

POSITION STATEMENT ON ADVANCING SEXUAL AND REPRODUCTIVE HEALTH FOR YOUNG PEOPLE WITHIN UNIVERSAL HEALTH COVERAGE

Sexual and reproductive health and rights (SRHR) is an integral part of universal health coverage (UHC). UHC includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. The right to health is a fundamental right of all individuals, and SRH is inextricably linked to multiple human rights that are recognized in several international agreements. Lack of SRH services seriously impacts adolescents and young people, women and men and the realization of their sexual and reproductive health and rights.

State of the world population report by UNFPA in July 2022 recorded 2.5 million unintended pregnancies amongst teenage girls annually, 60% of which end in abortion and 45% of these abortions unsafe contributing to 5-13% of maternal mortality highlighting the gaps and unmet need for sexual and reproductive health for adolescents and young people in Nigeria. SRH is critical to preventing sexually transmitted diseases, maternal mortality, and gender-based violence. Access to SRH services and accurate information gives young people the opportunity to choose whether or not, and when, to have children. Lack of access to SRH services, such as contraceptives, can have financial consequences for women or adolescent girls and their families. Countries moving towards UHC need to consider how the SRHR needs of their population are met, especially for adolescents and young people who makeup about half of the total population.

Nigeria National Health Act 2014 (NHA 2014) was signed into law on October 31, 2014. It provides a legal framework for the regulation, development, and management of Nigeria's Health System and sets standards for rendering health services in Nigeria and for related matters. The National Health Act makes provision for the Basic Health Care Provision Fund (BHCPF), which serves as the principal funding for the Basic Minimum Health Package for all Nigerians. The Basic Health Care Provision Fund - which is 1% of the Consolidated Revenue Fund (CRF) of the total country budget - is established to finance the Basic Healthcare to citizens, provide for essential drugs, vaccines and consumables through eligible primary health care facilities, purchase and maintenance of equipment and facilities, human resource development and cater to emergency medical services. Since 2018, Nigeria has captured the BHCPF in her national budget for health financing however, in the operating guidelines for the implementation of the fund, the health needs of adolescents and young people especially their sexual and reproductive health needs are not captured or prioritized indicating a gap in achieving health for all. Addressing barriers/gaps to achieve SRH must be prioritized to enable young people grow into healthy adults capable of contributing to improvements in their households and the development of the country



Education as a Vaccine



Young People's SRHR

We affirm that:

1. Adolescents and young people have the right to comprehensive youth-friendly SRH and HIV information that goes beyond abstinence-only information, so they can make informed choices.
2. Adolescents and young people have the right to SRH services and commodities especially uptake of STI screening, HCT and contraceptives
3. SRH should be available, accessible and affordable to address the needs of young people in all their diversities to achieve Universal Health Coverage

Policy and practice recommendations co-created with adolescents and young people

1. The National Health Act should be reviewed to capture adolescents and young people in the category of vulnerable persons eligible for user fee exemption covered in the Basic Minimum Health Package.
2. Improve multi-stakeholder collaboration between the ministries of health and education by supporting the implementation of the FLHE and the training of teachers to deliver the curriculum
3. Sufficient funds should be budgeted and utilized for routine training of health providers based on changes and emerging trends as it relates to young people.
4. Comprehensive range of sexual health services required by diverse groups of young people should be integrated into training curriculums of healthcare providers at all levels of training.
5. Strengthen the provisions of the NHAct to give backing to the effective use of technology especially in reaching young people with health information and services as well as in data management.
6. The National Council on Health should approve reduction of age of independent access to sexual and reproductive health services including HIV testing from 18 to 14 years.

