



Press Release

Tuesday, 28th June 2022

NESG, AERC Hold Workshop on Access to Medical Services During Covid-19 Lockdown

The Nigerian Economic Summit Group (NESG) in conjunction with the African Economic Research Consortium (AERC), the Oxford Committee for Famine Relief (OXFAM), and support from the International Development Research Centre (IDRC) held a dissemination workshop with the theme "Gender differentials in access to medical services during COVID-19 lockdown: Insights from Nigeria".

AERC undertook the research in Ethiopia, Nigeria, Kenya, South Africa, and Zambia. The workshop aimed at cascading the research findings in the Nigerian space to policymakers and key stakeholders to drive policy implementation in Nigeria.

In her opening remarks, the Research Manager, AERC, Ms. Dianah Mukwate Ngui, said that the objectives of the project target addressing the socio-economic impact of the pandemic on gender and creating gender-oriented, transformative, and sensitive policies. Furthermore, she stated that the research aims to use analytical evidence to build the capacity of researchers and institutions, build a network of stakeholders and develop a body of evidence that will reinforce collaboration while identifying the various options that will ensure equitable and sustainable policies.

Dr. Ololade Adewole of the National Centre For Technology Management, Obafemi Awolowo University, Ile Ife, during her presentation of the findings of the "Gender differentials in access to medical services during COVID-19 lockdown: Insights from Nigeria", said that the female gender requires more health services than male counterparts. Also, a higher percentage of unemployed and uneducated females required maternal health services than their male counterparts, even though males tend to have greater access to health services than the female gender.

Furthermore, Dr. Adewole stated that certain factors such as low access to healthcare services, poverty, fear, lack of information, the distance from home to the healthcare facility, and lack of transportation contributed to hindering people from accessing sexual reproductive health services during the lockdown. "Mobile health clinics, public awareness programs, adoption of telemedicine and home-based delivery healthcare, provision of social assistant products, creating special consideration to women and encouraging the use of social media platforms through the provision of subsidized data charges and internet-based counseling should be included in policies as a means of



empowering people, especially women to close the gender gap in access to healthcare services," she stated.

During the panel discussion, the Commissioner for Health in Lagos State, Professor Akin Abayomi, revealed that the outreach programs of the Lagos State Government are oriented and targeted around populations encompassed in family health, maternal and child health, silent diseases, and dental and hearing impairments. He noted that the majority of health cadence in Lagos are women, with the state medical workforce having more females in the qualified medical groups.

Ms. Peggy Imoniovu, Program Manager of Safe Care, representing the Nigeria Country Director, Pharmaccess Foundation, Njide Ndili, said that initiatives such as the national cash transfer program helped free up money for citizens and help ease the amount of money spent on healthcare. On his part, Founding Partner Health Systems Consult and Facilitator, Health Policy Commission of the NESG, Dr. Nkata Chuku, said that there is a need to know the people services are being designed for, the demographics and the prevalence of ailments being targeted, to be able to influence uptake in policy design strategies.

The Assistant Director of the Policy Innovation Centre at the NESG, Dr. Osasuyi Dirisu, stated that many factors, such as access to health facilities, the attitude of healthcare workers, and a lack of youth-friendly and user-friendly services, all contribute to limiting access to medical services. She also noted that Income disparity, skewed against females, has a direct implication for accessing health services, considering that women do a lot of the spending in the home, which inadvertently reduces the cash left for health services.

Ends.