

## SPEAKER PROFILE:

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TOPIC: MATERNAL AND NEWBORN HEALTH AND UNIVERSAL HEALTH COVERAGE



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**Prof Emmanuel Dipo Otolorin** is currently the Senior Regional Programmatic and Technical Advisor to the Jhpiego-led TIPTOP Project. Prior to his present position, he was **Jhpiego's Country Director in Nigeria** and Former Senior HIV/AIDS Advisor in the Jhpiego Office in Baltimore and Zambia. He was also the pioneer Reproductive Health Advisor at the Regional Centre for Quality of Health Care in Makerere, Uganda. Before joining Jhpiego in 2000, he was a **Professor of Obstetrics and Gynecology** at the College of Medicine, University of Ibadan and Honorary Consultant Obstetrician/Gynecologist to University College Hospital, Ibadan, Nigeria. He has over 70 publications in peer-review journals. He is the current **Chair of the National RHTWG in Nigeria** and **President** of Ibadan College of Medicine Alumni Association (**ICOMAA**) **Worldwide**. He was previously the **Chairman of the Board of Trustees and Board of Management of ARFH** as well as Chair of many other Boards in Nigeria.

# MATERNAL AND NEWBORN HEALTH IN THE CONTEXT OF UNIVERSAL HEALTH COVERAGE

BY

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# OUTLINE

**Maternal and Neonatal Mortality  
Situation in Nigeria**



**Universal Health Coverage in  
Nigeria**

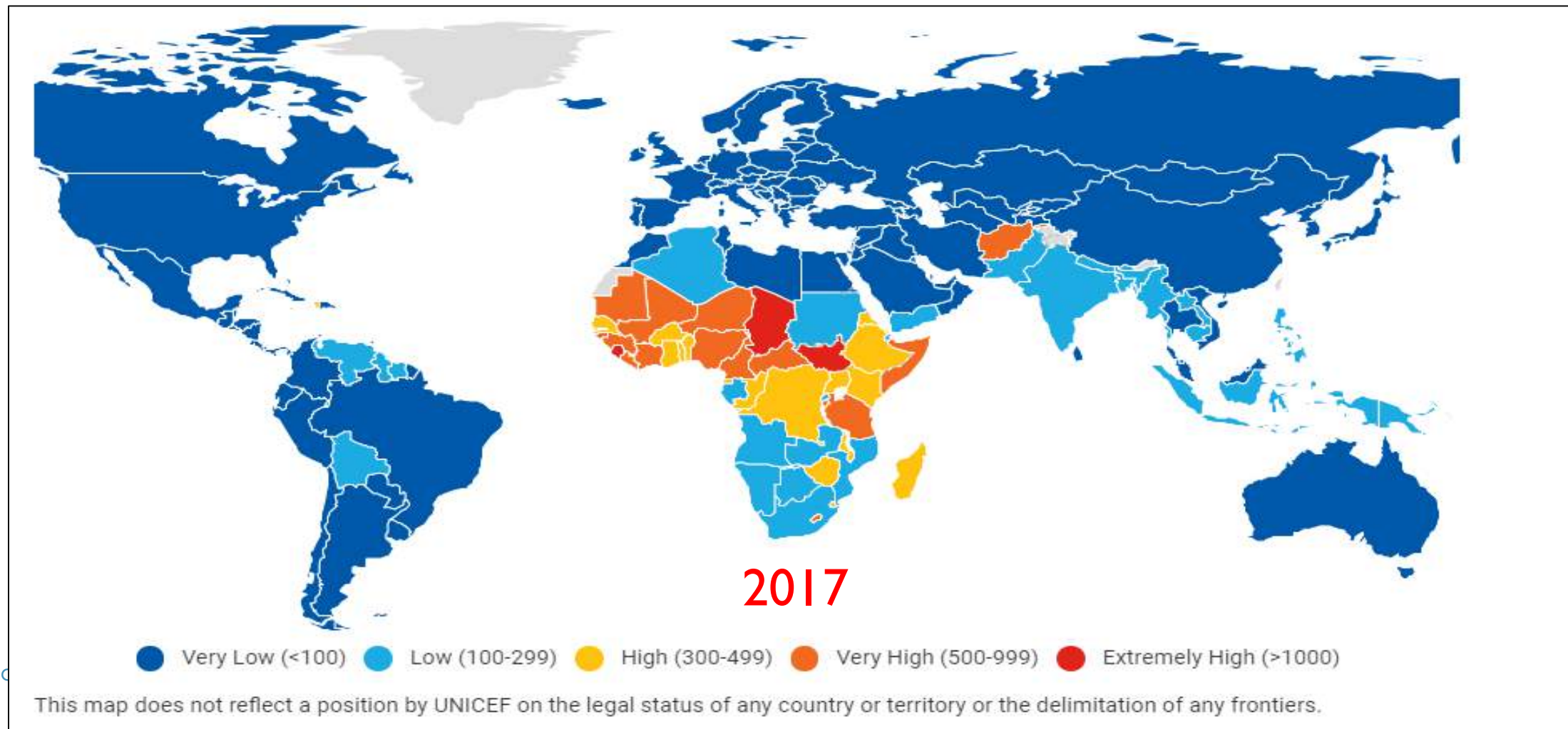


**Recommendations for achieving  
UHC in Maternal and Newborn  
Health**





# AFRICA IS THE EPICENTRE OF MATERNAL MORTALITY



# NIGERIA'S POPULATION AND MATERNAL MORTALITY BURDEN

**Nigeria is 2.6% of  
World Population  
(i.e. 212 million of  
7.9 billion people)**



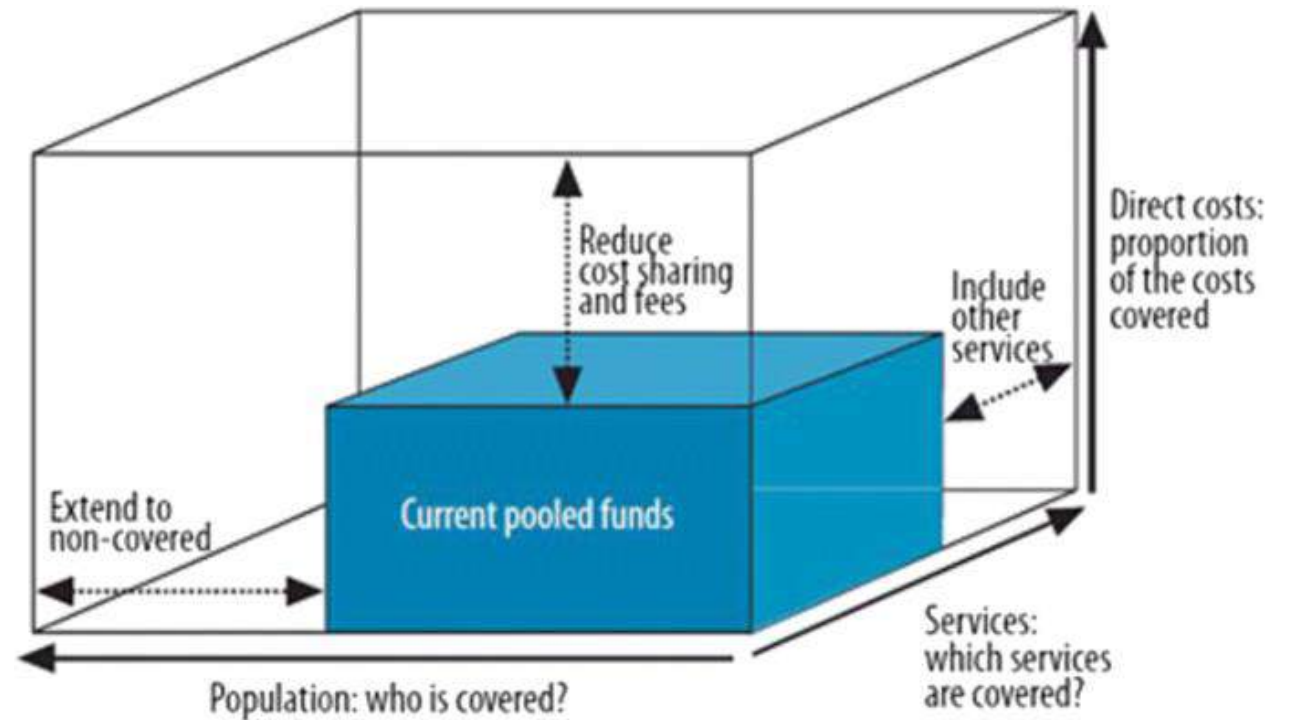
**19.7% of Global  
Maternal Deaths  
occurs in Nigeria  
(approx. 58,000 of  
295,000 annually)**



# THREE DIMENSIONS OF UNIVERSAL HEALTH COVERAGE

- **What is Universal Health Coverage?**
  - **Universal** health coverage means that **all people have access to the health services they need**, when and where they need them, **without financial hardship**

Source: WHO



Source: World Bank

# SUSTAINABLE DEVELOPMENT GOALS (SDGS) AND UNIVERSAL HEALTH COVERAGE (UHC)

- **SDG #3** aims to achieve universal health coverage, that seeks equitable access of healthcare services to all men and women. It proposes to end the preventable death of newborns, infants and children under the age of 5 years (child mortality) and end epidemics



# 16 ESSENTIAL HEALTH SERVICES IN 4 CATEGORIES THAT ARE IMPORTANT FOR UNIVERSAL HEALTH COVERAGE

1

## Reproductive, maternal, newborn and child health

- Family planning
- **Antenatal and delivery care**
- Full child immunization
- Health-seeking behavior for pneumonia.

3

## Infectious diseases

- **Tuberculosis** treatment
- **HIV** antiretroviral treatment
- **Hepatitis** treatment
- Use of insecticide-treated bed nets for **malaria** prevention
- Adequate **sanitation**.

2

## Non-communicable diseases

- Prevention and treatment of **raised blood pressure**
- Prevention and treatment of **raised blood glucose**
- **Cervical cancer** screening
- Tobacco (non-)smoking.

4

## Service capacity and access

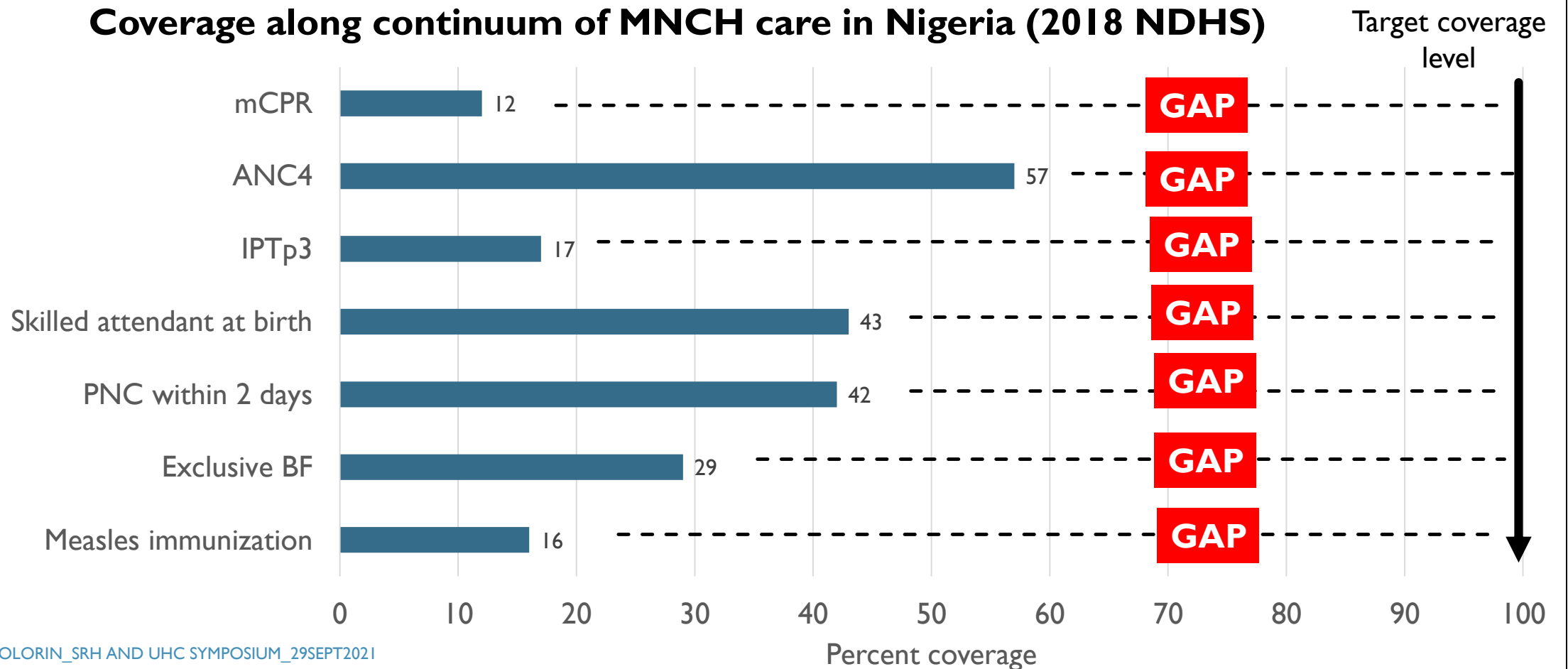
- Basic hospital access
- **Health worker** density
- Access to **essential medicines**
- Health security: compliance with the international health regulations.



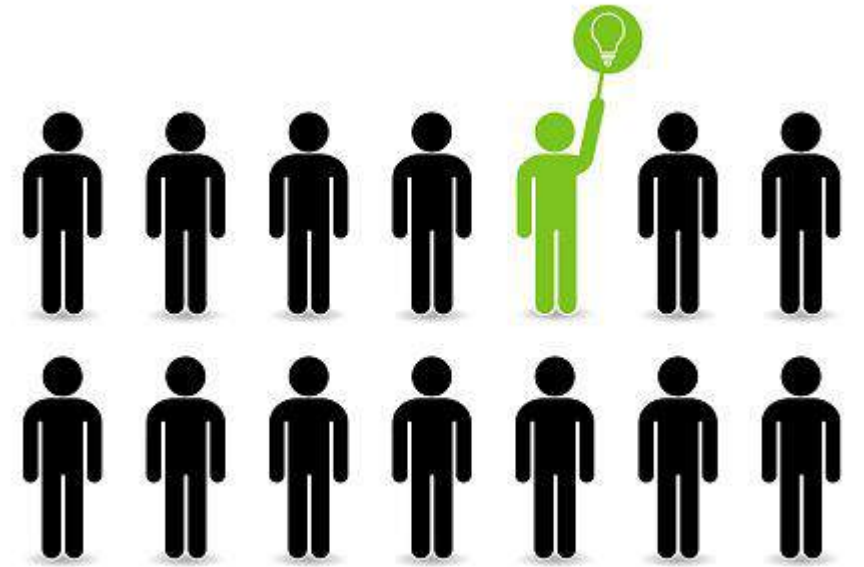


# GAPS IN MATERNAL, NEWBORN AND CHILD HEALTH SERVICE COVERAGE IN NIGERIA

Coverage along continuum of MNCH care in Nigeria (2018 NDHS)



# WHAT CAN WE DO DIFFERENTLY?

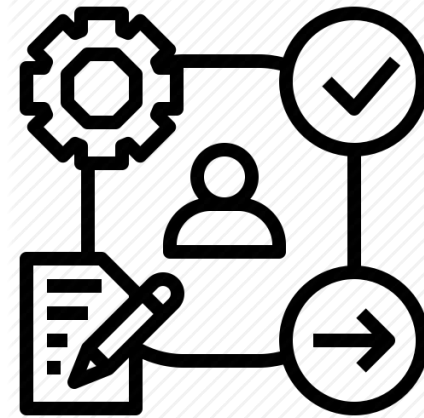


# “TALK IS CHEAP BUT ACTIONS ARE PRICELESS”

SHIV SHANKER SINGH QUOTE



**Nigeria is a repository of excellent policies, strategy documents, guidelines and protocols**



**Our problem is IMPLEMENTATION**

**“Strategy without Implementation equals Hallucination”**



*Late Prof Ade Elebute*

# KEY PROGRAMMATIC AREAS TO ADDRESS

TO ACCELERATE THE REDUCTION OF MATERNAL AND NEWBORN MORTALITY

## LEADERSHIP AND GOVERNANCE

Identify and build the capacity of leaders at all levels of care.

## POLICY AND GUIDELINES

Disseminate key national policies and guidelines to end-user health facilities.

## HEALTH FINANCING

Increase budgetary allocation to health in general and MNH in particular.

## CAPACITY BUILDING OF HCWS

Prioritize competency-based training of health care workers to become skilled birth attendants.



## QUALITY OF CARE

Set and share MNH performance standards and monitor institutional compliance.

## ESSENTIAL MEDICINES

Assure regular availability of essential life-saving medicines and devices

## HEALTH INFORMATION SYSTEM

Build capacity of health care workers in record keeping, data analysis and use for decision-making

## COMMUNITY ENGAGEMENT

Mobilize communities to utilize health facilities and demand quality services.



# LEADERSHIP AND GOVERNANCE



# LEADERSHIP AND GOVERNANCE

- **After 60 years of Nigeria's independence, I think it's time for the women to step forward into decision-making positions to prioritize maternal and child health e.g.**
  - **President**
  - **Governor(s)**
  - **Local Government Chairman**
  - **President of Senate, Speaker of the House**
  - **Chief Medical Directors/Medical Directors**

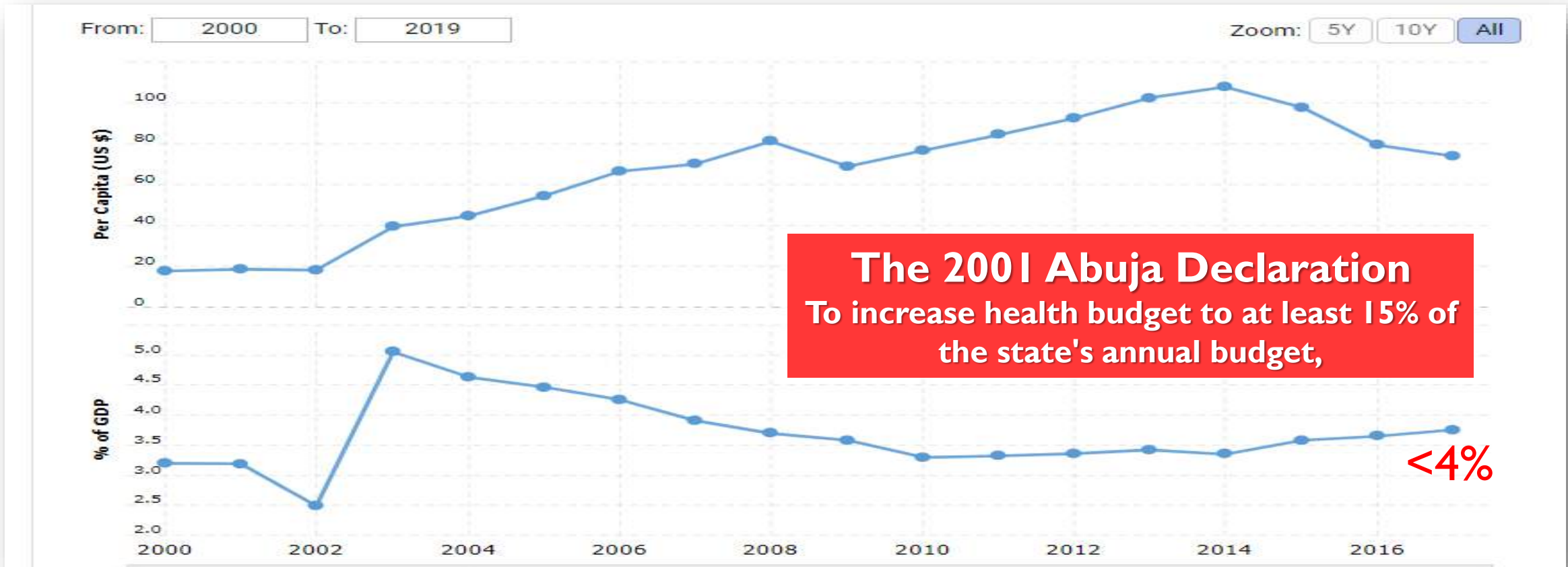


**WHEN THE BUCK STOPS ON THE WOMAN'S TABLE, MATERNAL AND NEWBORN HEALTH CARE WILL GET THE ATTENTION IT TRULY DESERVES**

# HEALTH FINANCING



# NIGERIA HEALTHCARE SPENDING 2000-2020





# 2021 NIGERIA BUDGETARY PROVISIONS IS AGAIN SHORT OF THE 15% TARGET

Nigeria's 2021 Budget	2021	2020	Change
	N'tr	N'tr	
<b>Expenditure</b>	<b>13.08</b>	<b>10.81</b>	<b>21%</b>
- Capital	3.85	2.69	43%
- Recurrent & sinking fund	6.11	5.44	12%
- Debt service	3.12	2.68	16%
<b>Revenue</b>	<b>7.88</b>	<b>5.84</b>	<b>35%</b>
Deficit	5.2	4.97	5%
Oil production (mbpd)	1.86	1.8	3%
Benchmark oil price p/b	\$40	\$28	43%
Exchange rate to US\$	379	360	5%
Projected growth rate	3%	-4.41%	168%
Inflation	11.95%	14%	-15%

## CAPITAL PROJECTS - N3.85tn

**Works and Housing** - N404bn

**Transportation** - N256bn

**Power** - N198bn

**Water Resources** - N153bn

**Health** 3.4% - N132bn

**Education** - N127bn

**Defence** - N121bn

**Agric/Rural Devt.** - N110bn

**Zonal Intervention** - N100bn

**UBEC** - N70bn

**NDDC** - N64bn

**Industry & Trade** - N51bn

# OPTIONS FOR FINANCING MATERNAL AND NEWBORN CARE



## Budget allocations

- Increase health budget at all levels of government to 15%
- Reduce cost of governance
- Operationalize the Basic Health Care Provision Fund (**BHCPF**) which includes **health insurance for all Pregnant Women and Children <5**

## Revisit SURE-P's Conditional Cash Transfers (CCTs) to reward pregnant women for attending:

- Minimum of Four ANC visits
- Delivery in a health facility
- Postnatal (PNC) visits and
- Family planning visits

## Mobilize a Coalition of Corporate Bodies (as was done for COVID-19)

- Vouchers for free services
- Free ANC drugs
- Free long-lasting insecticidal nets (LLINs)
- Free delivery and/or baby kits (also called Mama Kits)

**COVID-19 EXPOSED NIGERIA'S VERY WEAK HEALTH SYSTEMS**

# CAPACITY BUILDING OF FRONTLINE HEALTH CARE WORKERS



# TARGETED COMPETENCY BASED TRAINING (CBT) OF HEALTH CARE WORKERS

## ■ WHO SHOULD BE TRAINED?

- **Health facility managers or In-charges** (e.g. Facility Management and Quality Improvement)
- **Doctors**, including NYSC in CEmONC
- **Nurse/midwives** in BEmONC
- **CHEWs** (oversee 60-70% of PHCs in some States) in BEmONC
- **Focal M & E officers** in DM/DQA

Training in manual removal  
of retained placenta



Use of anti-shock garment



# PROMOTING QUALITY OF HEALTH CARE



# FUND AND REWARD QUALITY IMPROVEMENT INITIATIVES AT ALL LEVELS

## Eight (8) standards

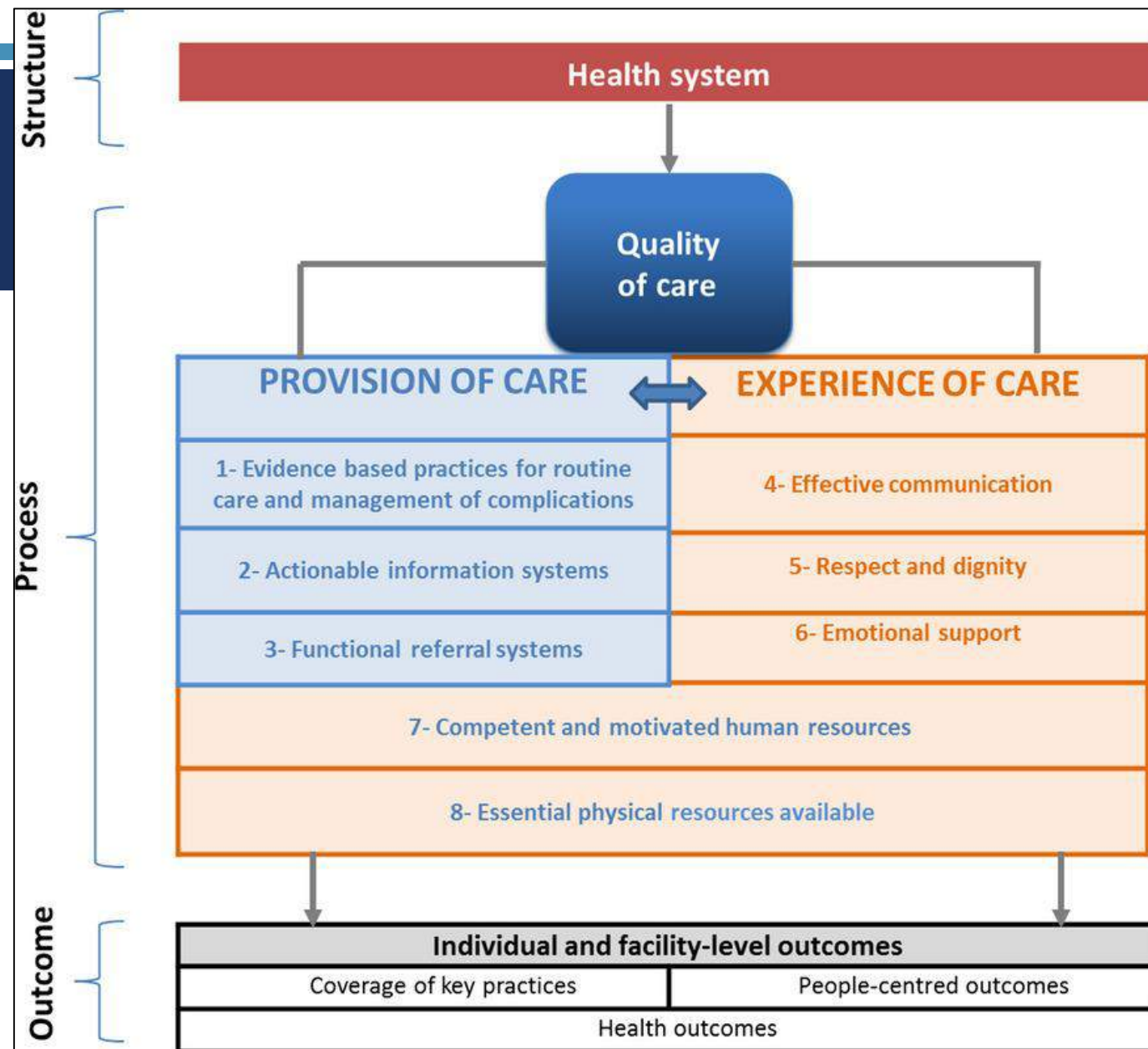
- One per domain of the QoC framework

## Quality Statements

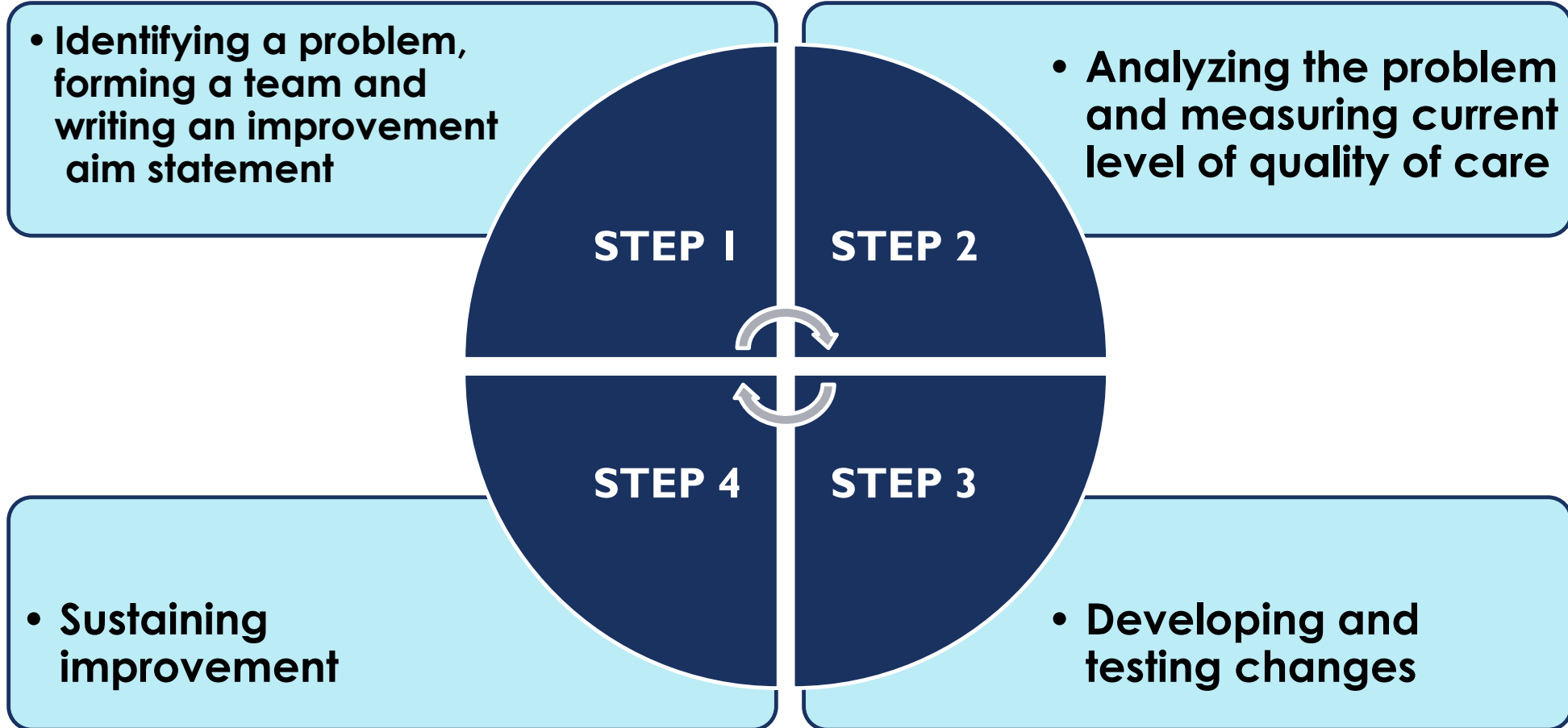
- 3 or more quality statements per standard

## Input, Output and Outcomes

- Several input, output and outcome measures per statement



# EMBRACE WHO'S POINT OF CARE QUALITY IMPROVEMENT (POCQI) INITIATIVES



# UN COMMISSION ON LIFE-SAVING COMMODITIES (UNCOLSC)



Remember the JSI slogan: “NO PRODUCT, NO PROGRAM”  
Recently revised to “No People, No Product, No Program, No Security!”



# WE NEED TO WEAN NIGERIA OFF DONOR DEPENDENCY FOR ESSENTIAL MEDICINES, COMMODITIES AND DEVICES

- **Use the Basic Health Care Provision Fund (BHCPF) to:**
  - **Procure the 13 commodities recommended** by the UN Commission on Life Saving Commodities
  - **Renovate storage facilities** and improve storage conditions
- **Invest in last mile distribution of essential medicines and devices to health facilities in all 774 LGAs ;** probably best to **contract distribution to private logistic management companies**
- **Support local manufacture** e.g. through tax incentives

Reproductive health	Female condoms
	Implants
	Emergency contraception
Maternal health	Oxytocin
	Misoprostol
	Magnesium sulfate
Newborn health	Injectable antibiotics
	Antenatal corticosteroid (ANCS)
	Chlorhexidine
	Resuscitation equip.
Child health	Amoxicillin
	Oral rehydration salts
	Zinc

# HEALTH MANAGEMENT INFORMATION SYSTEMS



# LET'S “MEASURE WHAT MATTERS”

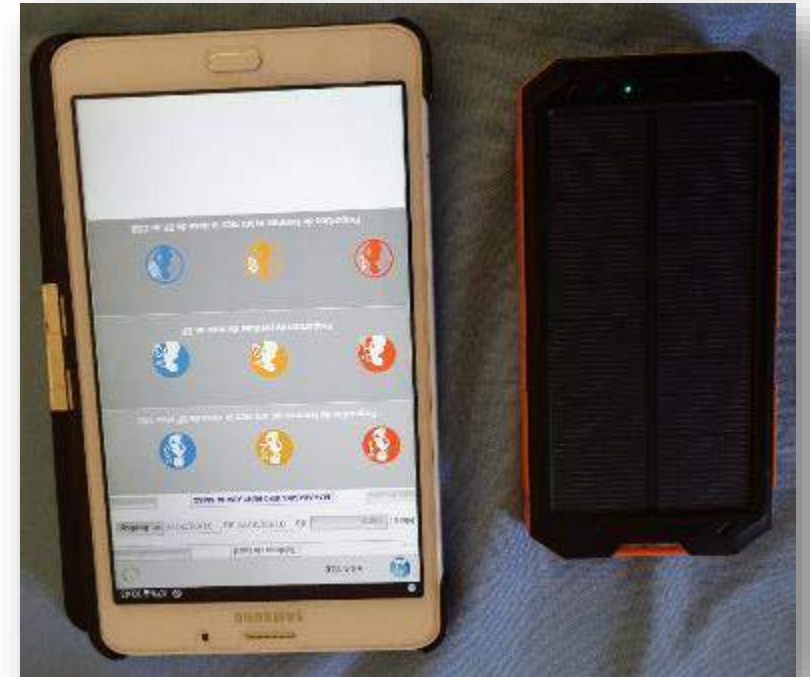
## SDG #3 →



1. Indicator 3.1.1: **Maternal mortality ratio**
2. Indicator 3.1.2: Proportion of **births attended by skilled health personnel**
3. Indicator 3.2.1: Under-five mortality rate
4. Indicator 3.7.1: **Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods**
5. Indicator 3.9.2: **Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)**

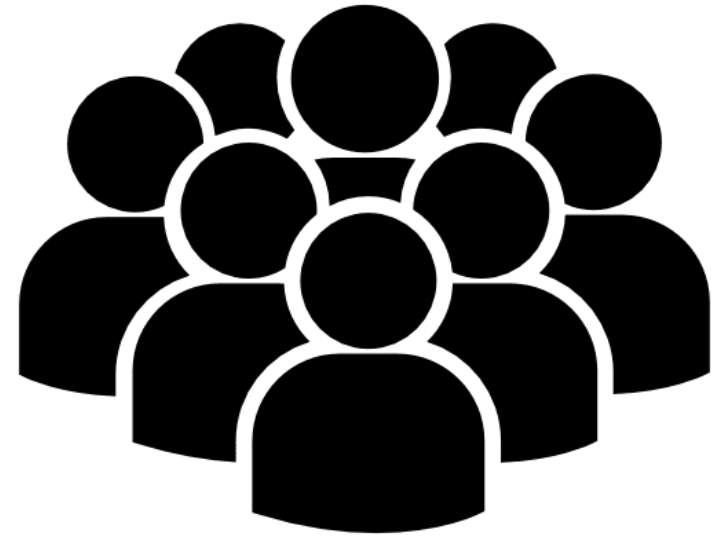
# RECOMMENDATIONS FOR STRENGTHENING MONITORING AND EVALUATION

- Update, print and disseminate **HMIS registers**
- Deploy **mobile devices for data collection** at all levels
- Conduct **refresher trainings for health care workers** on record-keeping, including use of mobile devices with solar chargers
- Develop, standardize and deploy **Data Use Posters** and Health Facility Performance **Dashboards**
- Conduct quarterly **Data Quality Assessments**, especially in facilities implementing performance based financing (PBF) projects
- Build capacity for **use of data for decision-making**
- Invest in **Electronic Medical Records**



Hand tablet and solar charger being used in TIPTOP Project in Madagascar.

# COMMUNITY ENGAGEMENT FOR MATERNAL AND NEWBORN HEALTH





# THE COMMUNITY HEALTH INFLUENCERS, PROMOTERS AND SERVICES (CHIPS) PROGRAMME IS AN OPPORTUNITY

## ■ GOAL

- The overall **goal of the CHIPS Programme is to contribute to reduction of maternal and child morbidity and mortality** by improving access to and equitably **increasing coverage of basic primary health care services**, especially those relating to maternal and child health

## ■ OBJECTIVES

- Equitably **increase access to basic PHC services** in Nigeria especially at the community level;
- **Increase demand for PHC services** by individuals and households;
- **Foster community participation and ownership** of the programme;
- **Promote female empowerment** and socio-economic development; and
- **Promote public-private partnership** in primary health care development, especially at community level.

# HOW CAN WE USE THE CHIPS AGENTS FOR MNH?

- Map PW
- Conduct household visits
- Educate and counsel PW on ANC, Delivery, PNC and FP at health facilities
- Distribute ANC drugs: Fe, FA, SP
- Refer and follow up PW to HFs

**Community health worker e.g. CHIPS agents**

**Social and behavior change communication platforms**

**Civil society organizations**

- Mobilize communities for quality MNH services
- Support CHIPS in MNH information dissemination e.g. benefits of ANC and institutional delivery with a SBA

**Health care worker**

**Pregnant woman (PW)**

**Antenatal clinic**

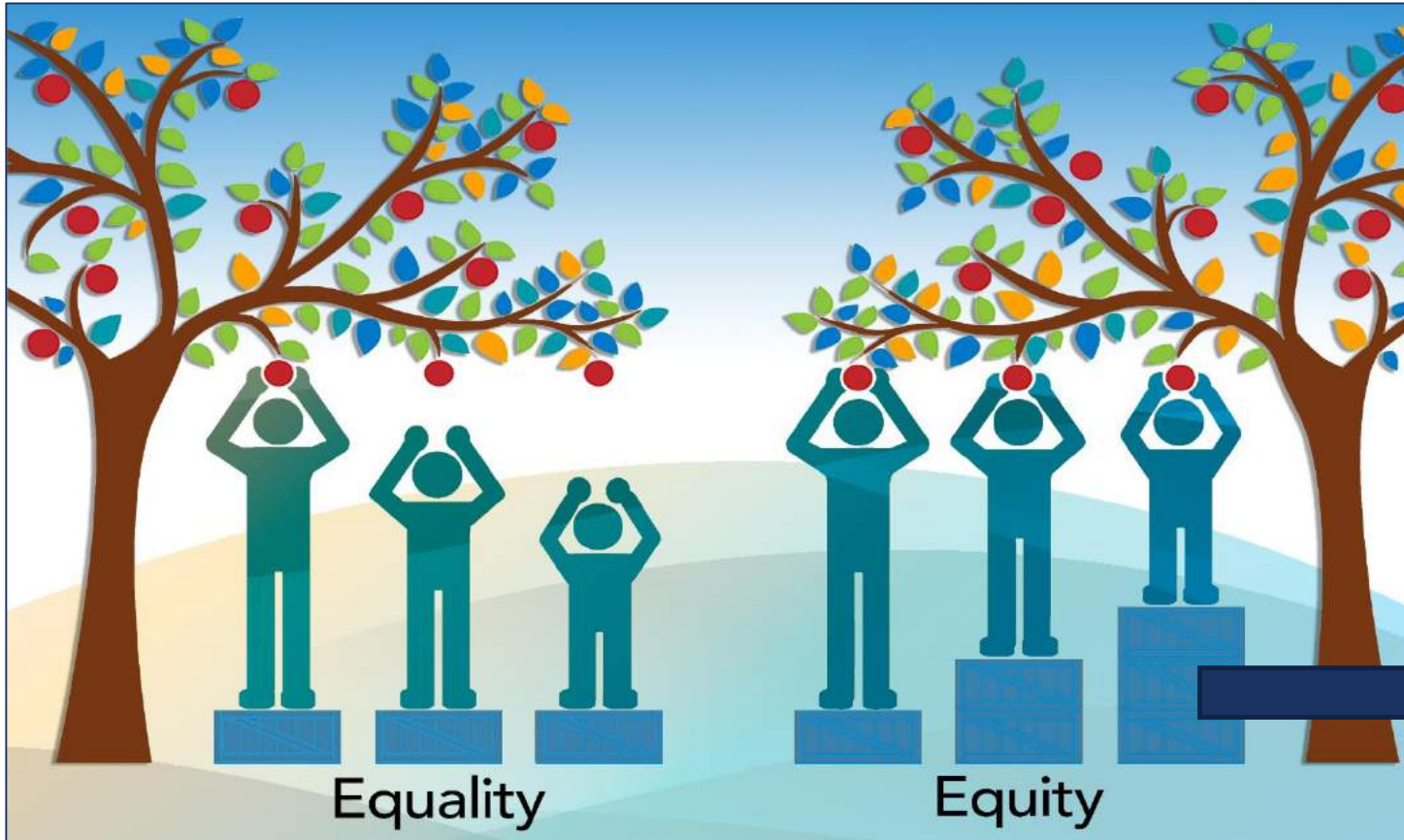
**Provision of comprehensive antenatal, delivery, postnatal and FP services.**

## EXAMPLE: CHWS DISTRIBUTING SULFADOXINE-PYRIMETHAMINE IN TIPTOP PROJECT AREAS

- Community health workers (**CHWs**) trained in the TIPTOP Project to **distribute monthly Sulfadoxine-Pyrimethamine doses to eligible pregnant women** to prevent malaria in pregnancy in Ebonyi State **reached more pregnant women than those receiving IPTp in the health facility**



# ALL PROGRAMS SHOULD PROMOTE EQUITY



**EVERY  
PREGNANT  
WOMAN  
IRRESPECTIVE OF  
AGE,  
EDUCATION,  
RESIDENCE OR  
WEALTH  
QUINTILE,  
SHOULD BE  
ASSISTED TO  
RECEIVE  
QUALITY CARE.**

© 2014, Saskatoon Health Region

# CONCLUSIONS (I)

- The **decline in maternal mortality ratio** and neonatal mortality rates in Nigeria have been much **slower than expected**.
- Over the years, **Nigeria has enacted excellent policy and strategy documents, guidelines and protocols** but has been **mostly dependent on donor agencies** for implementing recommended evidence-based interventions in a few States and LGAs in the country. This needs to change.
- In order to assure Universal Health Coverage (UHC), there needs to be **more evidence of government commitment especially at sub-national levels** and **prioritization of interventions to be implemented simultaneously in all 36 states (plus FCT) and all 774 LGAs**.



## CONCLUSIONS (2)

- The most important interventions are **increasing budgetary allocation to health to 15%, increasing access to family planning and skilled birth attendance, investing in quality of care and engaging communities** to play a greater role in their own health.
- To achieve all of this, we must **change the ‘three Ps’ perception that majority of Nigerian women are ‘Poor, Powerless and Pregnant’.**

**THIS LECTURE IS DEDICATED TO PROF OLADAPO ALABI LADIPO, MY BOSS AND MY MENTOR OF MANY YEARS AND TO THE ASSOCIATION FOR REPRODUCTIVE AND FAMILY HEALTH (ARFH)**



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**I DOFF MY  
HAT TO  
YOU SIR !**





# Thank You

