

# NIGERIA 'UHC' ADVOCACY GROUP/CIVIL SOCIETY AND STAKEHOLDERS IN 'UHC' IN NIGERIA

## PRESS RELEASE

### 2019 'UN' HIGH LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE: COUNTRY ADVOCACY MEETING HOLDS ON 30-JUL-2019 IN ABUJA

All is now set for the convening of the Civil Society Country Advocacy Meeting on Universal Health Coverage (UHC) in Nigeria for the 2019 United Nations High-Level Meeting on UHC holding in New York on 23 September 2019.

Following the inaugural meeting of the Nigeria UHC Advocacy Group (NUHCAG) convened by the CSOs Network in Nigeria, pursuant to Nigeria's omitted hosting listing for the Country Advocacy Meeting (CAM) towards the 2019 United Nations High-Level Meeting (HLM) on Universal Health Coverage (UHC), and the unanimous affirmation of **Dr. Uzodinma Adirieje of Afrihealth Optonet Association [CSOs Network] as the Group Leader** to coordinate untoward activities; all is now set for the Civil Society and Stakeholders in UHC in Nigeria to convene in a consultation to take a position that will feed into the global Civil Society Engagement Mechanism (CSEM).

With the goal to achieve Universal Health Coverage (UHC) in Nigeria by 2030 and objectives of ensuring that Nigerian civil society is officially represented and its voice heard/makes a statement at the UN HLM on UHC in September 2019; the NUHCAG partners have committed themselves to undertaking various forms of advocacy, mobilization and sensitization of critical stakeholders, resources and citizens to achieve the objectives of the UHC paradigm. The UNAIDS, WHO, IFRC and NRCS have contributed immensely in supporting the civil society in Nigeria to brace up to these challenges.

At their virtual pre-event meeting held on 24 June 2019, members and partners resolved to get Nigeria listed for the UHC2030 CSEM meeting, by securing approval to hold the Country Advocacy Meeting (CAM) where

UHC stakeholders will be part of inclusive and elaborate consultations that will result in Nigeria's greater commitment towards achieving UHC. The Nigeria CAM shall be enriched with lessons learnt from similar meetings held in Panama and Georgia. The Civil Society and Stakeholders in UHC in Nigeria and NUHCAG partners are grateful to the UN CSEM Secretariat for approving the date of 30 July 2019 for holding the CAM consultations in Nigeria.

In order to achieve the tasks before Civil Society and Stakeholders in UHC in Nigeria and NUHCAG partners, the following committees were set up at the pre-event meeting toward holding a successful CAM:

- i) CAM Steering Committee – Chairperson: **Dr. Uzodinma Adirieje;**
- ii) CAM Planning Committee - Chairperson: **Mrs. Laretta Ahuokpeme;**
- iii) CAM Advocacy Committee - Chairperson: **Mrs. Bisi Bright;**
- iv) CAM Budget and Resource Mobilization Committee - Chairperson: **Mrs. Lizzy Igbine;** and
- v) CAM Contacts Committee - Chairperson: **Dr. Mike Omotosho**

The Steering Committee is made up of the Chairpersons of the all the above committees. We have also set up the channels of discussions with our Country Leadership and Development Partners who will work with us in actualizing this goal.

Already, flyers containing advocacy message for CAM and UHC in Nigeria have been prepared and shared as soft copies to emphasis the following cardinal principles of the UHC:

- i) Leave No One Behind
- ii) Increase Public Financing for Health
- iii) Improve involvement of CSOs and citizens, transparency and accountability at all levels, and
- iv) Invest in Health Workers

#### ON THE HIGH-LEVEL MEETING (HLM)

Since the major aim of the UHC is “health for all”, and the HLM on UHC is a way to re-intensify the global commitment to achieving UHC, the declaration from the 2019 HLM has to be much more than a rehashing of what has been already accepted. We opine that this declaration should not be

constrained to the language of status quo but rather re-awaken the duty-bearers i.e. the Members of the UN, to be accountable for providing their citizens with essential set of medical and surgical care.

As already evident, the existing framework has not named key indispensable components of UHC and therefore risks releasing the governments and countries from investing in resilient health systems and thus leaving the most vulnerable very limited access to affordable, safe, and timely medical and surgical care. Linkages to Surgical Care are needed in 30% of the global burden of disease. Thus it has to be considered to include these linkages and pre-surgical care in the UHC discourse, in addition to emergency and essential surgicals, obstetrics and anaesthesia. The importance of including all the other key components of UHC such as comprehensive NCD management and treatment, emergency care, injury care, cancer detection and treatment, sexual and reproductive health, palliative care, gender health and mental health, can not be overemphasised.

It has to be further emphasized that UHC is not advocating minimizing primary health care as its cornerstone, but calling for a robust Community Healthcare and enhanced Primary Health Care system that is able to deliver the comprehensive care that is reflective of the disease burden of the poorest at the district and community health system levels. UHC must have clear delivery strategy to implement in order to have tangible and sustainable benefit to the sick and injured who currently lack full medical and pre-surgical services when needed. Therefore, any declaration being made for UHC has to be specific, measurable, achievable, realistic and time-bound for it to have impact. The time has come for all Civil Society and Stakeholders in UHC in Nigeria, All Civil Society Leaders, UHC advocates and stakeholders in public health at all levels to act as the guardians of global public health, and speak to power boldly, ambitiously and loudly for health equity.

*Signed:*

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