citizens in the budget process is positive development. Healthcare financing experts have the opportunity to strengthen and support the voice and accountability work of CSOs through the generation of research evidence by conducting rigorous health budget tracking and analyses.