

**The Case For Adding Family Planning
on the
National Health Insurance Scheme
(NHIS)**



POSITION PAPER

September 2009



Sexual Health For Quality Life

EXECUTIVE SUMMARY

Family planning has literally been ignored as a public health priority in Ghana and these services are increasingly underfunded. Currently, family planning services are not covered as part of the National Health Insurance Scheme, which explicitly excluded these services from the benefits package when it was launched in 2003.

Current efforts at promoting FP in the country have yielded moderate but significant achievements as depicted below: Knowledge of FP is almost universal (98%-Women, 99%-Men) annual population growth rate has slowed down from a peak of 3.0% in the 1970s to the current 2.7%. The number of women using modern methods of FP rose steadily from 6.0% in 1988 to 19% in 2003, but reduced to 17% in 2008. Total fertility rate (TFR) consequently reduced from 6.4 in 1988 and stagnated at 4.4 in 2003.

Despite significant growth in the economy from 2000 to date, and moderate gains within the FP programme, major concerns still exist: Commitment and support for FP from the highest levels of government have been noticeably less vocal and visible than in the past, compared to the commitment for issues of HIV/AIDS and Malaria, there is a persistent gap between knowledge of family planning and use of contraceptives, Spatial differences in contraceptive use exist between rural and urban women as well as between the south and the three northern regions, unpredictability of donor funding and the existence of significant gaps in funding, unpredictability of the amount and provision of GoG funding. For the nation as a whole, unintended pregnancies help to fuel Ghana's high rates of population growth with its attendant problems. The 2003 GDHS found that 14% of adolescents have begun childbearing, thus reflecting the lack of quality family planning services to a very important and needy section of the population, Neonatal mortality rates (29%) still contributes significantly to under-five mortality whilst induced abortions due to unplanned and mistimed pregnancies contribute about 11% to maternal mortality which is high at 451/100,000L.B (GMHS 2007).

The case for inclusion of FP on the NHIS and the quest for increased government budget for contraceptives have become very necessary and worthy of consideration as a result of the benefit Ghana stands to derive: if family planning is covered in 2009, by 2011 the NHIS will realize almost GH ¢ 11 million in net savings in that year alone. This increases to over GH ¢ 18 million in 2017. With Government's aim of quickly addressing the poverty gap in Ghana with economic opportunities generation and social policies for indigents and children of school going age, it has become imperative that FP is given the attention and financing it deserves since it has the potential to leap frog our development efforts. This is borne from the economic and social opportunities it will offer women (the bigger component of the population) who are in many homes, equal contributors to the welfare of the family. It has become very necessary that government assure contraceptive commodity security through the inclusion of FP commodities and services under the NHIS immediately.

“Time to Take Charge”

Funding Reproductive Health Supplies in Ghana

The Case for increased Budgetary Allocation for Family Planning and its Inclusion on National Health Insurance Scheme

BACKGROUND/CURRENT SITUATION

Family Planning (FP) is explained as the process of helping a couple to have the number of children they desire or want at the time they want to have. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility or sub-fertility. There is compelling evidence that practicing family planning yields many health and socio-economic benefits by managing and slowing population growth, reducing exposure to unwanted pregnancies and preventing pregnancy related complications, unsafe abortions, childbirth related complications, some cancers and essentially maternal deaths. The benefits of family planning and birth spacing reach far beyond the individual level for women and then their families. It been established that women who can plan the number and timing of births of their children enjoy improved health and have more educational and employment opportunities which enhances their social and economic status, improves the well being of their families and promotes overall national development.

Organized FP programs started in Africa in the 1960s. The general consensus among experts at the time was that population growth in excess of 2% per year is among the structural factors inhibiting the achievement of a wide range of development objectives (UN Population Division). These concerns provided the background and rationale for the development and implementation of Ghana's family planning program in 1970, following the development of a national FP and population policy in 1969. The population policy entitled “**Planning for Progress and Development**” had as its main focus, the achievement of specified demographic targets and national socio-economic development goals. This view of FP as an instrument for development was to influence the planning and delivery of FP services in Ghana for the next two decades. (Road Map for Repositioning Family planning - 2006 - 2010).

Efforts at promoting FP in the country have yielded moderate but significant achievements as depicted below: Knowledge of FP is almost universal (table 1), annual population growth rate has slowed down from a peak of 3.0% in the 1970s to the current 2.7%. The number of women using modern methods of FP rose steadily from 6.0% in 1988 to 19% in 2003, but reduced to 17% in 2008. Total fertility rate (TFR) consequently reduced from 6.4 in 1988 and stagnated at 4.4 in 2003. (Table 2, fig.1&2)

Table 1: Knowledge of FP

AGE(YRS)	SEX	KNOWLEDGE (%)
15-49	WOMEN	98
15-59	MEN	99

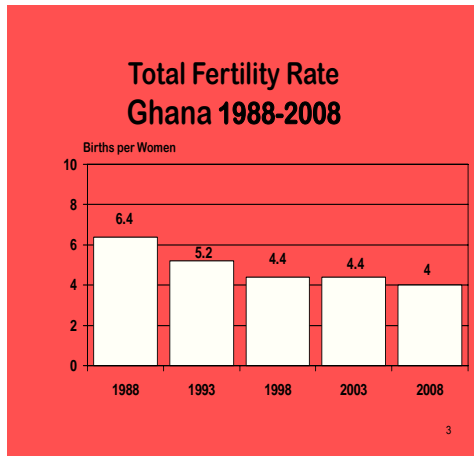
Source: DHS 2003

Table 2: Contraceptive use in Ghana and attendant impact on fertility from 1988 – 2008

YEAR	CONTRACEPTIVE USE IN CURRENTLY MARRIED WOMEN AGE 15-49 (MODERN METHODS) (%)	TOTAL FERTILITY RATE(TFR)
1988	6.0	6.4
1993	10.0	5.2
1998	13.0	4.4
2003	19	4.4
2008	17(16)*	4.0 (4.6)*

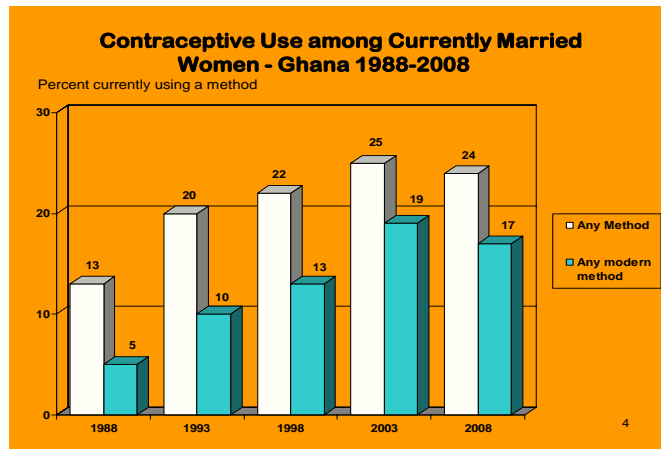
Source: DHS 1988-2008, *MHS 2007

Fig.1: TFR1988-2008



Source: DHS 1988-2008

Fig.2: CPR 1988-2008



Source: DHS 1988-2008

Table 3: Real GDP by year

YEAR	2000	2001	2002	2003	2004	2005	2006	2007	2008
GDP- REAL GROWTH RATE	4.3	3.0	3.0	5.8	4.7	5.4	5.9	6.0	6.2

Source-Index Mundi /GSS

Ghana has been heavily dependent on donor funding for implementing its family planning program since its inception in the 1970s. USAID, UNFPA, DFID, DANIDA, World Bank, IPPF and EngenderHealth have provided strong financial and technical support for the FP and other RH programs. Table 4 clearly depicts a situation where total contribution from development partners (DPs) far exceeds that of the government of Ghana (MoH). There are however, inconsistencies in the flow of contributions from both GoG and development partners, and these make it difficult for one to predict how much will be donated as the years go by. Forecasting up to 2011 depicts the existence of significant gaps in funding that need to be filled urgently if the FP program is to succeed. (Table 5)

Table 4: Historical Funding from Donors (in US\$ millions)

YEAR	USAID (US\$)	DFID (US\$)	DANIDA (US\$)	UNFPA (US\$)	MoH (US\$)	TOTAL (US\$)	%Donor contribution s	%MOH(GoG) contribution s
2003	2.57	1.55	-	0	1.57	5.69	72.4	27.6
2004	2.55	1.86	-	0	0.66	5.07	87	13
2005	1.72	0.9	-	0	1.85	4.47	58.6	41.4
2006	3.9	0.5	-	1	1	6.4	84.4	15.6
2007	4.95	0.3	-	2.5	1	8.75	88.6	11.4
2008	3.21	-	0.6	2	1	6.81	85.3	14.7
2009	2.44	-	0.6	2.1	0	5.14	100	0
TOTAL	21.34	5.11	1.2	7.6	7.08	42.33	83.3	16.7

Source: Deliver/RHI/UNFPA reports 2007/2008/2009

Table 5: FP Forecast/Commodity funding commitment gap (2008-2011) in millions

YEAR	TOTAL REQUIREMENT ((US\$)	COMMITMENTS ((US\$)	FUNDING GAP (US\$)
2008	9.95	6.81	3.14
2009	9.48	5.14	4.34
2010	8.85	0	8.85
2011	7.80	0	7.8
TOTAL	36.08	11.95	24.13

Source: Deliver/RHI/UNFPA reports 2007/2008/2009

THE PROBLEM

Despite significant growth in the economy from 2000 to date (table3), and moderate gains within the FP program, major concerns still exist:

1. Commitment and support for FP from the highest levels of government have been noticeably less vocal and visible than in the past, compared to the commitment for issues of HIV/AIDS and Malaria.
2. There is a persistent gap between knowledge of family planning and use of contraceptives. Spatial differences in contraceptive use exist between rural and urban women as well as between the south and the three northern regions.
3. Unpredictability of donor funding and the existence of significant gaps in funding.
4. Unpredictability of the amount and provision of GoG funding
5. For the nation as a whole, unintended pregnancies help to fuel Ghana's high rates of population growth with its attendant problems. Ghana's population is still growing rapidly and is expected to double in 26 years if the growth rate remains at the current 2.7%. Such growth undermines and frustrates the attainment of national development objectives and especially our objective of GDPs of 8 and above to put a lot of the population in middle income status. From table 3, we are still 2 points below that.
6. Unmet need (percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception) is still high and has even increased from 34% in 2003 to 36% in 2008 (DHS). The 2003 GDHS found that 14% of adolescents have begun childbearing, thus reflecting the lack of quality family planning services to a very important and needy section of the population, adolescents.
7. Neonatal mortality rates (29%) still contributes significantly to under-five mortality whilst induced abortions due to unplanned and mistimed pregnancies contribute about 11% to maternal mortality which is high at 451/100,000L.B(GMHS 2007).

Family planning has literally been ignored as a public health priority in Ghana and these services are increasingly underfunded. Currently, family planning services are not covered as part of the National Health Insurance Scheme,

which explicitly excluded these services from the benefits package when it was launched in 2003. Family planning was determined to be an “essential public good”, such as immunization and should be offered “free” through the Ghana Health Service (GHS). However, because constrained budgets fail to cover all basic operational costs at the facility level, in actual practice, almost every public facility and all private facilities charge fees for family planning products and services. While family planning is not covered, as of July 1, 2008 the NHIS made all expectant mothers eligible for coverage and in September 2008 all children under 18 were also eligible for coverage regardless of whether their parents were enrolled or not. Thus, a woman who registers for health insurance has free antenatal and delivery care and will receive free care for her baby, but must pay a fee to obtain family planning services at the same clinic. Ironically, financial incentives now favor more rather than fewer births. Expanded NHIS coverage for pregnant women makes the medical care costs of additional births zero for women, which provides a marginally positive incentive to increase average total fertility per woman. Lack of NHIS coverage for family planning commodities maintains a positive price for delaying or limiting births, providing a marginally negative incentive to delay or limit births.

ALTERNATIVE SOLUTION/ POLICY

The Ghanaian government has set itself a target of becoming a middle income economy by 2015. Our desire to move GDPs from the current 6 to 8 and above gives traction for the economic arguments for family planning. A known benefit of family planning is the better educational and economic opportunities afforded women with the consequent enhancement of their social and economic status and improvement of the well being of their families. Additionally, it has been shown in America that every dollar spent on family planning services saves three times that in costs that would have been incurred for antenatal and newborn care.

The Ministry of Health and the Ghana Health Service in 2004 launched the ‘Repositioning of Family Planning’ campaign with the aim of making FP a national priority. A road map document was thus introduced as a guide for the way forward but its implementation is beset with challenges. Even though some steps were taken by government to improve the FP services, through for example the introduction of the ‘Free Maternal Health Policy’, much needs to be done to reduce the rate of unintended pregnancy and hence, the high incidence of unsafe abortions and maternal deaths. A more holistic approach of full reproductive health coverage from initial provision of FP commodities and services through antenatal care and delivery of newborns and their care will better serve and save the nation economically and socio- developmentally.

NATIONAL HEALTH INSURANCE SCHEME (NHIS) AND FAMILY PLANNING

In 2003 the Government of Ghana implemented a National Health Insurance Scheme (NHIS). Family planning (FP) was visibly excluded from the package of services offered. Like immunizations it is deemed to be “an essential public good.” This means, and is corroborated by NHIS documentation, that it is available free of charge from public health outlets operated by the Ghana Health Service. In theory a woman should be able to walk into any public clinic and be given a choice of family planning supplies, free of charge. Regardless as to whether she has enrolled onto the NHIS.

In reality, FP services and commodities are paid for out of pocket. Out of pocket spending for family planning is roughly estimated to be \$2 million per year. The replenishment of these commodities in the light of stagnant donor support and government funding, despite recent increases in need, is woefully inadequate. In 2008, forecast demand for family planning products exceeded the amount allocated in the health budget for family planning by \$7 million. Counseling for family planning is free but the RH supply has to be paid for.

Analysis of the costs and the benefits of FP on the NHIS

In July 2008, the government of Ghana received £42.5 million from DFID. This was to support progress towards meeting Millennium Development Goal 5. The government has used these funds to ensure that every woman in Ghana is entitled to free maternal health care. If she is not enrolled under the scheme she is still eligible to access maternal health care services. These services include:

- Ante-natal care up to three months after delivery;
- emergencies during delivery and all other medical problems during this period;

In 18 days 50,924 women registered. The package does not include family planning.

Research shared with the scheme indicates that providing family planning free of charge under the NHIS will ultimately save the schemes resources. The cost of providing family planning when set against the costs of maternal and child health care when births are better spaced and there are fewer unintended pregnancies will indicate a saving of \$27million per year to the scheme by 2017. These savings will increase year on year and will be more, if the costs of not having the requisite qualified staff and facilities and the infrastructure to allow a pregnant woman in crisis to be easily sent to the nearest facility for the adequate life-saving care is factored in. As stated earlier, even in countries with excellent infrastructure to support reproductive health and issues, the use of any amount for FP leads to three times that amount being saved in avoided antenatal and newborn care. The situation in Ghana could be higher.

(USAID/Banking on Health 2008)

A cost/ benefit analysis of adding coverage of long term and permanent contraceptives, as well as injectables, to the NHIS benefits package revealed that including family planning would cause a decrease in fertility and would avert births

that would otherwise have cost the NHIS considerable expenditures. Adding this benefit would lead to an annual net savings to the NHIS that would increase over time.

The size of the net savings depends on a number of variables, which may change over time. According to the consultant's assumptions, if family planning is covered in 2009, by 2011 the NHIS will realize almost ₵ 11 million in net savings in that year alone. This increases to over ₵ 18 million in 2017. (USAID/Banking on Health 2008)

Considering the potential for donor support to dwindle and dry up in the future, Government must sooner than later, include FP commodities and services under NHIS to enjoy the above mentioned benefits and be positioned to assure commodity security when such a time comes.

There is a concern that current free maternal health care without a family planning component is serving as an incentive to reduce birth spacing and increase pregnancies, thereby undermining the impact of family planning. This will lead to a dislocation of current social policies such as LEAP, free primary schooling, free feeding, text books and uniforms since the costs will potentially exceed sustainable levels.

The case for inclusion of FP on the NHIS and the quest for increased government budget for contraceptives have become very necessary and worthy of consideration as a result of the benefit Ghana stands to derive as explained above.

Conclusion

In conclusion, with Government's aim of quickly addressing the poverty gap in Ghana with economic opportunities generation and social policies for indigents and children of school going age, it has become imperative that FP is given the attention and financing it deserves since it has the potential to leap frog our development efforts. This is borne from the economic and social opportunities it will offer women (the bigger component of the population) who are in many homes, equal contributors to the welfare of the family.

There is an existing need for better spaced and limited family size, and great efforts must be made to meet this demand by providing a good family planning service to reduce the spate of unplanned pregnancies, associated unsafe abortions, pregnancy complications, uncared for children and associated infant mortality and, ultimately large maternal mortality rate.

What is clear is that Ghana wants to move forward for the benefit of the entire population with education and economic empowerment of women as an identified avenue. It has become very necessary that government assure contraceptive commodity security through the inclusion of FP commodities and services under the NHIS immediately.

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