COSTA RICA

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Costa Rica: Significant progress in family planning access

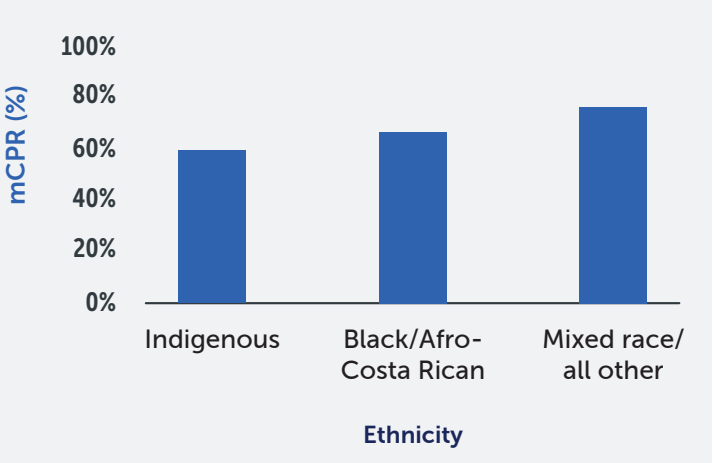
Costa Rica has achieved significant access to family planning (FP) services, with a modern contraceptive prevalence (mCPR) of 75 percent among women who are married or in union. Female sterilization and oral contraception are the primary methods of contraception—accounting for a combined 64 percent of modern contraceptive use in Costa Rica—followed by male condoms and injectables. Male sterilization is notably high at 6 percent of method mix (Table 1).

KEY FAMILY PLANNING INDICATORS (2011)	
CPR, modern methods	74.7%*
Unmet need	7.6%*
TFR	2.2%
FUNDING SOURCES FOR FP COMMODITIES	
Government	38.1%
Households	61.9%
SOURCE OF MODERN METHODS	
Public sector facility	75.1%
Private facility or retail outlet	24.9%
MODERN METHOD MIX (2011)	
Female sterilization	36.5%
Oral pill	27.7%
Male condom	14.5%
Injectable	11.6%
Male sterilization	6.2%
Others**	3.5%

Source: [6], [8], Author's estimates

*CPR = contraceptive prevalence rate, TFR = total fertility rate, * Women married or in union **Other methods in use include: IUD (3.4%) and implant (0.1%).*

Figure 1: mCPR by Ethnic Distinction



Source: [6]

Costa Rica's unmet need for family planning stands at 7.6 percent, among the lowest in Latin America and the Caribbean. The country's public insurance scheme (Caja Costarricense de Seguro Social, or CCSS) has played a major role in expanding affordable access to contraception, and 75 percent of FP services are obtained in the public sector. However, gaps in coverage remain. At 69 percent, mCPR remains lower among the poorest quintile of women and ethnic minorities face significantly lower mCPR than the general population (Figure 1).

Health financing in Costa Rica

In Costa Rica, 77 percent of total health expenditure (THE) comes from public sources. CCSS has mandatory enrollment for all formal employees and is funded through a designated tax of 15 percent of salary, divided between the employer (9.25%), employee (5.5%), and government (0.25%). Those enrolled in CCSS, along with their spouses and children under age 18, can access services at all levels of care, free of charge. Independent and informal sector workers can also obtain coverage through a voluntary health insurance regimen at a rate of 10.15–10.25 percent of income. Among those covered by CCSS, 9 percent are enrolled in the subsidized regime, targeted at the poor, elderly, disabled, and indigenous populations, and funded through taxes on luxury goods, beverages, and other imports [1]. From 2002–2013, the share of Costa Ricans enrolled in CCSS grew from 87 to 94 percent; 36 percent were economically active contributors and 47 percent were families and dependents (Figure 2). Private expenditure on health is low, with out-of-pocket (OOP) expenditure accounting for 20 percent of THE and privately purchased insurance accounting for just 4 percent.

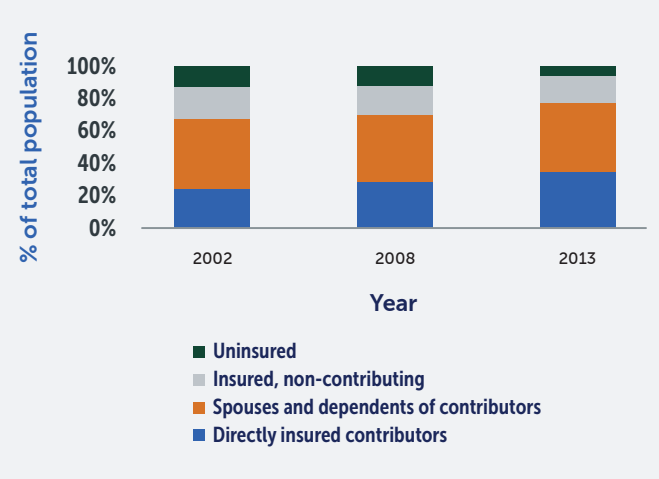
Beginning with the global financial crisis of 2009–2010, the CCSS has faced financial challenges due to lower revenues and increased costs and service demand. In 2011, CCSS accepted recommendations to contain costs and increase revenues; however, with an increase in the payroll tax of only 0.6 percent in 2015, concerns persist about the sustainability of funding for CCSS. CCSS provides services through its own facilities at all levels, but occasionally contracts with for-profit and nonprofit private providers. CCSS constitutes the only network of public health facilities; those not enrolled in the scheme must seek private sector care. In 2013, CCSS began to refuse services to poor, nonenrolled individuals unless they paid OOP or the patient's life was in danger [2].

Financing family planning services

Family planning services and key financing schemes

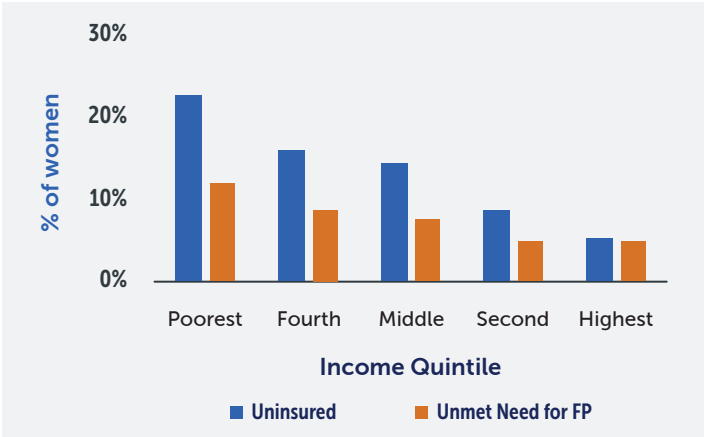
CCSS includes the six most commonly used FP methods in its benefits package: female and male sterilization, oral and injectable contraception, intrauterine devices, and male condoms, as well as a pilot program for female condoms [3]. The exclusion of implants from the CCSS package of services likely explains their low utilization. All commodities and services are provided free of charge at CCSS facilities; however, oversaturation of facilities and long wait times present significant barriers to FP access [1].

Figure 2: CCSS Coverage by Regime



Source: [7]

Figure 3: Comparison of Insurance Status and Unmet Need for FP by Income Quintile



Source: [6], [7]

Access to family planning and financial protection for uninsured women

Over one-third (34%) of uninsured Costa Ricans are in the poorest income quintile, and 58 percent belong to the lowest two quintiles [4]. These quintiles also have a higher unmet need for family planning (Figure 3). Uninsured women face high OOP costs in the private sector—more than twice the regional average—particularly for nonpermanent methods. While three-quarters of FP users obtain services in the public sector, an estimated 62 percent of FP expenditure is paid in the private sector.

Government policies to increase affordable access

Costa Rica has been successful in increasing affordable access to contraception. Adolescents under 18 years can access contraception under their parents' policies and students retain benefits until age 25; however, overcrowding of facilities and the fiscal constraints of CCSS pose barriers to accessing FP services, particularly among poor women.

Summary

Costa Rica's achievement of near-universal health coverage has been widely touted as a Latin American success story; however, barriers to accessing FP services remain. Indigenous and poor women are particularly vulnerable and efforts to expand current CCSS coverage to include them are necessary to achieve universal coverage. Although unmet need for family planning in Costa Rica is among the lowest in the region, it remains high (12%) among the poorest women. Active enrollment of poor, eligible individuals and continued implementation of proposals to contain costs and increase resources for CCSS will be critical to ensure that FP services are truly accessible to all Costa Ricans.

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