



FEDERAL MINISTRY OF HEALTH

STATEMENT BY NIGERIA AGENDA ITEM 13.3 UNIVERSAL HEALTH COVERAGE (UHC)

World Health Assembly, 2025

Universal Health Coverage (UHC) service coverage index in Africa rose from 24 to 44 between the year 2000 to 2021. It has been impacted by the COVID-19 pandemic across the continent. In Nigeria, advancing UHC is a national priority driven by the urgent need to reduce health inequities, strengthen primary health care, and improve financial protection for all citizens, especially the vulnerable. Nigeria is operating the Basic Health Care Provision Fund (BHCPF) and increasing rollout of health insurance at the subnational level.

Highlights from Nigeria:

1. Primary Health Care as the Foundation of UHC:

Nigeria reaffirms PHC as the cornerstone of UHC. The revitalization of over 8,000 PHC facilities under the BHCPF is a strategic priority to ensure access to quality services at the community level.

2. Health Insurance for Financial Protection:

Nigeria has expanded health insurance coverage through the National Health Insurance Authority (NHIA) Act, mandating health insurance for all citizens. All states have established contributory schemes to achieve universal enrolment.

3. Equity and Vulnerable Populations:

Equity-focused interventions—including conditional cash transfers, free maternal and child health services, and indigent enrolment in insurance schemes—are key to ensuring no one is left behind.

4. Health Workforce Investments:

Nigeria is implementing the National Health Workforce Strategic Plan, focusing on training, equitable distribution, and retention of skilled health workers across all levels of care.

5. Domestic Resource Mobilization and Efficiency:

Innovative financing, increased budgetary allocation to health, and efficiency gains are necessary to sustainably finance UHC. Public-private partnerships are also being harnessed. Nigeria supports stronger data systems, community scorecards, and independent performance monitoring to track UHC progress and ensure accountability at all levels.

Call to Action:

- Member States must integrate UHC into national development plans and pandemic preparedness strategies.
- WHO and development partners should increase technical and financial support to countries pursuing UHC, particularly in fragile settings.

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- A global compact on health workforce sustainability and protection should be prioritized, especially in the face of health worker migration.

Conclusion: Nigeria views UHC as a human right and an economic imperative. We are committed to building resilient health systems that deliver for everyone, everywhere, without financial hardship. Strong global solidarity and shared responsibility are essential to achieving UHC by 2030.