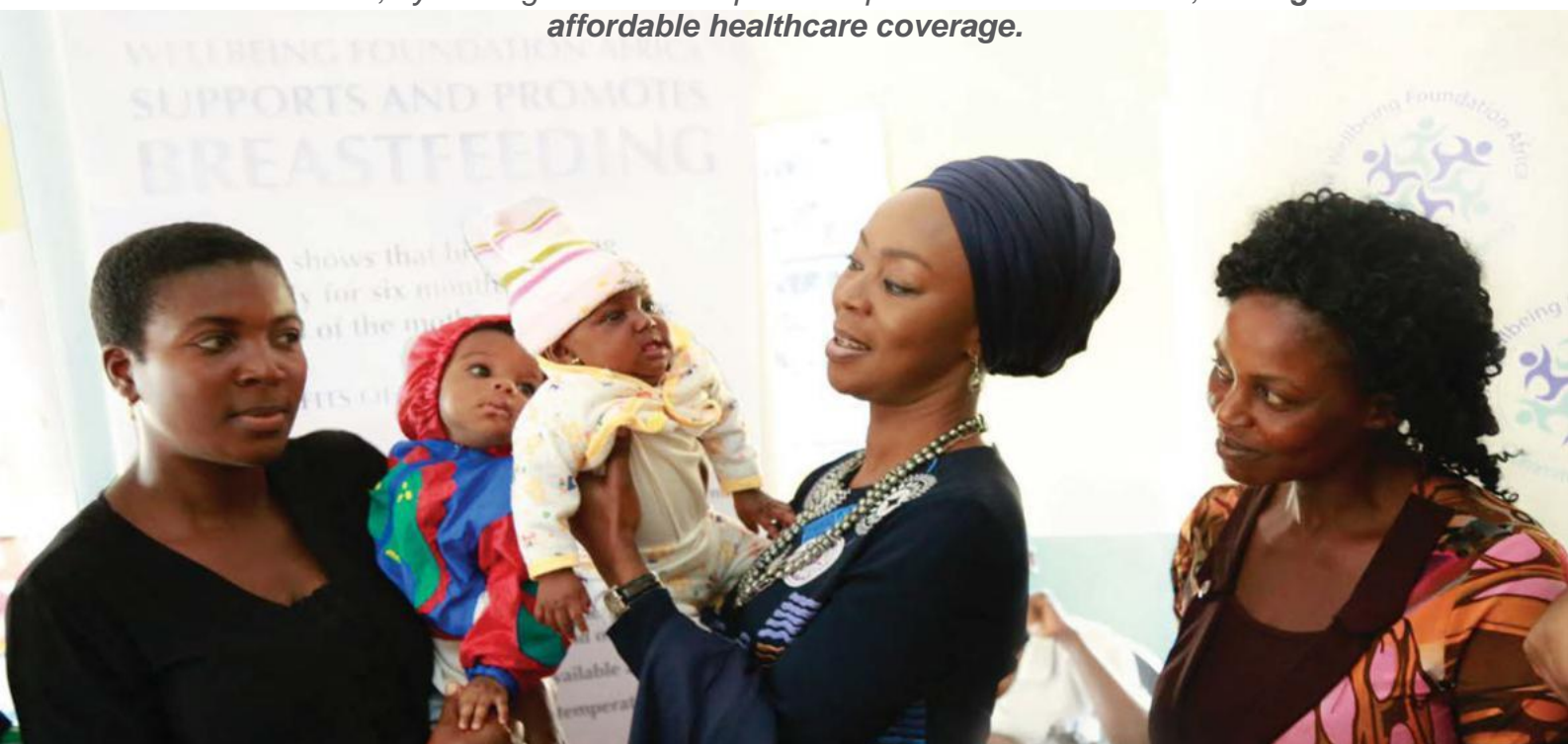




THE WELLBEING FOUNDATION AFRICA

Alaafia Universal Health Coverage Fund

*Bridging an identified gap in achieving desired health outcomes, by making the mother a premium partner in her own care, **through affordable healthcare coverage.***





“Out-of-pocket financing at the point of service in hospitals can cripple families financially for years, resulting in further economic vulnerability and limited access to regular primary healthcare, setting off a cycle of poverty and poor health for generations”

H.E. MRS TOYIN OJORA SARAHI
Founder-President, Wellbeing Foundation Africa



CONTENTS

Introduction	4
The Problem	5
Our Approach	6
Our Results	7-8
Our Programmes	9
Partnerships	10
Annexe I: About us	11



INTRODUCTION

THE WELLBEING FOUNDATION AFRICA

The Wellbeing Foundation Africa (WBFA) is a pan-African organisation set up in 2004 by Her Excellency, Mrs Toyin Ojora Saraki. The Foundation aims to improve the reproductive, maternal, newborn, child and adolescent health (RMNCAH) indices of Nigeria, as well as much of sub-Saharan Africa; and to eliminate, as far as possible, all forms of gender-based discrimination, neglect and violence. WBFA seeks to create real and sustainable change for African families by working with communities across the continent to build capacities and empower women.

Our programs and advocacy work span local, national and global levels, harnessing international best practice and translating this into our frontline programs to ensure a lasting impact for women and children in Nigeria and across Africa. WBFA was instrumental in aiding progress on the Millennium Development Goals (MDGs) related to women empowerment and maternal and child health (MDGs 3, 4 and 5), and now continues to work with development partners to achieve the Sustainable Development Goals (SDGs) by 2030, specifically SDG3, good health and wellbeing for all, SDG5, gender equality and SDG6, clean water and sanitation.

THE PROBLEM

Access to affordable healthcare continues to be a challenge for most Nigerians due to high levels of poverty and significant reliance on out of pocket payments. Health Insurance coverage throughout the country has barely scratched the surface relative to the country's rapidly growing population.

According to statistics from the Nigerian Economic Recovery & Growth Plan 2017-2020, the average life expectancy in Nigeria is 52 years, significantly lower than that of its peer African countries, for example Ghana (61 years) and South Africa (57 years). On under-five child mortality, there are 89 deaths per 1,000 live births, a level far above the target of 64 deaths per 1,000 live births set in the UN Sustainable Development Goals (SDGs).

The development of the Nigerian healthcare system has been hindered by several notable challenges, including limited public funding, a high communicable diseases burden, rising incidence of non-communicable diseases, elevated rates of infant and maternal mortality. The World Health Organisation (WHO) notes that there is high reliance on out-of-pocket (OOP) health payments as a means of financing the health care system in Nigeria and that this has continued for many years in spite of a consensus to move closer to Universal Health Coverage (UHC) and sustain it when achieved.

The National Health Act (NHA) of 2014 established a legal framework for the development, regulation and management of a national health system and set standards for service provision. The latest version of the National Health Policy (NHP), which was approved in February 2017, dovetails with the NHA in an effort to attain the UN's SDG 3, particularly on Universal Healthcare Coverage. The NHP establishes a framework for harnessing health development resources, with a focus on primary care networks, and seeks to increase the efficiency and affordability of service delivery. It contends to do so via 10 "policy thrusts" in areas as varied and connected as governance, financing, medicines and vaccines, infrastructure, data systems, research and development, Public-Private Partnerships (PPP) and community participation.

According to Fitch Solutions, Healthcare expenditure in Nigeria is predicted to reach NGN 5,762.061 billion by 2021 up from an estimated NGN 5,318.061 billion in 2020. By 2021, healthcare spending is estimated to make up 2.94% of the country's GDP, which is miles off the WHO recommendation that at least 5% of GNP is spent on health. While the government is expected to spend NGN 1,477.77 billion by 2021, the private sector will spend NGN 4,284.469 billion in the same period.

The Federal Government's health policy under the Economic Recovery & Growth Plan 2017-2020 aims to improve the availability, accessibility, affordability and quality of health services by increasing access to primary health care services, expanding health coverage and improving the quality of the services provided.

Although the healthcare system in Nigeria has evolved since independence in 1960, over 90% of the Nigerian population is living without health insurance coverage. A number of healthcare reforms have been implemented, aiming to address the country's public health challenges. They include:

- National Health Insurance Scheme (NHIS),
- National Immunisation Coverage Scheme (NICS),
- Midwives Service Scheme (MSS)
- Nigerian Pay for Performance scheme (P4P).

The NHIS, launched in 2005, is a combination of both compulsory and voluntary contributory health insurance schemes targeted at formal sector workers as well as informal sector workers.

Due to the failure of the NHIS to live up to expectations as a result of ineffective leadership, lack of succession planning and a poor governance structure, some states have begun to develop their own health insurance schemes.



OUR APPROACH

In response to this, in the last 10 years of its operations, the WBFA has provided financing and healthcare provision through the Indigent Medical Fund, The Twins and Multiple Birth Program, and the Positive Lifeline Program. Since 2015, we have reviewed our operations to ensure our impact continues to be effective and far-reaching.

Considering that approximately 53.47% of Nigerians live below \$1.90 a day, subsidised health insurance can be the difference between life and death for a number of families. Out-of-pocket financing at the point of service in hospitals can cripple families financially for years, resulting in further economic vulnerability and limited access to regular primary healthcare, setting off a cycle of poverty and poor health for generations.

For this reason, WBFA decided to transform and merge our existing health financing schemes to initiate the Alaafia Universal Health Coverage Fund (AUHCF) in partnership with Hygeia Community Health Care (HCHC) - a local health insurance provider -, PharmAccess Foundation and the Kwara State Government. Through the AUHCF, we funded the insurance premiums of 5000 people each year.

The AUHCF served enrollees with an estimated percentage representation at the following levels: infants 35%, under-five children 30%, pregnant women 13%, persons living with HIV/AIDS and/or disability 12%, the elderly 3%, girls (aged 6-13 years) 7%. This was the planned spread across specific low-income communities in Kwara State, north-central Nigeria, in order to ensure that healthcare got to more people who lack the financial and geographical access to healthcare.

WBFA is continuously seeking ways to improve and expand AUHCF, in order to bring the strategy of Universal Health Coverage (UHC), as championed by the World Health Organization and the World Bank, to those in need.

Research has shown that investing in reproductive, maternal, newborn, child and adolescent health (RMNCAH) could yield up to nine times⁴ its value in economic and social benefits, and healthy home practices and community-based care could save over 90 000 babies a year.

Primary healthcare over emergency care not only avoids high out-of-pocket spending, but also educates mothers about their health and the health of their children. This will empower women to make informed decisions about their care, in partnership with their healthcare provider, setting the foundation for respectful maternity care and improved long-term relationships with healthcare professionals. Establishing a relationship of respect and trust with healthcare professionals during adolescence will also encourage young girls to overcome cultural stigmas regarding their reproductive health, and engage in health-seeking behaviour throughout their lives for the benefit of their entire families.



OUR RESULTS

- A total of three thousand nine hundred and seventy-one (3,971) enrolees were registered on the scheme between March 2015 and December 2015 (ten months).
- The total number of lives registered was 96% of the set target (4,128) during the same period.
- 864 pregnant women making up 23% of the total number were registered under the scheme.
- 876 infants making up 23% were captured by the scheme
- 1,039 under five children, 27% of the total number, excluding children noted in the infant category, were registered under the AUHCF.
- Young girls (6-19 years) were 562, 12% of the total number of enrolees.
- The elderly, 201, accounting for 6% of the total number of enrolees.
- 424 (9%) Persons Living with HIV (PLHIV) and persons living with disabilities were also beneficiaries of the scheme.
- The beneficiaries had access to comprehensive maternal services and child healthcare services on the AUHCF.
- The programme covered 24 healthcare facilities across 9 out of the 16 Local Government Areas in Kwara State.
- The LGAs covered were Asa, Edu, Oyin, Kaiama, Oke Ero, Ekiti, Isin, Baruten and Moro in Kwara State

SUMMARY OF BENEFICIARY DATA

Table 1. List of Health facilities

S/N	Health Facility	LGA
1	Basic Health Centre, Otte Oja	Asa
2	Ileralayo Medical Centre, Aboto Oja	Asa
3	General Hospital Afon	Asa
4	Comprehensive Health Centre, Shonga	Edu
5	Ogo Oluwa Hospital, Bacita	Edu
6	General Hospital Lafiaji	Edu
7	Cottage Hospital Tsaragi	Edu
8	Cottage Hospital Ijagbo	Oyun
9	General Hospital Erinle	Oyun
10	Folorunsho Hospital, Erinle	Oyun
11	General Hospital, Kaiama	Kaiama
12	Foundation Clinic, Kaiama	Kaiama
13	Hauwa Memorial Hospital, Guye	Baruten
14	Cottage Hospital Yashikira	Baruten
15	Cottage Hospital Ilesha Baruba	Baruten
16	New Era Osi	Ekiti
17	Cottage Hospital, Eruku	Ekiti
18	Cottage Hospital Ilofffa	Oke Ero
19	Cottage Hospital, Ekan Meje	Oke Ero
20	Basic Health Centre, Edidi	Isin
21	Primary Healthcare Centre, Oke Onigbin	Isin
22	General Hospital Isanlu-Isin	Isin
23	Shalom Hospital Bode Saadu	Moro
24	Basic Health Centre, Shao	Moro

Table 2. Categorical breakdown of beneficiaries registered under the AUHCF

MONTH	PLWHIV	PREG. WOMEN	TEEN GIRLS	INFANTS	UNDER 5s'	ELDERLY
March	52	120	55	40	80	28
April	52	120	61	40	80	28
May	25	116	51	38	67	28
June	24	119	65	23	71	29
July	12	103	66	42	82	26
August	12	42	23	86	100	16
September	12	39	24	72	94	8
October	92	80	63	214	181	17
November	12	82	15	222	123	9
December	50	50	50	50	50	50
Total	343	864	458	867	1015	199

OUR PROGRAMMES

MamaCare Antenatal and Postnatal Education Programme: Through its innovative MamaCare Antenatal and Postnatal Education Programme WBFA provides mothers with critical information on their pregnancy, nutrition, birth preparedness finance and care of the baby. The uniqueness of this programme lies in its delivery through WBFA-trained midwives at health care facilities. Our work shows that providing women and their families with information at the grassroots is a critical significant change for improved health outcomes for communities and the nation at large. Through the development and distribution of the now ubiquitous clean delivery Mamakit, which has been adopted, replicated, and amplified so widely across the country, we ensure that every pregnant woman has sanitary and sterile delivery materials with her, to encourage hospital deliveries.

Client-held Health Records: Nigeria has a population of over 180 million, yet accurate data and record keeping is abysmally poor. For instance, only a third of newborns are registered at birth. Inaccurate records hinder effectively tracking, diagnosis and treatment of patients. Pregnant women remain unable to track their medical history or provide vital life-saving information when needed.

a) Personal Health Record (PHR): PHR has been designed to be in the custody of mothers so that they can bring them to health centres throughout their pregnancy and labour, and up until their child becomes 5 years of age. The PHR tracks information such as pregnancy progression; growth monitoring, through sex-specific growth charts; and other vital health information. Keeping all this information in this client-held PHR is an effective way of ensuring that mothers and children receive the right care throughout the periods of pregnancy, labour/delivery, and postnatal care.

b) Child Health Record (CHR): This is a modified version of the PHR, which has some components of the maternal progression throughout pregnancy. It is a tool to assess a child's development, from birth, through the newborn period, through infancy, and into young childhood, up till the child attains age 5 years.

Advocacy: At WBFA, advocacy forms a major component of our work. Through Toyin Saraki's role as WBFA's founder-president as well as Global Goodwill Ambassador for the International Confederation of Midwives (ICM), we champion and advocate for increased recognition and support for midwives who continue to provide respectful care and support to pregnant women and nursing mothers.

Through the Primary Healthcare Revitalisation Support Group (PHCRSG), we also advocate for increased funding for the National Health Budget, through operationalisation of the National Health Act, as well as contributions from the private sector and other non-State actors, for the strengthening of the primary healthcare system in Nigeria.



PARTNERSHIPS

WBFA strongly believes in and actively cultivates strategic partnerships and alliances to deliver on her mission to empower communities, families and healthcare workers with the right skills and information and maximise their access to life-saving commodities, facilities, and care.

Our vision for the Mamacare programme is to empower all pregnant women with information and provide quality respectful maternity care to reduce maternal deaths and newborn deaths. We hope to achieve this through these strategies:

- To promote inclusive and respectful maternal care for pregnant women and their newborns.
- Promote financial inclusion as a critical aspect of birth preparedness as well as provide adequate health education for mothers.

WBFA works collaboratively with partners from across the private and public sectors to improve healthcare in Nigeria and Africa. Past and current partnerships include:

- PharmAccess Foundation
- Hygeia Community Health Care (HCHC)
- Kwara State Government
- Kwara State Ministry of Health
- UNFPA
- National Association of Nigerian Nurses and Midwives (NANNM)
- Johnson & Johnson
- Medela
- International Confederation of Midwives (ICM)
- World Bank, International Finance Corporation (IFC)
- World Health Organization (WHO)
- Amref Health Africa
- Unilever

ANNEXE I: ABOUT US

The Wellbeing Foundation's (WBFA) is a non-governmental organisation, founded in 2004, by Her Excellency, H.E. Mrs Toyin Ojora-Saraki following her traumatic experience of losing a baby from her first set of twins. What initially started as a home-grown, purpose-centred philanthropy has quickly evolved to an organisation with national, regional, and global platforms that provides solutions and advocates for policy and action on the issues of maternal and child health, adolescent health and girls' education.

WBFA's objectives are:

1. To improve the reproductive, maternal, newborn, child and adolescent health (RMNCAH) indices of Nigeria, as well as much of sub-Saharan Africa; and
2. To eliminate, as far as possible, all forms of gender-based discrimination, neglect, abuse and violence.

The Foundation mainly works through advocacy; healthcare provision and health promotion; awareness-creation; strategic policy advisory; community and social mobilisation; and philanthropy. WBFA operates a framework of community mobilisation and advocacy, interpersonal communication, mass communication (broadcast, community, social media/digital/mobile phone), and the strategic use of data to support and raise awareness, as well as demonstrate the impact of the programme to wider audiences.

WBFA, through her work, contributes to eight of the 17 Sustainable Development Goals (SDG).



Our Contact: The Wellbeing Foundation Africa operates and has offices in Nigeria (Lagos, Kwara and Abuja), Ghana, London and USA.

www.wbfafrica.org / enquiries@wbfafrica.org (see p18 for full contact details)





WELLBEING FOUNDATION AFRICA

Lagos

21, Probyn Road, Ikoyi, Lagos

Abuja

143, Adetokunbo Ademola St, Wuse 2, Abuja, Nigeria

Kwara State

Mandate House Complex, 20 Olorunsogo St, Ilorin, Kwara State

Ghana

PO Box Mp32074, Accra, Ghana

London

105 Victoria Street, London, SW1E 6QT



For further information on Wellbeing Foundation Africa's work, to learn about ways to collaborate or make donations, please visit our website at www.wbfafrica.org

enquiries@wbfafrica.org
[@wellbeingafrica](https://www.facebook.com/wellbeingafrica)
www.facebook.com/wellbeingafrica

 **#MaternalMonday**