JAMAICA

October 2016

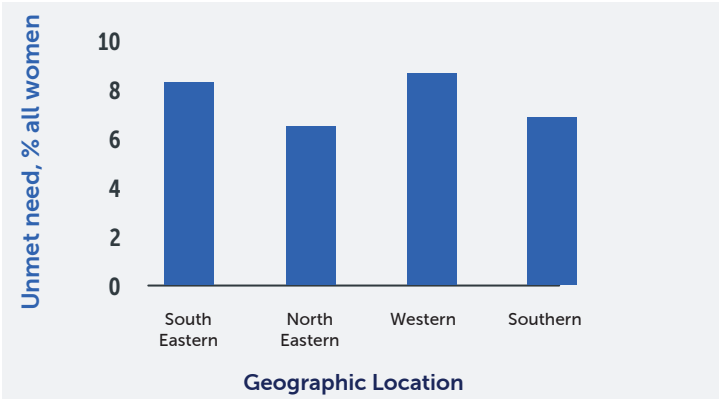
Jamaica: Uncertain progress for family planning

Modern contraceptive prevalence among women in union in Jamaica increased considerably from 62.9 percent in 1997 to 68.2 percent in 2008, progressing toward the country's goal of 75 percent prevalence by 2015 [1]. Among women in union, the total fertility rate has fallen from 3.0 in 1993 to 2.4 in 2008. Since 2002, condoms have been the most commonly used method of family planning (FP), followed by oral contraceptives. Injectables replaced female sterilization as the third-most popular method in 2008. Overall, differences in the use of specific methods among Jamaica's four health regions are small [2]. Given that youth ages 10–24 comprise 28 percent of the population, it is promising that adolescent visits to health centers for family planning increased by 10.6 percent from 2009–2010, and that unmet need among females ages 15–19 decreased from 7.1 percent in 1997 to 3.4 percent in 2008 [1]. Notably, systematic data on family planning have rarely been collected or published since 2008.

KEY FAMILY PLANNING INDICATORS	
CPR, modern methods (2008)	68.2%*
Unmet need (2008)	9.5%*
TFR (2008)	2.4
TOTAL GOVERNMENT BUDGET FOR FP (2015–16), US$	
Budget for family planning (FP)	$193,226
Total recurrent	$432,579,021
FP as percentage of MOH budget	0.4%
SOURCE OF MODERN METHODS (2008)**	
Public sector facility	50.6%*
Private facility or retail outlet	47.0%*
MODERN METHOD MIX (2008)**	
Male condom	37.0%*
Oral pill	25.3%*
Injectable	20.2%*
Female sterilization	14.6%*
IUD	1.5%*
Others***	1.4%*

Source: [2]; Author's estimates based on [2] and Ministry of Finance data
*CPR = contraceptive prevalence rate, TFR = total fertility rate. * Women married or in union (for unmet need, 9.5% is only for married women; common law is reported separately as 11.6%). ** Values do not sum to 100% because 2.3% of respondents did not know source or identified the source as "Other." Modern methods included in this data source only consisted of condom, pill, injectable, and female sterilization. ***Other methods in use include: implants (1.0%) and other modern methods (0.4%).*

Figure 1: Unmet Need by Geographic Location (2008)



Source: [2]

In 2008, public sector facilities were the source of slightly over half of all modern contraceptive methods (50.6%), compared to private sector facilities (47%). Nearly half (47%) of condoms and 65.9% of oral contraceptives, the most popular FP methods, are acquired at private pharmacies [2]. Female sterilization (86.5%) and injectables (95.6%)—which represent more than one-third of the method mix—are overwhelmingly obtained through public facilities. Although unmet need for women in union is relatively low at the national level (9.5%), some variation exists by health region (Figure 1). Surprisingly, the modern contraceptive prevalence rate (mCPR) is highest within the lowest wealth quintile (71%) and lowest in the second wealthiest quintile (65%) (Figure 2).

Health financing in Jamaica

Government expenditure on health accounts for almost half (46%) of total health spending in Jamaica, followed by out-of-pocket (OOP) expenditure at 36 percent [5]. Sixteen percent of total health spending comes from private health insurance, while just 2 percent is derived from international donors and nongovernmental organizations [5]. Jamaicans often participate in multiple health plans from various sources to achieve better coverage [6]. Universal access to health insurance ensures that public healthcare is free and that Jamaicans can obtain public health services at highly subsidized costs. In 2003, the National Health Fund (NHF) was established as a statutory entity covering cost of pharmaceuticals provided at public and private facilities [4]. The NHF subsidizes prescription drugs for 15 specific chronic diseases, while the Jamaica Drugs for the Elderly Programme (JADEP) subsidizes medications for those ages 60 and older who have one or more of 10 specified illnesses [6].

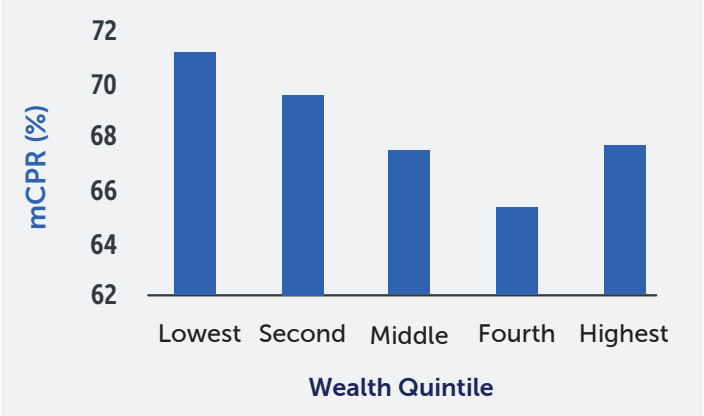
NHF and JADEP enrollment has increased substantially since inception (Figure 3), and the programs have evolved to prioritize individual benefits over institutional benefits, a change from their earlier years [4]. The NHF covers 19 percent of the population, with a high copayment ranging from 25–53 percent, while 18.9 percent of the population is covered by private health insurance [4]. Jamaica abolished user fees in public facilities in 2008, which had previously caused some poor women to discontinue use of their FP method [3]. The removal of user fees has increased use of healthcare, but the effects on family planning are uncertain [4].

Financing family planning services

Family planning services and key financing schemes

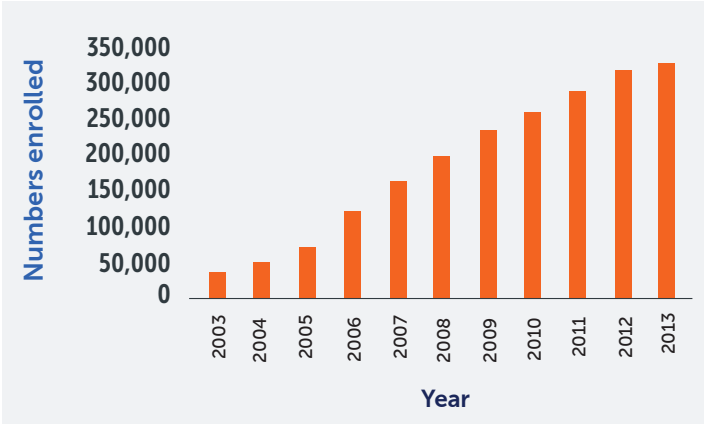
With the exception of isolated schemes, health insurance in Jamaica does not provide FP benefits. Sagicor, one of the largest providers in Jamaica, does cover family planning, but only through its HMO plan. The government budget for family planning still comprises a small percentage of overall public health spending, but

Figure 2: mCPR by Wealth Quintile (2008)



Source: [2]

Figure 3: NHF Card Cumulative Enrollment



Source: [11]

it has increased from 0.27 percent in 2009–2010 to 0.39 percent in 2015–2016 [8].

Access to family planning and financial protection for uninsured women

Most Jamaican women depend on the public sector for subsidized services or pay OOP; for most methods, they pay well above the regional average [7]. In 2008, among women who obtained contraceptives from government sources, just over half reported that FP services were available at any time (51.2%), while 47.3 percent reported that they were only available at certain times. Poor households primarily access health services in public facilities (63%), while wealthy households favor private providers (76.6%), highlighting the need to improve the quality and accessibility of health and FP services in the public sector [9].

Government policies to increase affordable access

The emerging threat of Zika has brought contraceptive access into the spotlight; the National Family Planning Board recently increased its procurement of contraceptives in response to the Ministry of Health's recommendation that women in Jamaica delay pregnancy. However, since the number of contraceptive users has reportedly not increased, financial or other barriers may be standing in the way of increased access [10]. Although some sources indicate that health insurance is becoming increasingly available to lower-income populations, improved coverage without inclusion of family planning will not improve access [6].

Summary

Most health insurance schemes in Jamaica do not include family planning, and the poor still pay a higher proportion of their income for healthcare despite the provision of free public care [4]. There is no evidence for improvements in terms of contraceptive selection, affordability, or access in Jamaica. Better FP outcomes will be observed if NHF can expand the percentage of the population reached and the extent of financial protection, and then actually include family planning as a covered benefit [4].

References

1. National Family Planning Board (NFPB). 2012. *Annual Family Planning Statistical Report 2010*. Kingston: NFPB.
2. National Family Planning Board (NFPB). 2010. *2008 Jamaica Reproductive Health Survey (RHS)*. Kingston: NFPB.
3. Henry-Lee, A., W. Bailey, and G. Gordon-Strachan. 2010. *"Coping Strategies Used by Client Seeking Preventive Health Care Services, Jamaica."* Social and Economic Studies (2010): 289–309.
4. Chao, S. 2013. *Jamaica's Effort in Improving Universal Access within Fiscal Constraints. Universal Health Coverage Studies Series (UNICO)*. Washington, DC: World Bank.
5. Caribbean Health Financing Initiative. 2015. "National Health Fund (NHF): Progress, Challenges and Preparing for the Next 10 Years." PowerPoint from 10th Caribbean Health Financing Initiative Conference, 2015.
6. Swiderek, D., A. Camargo, and S. Campbell. 2014. *Improving Access to Insurance for the Low-income Population in Jamaica*. Access to Insurance Initiative.
7. Netherlands Interdisciplinary Demographic Institute. *Unpublished 2016 OOP Spending Report*.
8. Ministry of Finance & the Public Service (MFPS). 2009. *Estimates of Expenditure 2009–10*. Kingston: MFPS; and MFPS. 2015. *Estimates of Expenditure 2015–16*. Kingston: MFPS.
9. Mziray, E., M. Haacker, and S. Chao. 2012. *Assessing the Financial Sustainability of Jamaica's HIV Program*. Washington, DC: World Bank.
10. Williams, S. 2016. "No Rush for Contraceptives Despite Increased Supplies in Light of Zika Threat – Family Planning Board". *Jamaica Gleaner*. Accessed at: http://jamaica-gleaner.com/article/news/20160416/no-rush-contraceptives-despite-increased-supplies-light-zika-threat-family.
11. White, C. 2013. "10 Years of the NHF: Performance Challenges and Lessons of Experience." Presentation at the 8th Caribbean Conference on Health Financing Initiatives, November 12–14, 2013. Montego Bay, Jamaica.

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

Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, the White Ribbon Alliance for Safe Motherhood (WRA), and ThinkWell.