



The Effects of Universal Health Coverage on Access to Reproductive Health and Family Planning Supplies

A Systematic Review of the Evidence

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SYSTEMS
STRENGTHENING
WORKING GROUP

UHC Workstream



Universal Health Coverage - UHC

implies that **all people** have **access**, without discrimination, to nationally determined sets of needed preventive, curative and rehabilitative basic health **services** and to essential, safe, **affordable**, effective and **quality medicines**, while ensuring that the use of these services does not expose the user to **financial hardship**, with special emphasis on the poor, vulnerable, and marginalized segments of the population.”

GOAL 3



ENSURE HEALTHY LIVES AND
PROMOTE WELL-BEING FOR ALL AT ALL AGES

SUSTAINABLE DEVELOPMENT GOALS

More at sustainabledevelopment.un.org/sdgsproposal

GOAL

Help **advance** the RHSC members **knowledge** about the **implications** and considerations of UHC for access to RH supplies and the **role** that **supply chains** have in achieving UHC in order to **position** the Coalition as a **leader** ensuring that UHC efforts address access to RH/FP in the post-2015 era.

A Systematic Review of Lessons Learned

Access to RH Supplies through Universal Health Coverage



Research Question

How do different health systems strategies for achieving UHC (e.g. decentralization, national health insurance) affect access to medicines and commodities for family planning and maternal health?

What are:

- ➔ UHC essential strategies increasing access to supplies?
- ➔ the experiences of countries ensuring access to RH/FP supplies?
- ➔ the effects of UHC schemes on supply chains?
- ➔ recommendations for countries to ensure availability of RH supplies?

STEPS

Design

Framework

Inclusion/exclusion
criteria

Search strategy

Conduct review

Literature review

Selection and analysis

Recommendations

Dissemination

Draft manuscript

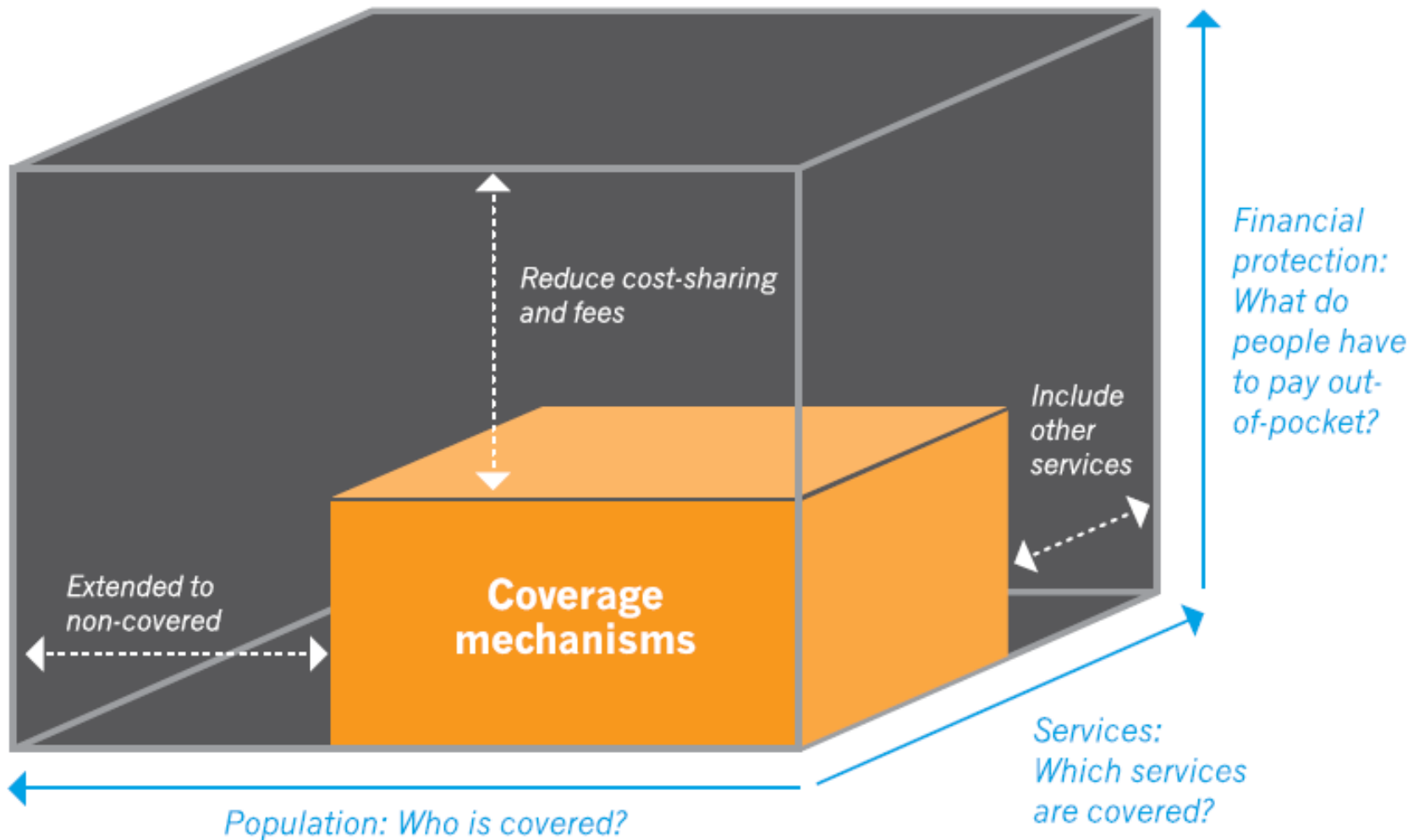
Share with RHSC

Publish in peer-
reviewed journal

Consultative Group of Experts (CGE)

Framework

UHC Components



RHSC Pillars



Availability



Quality



Equity



Choice

UHC levers for RH supplies

- Determine minimum medicines benefit **packages**
- Define/implement **policies** that improve cost-effective use of supplies
- **Negotiate** product prices & reimbursement lists
- Dictate **standards** of product **quality**
- Strengthen **supply chains** and **managing** capacity

Inclusion criteria

UHC

Universal health coverage

Social Insurance

Health financing

Community Insurance

Health policy reform

RH

Reproductive health

Maternal health

Family planning

Emergency obstetric care

Supply Chain

Supply chain

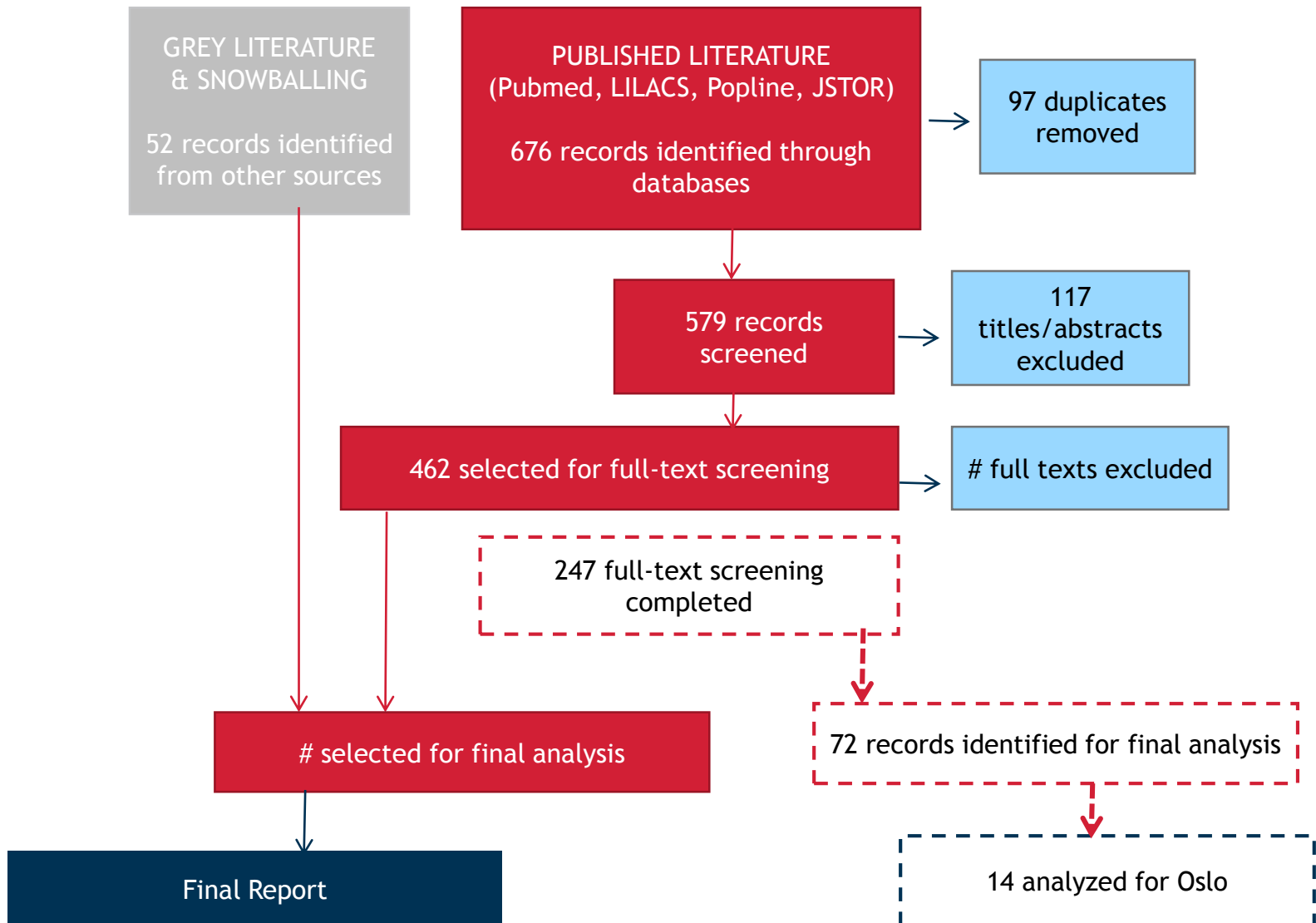
Supplies

Supply chain management

Maternal health medicines

Contraceptives

Search strategy



Preliminary Findings

- Rigorous studies have evaluated the impact of **health insurance** on the **use** of **general health services** (*Wang et al, 2014*) **but** existing evidence about impact of insurance schemes on **medicines** in general is questionable since the majority of the published studies utilize weak study designs (*Faden et al 2011*).
- Limited articles on impact of HSR (descentralization) on **access** to **RH services**. Mostly qualitative and descriptive (Thailand, Ghana, Mexico).
- No rigorous studies on impact of **UHC, HSR, insurance** on access to **RH supplies**.

Preliminary Findings

➔ UHC essential strategies increasing access to RH services & supplies?

- A desk-based study in Thailand: design and content of **SRH package** needs to consider supply and demand of particular services in order to increase use (*Teerawattananon et al, 2004*).
- A systematic review found evidence supporting use of **insurance** as strategy to improve access to **pharmaceuticals** in LMIC (*Faden et al, 2011*).
- Impact evaluation based on DHS showed evidence in 8 countries of health **insurance** impact on use of **maternal health services** (facility-based delivery) (*Wang et al, 2004*).
- A household survey in Thailand determined **insurance status** had statistically significant association with **health care use**, and knowledge of family planning methods.

Preliminary Findings

- ➔ the experience of countries undergoing UHC and how they improve access to RH/FP supplies?
 - No articles with evidence of how countries undergoing UHC are modifying/adapting supply chain systems to ensure access to RH supplies.
 - Some publications describe mostly negative effects on RH services and supplies in countries undergoing decentralization/devolution.
 - Philippines (*Lakshminarayanan, 2003*)
 - Ghana (*Mayhew, 2003*)

Recommendations for UHC countries on RH supplies

- Need of an evidence-based approach to fine-tune the RH services & supplies benefits package under UHC.
- Active participation of stakeholders and civil society defining packages.
- Improve stewardship and regulatory functions of MOHs & National health insurance offices.
- Improved institutional capacity for purchasers and providers.
- Empower beneficiaries on their right to services and supplies under UHC schemes (“the money follows the patients”).

Thank you!

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