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LAUNCH OF THE NIGERIA REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT AND ELDERLY HEALTH PLUS NUTRITION (RMNCAEH+N) MULTI-STAKEHOLDER PARTNERSHIP COORDINATION PLATFORM

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HONOURABLE MINISTER OF HEALTH

SPEECH

PROTOCOL

It gives me great pleasure to be part of this historic event today as we renew our commitment to partnership and coordination for the health of women, children, adolescents and the elderly in Nigeria. Let me first emphasise the unequivocal commitment of the Federal Government of Nigeria to the attainment of Universal Health Coverage (UHC) as well as the Sustainable Development Goals (SDGs).

2. The journey to this point has not been without difficulty; partnership and coordination is fraught with challenges. However, our past mistakes and successes, have afforded us opportunities to gain experience. The lessons learnt in interrupting the transmission of polio, fighting Ebola and HIV & AIDS, will be applied as we chart new directions for partnership.

3. I would like to recognise the work of the Core Technical Committee, and the Technical Working Groups (TWGs) of the different programmatic thematic areas. I must mention that the effectiveness and functionality of these TWGs is one of our major successes; I thank the leadership and members of the technical working groups for their tireless efforts. However, obvious gaps exist in the overall coordination of partnership and integration.

4. There are emerging issues around gender, public health emergencies and, most recently, the COVID-19 pandemic. Glaring limitations in achieving equitable access to quality Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health Plus Nutrition (RMNCAEH+N) is also a key area of concern for global health and security.

5. The health of Nigerian women and children has not fared too well. You may be aware of Nigeria's poor health indices; the maternal mortality ratio is 512 per 100,000 live births, perinatal mortality rate is 49 per 1,000 live births, neonatal mortality is 38 per 1,000 live births, infant mortality is 67 per 1,000 live births and under-5 mortality is 132 per 1,000 live births (NDHS 2018). Female genital mutilation (FGM), gender-based violence (GBV), teenage pregnancy, unplanned pregnancy and unsafe abortion among adolescents, as well as the impact of the COVID-19 on the elderly, have all become major public health emergencies. An increase in the prevalence of wasting among children due to malnutrition indicates that a lot still needs to be done.

6. Modest but slow progress has been made over the last decade, through combined efforts of multiple players; this yet to translate to desirable outcomes. It is sad to note the setback witnessed in our already fragile health system as a result of the COVID-19 pandemic, which negatively impacted all aspects of development. Despite the pandemic, we are unrelenting in our push to achieve global targets.

7. The administration of President Muhammadu Buhari committed to improve the health and wellbeing of Nigerians, especially vulnerable populations, which are women, children, adolescents and elderly persons. The Economic and Recovery Growth Plan (EGRP 2020) of Mr. President has articulated the pathway to achieve this.

8. We have recorded some progress towards improvement of child survival and safe-motherhood through the provision of ready to use therapeutic food (RUTF) and sustaining the Family Planning 2020 (FP2020) commitments to ensure availability of family planning services to women and adolescents of reproductive age. In the same vein, the operationalisation of the National Health Act, 2014 (NHAct) through the Basic Health Care Provision Fund (BHCPF), will greatly improve access to quality health care, particularly at the primary health care (PHC) level.

9. The National Emergency Medical Treatment Committee (NEMTC) will provide emergency medical transport for health emergencies including for pregnant women, to facilitate access to emergency obstetric care at the time of need. The provision of emergency transport alone, has been demonstrated to reduce maternal mortality by as much as 50%.

10. Distinguished Ladies and Gentlemen, as we consider on the motto "partnering for the wellbeing of women, children, adolescents and the elderly", our focus is drawn to the core tenet of Universal Health Coverage: aim to leave no one behind.

11. The purpose of this multi-stakeholder coordination platform is to harness the strength of diverse stakeholders and to leverage resources for the maximisation of outcomes and attainment of a shared vision for Nigerians, particularly women, children, adolescents and the elderly. It is unacceptable that our women, children and the aged are dying needlessly from preventable causes.

12. This vision is to be driven by key stakeholders which have an institutional mandate, passion and track record of work related to the wellbeing of women, children, adolescent and-or the elderly.

13. Ladies and gentlemen, I hereby present to you the members of this platform. May I ask that as list the members, please stand briefly or raise a hand for recognition, whether in the hall or in the virtual space:

13.1 Federal Ministry of Health; the head of the department of Family Health and heads of programmes in family health. The heads of the departments of:

13.1.1 Hospital Services;

13.1.2 Health Planning, Research and Statistics;

13.1.3 Food and Drugs Services;

13.1.4 Public Health;

13.1.5 Public-Private Partnership and Diaspora; and

13.1.6 Special Projects.

13.2 Agencies of the Federal Ministry of Health including;

13.2.1 the National Primary Health Care Development Agency (NPHCDA),

13.2.2 the National Health Insurance Scheme (NHIS),

13.2.3 the National Agency for Food and Drug Administration and Control (NAFDAC),

13.2.4 the Nigeria Centre for Disease Control (NCDC),

13.2.5 the National Institute for Pharmaceutical Research and Development (NIPRD), and

13.2.6 the Nigeria Institute of Medical Research (NIMR).

13.3 Health and Health-Related Parastatals including;

13.3.1 the National Agency for the Control of AIDS (NACA),

13.3.2 the National Population Commission (NPopC),

13.3.3 the National Bureau of Statistics (NBS), and

13.3.4 the National Orientation Agency (NOA).

13.4 Health Regulatory Bodies including;

13.4.1 the Medical and Dental Council of Nigeria (MDCN),

13.4.2 the Pharmaceutical Council of Nigeria (PCN),

13.4.3 the Nursing and Midwifery Council of Nigeria (NMCN),

13.4.4 the Community Health Practitioners Regulatory Board (CHPRB), and

13.4.5 the Medical Laboratory Science Council of Nigeria (MLSCN).

13.5 Line Ministries including;

13.5.1 the Federal Ministry of Women Affairs who is co-chairing this event with me;

13.5.2 the Federal Ministries of Humanitarian Affairs, Disaster Management and Social Development;

13.5.3 Education;

13.5.4 Agriculture and Rural Development;

13.5.5 Finance, Budget and National Planning;

13.5.6 Communication and Digital Economy; and

13.5.7 Information and Culture.

13.6 Commissioners from State Ministries of Health will feature on rotational basis, having one per geopolitical zone together with the FCT Secretary of Health and the Chair of the Commissioners Forum.

13.7 Parliamentarians will include the offices of the Chairs of the senate and house committees on health.

13.8 Professional Associations including;

13.8.1 the Nigerian Medical Association (NMA),

13.8.2 the Society of Gynaecology and Obstetrics of Nigeria (SOGON),

13.8.3 the Paediatrics Association of Nigeria (PAN),

13.8.4 the Nigerian Society of Neonatal Medicine (NiSoNM),

13.8.5 the Association of Public Health Physicians of Nigeria (APHPN),

- 13.8.6 the National Association of Nigerian Nurses and Midwives (NANNM),
- 13.8.7 the Society of Family Health Practitioners of Nigeria (SOFPON),
- 13.8.8 the National Association of Patent and Proprietary Medicines (NAPPMED),
- 13.8.9 the Association of General and Private Medical Practitioners of Nigeria (AGPMPN),
- 13.8.10 the National Association of Community Health Practitioners of Nigeria (NACHPN),
- 13.8.11 the Guild of Medical Directors of Nigeria (GMD),
- 13.8.12 the Medical Women’s Association of Nigeria (MWAN),
- 13.8.13 the International Federation of Women Lawyers (FIDA), Nigeria,
- 13.8.14 the Nutrition Society of Nigeria,
- 13.8.15 the National Maternal and Perinatal Death Review and Surveillance (MPDRS),
and
- 13.8.16 the leadership of the programme-based technical working groups (Reproductive Health, Child Health, Adolescent Health, Elderly TWG).

13.9 Traditional Leaders (representation from each geopolitical zone).

13.10 International and Development Partners, Donor Agencies and Foundations including;

13.10.1 the United Nations (UN) Group:

13.10.1.1 the World Health Organization (WHO),

13.10.1.2 the United Nations Children's Fund (UNICEF),

13.10.1.3 the United Nations Population Fund (UNFPA),

13.10.1.4 the World Bank, and

13.10.1.5 UN Women.

13.10.2 Bilateral organisations:

13.10.2.1 the United States Agency for International Development (USAID),

13.10.2.2 the Bill and Melinda Gates Foundation (BMGF),

- 13.10.2.3 the Department for International Development (DFID),
- 13.10.2.4 the Norwegian Agency for Development Cooperation (NORAD),
- 13.10.2.5 the Japan International Cooperation Agency (JICA), and
- 13.10.2.6 Global Affairs Canada.

13.10.3 Africa Health Budget Network; an alternate Board Member of the Partnership for Maternal, Newborn and Child Health (PMNCH) and Co-Chair of PMNCH Country Engagement Working Group.

13.11 Civil Societies and Women Groups including;

- 13.11.1 National Council for Women Society (NCWS)
- 13.11.2 National Advocates for Health
- 13.11.3 Representative of Youths and Adolescents
- 13.11.4 Representative of Women Groups
- 13.11.5 Representative of Civil Society Organisations (CSOs); (HERFON)
- 13.11.6 Faith-Based Organisations; representatives of Christian Association of Nigeria (CAN), the National Council on Islamic Affairs (NCIA), and the Nigerian Interfaith Action Association (NIFAA)
- 13.11.7 Representative of Civil Society Coalition for Maternal, Neonatal and Child Health (MNCH)
- 13.11.8 Legislative Network on Universal Health Coverage (UHC)
- 13.11.9 Coalition of Societies for the Rights of Elder Persons in Nigeria
- 13.11.10 Network for Health Equity and Development (NHED)
- 13.11.11 Civil Society Scaling up Nutrition in Nigeria (CS-SUNN)

13.12 Media including;

- 13.12.1 Association of Nigeria Health Journalists (ANHeJ)
- 13.12.2 Nigeria Union of Journalists (NUJ)
- 13.12.3 Nigeria Association of Women Journalists (NAWoJ)

- 13.12.4 Centre for Communication and Social Impact
- 13.12.5 International Society for Media in Public Health (ISMPH)

13.13 Organised Private Sector Organisations and Unions including;

- 13.13.1 Health Care Federation of Nigeria
- 13.13.2 National Union of Road Transport Workers (NURTW)
- 13.13.3 Private Philanthropists:
 - 13.13.3.1 Dangote Foundation;
 - 13.13.3.2 Tony Elumelu Foundation;
 - 13.13.3.3 TY Danjuma Foundation.

13.14 And lastly, the Director General Nigeria Governor's Forum.

14. These are the distinguished members of the Nigeria Reproductive, Maternal, Newborn, Child, Adolescent, and Elderly Health Plus Nutrition (RMNCAEH+N) Multi-stakeholder Partnership Coordination Platform and I hereby declare the platform launched.

15. The Terms of Reference for the platform are as follows:

- 15.1 Provide leadership and strategic direction to the overall delivery of quality RMNCAEH+N services in Nigeria
- 15.2 Mobilise, leverage and harness financial and technical domestic and international resources for enhanced RMNCAEH+N programming
- 15.3 Support partnership and coordination at global, regional, national, and subnational levels, in all issues towards improvement of RMNCAEH+N
- 15.4 Support building a resilient health system to sustain delivery of essential RMNCAEH+N health services during any epidemics or other public health emergencies
- 15.5 Ensure effective documentation, data management and knowledge management including mutual accountability around RMNCAEH+N in Nigeria

Operational Modalities

16. In recognition of the magnitude and diversity of the issues at hand, I will be co-chairing this committee with my sister, Dame Paulin Tallen, the Honourable Minister of

Women Affairs. Together we will steer the course of this platform. The vice chairs shall be His Royal Highness the Emir of Shonga, Dr. Yahaya Haliru and Dr. Edugie Abebe, both are Nigerians who served in many capacities within and outside government settings.

17. This platform shall be meeting once a year, unless exigencies of duty necessitate additional “extraordinary” sessions. The Secretariat for the platform shall be the Department of Family Health, Federal Ministry of Health.

18. The terms of reference shall be implemented through subcommittees. 4 (four) of such subcommittees have been identified namely:

18.1 Leadership, Coordination, and Partnership

18.2 Advocacy, Resource Mobilisation and Communication

18.3 Quality Technical Delivery

18.4 Accountability, Data and Knowledge Management

19. The subcommittees are charged with the responsibility of operationalizing the relevant terms of reference and provide feedback to the general body at the annual gathering. Subcommittees are expected to meet at least twice a year.

20. Ladies and gentlemen, I welcome the emergence of the Nigeria Reproductive, Maternal, Newborn, Child, Adolescent and Elderly Health Plus Nutrition (RMNCAEH+N) Multi-Stakeholder Partnership Coordination Platform to strengthen our divergent national capacity and improve alignment towards the attainment of Universal Health Coverage, in line with the Economic Recovery and Growth Plan (ERGP), a medium-term plan for 2017-2020, developed by the administration of President Muhammadu Buhari.

21. Through extensive consultation, we have made diligent efforts to understand the issues around partnership and the health of women, children, adolescents, and the elderly. These have led to the development of a set of instruments that form our interactions. They include:

21.1 The Family Planning Blueprint: otherwise known as the scale up plan was developed to facilitate a coordinated and holistic implementation of interventions to scale up the delivery and uptake of quality and affordable family planning services in Nigeria. The 6 (six) thematic areas include:

21.1.1 Demand Creation,

21.1.2 Service Delivery,

21.1.3 Procurement and Supply Chain Management,

21.1.4 Policy Advocacy (Policy and Environment),

21.1.5 Finance, Supervision, Monitoring and

21.1.6 Coordination.

At least \$252 million (two hundred and fifty-two million US dollars) will be required for full implementation of the Blueprint across federal, state, local government and community levels.

21.2 The National Advocacy Strategy for the RMNCAEH+N programme will serve as an effective tool to guide advocacy efforts aimed at securing buy-in of policy- and decision-makers for articulation of enabling policies and increased allocation of resources for RMNCAEH+N programmes at all levels.

22. I would like to conclude by appreciating our development partners, donors, CSOs, and the private sector for their remarkable contributions towards health sector development. However, I cannot over-emphasise the need for partnership; the myriad issues confronting the health and wellbeing of women, children, adolescents and the elderly are beyond the health sector alone. Today we are showcasing partnership to emphasise the fact that health is a collective responsibility. I therefore call on all and sundry to join hands, as we accept this challenge.

23. Let me end with the words of Henry Ford, "If everyone is moving forward together, then success takes care of itself." We are now at a point where we must partner for the wellbeing of women, children, adolescents, and the elderly, leaving no one behind.

Thank you.