# **Guidance for National Public Health Insurance Agencies**

Authors: Diana Gonzalez Garcia and Ayan Jha



#### Introduction

Family planning is one of the most cost-effective development programs. Avoiding unintended pregnancies and lowering population fertility rates can not only help reduce maternal and childhood illnesses and deaths but also improve a country's economic productivity (FP2020, p. 2). Family planning aligns with the World Health Organization's criteria for an "essential" health service with its proven interventions and demonstrated positive health outcomes that can address the needs of the poorer sections of the population. Societal benefits are cascaded across health and economic sectors (WHO, 2001).

Public health insurance programs funded by the federal government can potentially play a critical role in expanding the coverage of family planning goods and services while completely protecting the poorer sections from any outof-pocket expenditures while availing these essential services. Since availability, accessibility, and affordability are major barriers to meeting the unmet need for contraception, incorporating family planning offerings in the national public health insurance program can lead to universalization of family planning. For every dollar spent on providing modern contraceptives, \$1.40 can be saved by avoiding the downstream effects of unwanted pregnancies on maternal and newborn health and wellbeing (Naik et al., 2014; Singh et al., 2009).

To increase demand and uptake of family planning services while simultaneously ensuring financial risk protection of clients, staff working at national public health insurance agencies should:

- Include family planning services when submitting the national public health insurance scheme benefits package to the Ministry of Health (MOH) and the Ministry of Finance (MOF), along with evidence on the benefits of including family planning in the insurance program.
- Collaborate with governmental and nongovernmental agencies to gather evidence on selecting family planning commodities and services to be included in the benefits package based on considerations of demand, equity, and cost-effectiveness.
- Work with the MOH and MOF to increase population coverage of family planning services included in the benefits package as well as generate population demand for such services.
- Coordinate with the MOH and MOF to ensure accurate costing of the family planning benefits included in the benefits package using unsubsidized costs to guarantee its long-term financial sustainability (Rigsby et al., 2019).
- Ensure that all providers offering family planning services under the benefits package are accredited to ensure the highest quality standards.

The purpose of this guide is to provide practical action steps that public health insurance agency staff can take to improve the sustainability of family planning financing by strengthening domestic financing mechanisms. Varying actions are provided based on the country context and the financing mechanisms used.





### **Understanding the Context in Which the Family Planning Program Operates**

To make the case for the inclusion of family planning benefits, public health insurance agency staff need to understand the country context in which the family planning program operates, as well as the opportunities to build upon existing and emerging financing mechanisms.

USAID's Family Planning Financing Roadmap interactive tool can serve as a starting point for examining the country context. Staff can use the tool to review health financing concepts related to family planning and work with MOH staff to update country-specific data and review the recommendations for family planning financing solutions. Through this step, staff should try to understand current public health financing mechanisms for the family planning program and the percentage of the population covered through public, social, private, or community-based health insurance schemes. They should also try to identify the challenges to incorporating family planning services in the current or potentially expanded public health insurance scheme benefits package to ensure sustainable domestic financing.

#### **Engaging the Right Stakeholders**

With a comprehensive understanding of the context, public health insurance agency staff will then need to identify the key decisionmakers and stakeholders with whom they should build stronger relationships to advance the family planning financing agenda (see Table 1). Because there is frequent turnover in key staff positions, particularly in the government, staff will need to re-engage with the new decisionmakers and stakeholders, presenting the same evidence and advocacy cases repeatedly to ensure continued collaboration.

### **Taking Action to Advance Family Planning Financing Strategies**

In collaboration with other stakeholders mentioned in Table 1, public health insurance agency staff should identify the most appropriate financing solutions. The following sections provide action items for different financing mechanisms, some or all of which may be appropriate depending on the country context:

# If family planning services are not adequately covered in the national public health insurance scheme benefits package:

- Collaborate with the MOH family planning department, donors, and civil society organizations to gather evidence on the demand for family planning services and the cost-effectiveness of including family planning goods and services in the national public health insurance scheme. Costs may increase in the short-run, especially if long-acting reversible contraceptives and permanent methods are included in the benefits package, but there will be long-term gains from the reduced number of unwanted pregnancies. Low-cost family planning options may also be included, especially in the initial benefits package.
- Advocate with the MOH finance department and the MOF regarding the health and economic benefits of offering family planning services in the national public health insurance scheme benefits package: present evidence on cost-effectiveness and how inclusion of family planning can address equity concerns and national health priorities.
- Collaborate with civil society organizations
  to petition legislators, especially those on
  parliamentary health or social committees, to
  garner support for inclusion of family planning
  goods and services in the national public
  health insurance scheme with allocation of
  necessary budget. If necessary, such advocacy
  may include supporting creation of regulatory
  frameworks for inclusion of family planning
  services in the benefits scheme.

#### If the limited fiscal space for health necessitates a more efficient family planning program:

 Collaborate with the MOH and MOF to strategize steps to identify and address potential inefficiencies within the family planning program. Health Policy Plus's forthcoming family planning technical

Table 1. Key Stakeholders and Their Contributions to Family Planning Financing

Key Stakeholder	Responsibility	Contribution to Family Planning Financing
MOH family planning department	Gathers evidence on the value of investing in family planning programs and coordinates with other stakeholders within and outside of the government.	Articulates family planning budget needs to departments and ministries within the government as well as to development partners.
MOH finance and administration department	Manages, monitors, and reports on the MOH budget and spending.	Advocates for appropriate inclusion of family planning in the health budget, particularly specific budget line items.
MOH department in charge of universal health coverage or health financing initiatives	Develops and/or strengthens health financing mechanisms or reforms.	Makes decisions about the inclusion of family planning in health financing mechanisms or reforms.
MOF budget department	Sets and maintains the health sector budget.	Approves and disburses health budget including allocation to family planning, particularly the budget line for contraceptives.
Health or social committees in parliament	Leads the development and consideration of legislation related to the health sector, including approval of the health sector budget.	Approves and advocates for the health budget, including allocation to family planning, particularly the budget line for contraceptives and health financing reforms that could include family planning.
Civil society organizations	Promotes accountability and transparency; advocates for support for family planning generally and for specific populations (e.g., adolescents).	Holds the government accountable to follow through on commitments and act with transparency; advocates for family planning contributions from the government and development partners.
Private service delivery providers	Provides the full range of family planning services and commodities permitted for their cadre according to national policies and regulations. These include providers operating at health facilities, pharmacies, and drug shops.	Increases access to and uptake of family planning among women of reproductive age, which contributes to the country's modern contraceptive prevalence rate.

efficiency tool can be used to identify such potential inefficiencies. Increasing demand for family planning services by including them in the national public health insurance scheme benefits package, which requires engaging the target population through mass media communication and social marketing, can be a key step to improve efficiency. Increasing demand for and the use of family planning services not only makes the program more cost-effective but also fulfills the government's obligation to meeting the unmet need for contraception. Additional measures may include combining

family planning offerings with other covered health services (if applicable) like HIV care and treatment programs, adolescent-friendly services, etc.

 In collaboration with the MOH and MOF, consider strategic purchasing mechanisms like results- or <u>performance-based financing</u> to incentivize high-quality service delivery.

# If no mechanism exists for national public health insurance schemes to pay private providers:

 Meet with private health sector players and civil society organizations to develop an advocacy plan based on the **SMART** approach. As part of this process, encourage them to gather evidence on potential benefits of including private service providers, like the consequent expansion of coverage for family planning services, increased demand generation, and the value for money.

 Facilitate advocacy with national-level decisionmakers like the MOH, MOF, and legislators.

#### If family planning commodities are not exempt from import taxes:

 If the essential supplies for family planning (medicines, equipment, and commodities) are not already exempt from import taxes, provide support to key stakeholders like the MOH family planning technical working group, development partners who finance commodities, and civil society organizations to help build the case for tax exemption of family planning commodities.

#### References

FP2020. "Family Planning's Return in Investment." Available at: https://fp2030.org/sites/default/files/ Data-Hub/ROI/FP2020\_ROI\_OnePager\_FINAL.pdf.

Naik, R., L. Morgan, and J. Wright. 2014. The Role of Health Insurance in Family Planning. Washington, DC: Population Reference Bureau. Available at: https://www.prb.org/resources/ the-role-of-health-insurance-in-family-planning/.

Rigsby, D., G. Appleford, and R. Hecht. 2019. Transitions in Family Planning: Challenges, Risks, and Opportunities Associated with Upcoming Declines in Donor Health Aid to Middle-Income

Countries. Boston: Pharos Global Health Advisors. Available at: <a href="https://pharosglobalhealth.com/">https://pharosglobalhealth.com/</a> wp-content/uploads/2020/04/40002\_CGD-Report\_FINAL.pdf.

Singh, S., J. E. Darroch, L. S. Ashford, and M. Vlassoff. 2009. Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health. New York: Guttmacher Institute and United Nations Population Fund. Available at: https://www.guttmacher.org/sites/default/files/ report pdf/addingitup2009 3.pdf.

WHO Commission on Macroeconomics and Health and World Health Organization. 2001. "Macroeconomics and Health: Investing in Health for Economic Development: Executive Summary/ Report of the Commission on Macroeconomics and Health." Available at: <a href="https://apps.who.int/iris/">https://apps.who.int/iris/</a> handle/10665/42463.



#### **Read the Series**

M Introduction







Guidance for Private Sector Actors

Guidance for Civil Society Organizations

Guidance for National Public Health Insurance Agencies

Guidance for Staff Working in Health Departments at the Subnational Level

#### **Health Policy Plus**

1331 Pennsylvania Ave NW, Suite 600 Washington, DC 20004 www.healthpolicyplus.com policyinfo@thepalladiumgroup.com

Health Policy Plus (HP+) is a seven-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, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This publication was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.