

Speaker Profile:

Dr. Mojisola Odeku, JHUCCP

Topic: Family Planning & Universal Health Coverage (UHC)



Dr. Mojisola Odeku

A leader in the reproductive health landscape in Nigeria, Dr. Mojisola Odeku is a veteran public health physician with 35 years experience. While in public service at the Federal Ministry of Health, Abuja; she provided strategic directions as coordinator of intervention projects in reproductive/maternal health with support from International, multilateral & bilateral agencies and private foundations. Dr. Odeku also serves on the executive board of notable national and international NGOs including technical working groups working in the area of reproductive and population programs. She is passionate in providing technical assistance, coaching and mentoring new generation of leaders in the field of reproductive health.

She was the Project Director of the Nigerian Urban Reproductive Health Initiative Project (NURHI Phases 1 & 2); a 10year flagship project supported by BMGF and TJM that recorded impressive success at the sites of implementation focusing on the urban poor, significantly increasing modern contraceptive use.

She is currently the Portfolio Director, JHUCCP Nigeria Family Planning Portfolio which comprises of The Challenge Initiative (TCI), Post Pregnancy Family Planning (PPFP) Project and the SuPPoRT Initiative; a member of Institute of Directors(MIoD) and of Chartered Institute of Management Consultants(ChMC).

Prof. O.A Ladipo, 80th Birthday and Retirement Virtual Webinar



FAMILY PLANNING AND UNIVERSAL HEALTH COVERAGE

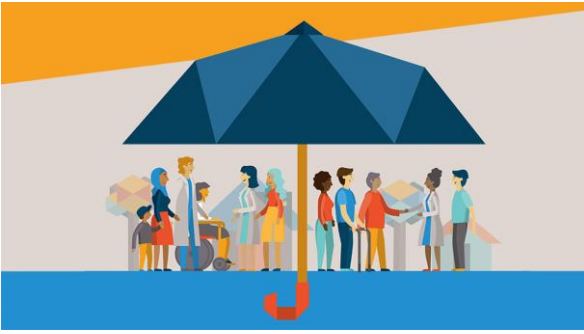
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Outline

- Background
- Key Reasons Family Planning is Essential to Achieve UHC
- Link Between Universal Health Coverage and Family Planning
- Using the FP Business Unusual Approaches to Finance Health within the context of UHC: TCI Case Study in Nigeria
- Demand-driven Model
- Other Approaches to Finance UHC
- Challenges to Achieving Universal Health Coverage
- Conclusion



Background

- The World Health Organization (WHO) defines Universal Health Coverage (UHC) as access to health services by all individuals and communities; leaving no one behind.
- UHC includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.
- Universal health Coverage (UHC) builds on the:
 - Alma Ata Declaration of 1978, which recognised health as a human right and key driver of economic development.
 - “Health for all” movement based on full coverage of primary health care (PHC).

Family
planning
is part of the foundation of
good health.



Family planning
enables countries adopt a
progressive path to UHC



Family planning
is a critical component
of *economic* health and
wellbeing



Key Reasons Family Planning is Essential to Achieve UHC

Link Between Universal Health Coverage and Family Planning



Photo Credit: Nigerian urban Reproductive Health Initiative (NURHI) Oyo State, 2016)

- Family planning expands opportunities for education, empowers women, sustains population growth, and accelerates national development.
- UHC restores equality, promotes social cohesion, and contributes to the achievement of the Sustainable Development Goals.
- Family planning plays a vital role in achieving the goals of primary health care (PHC) and demographic dividends.
- UHC adds the crucial element of financial protection, recognizing that governments can and should use their purchasing power and health financing systems to ensure that health services are affordable for everyone.

Approaches to Finance UHC

- Public funds are used to pay for health services provided to citizens for free or at reduced cost e.g. Free FP commodities policy(2011) & Basic Health Care Provision Fund(BHCPF)
- Health insurance enables the cost of health events incurred by some members of the insurance program to be spread across all members. Pooled fund are used to pay cost of the covered health care services that members use. In this way, the healthy subsidize the sick, and the likelihood of catastrophic health care spending by individual members is reduced.(NHIS, Community Health Insurance scheme)
- -----Explore mandatory health Insurance that covers full range of FP information and services

Challenges to Achieving Universal Health Coverage

- **Insufficient financial resources:** Countries struggle to mobilize and sustain sufficient funding to deliver essential services, and to distribute the funding in an equitable and efficient manner due to competing priorities.
- **Challenging and constant trade-offs:** Increasing population coverage, service coverage, and financial protection requires difficult trade-offs to deploy limited resources. Difficult trade-offs sometimes occur at the expense of family planning. For instance, a full range of family planning methods may not be covered in a benefit package so that other, more costly services can be covered.
- **Political and social realities:** The political nature of UHC affects implementation choices and results. Governments may prioritize less cost-effective but more urgent, and often life-saving, curative services such as cancer treatment or haemodialysis at the expense family pl

Challenges to Achieving Universal Health Coverage (*contd.*)

- **Focus on the formal sector:** Most health financing programs focus on insurance schemes for public servants or other formally employed workers and their families because they are easy to identify, enrol, and collect contributions from. However, in most low- and middle-income countries, these formal sector represent a minority of the population, thus leaving out a large numbers of people such as day laborers, traders and vulnerable households. These informal sector households and youth can be left out, limiting population coverage.
- **Focus on curative services:** health financing programs that emphasize coverage of inpatient and other curative and costly services. Primary care and medicines may be excluded or covered at a lower level. In addition, insurance schemes may focus coverage on more costly curative services because these services occur less frequently, are less subjective, and cost less to manage.

Conclusion

- Government investment and funding of FP is a key requirement for the success of the UHC agenda. Explore creating enabling environment for in country pharmaceutical manufacturers to engage in local production of contraceptives(generic).
- All States need to key into BHCPF platform to access funds in scaling up high impact family planning interventions in Nigeria to promote universal access.
- Government and key stakeholders needs to address current gaps and lost opportunities due to non-coverage of comprehensive FP services under the NHIS that receives funding from the BHCPF.

Thank you.

