



ORGANIZATIONAL STRATEGIC PRIORITIES FOR 2020 AND 2021

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 UHC2030 goals are essential but will only become achievable with radical thinking executed through insightful organizations acting in **networks** carefully managed to produce tangible results. This requires the involvement of experienced professional and business leaders. 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 **Dr. Uzodinma Adirieje** as then NUHCAG's Interim National Coordinator. On 30 July 2019, NUHCAG organized the very successful Country Advocacy Meeting (CAM) for the UN High Level Meeting (HLM) on Universal Health Coverage (UHC) 2019, having received approval from the Civil Society Engagement Mechanism (CSEM), and support from United Nations system in Nigeria and the Red Cross Society. The Network currently has about 50 registered organizations/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.

LEADERSHIP OF 'NUCHAN'

NUCHAN has an elected Board of Trustees (BOT) and a Governing Council (GC) with the following members respectively:

Board of Trustees:

1. Prof. Adenike Grange (Mrs.) – Chairman
2. Alhaji Ahmad Rufai Abubakar
3. Prof. Joseph Ana
4. Dr. Uzodinma Adirieje - Secretary

Governing Council:

1. Dr. Timothy Akinmurele
2. Lizzy Igbine (Mrs.)
3. Mrs. Loretta Ahuokpeme
4. Dr. Mina Ogbanga (Mrs.)
5. Amb. Mohammed Ngubdo Hasaan
6. Alhaji Ado Abdullahi

Nigeria Universal Health Coverage Actions Network (NUHCAN)

MOTTO: Leave No One Behind

NUHCAN has the following organizational objects:

1. To set up a platform for Universal Health Coverage (UHC) in order to ensure that all people have access to effective health care service that meets their needs without being exposed to the risk of financial hardship
2. To identify and maintain a register of all Civil Society Organizations, Private Voluntary Organizations, Non-Governmental Organizations and Individuals involved in the drive towards UHC 2030 in Nigeria
3. To provide civil society with a national level platform to advocate for the implementation of the effective recommendations of the 2019 UN HLM to advance UHC in Nigeria
4. To provide forum for collaboration between Civil Society Organizations, International Agencies and Government of the Federal Republic of Nigeria, at the Federal, State or Local Government levels for effective networking in the implementation of UHC2030 programmes throughout Nigeria
5. To explore priority issues and actions for UHC, building on community-led intervention evidence
6. To provide services which enhance a coordinated interaction of member organizations in all UHC related programmes and activities at the Federal, State and Local Government levels in order to avoid duplication of effort and wastages
7. To improve awareness of Civil Society on Health about UN HLM, UHC2030 and CSEM for improved UHC policy development and implementation including accountability mechanisms
8. To collaborate with International and National Agencies with respect to UHC2030 activities in Nigeria
9. To advocate to the political leadership to have high-level government representation at the HLM, and influence the overall outcome of the UN HLM on UHC
10. To organize annual conferences, seminars, workshops, symposia, summits and other events in order to provide training and to promote interaction and understanding among member Organizations on UHC2030.
11. To establish a pool of resource personnel to support the activities of member organizations.
12. To establish a resource centre with a library and data bank for the use of members related agencies and professional bodies on UHC in Nigeria.

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"

Nigeria Universal Health Coverage Actions Network (NUHCAN)

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.

Nigeria Universal Health Coverage Actions Network (NUHCAN)

- 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.
- e. In order to achieve set standard for quality care, all health facilities at all tiers of the health system should apply clinical governance and patient-centered care principles, in order to promote the three pillars of UHC (mixed financing model, clinical governance and service for quality outcome, and results-based monitoring and evaluation or M&E) listed in the communique of the 2014 Nigeria Presidential Health Summit

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.

Nigeria Universal Health Coverage Actions Network (NUHCAN)

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 synergize 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 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.

ESTIMATED BUDGET FOR NUHCAN 2020-2021 PLAN ACTIVITIES

Nigeria Universal Health Coverage Actions Network (NUHCAN)

S/N	ACTIVITIES	TIME	RESPONSIBLE	BUDGET (₦Million)	M.O.V.
1	Orientation and Sensitization of State Legislators and Local Government Chairpersons, Councilors & Comm Leaders on UHC	Mar-June 2020	NUHCAN and Partners (National)	10	Pictures, Reports/URLs, Media Clips /Links (URL)
2	Orientation and Sensitization of State Legislators and Local Government Chairpersons, Councilors & Comm Leaders on UHC	Mar-June 2020	NUHCAN and Partners (State, LGA, Ward and Comm)	111 (3 Per State/ FCT)	Pictures, Reports/URLs, Media Clips /Links (URL)
3	BHCPF Tracking and Monitoring	Jan 2020-Dec 2021	NUHCAN and Partners (State, LGA, Ward and Comm)	37 (1per State/ FCT)	Pictures, Reports/URLs, Media Clips /Links (URL)
4	Sensitization of national-level Health Stakeholders on Community-Based Health Insurance Programme [CBHIP]	Jan-Dec 2020	NUHCAN and Partners (National)	3	Pictures, Reports/URLs, Media Clips /Links (URL)
5	Sensitization of State, LGA, Ward and Comm Health Stakeholders CBHIP	Jan-Dec 2020	NUHCAN and Partners (State, LGA, Ward and Comm)	74 (2 per State/ FCT)	Pictures, Reports/URLs, Media Clips /Links (URL)
6	Engagement with Federal Ministry of Finance on Budget Appropriation	Jan 2020-Dec 2021	NUHCAN (National)	0.5	Pictures, Reports/URLs, Media Clips /Links (URL)
7	Engagement with Ministry of Justice on Interpretation of Relevant Health Laws and Policies	Jan-June 2021	NUHCAN (National)	0.5	Pictures, Reports/URLs, Media Clips /Links (URL)
6	UHC Days (12 December)	2020 - 2021	NUHCAN and Partners (National)	5	Pictures, Reports/URLs, Media Clips /Links (URL)
7	Advocating & Lobbying for Improved Health Care Budget/Monitoring of Health Budget and Implementation at national levels	Jan – Aug 2020	NUHCAN and Partners	2	Pictures, Reports/URLs, Media Clips /Links (URL)

Nigeria Universal Health Coverage Actions Network (NUHCAN)

8	Advocating & Lobbying for Improved Health Care Budget/Monitoring of Health Budget and Implementation at State, LGA, Ward and Community levels	Jan-Aug 2020	NUHCAN and Partners	37 (1 Per State/ FCT)	Pictures, Reports/URLs, Media Clips /Links (URL)
9	Training of NUHCAN Members on UHC and the SDGs	Jan – Dec 2021	NUHCAN and Partners (National)	10	Pictures, Reports/URLs, Media Clips /Links (URL)
10	Monitoring of UHC actions and BHCPF in Primary Health Care Service Delivery in All the States	Jan – Dec 2021	NUHCAN and Partners (State, LGA, Ward and Comm)	37 (1 per State/ FCT)	Pictures, Reports/URLs, Media Clips /Links (URL)
11	Administrative Support/Office Supplies	Jan – Dec 2020	NUHCAN (National)	10	Pictures, Reports/URLs, Media Clips /Links (URL)
12	Social Media Presence	Jan 2020– Dec 2021	NUHCAN (National)	0.5	Pictures, Reports/URLs, Media Clips /Links (URL)
13	Communication	Jan 2020– Dec 2021	NUHCAN (National)	1	Pictures, Reports/URLs, Media Clips /Links (URL)
14	Board Meetings Refreshment	Mar, June, Sept, Dec 2020 and 2021	NUHCAN (National)	4	Pictures, Reports/URLs, Media Clips /Links (URL)
15	Office Space	Jan 2020 (3 Years Rent)	NUHCAN (National)	30	Pictures, Reports/URLs, Media Clips /Links (URL)
16	Office Staff	Jan 2020– Dec 2021	NUHCAN (National)	12.96	Pictures, Reports/URLs, Media Clips /Links (URL)
17	Printing of IEC Materials and organizational working documents (files, letterheads, receipts, jotters, note pads, biros)	Jan – June 2020	NUHCAN (National)	3	Pictures, Reports/URLs, Media Clips /Links (URL)
18	Media engagement to promote UHC (Radio, TV and Newspapers)	Jan 2020–	NUHCAN (National)	2	Pictures, Reports/URLs,

Nigeria Universal Health Coverage Actions Network (NUHCAN)

		Dec 2021			Media Clips /Links (URL), Video clips
19	Research & Dissemination of Findings at national levels	Apr - Dec 2021	NUHCAN and Partners	2	Pictures, Reports/URLs, Media Clips /Links (URL)
20	Research & Dissemination of Findings at State, LGA, Ward and Community levels	Oct-Dec 2020	NUHCAN and Partners	37 (1 Per State/ FCT)	Pictures, Reports/URLs, Media Clips /Links (URL)
21	Support for Integrated Service Data Management at All Levels (Use of Data for Decision-Making)	Jan 2020– Dec 2021	NUHCAN and Partners (Model Health Facilities Fed, State, LGA, Ward and Comm)	20	Pictures, Reports/URLs, Media Clips /Links (URL)
22	Support for Development/Adaptation/ Adoption of Innovations (Use of Innovations to Facilitate And Enhance Interventions)	Jan 2020– Dec 2021	NUHCAN and Partners (Model Health Facilities Fed, State, LGA, Ward and Comm)	20	Pictures, Reports/URLs, Media Clips /Links (URL)
23	1 st Biennial National Conference on UHC	Jan - Dec 2021	NUHCAN and Partners (National)	45	Pictures, Reports/URLs, Media Clips /Links (URL), videos
	Total	24 mths		N514.460 Million	
	Five Hundred and Fourteen Million, Four Hundred and Sixty Thousand Naira Only				