

Press Conference by the

Nigeria Universal Health Coverage Actions Network (NUHCAN)

On behalf of the Civil Society in Nigeria

In commemoration of the 2019 Universal Health Coverage (UHC) Day in Nigeria

PROTOCOLS

BACKGROUND AND INTRODUCTION

The Nigeria Universal Health Coverage Actions Network (NUHCAN) was established during the 3rd quarter of 2019, as a non-governmental, non-profit making, non-political, non-religious, autonomous organization; to serve as the coordination body for recognized Civil Society Organizations, Private Voluntary Organizations, Non-Governmental Organizations, Institutions and Individuals involved in Universal Health Coverage activities and programs in Nigeria.

As the lifestyle of people become more sophisticated, the UHC 2030 goals are essential but will only become achievable with radical thinking executed through insightful organizations acting in **networks** carefully managed to produce tangible results. It requires the involvement of experienced professional and business leaders to make this happen. It is as a result of this realization that the Nigeria Universal Health Coverage Action Network (NUHCAN) was founded as Nigeria Universal Health Coverage Advocacy Group (NUHCAG) on the 7th of June, 2019 with *NUHCAN's Executive Secretary Dr. Uzodinma Adirieje* as then NUHCAG's Interim National Coordinator. The Network now consists of about 50 registered members. Our goal is to translate the UHC concepts into action in Nigeria through the achievement of the following objectives:

- Synergize with relevant stakeholders/partners for the commemoration of the United Nations' historic and unanimous endorsement of universal health coverage in 2012.
- Facilitate grassroots awareness, engagement and demand for UHC
- Accelerate private, public and political participation and accountability for UHC.
- Galvanize an inclusive, cohesive and multi-sectoral advocacy community thus maximizing reach, coordination and impact of the movement towards health for all.

UNIVERSAL HEALTH COVERAGE (UHC)

Universal Health Coverage (UHC) means that all people are receiving the health services they need, including health initiatives designed to promote better health (such as anti-tobacco policies) prevent illness (such as vaccination) and to provide treatment, rehabilitation, and palliative care (SUCH AS END-OF-LIFE CARE) of sufficient quality to

be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship.

UHC is firmly based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata declaration in 1978. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world's poorest.

UHC is a Global Health Policy which was relaunched as part of the Sustainable Development Goals by all the countries of the United Nations at the 74th UN General Assembly in New York, USA, in August 2019. Its aim is to ensure an inclusive framework for the delivery of health care "Leaving No One Behind"

This definition of UHC embodies three related objectives:

1. Equity in access to health services - everyone who needs services should get them, not only those who can pay for them;
2. The quality of health services should be good enough to improve the health of those receiving services; and
3. People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm.

A suitable Health Care Financing Framework outlines the need to create resources through Revenue generation, Pooling and Purchasing for Service Delivery. The benefits of raising resources should include Equity in Resource Distribution, Efficiency, Transparency and Accountability. This should lead to the final Coverage Goals of Utilization Relative to Need and Financial Protection

The healthcare problems in Nigeria result from a combination of factors.

Many of the underlying causes of disease, injury and death lie beyond the preview of the core healthcare system. They cover a range of environmental and situational factors such as inadequate sanitation, water, drainage, waste disposal, housing and household energy, road transportation as well as behavioural factors such as personal hygiene, sexual behaviour, violence, driving habits, alcoholism and tobacco smoking. The medical profession has a great challenge in tackling these health and health-related problems. This is why there is a need for intersectoral groups that will address the various underlying factors.

Universal Health Coverage should be based on strong, people-centred primary health care. Good health systems are rooted in the communities they serve. They focus not only on preventing and treating disease and illness, but also on helping to improve well-being and quality of life.

The UHC IN NIGERIA WILL BE DISCUSSED UNDER SIX HEADINGS AS FOLLOWS:

1. Economic Contribution of the health sector

- a. What is the contribution of healthy populace as compared to an unhealthy population? We need a healthy populace to work productively and drive the economy.
- b. Health sector is also an economy generating hub for all sectors in the sense that there are all cadres of artisans in the health sector,

2. Health Governance Structure

- a. Holding each sector of the government accountable for their constitutionally defined obligations to the health of the citizens --- especially the Local governments
- b. The National Health Act has a lot of well thought out collaborative processes that should be encouraged
- c. Health governance should be politicized to encourage improvement of structures e.g. optimizing for PHC should be scored against political party in power.

3. Financing the Health Sector

- a. The recommended allocation for national health sector budget (Abuja declaration) is still 40-60% short. Yet the deterioration of the health sector is obvious to all. This is fundamental to addressing many of the urgently necessary improvements.
- b. Over 70% of healthcare funding is from out-of-pocket of the users thus exposing individuals and families to extreme financial hardship
- c. The establishment of NHIS and BHCPF funding systems are projects in progress and they should assist in alleviating the huge out-of-pocket expenditures of patients at the points of need of healthcare services.
- d. Accountability framework exists but processes to monitor this are necessary.
- e. Fund mobilization should look inward and depend less on foreign sponsorship and donation.
- a. Skills acquisition must also include financial management education.

4. The Management and Functionality of Regular Health Sector Facilities

- a. This is a source of monumental stress on the health sector facilities varying from PHC clinics to Tertiary Hospitals -- an urgently needed focus includes:
 - i. Sustainable infrastructural development
 - ii. Functional lay out of facilities to decrease manpower waste of time, and delays in the delivery of services
 - iii. In-Service continuing training and orientation of the health workforce
 - iv. Shaping the attitudes of health workers as well as the administrative and other staff members perform important ancillary services such as cleaning etc.
 - v. Development of a sound referral system

- b. Public private collaboration should be encouraged.

5. Health Sector Human Resource Capacity

- a. There is a huge health human resource in the country ranging from the health workforce in primary health clinics to highly skilled professionals in tertiary centers. The massive brain drain of this later cadre is evidence of the quality of the human capital of our health sector. There is therefore a need for the development of some world-class tertiary and even super-specialty facilities which will meet the needs of Nigerians who go abroad for more sophisticated services. In this way, there is a chance for the brain drain to be stemmed or even be reversed.
- b. However, there still exists a huge gap in skills acquisition in some areas of medical practice. The health workforce can be complimented by experienced Nigerian practitioners in the Diaspora who could be enticed to well-equipped and functioning hospitals to assist in bridging the skills gaps.
- c. In view of the huge investment required for this to happen, innovative funding mechanisms will be required. It will involve new business approaches which may require a more facilitatory legislative framework.
- d. In order to ensure a sustained level of standard setting and quality of service, the government must exercise its regulatory role equitably.

6. Leveraging on Internet Technology and Innovations

The delivery of equitable, accessible and affordable health services can be facilitated in practically all areas of the Health System by leveraging on IT INNOVATIONS. The basic tool is the Smart phone which almost every adult in Nigeria has and uses

- **Information Base**

Health bracelets bearing personal health information such as the ID, Blood Group, history of life-threatening problems such as severe allergies, asthma, sickle-cell. disorder, bleeding disorders, previous hospitalisations, previous surgeries and obstetric history for women. During emergencies, the information stored on this bracelet can be extracted to save the life of the wearer especially if unconscious.

- **Mobile Health Clinics for the Rural and Peri-urban Areas**

Containers (40Ft) can be fashioned into Health Clinics in order expand the reach of health services at the PHC level. They can also be equipped with space-saving beds and furniture.

- **Making Health Facilities Friendly and Efficient**

Tracking Health Facility's effectiveness and efficiency through the use of

IT paraphernalia currently in use in Banks including the terminal management system.

- **Equipment Maintenance**

Fabrication of spare parts by “mechanics” should be encouraged because it will eventually lead to local manufacture just as the local manufacture of spare parts for some brands of cars such as the Peugeot is now almost perfected.

- **Emergency Transportation and Roadblocks’ Clearance**

Use Early Warning System to synergise source of take-off of emergency transportation with traffic control officers and road mapping by IT intelligence device such as Google. Linkage with Flying doctor may be possible in some cases. Ambulances to be equipped with life-saving equipment and trained ‘para-medics’

- **Funding**

Tracking of Contributions to Public and Private Health Insurance systems to ensure appropriate distribution to priority areas such as the strengthening of the infrastructures, transportation, referral system, essential drugs, vaccines and materials. The National Health Act has articulated the formula by which the PHC will be funded at the Local Government Level using 1% of the Consolidated Federation Revenue through the National Primary Health Care Development Agency (NPHCDA) in collaboration with the National Health Insurance Scheme (NHIS) and with contributions at State and LGA levels of not less than 10% and 5% respectively of the total cost of Projects undertaken.

The Monitoring Framework for this exemplary Funding Process is of great importance to the delivery of UHC at the PHC level.

- **Health Information to the Community and the Public at Large**

Health information to the community should be localized to the priority health problems based on a broad analysis of simple surveys conducted with apps which are developed for the purpose by health professionals. An example is an APP for sharing information on breast and cervical cancer recently developed by an indigenous CSO.

Social media posts can also be utilized with verification interventions.

- **Training and Skills Acquisition**

Through the development of Telemedicine Methodologies.

Innovations which can be justifiably developed and/or adopted must meet the criteria of having the potential to save lives, save costs and be sustainable.

PRAYERS:

Gentlemen of the Press, in furtherance of NUHCAN's commitments and those of the other non-state actors involved in UHC, we urge the Federal Government, Multilateral Agencies, Foundations and all stakeholders in Health in Nigeria to:

1. Ensure Political Leadership Beyond Health; by committing to achieve UHC for healthy lives and wellbeing for all at all stages, as a social contract, since Health is the foundation for people, communities and economies to reach their full potential;
2. Leave No One Behind; by pursuing equity in access to quality health services with financial protection; since Health is enshrined as one of the fundamental rights of every human being;
3. Regulate and Legislate; by creating a strong, enabling regulatory and legal environment responsive to people's needs; because UHC requires a sound legal and regulatory framework and institutional capacity to ensure the rights of people and meet their needs;
4. Uphold Quality of Care; by building high-quality health systems that people and communities trust; with quality primary health care (PHC) as the backbone of UHC and create trust in public institutions;
5. Invest More, Invest Better; by sustaining public financing and harmonising health investments; since current funding levels are insufficient to achieve UHC by 2030; and governments need to increase domestic investments and allocate more public financing for health through equitable and mandatory resources; and
6. Move Together; by establishing multi-stakeholder mechanisms for engaging everyone within Nigeria for a healthier world; while encouraging other countries to take active steps to meaningfully engage non-governmental actors - particularly from unserved, underserved or poorly-served populations - in shaping the UHC agenda.

CONCLUSION:

Whereas in the past, we had been preoccupied mainly with the monitoring of the extent of healthcare coverage with basic health packages, the monitoring of UHC must include the magnitude of coverage with financial protection without which any expected improvement in coverage with healthcare is likely to remain an illusion.

We are being bombarded on daily basis with Social Media Posts which give news of preventable deaths as a result of problems arising from within as well as outside the Health Sector. Our responses usually vary from expressions of bewilderment, shock and lamentations. Our resolve on the NUHCAN Platform is to make a critical analysis of such situations, propose and follow up actions which would assist in providing the desired solutions. No longer can we afford the luxury of doing absolutely nothing because of our state of powerlessness in most instances. We are duty bound to share whatever information is given to us with the relevant agencies whose actions can save the lives of those in jeopardy. Our source of motivation is that through information sharing, we are at

least restoring to the implementing agencies that basic human element of EMPATHY which is being stolen from all of us as a result of our feeling of powerlessness. We on this platform can and will try to restore those basic human values that will ensure that “No one is left behind” in our effort to promote Universal Health Coverage nationwide.

We thank the Federal Ministry of Health (FMOH) and our colleague organizations for the confidence reposed in NUHCAN to address this press conference on behalf of the civil society in Nigeria, as part of the national activities planned by the Federal Government to mark the 2019 UHC Day on 12 December 2019. We assure Nigerians of our commitment to ensure that Nigeria realizes her UHC targets by the year 2030.

Thank you for listening!

Professor Adenike Grange

Chairman, Board of Trustees (BOT), NUHCAN

Dated in Abuja, Nigeria; this 9th Day of December 2019