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Date: 18th September, 2017

Anthonio Gutheres
Secretary-General
The United Nations
New York

Your Excellency,

Letter of Commitment in Support of “Every Woman, Every Child” (EWEC) Global Strategy for Women’s, Children’s and Adolescents’ Health through Family Planning 2020

On behalf of the Government and people of Nigeria I wish to extend our profound gratitude to the United Nations for its sustained support of the implementation of various interventions geared towards improving women’s and children’s health and quality of life in our country. As a country, Nigeria has over the years benefitted hugely from the contributions (financial, technical and material) being made by a number of UN Agencies including UNFPA, WHO, UNICEF, UNAIDS among others in accelerating the implementation, replication and/or scale-up of key programmes and activities (including best practices) that have potentials to positively impact the lives of women and children.

2. Nigeria’s active participation and key roles being played at major international fora could largely be attributed to the understanding and rapport existing between the country and the UN Family. A case in point is the Family Planning 2020 Initiative which was established in 2011 by the UN and other partners for the purpose of supporting an additional 120 women and girls from developing countries to access family planning information, services and supplies by the year 2020. The FP2020 Initiative has been identified as having a lot of potentials for advancing Nigeria’s drive towards reducing maternal and infant mortality and hence improve maternal and child health. The country has therefore actively participated in the various works of the FP2020 Secretariat and Sub-Committees and in line with that tradition was represented by a strong delegation at the just concluded July 2017 FP2020 Summit in London under the leadership of the Honourable Minister of Health.

3. From the deliberations and conclusions at the July 2017 London Summit it is obvious that a lot has been accomplished through the FP2020 Initiative although a lot still needs to be done as agreed by all stakeholders including Nigeria. It is in the light of the above that I write to convey to you the under listed commitments by Nigeria in support of the “Every Woman, Every Child (EWEC) Global Strategy for Women’s, Children’s and
Adolescents’ Health through Family Planning 2020 which reiterates the country’s commitments at the 2017 FP2020 London Summit:

i) A Government Counterpart Contribution of US$4mil annually from 2017 to 2020 to be combined with contributions from donors for procurement of contraceptive commodities for the public sector family planning programme as well as work with State Governments, Donors and other stakeholders to ensure incremental domestic resources for the national family planning programme;

ii) Working towards a society where women and their families will be able to freely choose and use family planning services according to their needs and have adequate and appropriate information to facilitate such decisions. To achieve this, the country will work to reduce physical barriers to family planning utilization by increasing the number of health facilities providing family planning across the country from 9,000 presently to 20,000 in 2020; and

iii) Fast-track our work with local and international Non-Governmental Organisations, Civil Society Organisations, faith Based Organisations, Traditional and Religious leaders as well as other Government line ministries and parastatals to address socio-cultural barriers and limitations to family planning services in communities.

4. We are sincerely hoping that the above and other commitments made by Nigeria’s delegation to the London FP2020 Summit in July 2017 (see attached document) would enhance the effort at improving the lives of women, adolescents and children not only in Nigeria but in the rest of the developing world.

5. It is important to reiterate here, Your Excellency, the need to continue with and further strengthen the existing collaboration between Nigeria and the UN together with its relevant Agencies. Also, the inclusion of Nigeria among the first benefiting countries for the EWEC Global Strategy for Women’s, Children’s and Adolescents’ Health is desired and will greatly be appreciated.

6. While we look forward to great outcomes from our collaborations towards improved maternal, newborn, child and adolescent health I wish to assure you of the highest regards of the President of the Federal Republic of Nigeria.

[Signature]

Professor Isaac F. Adewole, FAS, FSPSP, FRCOG, DSc (Hons)
Honourable Minister

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Family Planning Summit

STATEMENT OF COMMITMENT BY
HONOURABLE MINISTER OF HEALTH
THE FEDERAL REPUBLIC OF NIGERIA
11th JULY, 2017

Introduction:

Although Nigeria has by far the highest number of women and children dying in Africa, and the 2nd highest in the world, it has made significant progress towards improving the health status of women and children based on the reduction in the number of maternal and child deaths in the last fifteen years. However, this improvement has not been commensurate to the expected progress in comparison with the domestic and donor resources available in the country. The non-translation of Nigeria’s wealth and resources into impacts on the health status of women and children could be attributed to socio-cultural and religious factors, including myths and biases that are prevalent within families and communities in Nigeria. Each day it is estimated that about 100 women die in the process of giving life in Nigeria and about 30% of these deaths can be averted by improving access to contraceptives and increasing uptake of family planning services. Also of great importance is the fact that about 50% of adolescent girls in Nigeria are already mothers by the time they celebrate their 20th birthday.

The Federal Government of Nigeria acknowledges the strong link between the structure of Nigeria’s population and its national development and is committed to striking a useful balance between the two through appropriate policies. We also understand the potential advantage of the youth bulge and we are committed to helping mothers, their babies and families to survive and thrive through interventions to accelerate the reduction of current maternal and child mortality ratios. In this context, we are committed to enhancing access to, and utilization of essential, basic life-saving interventions, as well as reducing the current unmet need for family planning.
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Current Situation and Achievements:

At the Global Family Planning Summit in July 2012, stakeholders and countries including Nigeria made commitments to provide 120 million additional women with modern methods of contraception by 2020. Nigeria stands by the commitment to achieving the goal of a contraceptive prevalence rate of 36% by 2018 based on the National Health Strategic Development Plan (2009 – 2015) and the FP Country Implementation Plan (Blue print 2014).

The Government Commitment to improving health outcomes towards achieving the SDGs led the Federal Ministry of Health in collaboration with partners to embarked on a number of interventions targeted at increasing uptake of health essential services including the free family planning service policy in 2011 to improve access to contraceptives, as well as investments in Demand Creation and Behavioral Change Communication using evidence and the “consumer lens”, Improving Capacity of Nurses/Midwives on Long Acting Reversible Contraceptives (LARC) and Task shifting for provision of Long Acting Reversible Contraceptives (LARC) to Midwives/Nurses and Community Health Extension Workers.

The Government has convened 4 editions of bi-annual National Family Planning Conferences in 2010, 2012, 2014 and 2016 as well as 4 editions of annual National Consultative Stakeholders’ Meetings in 2013, 2014, 2015 and 2016 on Family Planning. These fora are providing platforms for fostering dialogue on family planning and further agree on ways of getting more Nigerians to be better informed on the contributions of family planning to saving lives of women in order to elicit positive behaviour changes. In addition, several national interfaith fora have leveraged on consensus built on use of
terminologies such as “Child Birth Spacing” depending on the region and sensitivities which has led to a more open discourse on family planning.

In collaboration with donors, the National Family Planning Program has procured contraceptives for the public sector worth 19.67 million CYPs for the six year period from 2011 to 2016. This intervention funded by the Federal Government of Nigeria, UNFPA, DfID and Canada’s DFATD has averted an estimated 4,102,449 unintended pregnancies and 25,061 maternal deaths by 2016. The National Health Management Information System (NHMIS) data indicates that current users of modern contraception are estimated at 8,722,113 (2015) including 3,846,226 new users in 2015 alone which indicates more than 100% increase compared to the mere 3.5 mil users in 2012. This validates in-country surveys that have put the modern Contraceptive Prevalence Rate at between 17 to 21% in 2016 compared to 9.8% in 2013.

The findings of the 2016 National Survey of Availability of Essential Medicines at Service Delivery Points (SDPs) indicates that, 92.6% of PHC facilities offer at least three methods while 91.7% and 100% of secondary and tertiary health facilities respectively offer at least five methods which indicates upward trends in family planning service utilization in the last five years.

Commitment

Recalling the FP2020 commitment made at the Global FP Summit in 2012, the State Commissioners of Health working with Federal Ministry of Health, development partners and donors have recognized and acknowledged the following issues:

a) The national economic downturn due to the fall in benchmark oil price of $79, $77.5 and $65 in 2013, 2014 and 2015 respectively; the decline
in country’s external reserves from $53.6 Billion in 2008 to $30.9 billion as at March 2015; as well as the persistent low human development index of between 0.49 in 2010 and 0.51 in 2014 have posed enormous challenges for the country in accelerating the process of reaping the demographic dividend (DD) of the youth bulge for sustainable development.

b) By 2030, the population of Nigeria is projected to increase by 62% to 273.1 million which is unsustainable at the current economic growth rate. The need therefore to step up on-going interventions towards increased delivery and utilization of RMNCAH services cannot be over emphasised since this is crucial in keeping the national population at a sustainable size. In order to achieve universal access to RMNCAH services health care workers must respond to 12.8 million pregnancies per annum by 2030, 59% of these in rural settings. and the health care workers will also respond to at least 837.4 million antenatal visits, 163.8 million births and 655.4 million post-partum/postnatal visits between 2012 and 2030

c) The humanitarian situation in North East Nigeria still exists even though active conflicts have reduced tremendously. About 15.7 million people are affected with 646,693 internally displaced persons (IDPs), among are 161,673 women of reproductive age. Access to essential sexual and reproductive health services has been poor even prior to the insurgency. For instance, only 18.8% of deliveries were attended by skilled personnel compared to the national average of 48.7%; modern contraceptive use was 3% as against national average of 9.8%, while unmet need was 18% compared to national average of 16%; and, ANC was 49% while national
average was 61%. There are also reported cases of gender-based violence, including sexual violence (GBV) and abduction of women and girls.

On this basis, the following commitments are being made in my capacity as the Minister of Health, on behalf of Nigeria and in collaboration with donors and stakeholders:

1. We will embark on deliberate efforts to ensure sustainable financing for the National Family Planning Program. Specifically, the Federal Ministry of Health (FMoH) will ensure provision of US$4mil annually from 2017 to 2020 for procurement of contraceptives for the public sector (an increase from the US$3 mil committed from 2011 to 2014) including payment of backlog of commitments for 2013 & 2014. The FMoH will work with State Governments, Donors and other stakeholders to ensure incremental domestic resources for the national family planning program including health insurance programs in order to make family planning indeed free at public health facilities and more affordable at private sector health facilities.

2. We envision a society where women and their families will be able to freely choose and use contraceptives according to their needs and have adequate and appropriate information to facilitate such decisions. To achieve this we will work to reduce physical barrier to family planning utilization by increasing the number of health facilities providing family planning services across the country from about 9,000 presently to 20,000 in 2020. We will also work to reform and expand task-shifting policy and its implementation to include Patent Medicine Vendors and Community Resource Persons in order to expand access in difficult to
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reach areas and amongst disadvantaged populations. Attempts will be made to scale up access to new contraceptive methods including DMPA Sub Cutaneous injection in the public and private sectors including removal of regulatory barriers that impede access. Emphasis would also be made to expedite the transformation of the public health sector last mile distribution of health commodities using integrated informed push models through involvement of the private sector organisations for optimization of transportation and tracking of commodities using electronic logistics management solutions.

3. We will equally work with local and international Non-Governmental Organizations, Civil Society Organisations, Faith Based Organisations, Traditional and Religious leaders as well as other Government line ministries and parastatals to address socio-cultural barriers and limitations to family planning services in communities. We will leverage community structures such as Ward Development Committees around the 10,000 functional primary health care centers under the PHC-One-Roof Programme of Government to promote Behavioral Change Communication messages in order to foster positive perceptions about family planning. We will place emphasis on ensuring age appropriate information on sexual reproductive health is provided to young people in and out of schools including provision of youth friendly services in traditional and non-traditional outlets.

We look forward to the unwavering support of the international community, donor organizations, philanthropists and foundations to help us make these commitments to be realized and sustained. Long live the Republic of Nigeria.