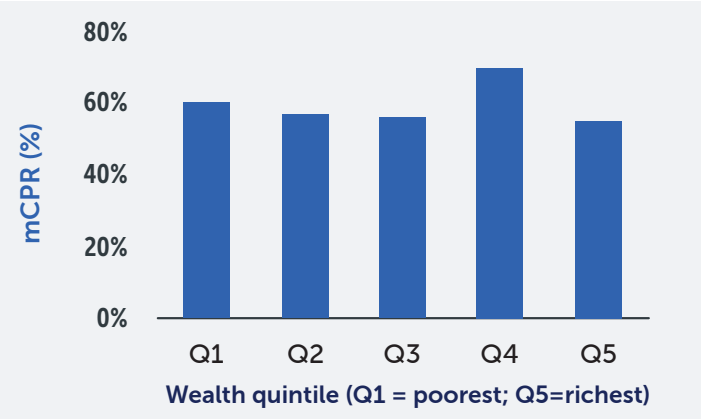
Chile: Lower-than-expected family planning use

With a total fertility rate below replacement level, Chile has already undergone the fertility transition. By the mid-1980s, half of all married women were using contraception. Current use of modern family planning (FP) in Chile stands at 61.7 percent [1]. This is somewhat below the South American average of 68.2 percent, and below expected norms given Chile's relatively high income levels. Unmet need is relatively high, at 13.2 percent among married women [1], reflecting lower-than-expected use. Modern methods dominate contraceptive use. Of modern methods, the pill and intrauterine devices (IUDs) are the most popular, accounting for 40.2 percent and 37.5 percent, respectively. A lack of recent national surveys with applicable indicators makes it difficult to discern trends in method mix. However, service statistics from the public sector suggest decreasing use of IUDs and oral pills and increasing use of implants and three-month injectables [2].

KEY FAMILY PLANNING INDICATORS	
CPR, modern methods (2016)	61.7%*
Unmet need (2016)	13.2%*
TFR (2013)	1.79
FUNDING SOURCES FOR FP SERVICES (2015)	
Private out-of-pocket	54.4%
Government	45.6%
SOURCE OF MODERN METHODS (2014)	
Public sector facility	68.5%
Private facility or retail outlet	31.5%
MODERN METHOD MIX (2015)	
Oral pill	40.2%
IUD	37.5%
Male condom	11.2%
Female sterilization	9.8%
Injectable	1.0%
Barrier methods	0.2%

Sources: [1], [9], [3]
CPR = contraceptive prevalence rate, TFR = total fertility rate
** Women married or in union*

Figure 1: mCPR by Wealth Quintile



Source: [4]
mCPR = modern contraceptive prevalence rate

The distribution of FP services by wealth quintile reflects the relatively equitable distribution of healthcare throughout the country. There is little difference in contraceptive use between the poorest and wealthiest women (Figure 1) [4]. Long-standing efforts to achieve national health service coverage also mean that there is little in the way of geographic disparity in the use or coverage of FP services [2].

Health financing in Chile

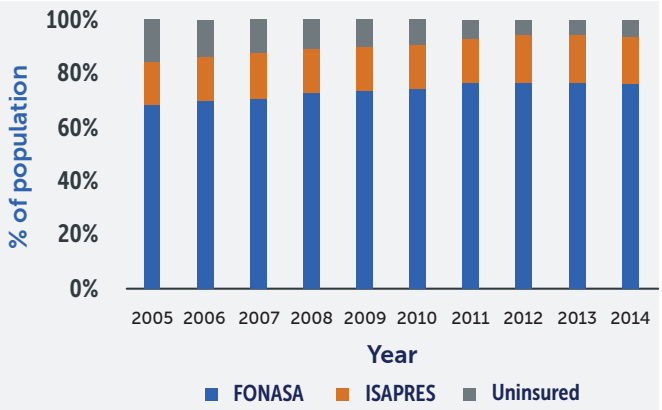
Health spending has risen steadily in Chile, more than doubling from US$672 per capita in 2000 to US$1,613 in 2015 [5]. General government expenditure on health in 2011 made up 47.0 percent of the total, with out-of-pocket (OOP) spending accounting for 37.2 percent and private health insurance for 15.9 percent [6]. Chile's health insurance expansion achieved universal coverage via two main financing schemes. Fondo Nacional de Salud (FONASA), the public scheme covering 76 percent of the population, stratifies beneficiaries into four groups: (A) indigent; (B) very low-income; (C) lower-middle income; and (D) higher-middle income. Group A, about 30 percent of the total, pays no premium or copay. Other groups contribute through automatic payroll deduction, and pay no additional copay or premium. Instituciones de Salud Previsional (ISAPRES), which covers 17 percent of the population, consists of commercial insurance companies that charge additional premiums (Figure 2). FONASA Group A beneficiaries use government health facilities free of charge. FONASA groups B, C, and D—and all ISAPRES beneficiaries—can use private providers with copays. Under the Access with Explicit Guarantees (AUGE) reform of 2005, all groups have access to services that address 80 priority health conditions. Financing this benefits expansion and appropriately identifying those eligible for subsidized care are the main current challenges [6].

Financing family planning services

Family planning services and key financing schemes

Both FONASA and ISAPRES cover all major contraceptive methods. With the exception of sterilization, all primary care clinics provide family planning free of charge to FONASA and ISAPRES members, with no additional copay either for commodities or services (Figure 3). Clients seeking an IUD or sterilization are referred to secondary facilities, where they are put on a waiting list. Clients in groups C and D pay for the sterilization procedure [7]. The Ministry of Health buys contraceptives centrally, purchasing $9.5 million worth in 2015, and distributes them to government facilities, which can also purchase on their own and get reimbursed [2].

Figure 2: Health Insurance Coverage, 2005–2014



Source: [11]

Access to family planning and financial protection for uninsured women

Despite broad insurance coverage, a significant proportion of women prefer to pay OOP and obtain their FP services from the private sector. NIDI estimates that couples pay almost US$10 million annually OOP for FP services [3]. A number of factors may contribute to couples' preference for OOP payment even when, in theory, they are eligible for free services. Some seeking sterilization may prefer to pay OOP to avoid wait times. Others may prefer obtaining methods such as condoms and oral pills in the pharmacy setting [2].

Government policies to increase affordable access

Coverage through the two main social health insurance schemes is virtually universal. Officials recognize, however, that unmet need remains high and that access to long-acting methods must be expanded, with particular attention paid to the adolescent population [2]. Reducing unmet need is a priority given the health problems associated with unsafe abortions [8].

Summary

With nearly universal social health insurance, long-standing political support for publicly funded FP services, and inclusion of all major methods in the benefits package, Chile is close to achieving universal access to family planning. Reaching that goal and reducing the relatively high level of unmet need is tied less to universal health coverage and more to whether the country can successfully address challenges, including reducing nonfinancial barriers to sterilization and making services more responsive.

References

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Figure 3: Methods Available and Copay, by Group (US$)

Method	A	B	C	D
Combined/progestin-only oral pill	Free	Free	Free	Free
Monthly/3-month injectable	Free	Free	Free	Free
Male condom	Free	Free	Free	Free
Implant	Free	Free	Free	Free
Emergency contraception	Free	Free	Free	Free
IUD	Free	Free	Free	Free
Female sterilization	Free	$24	$48	$48
Male sterilization	Free	$20	$41	$41

Source: [2]

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Contact Us
Health Policy Plus
Palladium
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
Tel: (202) 775-9680
Email: policyinfo@thepalladiumgroup.com
www.healthpolicyplus.com

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