



# Inclusion of family planning in the Jigawa Contributory Health Scheme benefit package

March 2020

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# A well designed and functioning HI can help to contribute to the achievement of SDG 3.8

**SDG 3.8** achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all



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## Current status of the NHIS

- Recognised as a key vehicle for achieving UHC
- Funding available through the Basic Health Care Provision Fund (BHCPF) – established by the National Health Act 2014
- Currently only covers the formal sector (a very limited share of the total population) only 10% as of 2015

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# Designing and implementing a health benefit package

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## Key considerations: 1) Affordability

- Defining the benefit package involves prioritisation and must take into account the limited resources available
- A sustainable benefit package will be costed using actuarially informed estimates of supply and demand, based on realistic projections of current and future utilisation

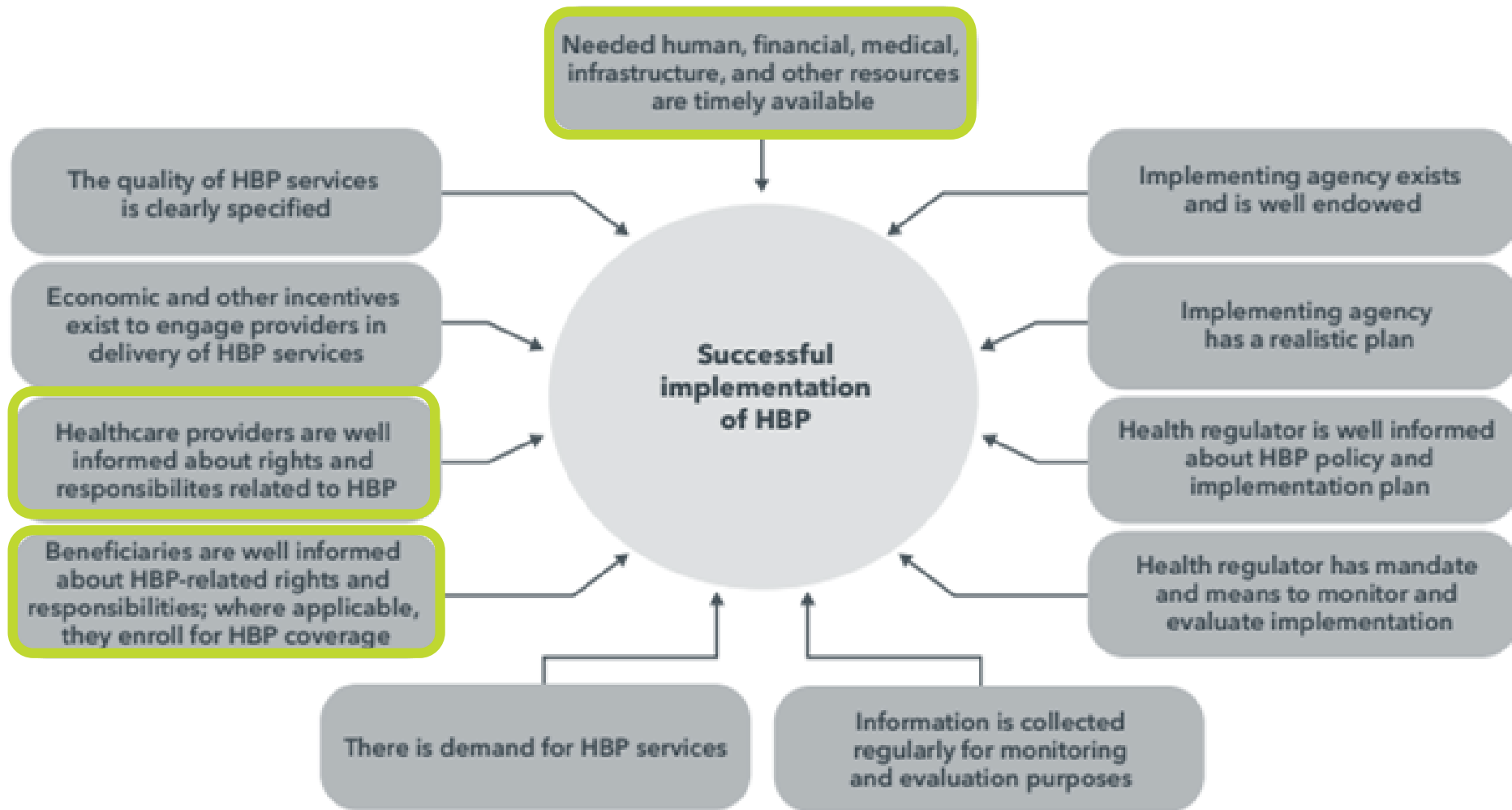
The discrepancy between aspirational health plans and the actual available financial and other resources is the most common failing of benefit packages in LMICs

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## Key considerations: 2) Clarity

- There is often a disconnect between what is offered in *theory* and what is available in *practice*
- It is important that the package is **explicitly defined** so that providers and citizens are clear on what is available

# Enabling factors for successful implementation of the health benefit package



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# Why include **family planning (FP)** in the NHS benefit package?



# The inclusion of FP is likely to be cost-neutral or cost-saving

- Increased access to quality FP services reduces unintended pregnancies
- Assuming the payer (insurer) is financially responsible for:
  - The cost of FP services and commodities
  - The cost of pregnancy, childbirth and neonatal care for unintended pregnancies
- From actuarial perspective: highly likely that FP services will result in **net cost savings**

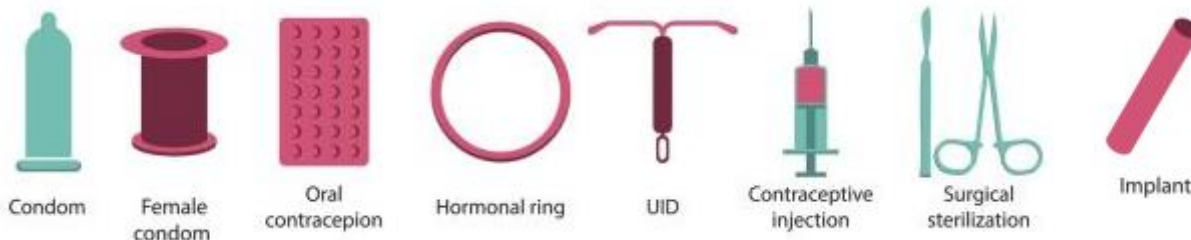
# FP is likely to be cost-neutral or cost- saving

For each additional US\$1 spent on contraceptive services above the current level, the cost of pregnancy-related care would drop by US\$2.20 (Guttemacher, 2017)



# There is also evidence that **expanding choice** leads to savings

Providing a **broad method mix** ensures that women can access their preferred method which increases uptake and reduces unintended pregnancies → savings



# Relatively small cost

Even without accounting for cost savings, FP has a relatively small cost compared to overall pot of health spending

	Total Health Expenditure (US\$ Millions)	Total FP Expenditure, all sources (US\$ Millions)	FP as % of Health Expenditure
Philippines	33,992	223	0.7%
Myanmar	5,447	24.4	0.4%

Sources: WHO country pages (THE); FP2020 Progress Report (FP Expenditure)

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# What to include?



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## What method mix to include?

While there is no “ideal” FP package, there is strong evidence in favour of having 2 essential components:

- a) a **broad mix of methods**, including short-acting, long-acting reversible, and long-acting permanent methods, selected based on the country’s priorities and needs.
- b) effective **FP counselling** to support free and informed choice

A broad method mix helps to increase acceptance and continuation rates → reduced unintended pregnancies

# Basic Family Planning Package

## for purchase by UHC-oriented schemes

Intervention	Specific Method	Service Delivery Modes			
		Low-Skilled Community /Outreach	High-Skilled Community /Outreach	PHC Facilities	Referral Facilities
Counselling	Pre-acceptance counselling	✓	✓	✓	
	Follow-up counselling				
Short-acting methods	Injectables				
	Oral contraceptives				
	Male condoms	✓	✓	✓	
	Emergency contraceptives				
Long-acting reversible methods	Implants				
	IUDs		✓	✓	✓
Long-acting permanent methods	Female sterilization			✓	✓

# Comprehensive FP Package

Intervention	Specific Method	Service Delivery Modes			
		Low-Skilled Community /Outreach	High-Skilled Community /Outreach	PHC Facilities	Referral Facilities
Counselling	Pre-acceptance counselling	✓	✓	✓	✓
	Follow-up counselling				
Short-acting methods	Injectables				
	Oral contraceptives				
	Male condoms				
	Emergency contraceptives	✓	✓	✓	✓
	Vaginal rings				
	Female condoms				
Long-acting reversible methods	Implants				
	IUDs		✓	✓	✓
Long-acting permanent methods	Female sterilization			✓	✓
	Male Sterilisation				✓



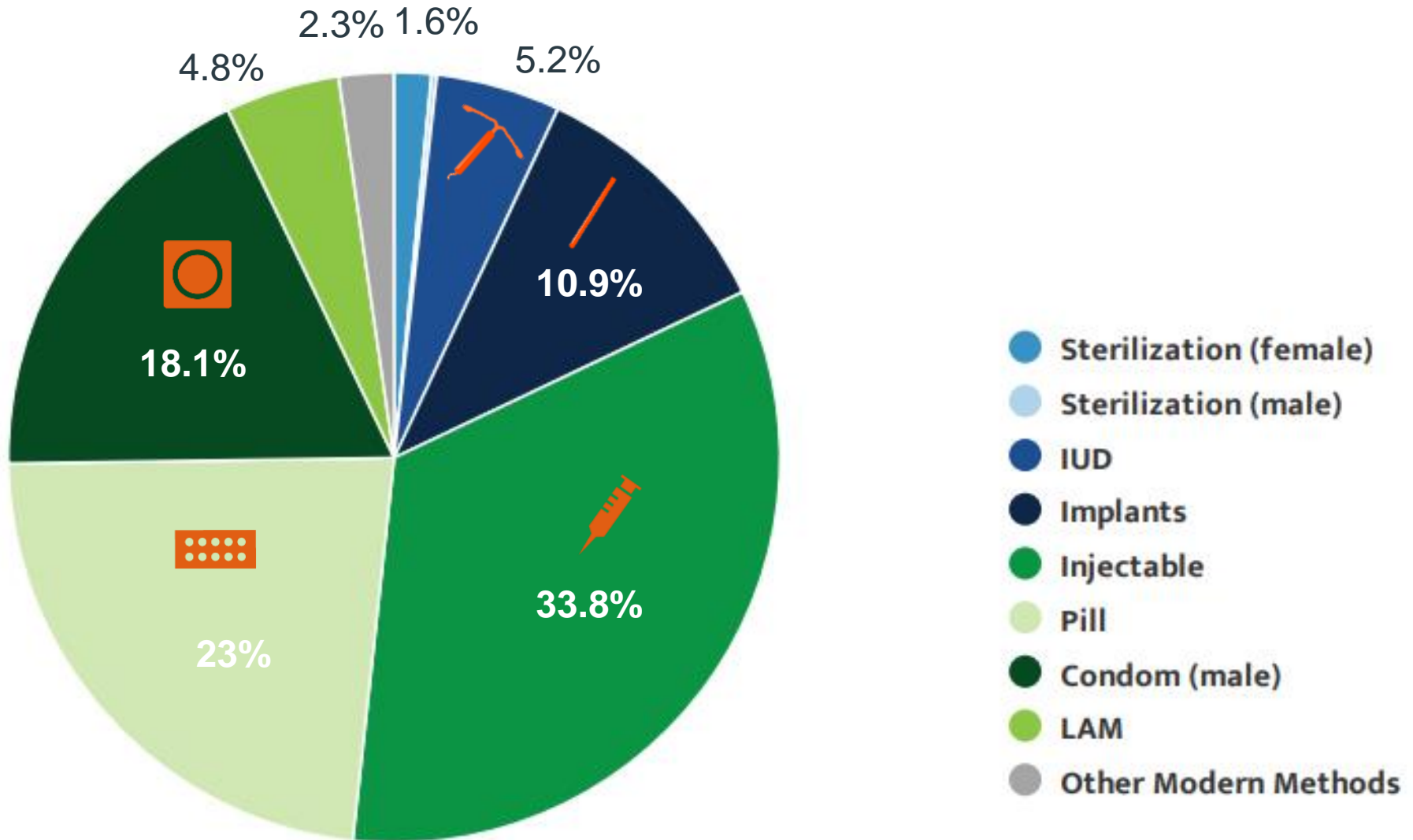
# What is added to the basic package?

Intervention	Specific Method	Service Delivery Modes			
		Low-Skilled Community /Outreach	High-Skilled Community /Outreach	PHC Facilities	Referral Facilities
Counselling	Pre-acceptance counselling	✓	✓	✓	✓
	Follow-up counselling				
Short-acting methods	Injectables				
	Oral contraceptives				
	Male condoms				
	Emergency contraceptives	✓	✓	✓	✓
	Vaginal rings				
	Female condoms				
Long-acting reversible methods	Implants				
	IUDs		✓	✓	✓
Long-acting permanent methods	Female sterilization			✓	✓
	Male Sterilisation				✓

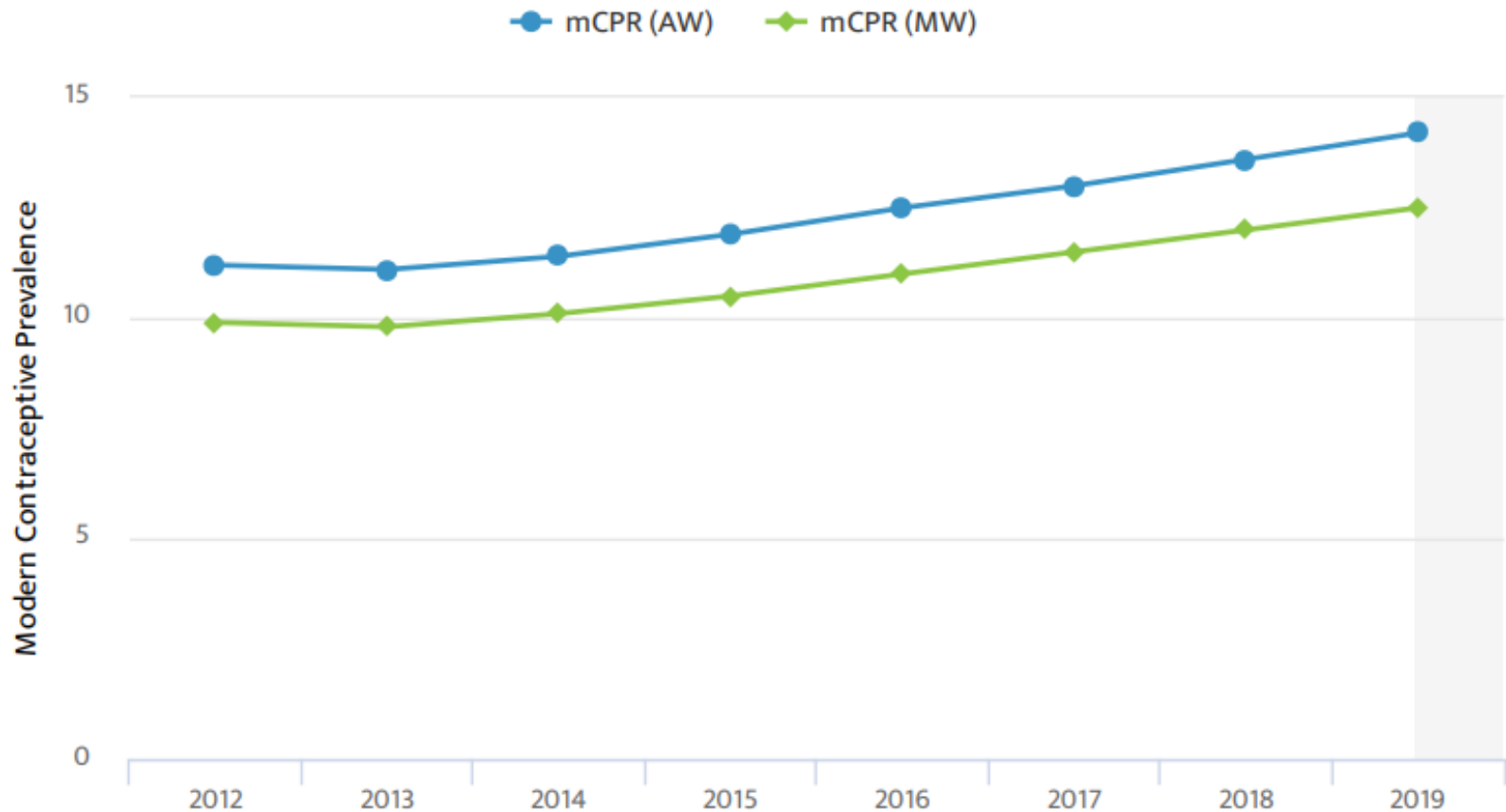
# FP package across 7 health insurance schemes

Package / Scheme	COUNSELLING	INJECTABLES	ORAL CONTRACEPTIVES	CONDOMS	EMERGENCY CONTRACEPTIVES	VAGINAL RING	IMPLANTS	IUDs	FEMALE STERILISATION	MALE STERILISATION
Basic	✓	✓	✓	✓	✓		✓	✓	✓	
Comprehensive	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ethiopia							✓			
Ghana	✓		✓	✓						
Indonesia	✓						✓	✓	✓	✓
Kenya	✓	✓	✓				✓	✓		
Kyrgyzstan		✓	✓							
Nigeria		✓	✓	✓				✓		
Philippines							✓	✓	✓	✓

# Modern contraceptive method mix in Nigeria



# Modern Contraceptive Prevalence Rate (mCPR) Nigeria



The 2019 mCPR for all women (AW) is 14.2 and for married women (MW) is 12.5 and the **unmet need is 23.7%**

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## Common challenges in the provision of FP in health insurance benefit packages

- lack of **contraceptive supplies** due to bottlenecks in the supply chain
- Lack of understanding of FP benefits among **providers**, often due to ambiguous guidelines
- lack of awareness among **insured beneficiaries**' of their entitlements in relation to FP
- informal/unauthorized **fees for services** that should be free at the point of service.

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# Recommendations for the inclusion of FP in the benefit package

- At a minimum, provide **all methods included in the basic benefit package**, including counselling, short acting, long acting reversible and permanent methods.
- Devise a **payment mechanism** that does not incentivise or disincentivise the provision of particular methods and make sure this is clear to providers
- Ensure insured individuals are **aware of their entitlement** in relation to FP

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# Thank you

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