

Family Planning in Latin America and the Caribbean's (LAC's) Universal Health Coverage (UHC) Agenda

Thomas Fagan, Health Policy Plus
International Health Economics
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Photo: Dominic Chavez/World Bank



Motivation

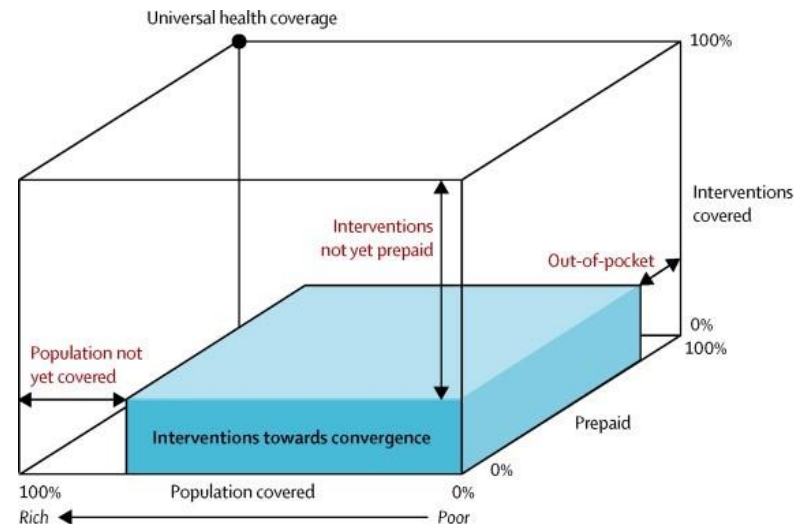
- ✦ LAC countries have been touted as a **success story for UHC** implementation
- ✦ But UHC is an **aspiration**, not:
 - A program
 - An insurance scheme
- ✦ What does UHC achievement look like in the context of a specific health area?
- ✦ LAC's simultaneous family planning (FP) progress presents an opportunity to examine linkages with, and concretize, UHC progress

Family Planning in the Context of UHC

✦ Have UHC-oriented efforts contributed to FP progress and sustainability? How?

✦ Three dimensions of FP coverage:

- Population coverage (by pre-payment scheme)
 - Social health insurance
 - Private health insurance
 - Public provision
- Method selection
 - Inclusion in benefits package
 - Availability in facilities
- Financial protection
 - Copays





Methodology

Country Sample and Data Collection

+ 9 countries

- Chosen for variation in income levels and family planning and UHC progress
- 3 each in: Central America, South America, and the Caribbean

+ Standardized set of 37 indicators across:

- Family planning
- Family planning financing
- Health financing
- Family planning-UHC linkages

+ Data collection

- Desk review
- Secondary data analysis
- Expert interviews



Key Analysis Questions

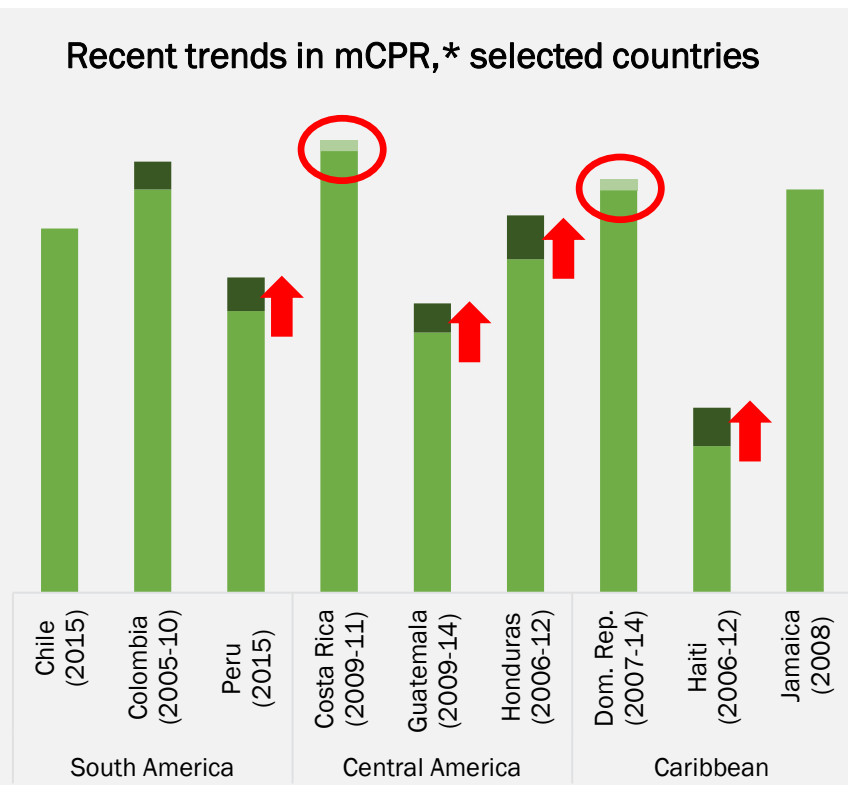
- ✦ What **variation (by geography, ethnicity, and income level)** exists between and within countries on the continuum of UHC progress and FP as a subset of UHC?
- ✦ What is the status of **inclusion of family planning services** within major pre-payment schemes?
- ✦ What are the **lessons learned** from the linkages of family planning and UHC reforms for countries with lagging family planning indicators both within and outside the region?



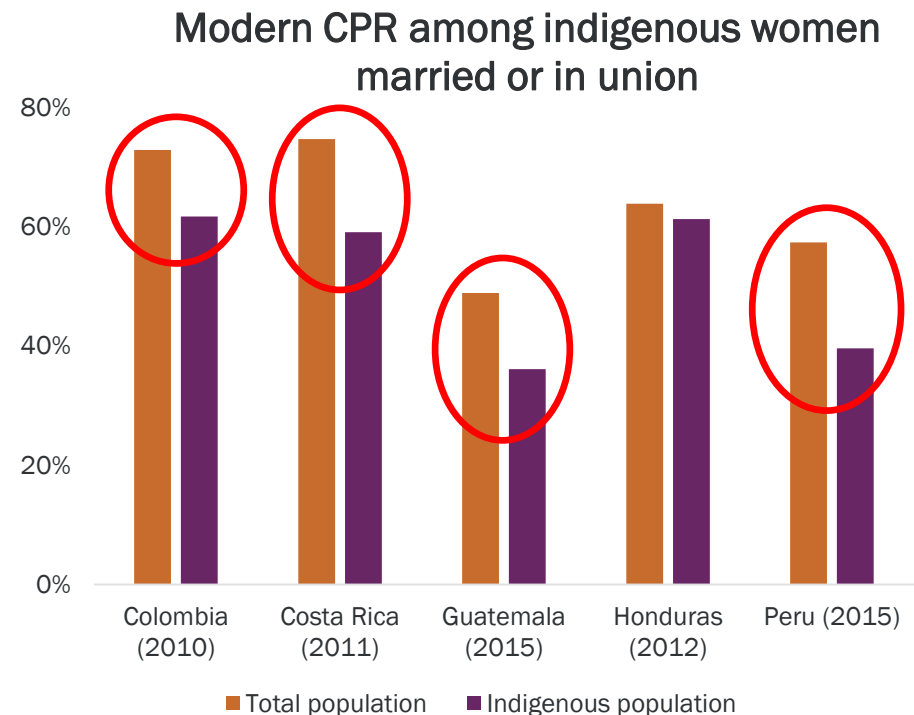
Cross-country Results and Findings

Family Planning Progress

Across countries: convergence of family planning progress



Within countries: inequalities persist

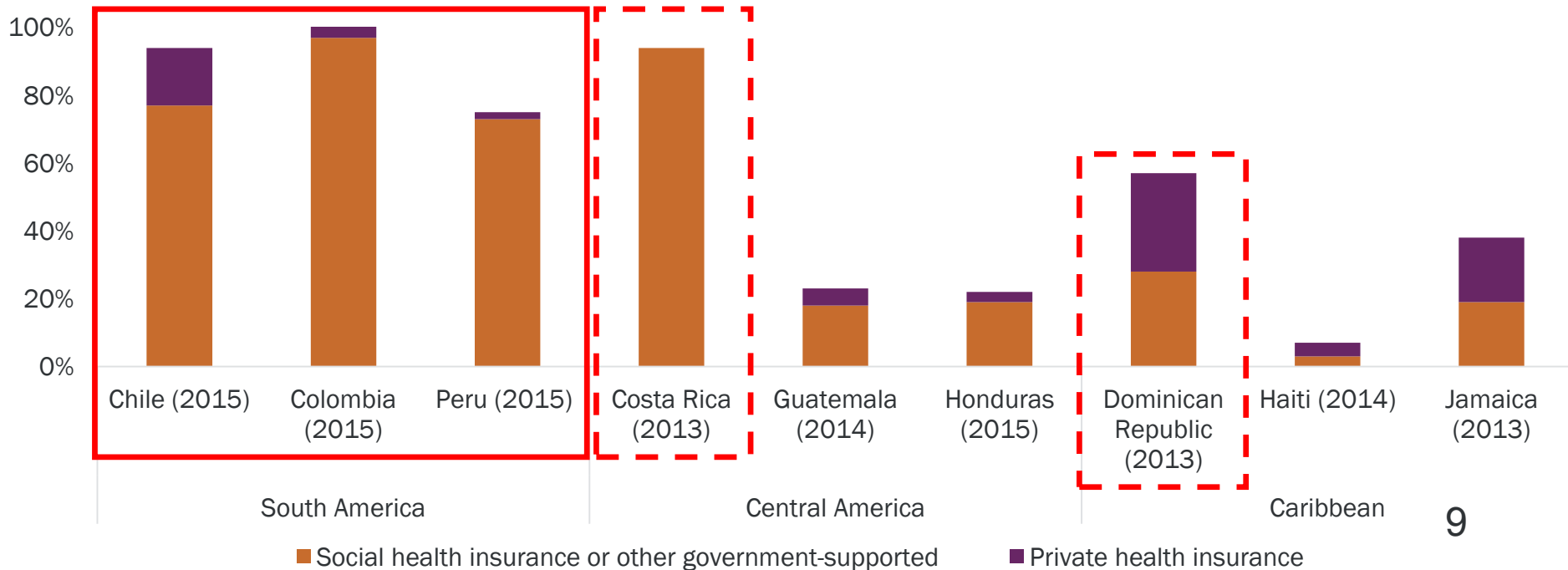


*Women married or in union

Health Financing Schemes

- ✦ South American countries have achieved broad insurance coverage through publicly-supported schemes
- ✦ Insurance coverage in the rest of the region lags behind, with a few exceptions (Costa Rica, Dominican Republic)

Insurance coverage by type (public or private)

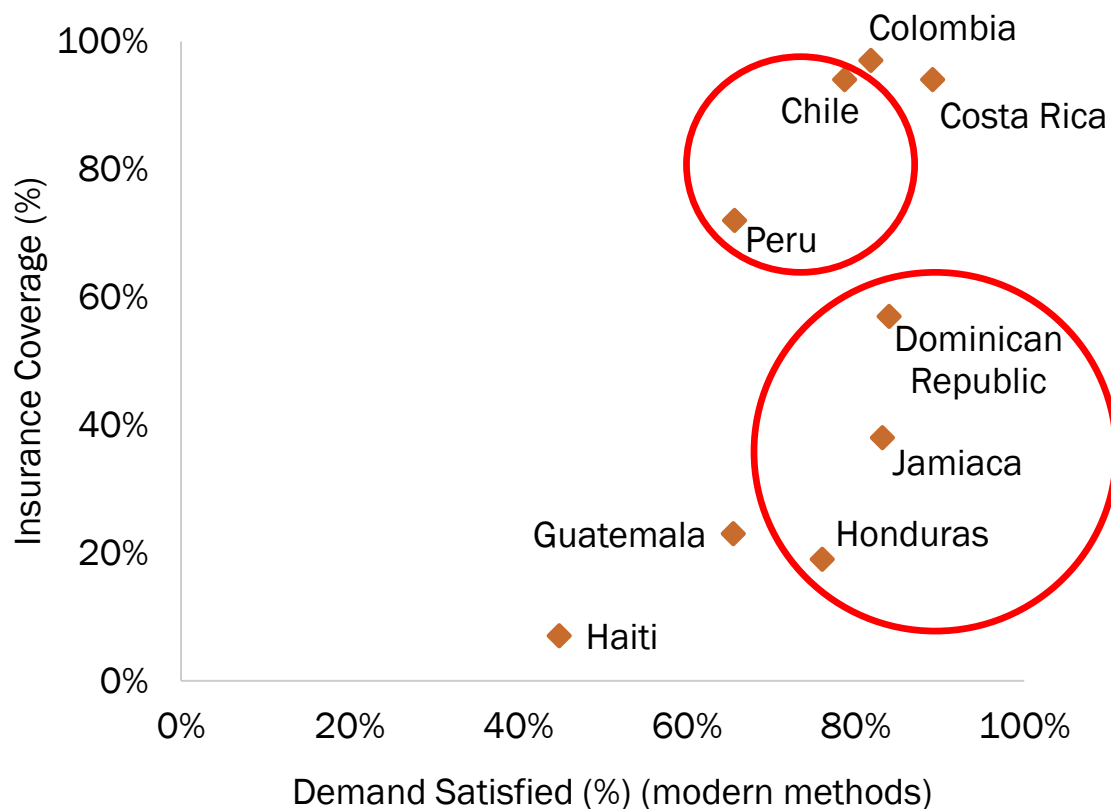


Family Planning-UHC Intersection

✦ Correlation between insurance and family planning, *but...*

- Many countries have achieved high family planning use without high insurance coverage (Dominican Republic, Jamaica, and Honduras)
- Formal insurance “coverage” may not be sufficient to ensure family planning access (Peru and Chile)

Relationship between insurance coverage and family planning access

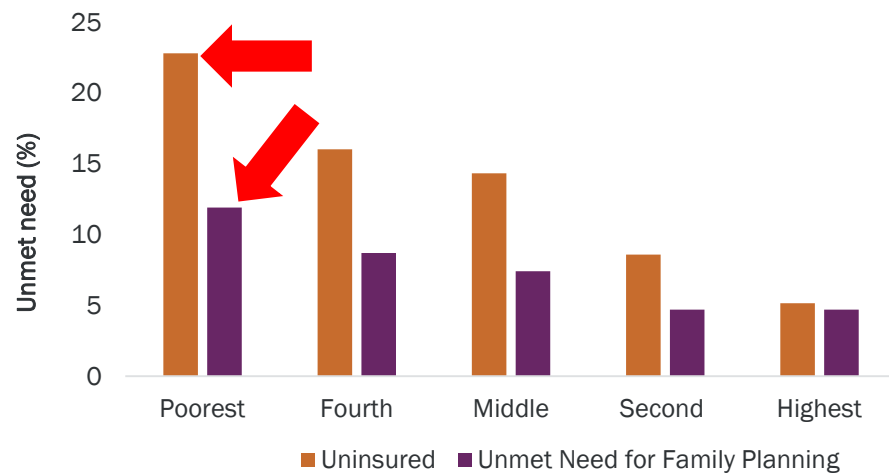


Inequalities in Insurance and FP

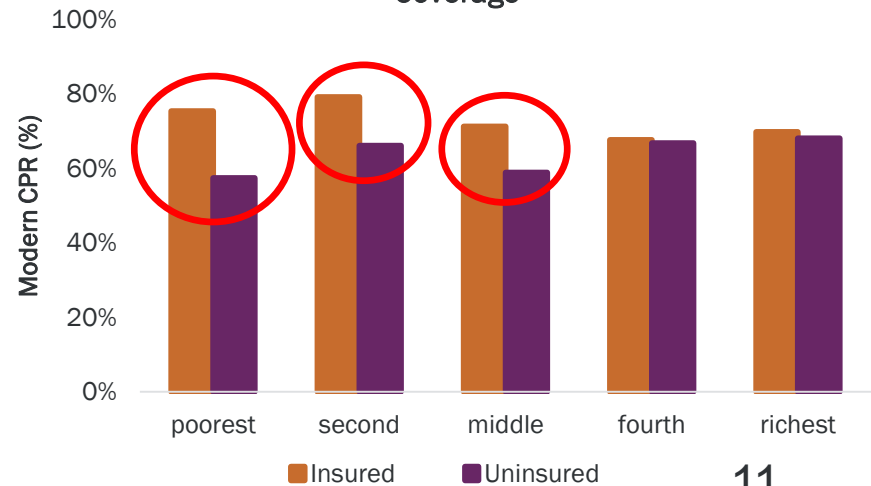
✦ Poor often face both lower insurance coverage and higher unmet need

✦ Insurance may have greatest impact on FP use among the poor

Costa Rica: Comparison of Insurance Status and Unmet Need for Family Planning, by Income Quintile*



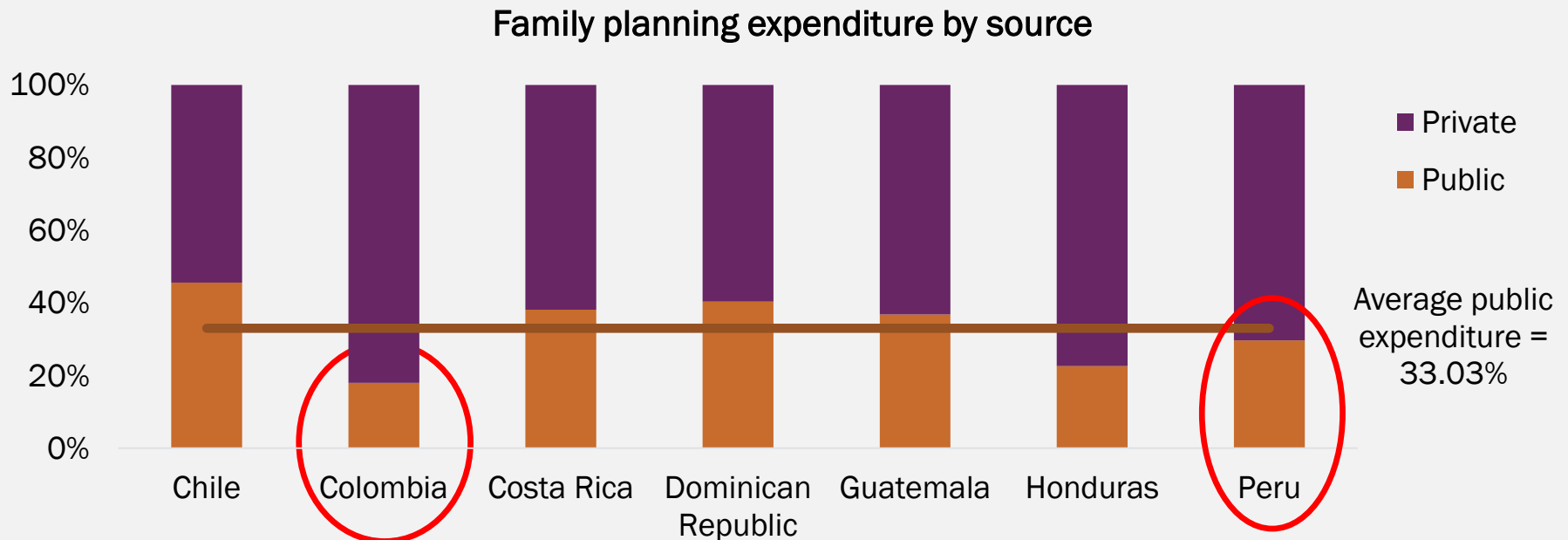
Dominican Republic: Modern CPR and Insurance Coverage*












































*Women married or in union




Family Planning Expenditure

- ✦ Social health insurance and other formal schemes do not necessarily reduce out-of-pocket expenditure for family planning (Colombia and Peru)
- ✦ Does insurance cover a **range of methods**? Is the user's **preferred method available**? Is there a **copay**?



Country	Health Financing Summary	Availability of Family Planning Methods by Insurance Status		
		Uninsured	Social Health Insurance and/or Other	Private Health Insurance
 Chile	Near universal insurance coverage; very few uninsured	Unknown	Free in all public schemes; referral for IUD and sterilization 	Covered by Isapres through private providers 
 Colombia	Near universal insurance coverage; few uninsured	Free in public facilities 	Free in both contributory and subsidized regimes 	Increases method selection and availability (\$10 copay) 
 Costa Rica	Near universal insurance coverage; very few uninsured	Must pay out of pocket 	Free through CCSS 	Generally not covered by private schemes 
 Dominican Republic	Public provision of services through MoH; moderate coverage of both public and private insurance	Free in public facilities 	Free through SENASA and other public schemes 	Sterilization is only method regularly covered by private schemes 
 Guatemala	Public provision of services; low insurance coverage	Free public provision; method availability by facility level 	Free in IGGS facilities; postpartum sterilization 	Generally not covered by private schemes 
 Haiti	Public provision of services; heavily donor dependent	Limited availability in public facilities 	Free through public schemes but often unavailable 	Unknown
 Honduras	Public provision of services; low insurance coverage	Free in public facilities 	Must pay out of pocket (not included in IHSS benefit package) 	Generally not covered; some plans cover sterilization 
 Jamaica	Public provision of services; low insurance coverage	Free in public facilities 	Not covered by NHF 	Generally not covered; some plans cover sterilization 
 Peru	Public provision of services and high insurance coverage	Free in public (MINSA) facilities 	Free through both public schemes (SIS, EsSalud) 	Generally not covered by private schemes 

 Condom
  Injectable
  Implant
  Free and available
  Free, limited availability
  Copay
  Not covered by plan

 IUD
  Pill
  Sterilization

FP in Pre-payments Schemes: Status and Financial Protection

- + Family planning services are available free of charge in all nine countries

Low and lower-middle income countries

- + **Public facilities** provide FP

- + **Limitations:**

- Over-burdened and under-funded



*Stockouts and
implicit rationing*

- Limited cover of FP methods by SHI



*Over-crowding of
public facilities*

Upper-middle and high- income countries

- + **SHI-led** efforts have achieved broad insurance coverage
- + But insurance has not necessarily translated to FP uptake or financial protection



Conclusions and Recommendations

How Can Pre-payment Schemes Support FP toward UHC?

- ✦ For a relationship between insurance coverage and family planning access to exist, insurance schemes must:
 - **Target poor and informal sector populations**
 - **Include family planning in benefits**
 - **Ensure sufficient human resources and commodities for FP**
 - **Reduce non-financial barriers to access**
- ✦ In many countries scale-up of insurance will coexist with government provision of services, especially to the poor, through public facilities

Out-of-pocket expenditure on FP—particularly long-acting methods—may present a significant financial barrier for poor

Explicit guarantees of FP methods in the package of services

Formal inclusion of FP in pre-payment schemes is NOT sufficient to guarantee availability of methods; stockouts and implicit rationing must be addressed

Geography, cultural factors, service quality, and range of methods may affect uptake or a couples' ability to access their *preferred* method

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