

Electronic System for Nigeria's Primary Health Care Financial Management: A Case for Accountability: Lessons from Tanzania

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ABSTRACT: Nigeria's Primary Health Care (PHC) financing remains constrained by fragmented funding flows, manual reporting, weak accountability structures, and inefficiencies that undermine service delivery. Drawing lessons from Tanzania's electronic financial management system (e-FMS), this study explores how Nigeria can strengthen transparency, improve resource tracking, and reduce financial leakages. Effective financial management is crucial for ensuring transparency, efficiency, and accountability in Nigeria's primary health care (PHC) financing system. The traditional paper based financial management approach has been plagued by inefficiencies, fund mismanagement, and weak accountability structures. To address these challenges, the adoption of an electronic financial management system (e-FMS) has been proposed as a viable solution. Tanzania's successful implementation of e-FMS in healthcare financing offers valuable lessons for Nigeria. National Policy Urgency: Evidence from the Coordinating Minister's Red Letter The "Red Letter" issued by the Coordinating Minister of Health on 22 October 2025 provides a public acknowledgement of persistent weaknesses in PHC financial governance. The Minister highlights that ₦32.9 billion in Basic Health Care Provision Fund (BHCPF) allocations has already been transferred directly into PHC facility accounts nationwide, but warns that weak oversight, poor community monitoring, and silence around fund use allow leakages and losses to occur. This reinforces the urgency of this study and aligns with evidence showing that Nigeria's manual PHC financial systems lose an estimated 18–25% of funds due to diversion, unretired expenditures, and poor traceability. The Red Letter therefore supports the need for digital accountability mechanisms such as e-FMS. This study explores how adopting a digital financial management framework can enhance accountability, optimize resource allocation, and strengthen universal health coverage (UHC) efforts in Nigeria. By assessing challenges in Nigeria's current PHC financial system and analyzing Tanzania's model, this research provides evidence-based recommendations for implementing an efficient e-FMS. The findings highlight the importance of digital tracking mechanisms, government commitment, and stakeholder collaboration in ensuring financial sustainability and effective health service delivery. The paper aligns recommendations with Nigeria's National Health Insurance Authority (NHIA) Act (2022) and the National Digital Health Strategy (2023–2030), ensuring policy coherence and sustainability

KEYWORDS: Electronic System for Nigeria's Primary Health Care; Financial Management; Accountability; Lessons from Tanzania

I. INTRODUCTION

Effective financial management is fundamental to ensuring transparency, efficiency, and accountability in Nigeria's primary health care (PHC) financing system. The current paper-based financial management approach has contributed to inefficiencies, fund mismanagement, and weak accountability structures, leading to suboptimal healthcare service delivery. To address these challenges, a transition to an electronic financial management system (e-FMS) presents a promising solution, with Tanzania offering a model of successful implementation. Tanzania's experience with e-FMS demonstrates how digital tracking mechanisms enhance financial oversight, optimize resource allocation, and strengthen universal health coverage (UHC) efforts. By leveraging technology-driven financial management solutions, Nigeria can mitigate fund leakage, improve transparency, and establish a robust mechanism for ensuring fiscal accountability in the health sector. However, Nigeria lacks the structured digital infrastructure necessary for effective financial monitoring, which has led to frequent misallocations and financial inefficiencies. A qualitative comparative analysis (QCA) framework was employed to assess Tanzania's e-FMS and its relevance to Nigeria's PHC financing. Secondary data were obtained from WHO, World Bank, and peer-reviewed journals published between 2015 and 2024. Tanzania was chosen due to contextual similarities with Nigeria, such as mixed health financing and donor dependency. Analysis focused on three dimensions: policy design, implementation capacity, and accountability outcomes. Evidence shows that Tanzania's e-FMS reduced fund leakages by approximately 22%, improved budget execution rates by 30%, and shortened audit reporting time by 35% between 2016 and 2019 (Mwanyika et al., 2020; World Bank, 2020). Nigeria's manual system continues to experience delays and leakages exceeding 20% of budget allocations. This study seeks to examine how Nigeria can adopt and tailor an e-FMS to improve PHC accountability, drawing key lessons from Tanzania's experience. Specifically, it investigates the weaknesses in Nigeria's PHC financial management system, assesses the effectiveness of Tanzania's e-FMS model, explores the potential benefits of an electronic financial management system for Nigeria, and proposes strategies for successful integration. By providing evidence-based recommendations, this research aims to guide Nigeria toward implementing a digital financial management framework that promotes accountability, optimizes healthcare funding, and ensures sustainable financing for PHC services.

II. CHALLENGES IN NIGERIA'S PRIMARY HEALTH CARE FINANCIAL MANAGEMENT SYSTEM

The weak oversight mechanisms associated with Nigeria's PHC financial management have enabled financial leakages and improper fund allocation, further exacerbating healthcare challenges. Research suggests that strengthening financial accountability through digital management tools can mitigate these inefficiencies (McIntyre et al., 2017). Tanzania has successfully implemented an electronic financial management system (e-FMS) in its healthcare sector, improving financial oversight and reducing misallocation of resources (Mwanyika et al., 2020). The e-FMS provides real-time tracking of financial transactions, enabling transparent budgeting and efficient allocation of health funds. Studies show that e-FMS adoption has strengthened financial accountability by minimizing corruption, improving auditing procedures, and streamlining budget approvals (Akazili et al., 2020). By integrating electronic tracking mechanisms, Tanzania has enhanced financial efficiency, ensuring health funds are properly utilized to improve service delivery. The implementation of automated financial tracking tools has also allowed for data-driven decision-making, where policymakers can use real-time expenditure reports to allocate resources effectively. The Tanzanian experience demonstrates that leveraging digital technologies in healthcare financial management fosters transparency and strengthens governance structures.

A. Benefits of Electronic Financial Management in PHC Financing

“Empirical studies indicate that inefficiencies in Nigeria’s paper-based PHC financial management system result in an estimated 18–25% fund leakage, largely due to unretired expenditures, weak auditing, and fragmented reporting frameworks (World Bank, 2018; Onwujekwe et al., 2019; Uzochukwu et al., 2018). The transition from paper-based financial management to electronic systems has proven effective in various global healthcare systems. Electronic financial management systems (e-FMS) offer several benefits:

- (a). **Increased Transparency:** Automated financial records prevent unauthorized transactions and ensure all expenditures are properly documented (Uzochukwu et al., 2018).
- (b). **Fraud Prevention:** Digital financial tracking tools help detect financial irregularities, minimizing corruption risks.
- (c). **Improved Efficiency:** Electronic budgeting systems streamline financial workflows, reducing bureaucratic delays.
- (d). **Enhanced Accountability:** Digital platforms facilitate real-time auditing and compliance monitoring, ensuring funds reach intended healthcare programs.

Nigeria can draw lessons from Tanzania’s model by adopting a customized e-FMS framework tailored to the country’s healthcare financing structure. Studies suggest that government commitment, stakeholder collaboration, and investment in digital infrastructure are critical to ensuring the successful implementation of e-FMS in Nigeria (McIntyre et al., 2017).

B. Recent Developments in Primary Healthcare Financial Management

Efficient financial management is essential for sustainable primary healthcare (PHC) systems. Nigeria’s PHC financial management system continues to face inefficiencies due to fund mismanagement, lack of transparency, and fragmented financing mechanisms (Onwujekwe et al., 2019; World Bank, 2018). In contrast, Tanzania has successfully implemented an electronic financial management system (e-FMS), which has significantly improved transparency, accountability, and resource allocation (Mwanyika et al., 2020). The adoption of e-FMS has demonstrated notable benefits, including increased transparency by preventing unauthorized transactions and ensuring proper documentation of expenditures (Uzochukwu et al., 2018). Additionally, digital financial tracking tools have strengthened fraud prevention by detecting financial irregularities and minimizing corruption risks (Akazili et al., 2020). Automated tracking mechanisms have further improved financial accountability, streamlined budget approvals, and facilitated data-driven decision-making, allowing policymakers to optimize healthcare spending through real-time expenditure reports. Lessons from Tanzania’s model suggest that Nigeria could benefit from adopting a tailored e-FMS framework. However, successful implementation requires government commitment, stakeholder collaboration, and substantial investment in digital infrastructure (McIntyre et al., 2017). By leveraging digital financial management tools, Nigeria can strengthen governance structures and improve financial accountability in its healthcare sector.

C. Fragmentation in Healthcare Financing and Its Implications

Primary healthcare is widely recognized as foundational to achieving Universal Health Coverage (UHC) and improving population health, as outlined in declarations such as Alma-Ata (World Health Organization [WHO], 1978) and Astana (WHO, 2018). Despite this global recognition, PHC remains underfunded in many low- and middle-income countries (LMICs), with a significant share of funding originating from donors and out-of-pocket payments (Hanson et al., 2022; Barroy et al., 2017; WHO & World Bank, 2021). Consequently, healthcare systems in these nations suffer from inadequate infrastructure, service delivery inconsistencies, and diminished public trust (WHO & UNICEF, 2018).

Fragmentation in health financing refers to the disjointed allocation of financial functions (e.g., pooling and purchasing) and multiple uncoordinated funding sources, leading to inefficiencies and disparities in healthcare access (Bossert et al., 2014; McIntyre et al., 2008). Multiple funding streams further complicate resource distribution and impose administrative burdens (Mathauer et al., 2019; Kutzin, 2013; Siqueira et al., 2021; Barasa et al., 2021). Disease-specific programs targeting HIV/AIDS, tuberculosis, and malaria often operate independently from national health systems, leading to duplication of efforts and undermining integrated service delivery (Desai et al., 2010; Mounier-Jack et al., 2010; Rudge et al., 2010; Cairncross et al., 1997; De Maeseneer et al., 2008; Karamagi et al., 2023). While such vertical approaches have contributed to reductions in maternal and child mortality rates (Micah et al., 2018; Bendavid & Bhattacharya, 2009), they frequently bypass national accountability mechanisms, leading to inefficiencies in healthcare financing (Closser et al., 2014; Carlitz & Ziaja, 2024; Bendavid & Miller, 2010). To address these challenges, several LMICs have introduced financing mechanisms such as community-based health insurance, social health insurance, performance-based financing (PBF), and voucher programs (Annear et al., 2019; Shapira et al., 2023; Nkangu et al., 2023; Rajkotia et al., 2017; Ir et al., 2015). While these models aim to improve healthcare access, they often lead to overlapping benefit structures and fragmented accountability frameworks, exacerbating inefficiencies in healthcare service delivery (Dossou et al., 2018; Kelley et al., 2011; Cashin et al., 2017).

D. Strategic Purchasing and System Integration

Strategic purchasing a financial approach that relies on empirical evidence and performance-based incentives has emerged as a promising solution to mitigate healthcare fragmentation (Hanson et al., 2022; Dkhimi et al., 2023). Harmonizing provider payment mechanisms, benefit packages, and reporting structures across financing schemes fosters service integration and ensures equitable healthcare delivery (Barasa et al., 2021; Mbau et al., 2018; Yip et al., 2012). Countries such as Thailand, Rwanda, and Ghana have successfully implemented purchasing reforms to minimize fragmentation and enhance healthcare accessibility (Kutzin et al., 2019; Agyepong et al., 2016; Lu et al., 2012). However, addressing fragmentation requires political commitment, donor collaboration, and institutional reform (Paul et al., 2018; Gatome-Munyua et al., 2022). Recent international initiatives including the Lusaka Agenda and Global Health Initiatives emphasize the need for donors to channel financial resources through national systems, reduce reliance on parallel funding structures, and strengthen core healthcare functions (Carlitz & Ziaja, 2024; Gavi, 2023). This research will utilize a comparative analysis approach, examine Tanzania's successful implementation of e-FMS and exploring its applicability in Nigeria's PHC financial system. Secondary data will be sourced from policy reports, academic literature, and government databases. Efficient financial management is a key component of a sustainable primary healthcare (PHC) system. Tanzania has successfully implemented an electronic financial management system (eFMS) that has improved transparency, accountability, and resource allocation within its healthcare financing framework. Nigeria, on the other hand, continues to rely on fragmented financial management mechanisms, leading to inefficiencies, corruption, and service delivery challenges. This comparative analysis explores Tanzania's model, assessing its strengths and adaptability for Nigeria's PHC financial system.

III. COMPARATIVE ANALYSIS: NIGERIA VS. TANZANIA

Table 1 compares accountability and oversight mechanisms between Nigeria and Tanzania, focusing on four key areas: Auditing and Oversight, Policy Enforcement, Public Transparency, and Financial Transparency. Let's examine these comparative narratives in detail.

Table 1. Primary Health Care Financing Structures

Aspect	Nigeria	Tanzania
Health Financing Model Government	Fragmented financing structure. Limited integration and oversight	Integrated financing model with oversight. Strong government coordination.
Funding Sources	Federal/state budgets, donor funds, private contributions, out of pocket payments.	Centralized government allocations, health insurance schemes, donor contributions.
Financial Management System (FMS)	Predominantly manual financial tracking, weak auditing. No fully integrated e-FMS.	Established e-FMS with real-time tracking and accountability.
Key e-FMS Features	Manual reporting, lack of digital oversight.	Real-time budget tracking, automated financial reporting, fraud detection tools.
Impact of FMS on PHC Financing	Limited transparency, increased financial leakages.	Improved efficiency, reduced corruption, enhanced financial transparency.
Auditing and Oversight	Weak auditing frameworks.	Independent auditing systems.
Policy Enforcement	Limited enforcement.	Strong enforcement mechanisms.
Public Financial Transparency	No unified digital financial database.	Publicly accessible financial records via e-FMS.

The comparative analysis reveals a significant divergence in the approach and maturity of health financing, financial management, and accountability between Nigeria and Tanzania.

(a). **Health Financing and Governance:** Tanzania employs an integrated financing model coupled with strong government coordination. This centralization allows for better oversight, as evidenced by their centralized government allocations as the primary funding source. In contrast, Nigeria operates on a fragmented financing structure with limited integration and oversight. This fragmentation is reinforced by diverse funding sources, notably the reliance on out-of-pocket payments, which often indicates inequitable access and vulnerability for citizens.

(b). **Electronic Financial Management Systems (e-FMS) and Transparency:** The implementation of robust financial technology is the most striking difference. Tanzania has a fully implemented e-FMS that is central to its financial accountability. Key features include real-time budget tracking, automated reporting, and sophisticated fraud detection tools. This has resulted in improved efficiency and enhanced financial transparency in Primary Healthcare (PHC) financing. Conversely, Nigeria relies on a predominantly manual financial tracking system and lacks a fully integrated e-FMS. The consequence is limited transparency and a high risk of financial leakages, supported by the absence of a unified digital financial database. The manual reporting methods inherently create a lack of digital oversight, undermining efficient financial management.

(c). **Accountability and Oversight Mechanisms:** The difference in financial systems translates directly into the effectiveness of accountability and oversight.

- i. **Auditing:** Tanzania benefits from independent auditing systems and strong enforcement mechanisms.
- ii. **Enforcement:** Nigeria is characterized by weak auditing frameworks and limited enforcement, which creates an environment where financial indiscipline is less likely to be penalized.

- iii. Public Transparency: Tanzania ensures publicly accessible financial records via its e-FMS, embedding transparency into the system. In Nigeria, the lack of a unified digital database severely restricts public and external oversight.

In summary, Tanzania's successful integration of a centralized, digitized financial system (e-FMS) creates a framework for real-time tracking, strong governance, and robust accountability. Nigeria's reliance on fragmented, manual, and disparate systems leads to endemic challenges in transparency, auditing, and enforcement, resulting in greater financial vulnerability in its health sector.

IV. IMPACT OF E-FMS ON CORRUPTION AND FINANCIAL LEAKAGES

The adoption and successful implementation of an Electronic Financial Management System (e-FMS), as seen in Tanzania, has a direct and significant impact on mitigating corruption and reducing financial leakages, particularly in the Primary Healthcare (PHC) sector.

Tanzania: Enhanced Control and Transparency

Tanzania's fully implemented e-FMS acts as a powerful deterrent against financial mismanagement:

- (a). Real-time Budget Tracking: The system monitors expenditure against the allocated budget *as it happens*. This immediate visibility makes it difficult to divert funds or make unauthorized spending, as discrepancies are instantly flagged.
- (b). Automated Financial Reporting: By minimizing manual data handling, the potential for human error and deliberate manipulation (e.g., creating fake invoices or duplicating payments) is drastically reduced. The system enforces standardized reporting rules.
- (c). Fraud Detection Tools: Built-in analytical tools and algorithms actively look for suspicious patterns, such as unusually frequent transactions, high-value payments to unknown vendors, or spending spikes outside of normal parameters. This proactive detection capability is crucial for identifying and stopping fraudulent activities early.
- (d). Public Accountability: The system allows for publicly accessible financial records, introducing an external layer of oversight that holds officials accountable and discourages corrupt practices due to the risk of exposure.

The cumulative effect is reduced corruption and enhanced financial transparency.

Nigeria: High Vulnerability

In contrast, Nigeria's reliance on predominantly manual financial tracking and the lack of a fully integrated e-FMS creates significant vulnerabilities that enable leakages and corruption:

- (a). Lack of Digital Oversight: Manual reporting systems are slow, prone to errors, and lack centralized integration, making it easy to obscure questionable transactions across various budget lines and government levels.
- (b). Increased Financial Leakages: Without automated checks and real-time reconciliation, opportunities for "ghost workers", inflated invoices, and the diversion of funds for personal gain are amplified, leading directly to the loss of public resources intended for PHC.
- (c). Weak Auditing: The reliance on weak auditing frameworks and the absence of a unified digital database means that audits are often retrospective, time-consuming, and limited in scope, making it difficult to prosecute corruption effectively.

Essentially, the lack of e-FMS in Nigeria permits a non-transparent environment where limited enforcement fails to close the door on systemic financial leakages.

Discussion

Nigeria's PHC financial system remains characterized by manual reporting, fragmented oversight, irregular auditing, and weak enforcement mechanisms. These weaknesses create opportunities for fund leakage, delays, and diversion of BHCPF allocations at the facility level. The recent "Red Letter" from the Coordinating Minister of Health reinforces these findings. By urging communities to demand transparency in the use of ₦32.9 billion disbursed to PHC facility accounts, the Minister acknowledges the persistence of leakage, mismanagement, and weak public oversight. His warning that "silence becomes a loss" directly mirrors the governance failures identified in this study. Tanzania's implementation of an electronic financial management system (e-FMS) demonstrates:

- (a). Digital Financial Tracking: Adopting an automated real-time financial monitoring system like Tanzania's e-FMS will reduce fraud and improve efficiency.
- (b). Government Commitment: Strengthening policy enforcement and government oversight will enhance Nigeria's PHC financing transparency.
- (c). Capacity Building: Training health administrators and finance officers on e-FMS utilization will ensure smooth integration.
- (d). Centralized Health Budgeting: Establishing a unified national financial database for PHC expenditures will improve resource allocation.
- (e). Public Access to Financial Data: Ensuring financial transparency through a publicly accessible platform will enhance accountability.

Nigeria has the opportunity to strengthen PHC financing by adopting strategic reforms, consolidating funding mechanisms, improving governance, and ensuring transparency. Learning from successful models like Tanzania and Indonesia, Nigeria can establish a more sustainable, efficient, and accountable PHC financing system that aligns with UHC objectives

Policy Linkage

To institutionalize e-FMS within Nigeria's PHC financing system, reforms must align with the NHIA Act (2022) and the National Digital Health Strategy (2023–2030). The NHIA should coordinate financial data integration and ensure interoperability across state health systems. Key policy actions, include:

- (a). Develop a national digital health financing dashboard under NHIA.
- (b). Train PHC finance officers and administrators on e-FMS utilization.
- (c). Strengthen independent audit and legislative compliance mechanisms.
- (d). Consolidate fragmented financing pools to minimize inefficiencies.
- (e). Provide public access to PHC expenditure data to enhance transparency.

Policy Recommendations for e-FMS Integration

Centralized Digital Infrastructure & Integration

The first step is moving from disparate systems (like manual records) to a unified, federal-state platform.

- (a). Mandate Full Integration: Issue a strong policy mandate to integrate all key financial systems (e.g., procurement, payroll, budget execution) under a single e-FMS platform for the health sector, extending to the Primary Healthcare (PHC) level. Nigeria's existing systems (like GIFMIS, IPPIS, and TSA) should be robustly interlinked with the health sector's new e-FMS, ensuring a single source of truth for all transactions.

- (b). Invest in Backbone Infrastructure: Prioritize investments in high-speed, reliable ICT infrastructure (internet connectivity and power supply) in all health facilities, especially in rural and underserved regions, to ensure the e-FMS can operate in real-time.
- (c). Data Standardization: Enforce a National Chart of Accounts (NCOA) specifically adapted for the health sector to ensure uniformity in financial classification and reporting across Federal, State, and Local Government health systems.

Strengthened Legal & Accountability Frameworks

Technology must be backed by enforceable laws and strict sanctions.

- (a). E-Transaction Mandate: Enact a legal framework that mandates the use of the e-FMS for all financial transactions exceeding a minimal threshold, making manual transactions illegal and subject to severe penalties.
- (b). Independent Digital Auditing: Establish a specialized Digital Audit Unit with the legal authority to conduct real-time, data-driven audits directly on the e-FMS. This moves auditing from retrospective paper-chasing to proactive, preventative oversight.
- (c). Public Transparency Mechanism: Policy should require the public disclosure of high-level financial data (e.g., quarterly expenditure reports for major health projects) through a public portal linked to the e-FMS, mimicking Tanzania's transparency model.

Capacity Building and Change Management

The best system will fail without competent users and political support.

- (a). Mandatory Digital Literacy Training: Implement comprehensive, mandatory training programs on the new e-FMS for all staff involved in financial management and PHC service delivery, from treasury officers to facility managers.
- (b). Establish a Change Management Team: Create dedicated Change Management Teams at the Federal and State levels to actively address resistance to change (a common challenge in e-FMS adoption) and support staff during the transition period.
- (c). Political Will and Leadership: Secure and sustain high-level political commitment from the executive and legislative branches to champion the reform, ensuring adequate budgetary allocation for the e-FMS rollout and maintenance, and signaling that corruption within the system will not be tolerated.

CONCLUSION

Fragmentation in PHC financing remains a significant barrier to achieving Universal Health Coverage (UHC) in Nigeria. Low public health expenditure, uncoordinated funding pools, and reliance on multiple financing mechanisms, including donor funding, government allocations, and out-of-pocket payments, create inefficiencies. To address these challenges, Nigeria needs a structured approach to reform its financing system while ensuring sustainability and accountability. By prioritizing accountability through digital transformation, Nigeria can enhance the efficiency of PHC financing, reduce financial waste, and ensure that health resources are effectively utilized to support UHC implementation. Tanzania's successful implementation of an electronic financial management system (e-FMS) has significantly improved healthcare financing accountability, reducing corruption and ensuring efficient resource allocation. Nigeria's current manual financial tracking system limits transparency and creates inefficiencies. Adopting an e-FMS model inspired by Tanzania can enhance Nigeria's PHC financing structure, strengthen financial oversight, and support the country's Universal Health Coverage (UHC) goals. For Nigeria to enhance PHC financial accountability using electronic systems, several key policy strategies should be considered:

- (a). Development of a National Health Financial Tracking System: Establishing an integrated digital platform for monitoring healthcare expenditures and allocations.

- (b). Capacity Building for Health Administrators: Training financial managers and health sector stakeholders in the effective use of e-FMS.
- (c). Strengthening Oversight Mechanisms: Implementing independent auditing frameworks to assess financial transactions within PHC financing.
- (d). Legislative Reforms: Creating policies that mandate electronic reporting systems for all PHC financial transactions.
- (e). Consolidating Health Financing Pools for Efficiency, Nigeria should work toward reducing fragmentation by consolidating multiple financing pools and harmonizing healthcare purchasing arrangements. A singlepool system or well-integrated financing pools with clearly defined governance structures would improve efficiency, reduce waste, and optimize resource allocation.

Tanzania's model demonstrates that consolidating multiple health insurance schemes under one national system enhances financial sustainability and service delivery. Nigeria can expand the National Health Insurance Authority (NHIA) framework to unify public, private, and employer-based insurance schemes, ensuring more equitable resource distribution within PHC financing. Strengthening Coordination Between Government and Donors, while donor funding is a critical resource for PHC financing, Nigeria must ensure better alignment between donor priorities and national health goals to prevent further fragmentation, sector-wide approach can enhance coordination, reduce duplication of efforts and improve overall healthcare delivery and ensure donor funds are integrated into national health financing frameworks instead of creating parallel financing structures. Harmonizing Purchasing Functions to Improve Equity, ensure financial efficiency at the PHC provider level, Nigeria should standardize benefits packages to ensure uniform service access across different funding mechanisms, Provider payment systems, establishing clear performance-based incentives linked to service quality and monitoring and accountability frameworks to track fund allocation and ensure transparency in financial disbursement. Improving Financial Governance and Accountability, establishing electronic financial management systems (e-FMS) to digitize budget tracking and minimize fund leakage, following Tanzania's example, strengthening auditing mechanisms within PHC financing, ensuring public funds are effectively allocated and utilized and Encouraging community participation in healthcare financial management to enhance transparency and accountability.

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