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

Thomas Fagan, Health Policy Plus
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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

Recent trends in mCPR,* selected countries

Modern CPR among indigenous women married or in union

*Women married or in union
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).
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)
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
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?

Average public expenditure = 33.03%
<table>
<thead>
<tr>
<th>Country</th>
<th>Health Financing Summary</th>
<th>Availability of Family Planning Methods by Insurance Status</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Uninsured</td>
</tr>
<tr>
<td>Chile</td>
<td>Near universal insurance coverage; very few uninsured</td>
<td>Unknown</td>
</tr>
<tr>
<td>Colombia</td>
<td>Near universal insurance coverage; few uninsured</td>
<td>Free in public facilities</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>Near universal insurance coverage; very few uninsured</td>
<td>Must pay out of pocket</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>Public provision of services through MoH; moderate coverage of both public and private insurance</td>
<td>Free in public facilities</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Public provision of services; low insurance coverage</td>
<td>Free public provision; method availability by facility level</td>
</tr>
<tr>
<td>Haiti</td>
<td>Public provision of services; heavily donor dependent</td>
<td>Limited availability in public facilities</td>
</tr>
<tr>
<td>Honduras</td>
<td>Public provision of services; low insurance coverage</td>
<td>Free in public facilities</td>
</tr>
<tr>
<td>Jamaica</td>
<td>Public provision of services; low insurance coverage</td>
<td>Free in public facilities</td>
</tr>
<tr>
<td>Peru</td>
<td>Public provision of services and high insurance coverage</td>
<td>Free in public (MINSA) facilities</td>
</tr>
</tbody>
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- **Condom**  
- **Injectable**  
- **Implant**  
- **Pill**  
- **Sterilization**  

- **Free and available**  
- **Free, limited availability**  
- **Copay**  
- **Not covered by plan**
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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