

The Role of Universal Health Coverage in Supporting National Family Planning Program: A Comparative Study

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Abstract

Background: The family planning program in some countries have not been successful yet because the population is growing rapidly. Currently, all the government is trying to provide family planning access in health facilities through the national health insurance program

Aim: To compare the role of universal health coverage in supporting national family planning programs

Method: This literature study had been made by data reviewing in four different countries which have large population: China, India, the USA and Indonesia. Using the indicator of involvement of UHC in family planning in several countries, there are advocacy and policy, health service, health financing and governance. It was compared the support of contraceptive policy and highlighted the program as a strategy for developing family planning in the national health insurance era

Results: Policies related to the use of national health insurance for supporting family planning in several different countries produced different results. In addition to the aspect of finance, the policy on the number of children, the private and public service systems, the priority of contraception choice and family involvement also played a role in the success of the program

Conclusion: The correct target program must be immediately determined by the government so it is important for policymakers to self-introspection related to family planning in this country by using the indicator of involvement of UHC.

Keyword: *family planning, universal health coverage, family planning program*

Introduction

Universal health coverage achievement is defined as providing all people with access to needed promotive, preventative, curative, and rehabilitative quality health services while ensuring that people do not suffer financial hardship in paying for these services. The health system will not be able to achieve UHC by itself. Levels and inequalities in education, income, wealth, and power

relationships in society have a bearing on the health resources available, the risk factors to which individuals are exposed, and whether or not people use the services that are available^{1,2}.

In recent years, integration of family planning services into broader health financing schemes and more specifically, health insurance schemes have been a primary focus for international development. Inclusion of family planning into health insurance can provide a designated, more predictable revenue stream to finance facility-based services and can stimulate underlying demand for services.^{1,3}

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The World Health Organization (WHO) has a definition of family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. Family planning prevents about one-third of pregnancy-related deaths, as well as 44% of neonatal deaths. This is because the timing and spacing of pregnancies at least 2 years between births is needed to prevent adverse pregnancy outcomes^{4,5}. The coverage of essential health services with a single number, as well as estimates of gaps in service coverage and more detailed analyses of levels and trends in a subset of service coverage become interesting to discuss particularly in countries which have the biggest number of population in the world ².

Based on the World Population Review, the top five countries that have the largest number of populations in the world are China (1.433.783.686), India (1.366.417.754), the United States (329.064.917), and Indonesia (270.625.568). The current values of the UHC index of coverage of essential health services show a unique finding, some countries have good achievements and the other not in this paper it will try to compare the role of universal health coverage in supporting national family planning programs in these countries.

Method

The study used a literature review method through an electronic search of the published literature. The data collection was done with the time limited sampling that conducted from the 2014s until the recent literature.

The literatures are available in soft copies; such as PDF journals and direct reading from online journal articles scientifically proven.

A sharp search strategy in digital literature, PubMed and another electronic journal website, was applied by some keywords which obtained “role”, “universal health coverage”, and “family planning” in five different countries. The highlighting of program as strategy on developing family planning in the era of national health insurance.

The defined inclusion criteria of the studies consists of: (1) the definition of universal health coverage or family planning (2) the study explained the role of universal health coverage to family planning program (3) the studies showed the finding of UHC and family planning in China, India, the United State, Indonesia and Pakistan. (4) the studies included in the review were restricted to English and Indonesia languages. The result of the studies was explained in the result section and the analysis qualitatively provided in the discussion section. Then the citation process was performed by references manager as Mendeley.

Result and Discussion

Characteristic of Country

The table below shows the finding of characteristic in each country based on some indicators.

Table 1: Characteristic of Country

| Country | Population | Fertility Rate | UHC service coverage index (SDG's 3.8.1) | Family planning demand satisfied with modern methods (%) |
|-----------|---------------|----------------|--|--|
| China | 1.433.783.686 | 1.7 | 76 | 95 |
| India | 1.366.417.754 | 2.2 | 56 | 72 |
| USA | 329.064.917 | 1.8 | ≥80 | 86 |
| Indonesia | 329.064.917 | 2.3 | 49 | 81 |

Involvement of UHC in Family Planning : Advocacy and Policy

Evolution of family planning policy in China: the Chinese leader between 1949 and 1976 believed in the principle: “More people, more power” and then they got the hardships of overpopulation but the leader still believed that a larger population was better. China’s total fertility rate reached more than six births per woman in the early 1960s. A serious family planning campaign began in China in 1971, commencing with the propaganda theme: “One child isn’t too few, two are just fine, and three are too many. In 1973, the State Council established the Leading Group for Family Planning, which was responsible for calling a national birth planning. This family planning campaign was successful; and China’s overall fertility rate declined by half between 1971 and 1978. The one-child policy was implemented, in 1979, fertility rates continued to decline. China implemented a policy of 1 child for 30 years, a two-child policy implemented since January 2016 until nowadays.

India was the first country in the world to launch a National Program for Family Planning in 1952. Under the program, the public health sector provides a variety of family planning services at various levels of the health system. “Pariwar Vikas Mission” to improve access to contraception and family planning services in the high fertility district.

The health care system in the United States is quite unique when compared to other developed countries. The United States has no uniform health system, no universal health care coverage. Recently there is a law that requires coverage of health services for all people, which is called the Affordable Care Act (ACA). Since 2013, the entry into force has gradually included provisions for the full coverage of all-female contraceptive methods determined without cost sharing. The Community Health Services Act title X family program is a US government program dedicated to providing family planning services for those in need.

In 2005, the Indonesian government committed to providing health insurance for the poor with the launch of the public health insurance program. That program has now begun a new chapter in the evolution towards universal health coverage. National health insurance is

being implemented in stages, with the aim of providing universal health coverage to the entire population by 2019. Indonesia applies a two child policy.

Health Service

China has rapidly achieved UHC with benefits that including prevention and comprehensive curative services. In China, improvements in the health system cause the contraceptive prevalence rate of married couples to last more than 85% from 1980 to 2010^{7,13-15}. In other hand, the trend of long-term reversible contraceptive methods, IUDs and implants, increased significantly in the US from 2008 to 2014, from 6% to 14%. While women who have lower incomes choose to sterilize, but the figure is quite decreased from 2008 to 2014, which is 32% to 28%^{20,21}.

In India, Services under the National Family Welfare program currently the family planning methods in India can be broadly classified in two categories – spacing methods. The utilization of contraceptives and distribution of the same to the States/UTs under Free Supply Scheme and through Public-Private Partnership (PPP) under Social Marketing Scheme. Services are dominated by the private sector. The Indian health system has a broad but underutilized health infrastructure. Under the National Rural Health Mission (NRHM), in 2005, Government of India introduced a cadre of female community health workers, called the Accredited Social Health Activists (ASHAs) at village level¹⁶⁻¹⁹.

The services were integrated at the village-level and through multiple sectors. In the 1970s and onwards, about 35,000 salaried family planning field workers worked at the village level to promote contraceptive use and motivate and recruit women into the family planning program. There are trained field workers for family planning. Doctors, nurses, and midwives placed at the local level are encouraged to open their own private practices in the areas where they work. The KB village is expected to become an icon of the population, family planning, and family development (KKBPk) program and reach 14,838 current^{11,22}.

Health Financing

China is reforming and restructuring its health insurance system to achieve the goal of universal

coverage. In 2013, 94.5% of this population owned at least one type of public insurance, and 12.2% bought private insurance. In general, rural populations in China tend to be uninsured and are less likely to buy private insurance. There is a very large socioeconomic gap in public and private insurance coverage²³⁻²⁵.

India urgently needs UHC - around 600 million people fail to access the health services they need and 63 million Indians are living in poverty because of healthcare costs. The root cause of India's health woes is its chronically low levels of public spending on health. Most Indians are forced to buy services from private providers and in particular from expensive, profit-maximizing hospitals²⁶.

In America, 28.5 million people remain uninsured, representing nearly 9% of the total population. For comparison, two-thirds of the insured population are covered by private health insurance with the remainder covered under public insurance. Coverage of compulsory employer contraception insurance in the US has become a controversial component of the Canestaro Affordable Care Act (ACA), 2017. Based on a Medicaid statement (as of May 2014), there are more than 2.5 million women of reproductive age who are low income and without insurance, are at risk of unwanted pregnancy and may require family planning services (unmet need)^{21,27,28}.

Approximately 36.8 percent of Indonesia's population does not yet have any form of health coverage, including those working in the informal sector. There were strong support and financial commitments from international donors and the Government of Indonesia to the family planning program, and there was sufficient financing for the program^{11,12,29}.

Governance

Using Kingdon's theory moved China beyond the frequently used political economy method of analyzing how reforms are introduced when political compromises are made by various stakeholders²³. In addition, India, The Family Planning division has augmented efforts for improving quality in sterilization service provision. In 2014, Family Planning division updated the manual on Standards and Quality Assurance in Sterilization Services. The Quality assurance committees have been established across all States and districts^{16,26}.

The U.S, The responsibility for these two functions is shared by private insurance companies as well as the government, both of which are known in policy terms as "payers." As such, the United States can be thought of as a "multi-payer" system. The final structure and outcome of the U.S. healthcare system are unknown, these disagreements between providers, patients, insurers, and political parties will be instrumental in shaping the healthcare provided to Americans²⁸.

Therefore, there was a very strong political commitment from the government at all levels in Indonesia. Using strong behavior-change communications campaigns and the provision of the clinic and integrated community-based services, BKKBN facilitated the decrease in the birth rate, a decrease in maternal mortality, and contributed to the health and increased economic participation of women^{11,30,31}.

Conclusion

Judging from the policies and laws on the use of national health insurance in the use of contraception, each country has its own policies in the family planning program, including determining the number of children recommended, policies in case of violations and the process of equitable national. Each country faces different problems but from the indicators, it is emphasized that the target is directed at increasing the role of the community as well as efforts to improve the quality of providers and the application of national health insurance to support family planning programs.

Ethical Clearance: The study protocol was approved by the ethics committees of Universitas Airlangga, Surabaya, Indonesia.

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