

		
	 UNAIDS	

ACHIEVING UNIVERSAL HEALTH COVERAGE IN NIGERIA: TIME FOR PARADIGMN SHIFT

Universal Health Coverage (UHC) is a global priority affecting the life of every person especially in low-and-middle income countries. UHC is defined as ensuring all people have access to the needed key promotive, preventive, curative and rehabilitative health services of good quality at an affordable cost without the risk of financial hardship linked to paying for healthcare services.

According to World Health Organization (WHO), at least half of the world’s population still do not have full coverage of essential healthcare services. Furthermore, about 100 million of the world’s population are still being pushed into extreme poverty (defined as living on 1.90 USD or less a day) because they have to pay for healthcare services. About 12% of the world’s population (Over 800 million people) spend at least 10% of their household budget on healthcare services, which is capable of pushing them into poverty.

Universal Health Coverage (UHC) is intrinsic to the Sustainable Development Goal Number 3 which the nation countries have signed up to achieve by 2030. UHC is critical for the attainment of all health-related SDGs. The objectives of UHC includes:

- **Equity** in access to health services - everyone who needs services should get them, not only those who can pay for them;
- The **quality** of health services should be good enough to improve the health of those receiving the services; and
- People should be **protected against** Out-of-Pocket (OOP) expenditure for healthcare services which further impoverish them.

As the global community prepares for the United Nations High-Level Meeting on Universal Health Coverage in September 2019 in New York, delegates/representatives of CSOs from across Nigeria (including PLHIVs) under the aegis of the Nigeria Universal Health Coverage Advocacy Group (NUHCAG) held a Country Advocacy Meeting (CAM) on UHC, on the 30th day of July 2019, at the United Nations House in Abuja; under the auspices of the global Civil Society Engagement Mechanism (CSEM). The meeting was held with the support of the UNAIDS, WHO, IFRC, Afrihealth Optonet Association and Nigerian Red Cross Society. The Ministry of Budget and National Planning presented a key goodwill message.

- The civil society is concerned that Nigeria’s health indices still remains unbelievably poor and frightening over the years: Antenatal care coverage has remained below 65%;
- Skilled Birth Attendance has remained below 42%;
- Coverage of DPT3 and Penta3 Immunization dipped from about 33% in 1990 to 20% in 2003 and 32% in 2016; while

- Family Planning coverage has remained abysmally low at about 10%
- Nigeria has the highest HIV burden in the West and Central Africa region with a treatment coverage of 55% leaving a huge unmet need

With respect to the nutritional Status of the average Nigerian child; stunting only reduced from 42% in 2003 to 37% in 2013 (an improvement of just 5% in ten whole years) while wasting increased from 8% to 11% during the same period.

Our country's service delivery indices have remained characterized by very poor quality of care with 29% of the health care workers (HCW) either idle or generally absent from work, 67% of our Primary Health Care (PHC) facilities surveyed in 2013 had stock out of essential medicines, while only 25% of the PHC facilities were minimally equipped, leading to poor sanitation and waste management, and low/poor patronage with each PHC seeing 2.5 patients per day.

Impoverishing Out-of-Pocket health expenses by households remains the major source of health financing in Nigeria, rising from 64.6% in 2003, to 73.8% in 2016 and 76% in 2017 as a percentage of Total Health Expenditure (THE). At the same time, Nigerian Government's spending as a percentage of THE reduced from 28.1% in 2006 to 12.4% in 2016; while external funding as a percentage of Nigeria's THE rose from 3% in 2003 to 13% in 2014 and dropped to 9.8% in 2016. Health Insurance was just 1.5% of THE in 2016.

Since NHIS was set up in 2010, less than 5% of the Population has been covered by any form of Health Insurance. Nigeria is still lagging in ensuring health equity as the richest people still have far more access to key PHC services than the poorest people such as 79.5% vs. 7% for DPT3 and Penta3 Immunization; 94.5 vs. 24.6% for ANC; 85.3% vs. 5.7% for access to Skilled Birth Attendants; and 23.4% vs. 0.9% for modern contraceptive prevalence.

In consideration of all the above indices and conscious of the imperative of institutionalized UHC for the achievement of the SDGs especially SDG3, the Nigerian civil society representatives at the country advocacy meeting:

1. Resolved to and do hereby respectfully request His Excellency President Muhammadu Buhari, GCFR to personally attend the UN High Level Meeting (HLM) on UHC holding in New York on 23-September-2019, and personally present Nigeria's commitments to UHC2030;
2. Adopted the global UHC2030 'Key Asks' adopted by UN, and hereby request the Federal Government of Nigeria to:
 - Ensure Political Leadership Beyond Health by commuting to achieve UHC for healthy lives and wellbeing for all at all ages as a social contract;
 - Leave No One Behind by providing equitable access to quality healthcare service to all people of Nigeria, with financial protection;
 - Increase Public Financing for Health to provide the necessary financial protection that supports healthcare seeking behaviours;
 - Improve involvement of CSOs and citizens, transparency and accountability at all levels by establishing multi-stakeholders mechanisms for engaging the whole of society for a healthier world; and
 - Invest heavily and continuously in Health Workers, including community health workers.

The NUHCAG, Nigerian civil society and CSOs hereby commit ourselves to collaborate with government in achieving actions, transparency and accountability towards achieving UHC2030.

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