COLOMBIA

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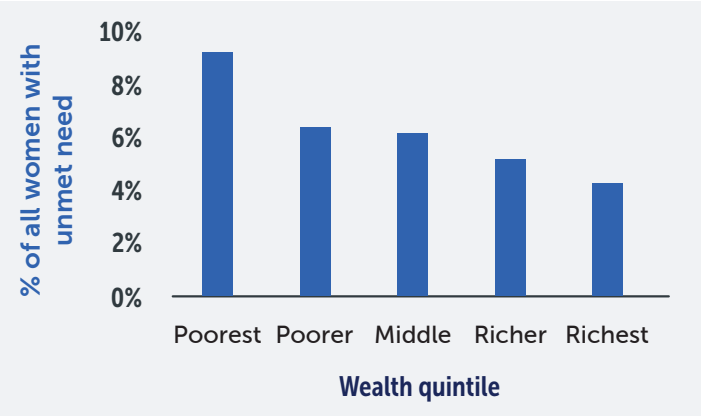
Colombia: Good progress in FP, with higher unmet need among poor

By 2010, total fertility in Colombia had reached the replacement level of 2.1 [1]. Use of modern family planning (FP) stood at 72.9 percent of women married or in union in 2010 [1]. Unmet need, at 8 percent, was below average for the region. The modern method mix was heavily tilted toward female sterilization, which accounts for nearly half of all modern method use. The use of injectables rose from 2000–2010, growing from just 5 percent of modern method use to 12 percent; implants grew from 1 to 4 percent of modern method use. However, IUD use fell from 19.4 to 10.3 percent of modern method use over the same period [1]. Experts expect little change in the method mix in coming years, with relatively few new methods coming on line [2].

KEY FAMILY PLANNING INDICATORS (2010)*	
CPR, modern methods	72.9%
Unmet need	8.0%
TFR	2.1
FUNDING SOURCES FOR FP COMMODITIES **	
Households	82.0%
Government	18.0%
SOURCE OF MODERN METHODS (2010)*	
Public sector facility	56.1%
Private facility or retail outlet	43.9%
MODERN METHOD MIX (2010)*	
Female sterilization	47.9%
Injectable	12.6%
Oral pill	10.4%
IUD	10.3%
Male Condom	9.6%
Others***	9.4%

*Sources: * [1] ** Author's estimate.*
*CPR = contraceptive prevalence rate, TFR = total fertility rate. *** Other methods in use include: male sterilization, implant, LAM, and barrier methods.*

Figure 1: Unmet Need by Wealth Quintile



Source: [1]

Slightly over half of women using a modern method obtain it from a public facility. Pharmacies are the main source of methods in the private sector, with the nongovernmental organization (NGO) PROFAMILIA serving as an important private source for 16.3 percent of women seeking contraception [1]. Unmet need is almost twice as high among the poorest women as among the wealthiest (Figure 1), and progress in meeting the needs of these women remains a challenge. Robust financing of the supply side to meet the demand for services resulting from cultural and economic change made it possible for Colombia to reach 60 percent modern contraceptive prevalence rate (mCPR) by the mid-1990s, when health insurance coverage was still low.

Health financing in Colombia

Total health expenditure (THE) was approximately 7.3 percent of gross domestic product in 2011. Government spending rose from 74 percent of THE in 2008 to 80 percent in 2011 [3], accompanied by a fall in the share of out-of-pocket (OOP) spending from 19 to 14 percent [3]. Private insurance has remained steady at around 6 percent of THE [3]. Landmark 1993 legislation in Colombia established a two-tiered compulsory social health insurance scheme. A contributory regime (CR) plan for formal sector workers funded by payroll taxes in 2015 covered 43 percent of the population; a subsidized regime (SR) for poor people, funded through general taxation and managed at the municipal level, covered 49 percent. Beginning in 2009, the government progressively unified the formerly distinct benefits package of the two schemes, resulting in greater equality [4]. The central government and municipalities made a concerted effort to enroll poor people in the subsidized scheme [5]. The social health insurance system has greatly increased enrollment, particularly of the poorest citizens (Figure 2), but is struggling financially and having trouble providing adequate services outside of urban areas. The harmonization of the contributory and subsidized schemes created additional financial obligations that the government has struggled to meet. Moreover, spending on services outside the explicitly defined health benefits package has exploded [6].

Financing family planning services

Family planning services and key financing schemes

Both the contributory and subsidized social health insurance schemes cover a basic package of health services, including all major FP methods, free of charge [7]. In practice, many health facilities—particularly in remote areas of the country—lack the full range of methods [2]. Moreover, many facilities lack personnel trained in providing FP methods [2]. Wait times for voluntary surgical contraception can be up to three months, far in excess of the five-day maximum mandated by the Ministry of Health [8]. Those who can afford it may obtain supplementary insurance through a prepaid plan that allows broader choice in providers and minimal wait times for surgeries, including sterilization. Such plans also allow beneficiaries a broader range of FP methods than would typically be available in publicly funded services to beneficiaries of the contributory and subsidized schemes.

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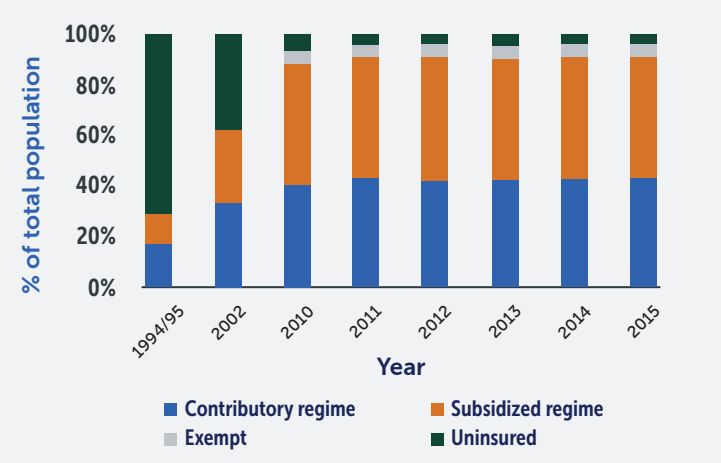
Figure 2: Enrollment in Social Health Insurance



Source: [11, 12]

Supplementary plans charge roughly US$10 per consultation, regardless of method. Many women are willing to pay OOP for services through PROFAMILIA, which may have better availability of methods; however, the NGO's market share fell from 28.8 percent in 1995 [9] to 16.3 percent in 2010 [1]. With almost all of the population participating in one of the two main schemes, almost no one is left uninsured. Nonetheless, OOP spending on FP is still substantial in Colombia, reflecting the struggles of the health insurance system to adequately finance and provide care in all parts of the country.

Government policies to increase affordable access

The government is taking action to put the social health insurance scheme on more sound financial footing [10, 12]. Colombia is considering a move away from the positive list of benefits with some rationing implied, toward a negative list of benefits not covered [6]. The impact of this change on FP services is still unclear.

Summary

Despite ambitious goals, universal access to family planning is still not a reality in Colombia, a reflection of the broader struggles of social health insurance schemes [6]. Contraceptive use is high, but true method choice is still limited at healthcare facilities.

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Figure 3: Methods Available and Copay by Scheme

Method	CR	SR
Combined oral pill	free	free
Injectable	free	free
Male condom	free	free
Single- and double-rod implant	free	free
IUD	free	free
Female Sterilization	free	free
Male Sterilization	free	free

Source: [2]

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