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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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
Introduction

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?

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?
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

Coverage mechanisms

Population: Who is covered?

Services: Which services are covered?

Include other services

Financial protection: What do people have to pay out-of-pocket?

Reduce cost-sharing and fees

Extended to non-covered
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

PUBLISHED LITERATURE
(Pubmed, LILACS, Popline, JSTOR)
676 records identified through databases

579 records screened

97 duplicates removed

117 titles/abstracts excluded

462 selected for full-text screening

247 full-text screening completed

72 records identified for final analysis

# full texts excluded

14 analyzed for Oslo

Final Report

GREY LITERATURE & SNOWBALLING
52 records identified from other sources

# selected for final analysis
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

What is 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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