PERU

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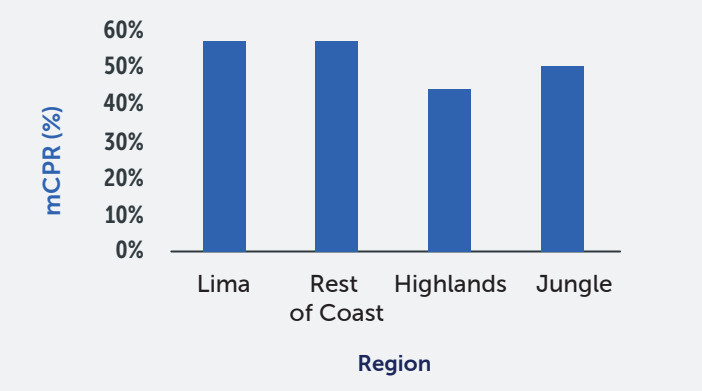
Peru: Rapid progress in family planning, lag in modern method use

Peru is well on its way toward the fertility transition, with total fertility falling from 4.3 in the mid-1980s to 2.5 by 2015 [1]. At the same time, modern family planning (FP) use has increased rapidly, from 23 percent of married women in the early 1980s to 53 percent by 2015 [1]. Underlying social and economic changes, coupled with effective program and policy efforts, contributed to the rise in FP use [2]. Nonetheless, utilization is still far below the regional average of 68 percent for South America, with use of traditional methods still high [3]. Unmet need for family planning is low (6.6%) compared to the regional average (9.7%) [3]. The injectable is the most popular modern method, used by more than a third of those using a modern method, followed by the male condom, female sterilization, and oral pill. The current mix reflects a shift away from long-acting methods that began in reaction to widespread allegations of forced sterilization of women in the late 1990s. Although it is unlikely that the government will begin widely offering sterilization services soon, some observers note an increase in the use of long-acting reversible contraception, especially implants [4].

KEY FAMILY PLANNING INDICATORS	
CPR, modern methods (2015)	53.3%
Unmet need (2015)	6.6%
TFR (2015)	2.5
FUNDING SOURCES FOR FP SERVICES (2015)	
Households	29.7%
Government	70.3%
SOURCE OF MODERN METHODS (2015)	
Public sector facility	59%
Private facility or retail outlet	41%
MODERN METHOD MIX (2015)	
Injectable	34.5%
Male condom	24.8%
Female sterilization	16.5%
Oral pill	16.3%
IUD	5.1%
Others*	2.8%

Sources: [1], [7]
CPR = contraceptive prevalence rate, TFR = total fertility rate, IUD = intrauterine device
** Other modern methods include: implant, barrier methods, male sterilization, lactational amenorrhea, and emergency contraception*

Figure 1: mCPR by Region



Source: [1]

Public facilities provide the bulk (59%) of FP services in Peru. The vast majority of women obtaining family planning from private sources do so from the for-profit sector, with nongovernmental organizations providing less than 1 percent of services. Use of contraception is significantly lower in the highlands and jungle regions versus other areas of the country (Figure 1), and lower among non-Spanish speaking women than among Spanish speakers [1].

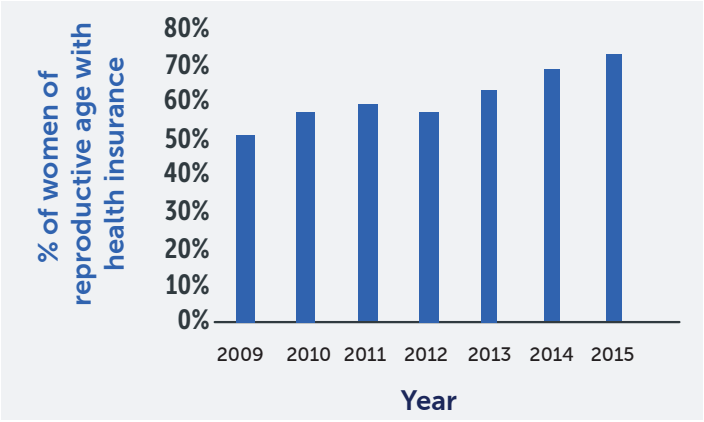
Health financing in Peru

In 2011, Peru spent 5 percent of gross domestic product on health, a proportion unchanged since 1995 [5]. In 2012, government spending accounted for 56 percent of total health spending, with out-of-pocket (OOP) spending accounting for 38 percent. Only 4 percent of spending is through private insurance [5]. The percentage of women of reproductive age covered with health insurance rose from 51 percent in 2009 to 73 percent in 2015 (Figure 2) [1]. The Seguro Integral de Salud (SIS), which covers 45 percent of women of reproductive age and is aimed at those below the poverty line with no other insurance coverage, has paid for a basic package of services since 2007 [5]. Government tax revenues fund the SIS, and almost all beneficiaries pay no premiums or copays. Payroll taxes fund EsSalud, the mandatory social health insurance scheme for formal sector workers and their dependents that covers 26 percent of women of reproductive age. About 2 percent of Peruvian women of reproductive age have private health insurance [1]. Roughly one in four Peruvians lacks any insurance and pays OOP for most public sector services [5]. Despite the provision of free FP services, access barriers remain.

Family planning services and key financing schemes

SIS beneficiaries can obtain FP commodities and services free of charge from any publicly funded health center, and beneficiaries are entitled to all major FP methods. Although public clinics and hospitals theoretically offer voluntary surgical contraception, it remains very difficult in practice for clients to obtain this procedure. EsSalud members also pay nothing for point-of-care FP services, but EsSalud facilities offer a more limited range of methods that do not include implants and monthly injectables (Figure 3). Private insurance plans do a poor job of covering FP services. As a result, both EsSalud beneficiaries and clients with private insurance are funneled to government clinics where they can get services free and obtain a broader range of methods. This puts financial and technical stress on the public sector [4].

Figure 2: Women Covered by Health Insurance



Source: [1]

Access to family planning and financial protection for uninsured women

Uninsured women in Peru are mostly poor and have the highest unmet need for FP services. While the uninsured generally must pay OOP at public facilities and elsewhere for general healthcare, services are free for family planning as part of a broader policy of providing free care for reproductive, maternal, and child healthcare, regardless of insurance status. The poorest women use modern contraception at significantly lower rates compared to other wealth quintiles.

Government policies to increase affordable access

Despite advances, problems still plague the provision of FP services to the uninsured and other groups that are marginalized because of geography, ethnicity, or age. Funding for the FP program remains a continual challenge, one that is exacerbated by the additional stress put on publicly funded facilities by demand from non-SIS beneficiaries who are entitled to care. Stockouts of methods remain a problem throughout the country [6]. The advance of Zika also creates additional stress on the FP program, with the government asking women in Zika-affected areas to postpone pregnancy using modern contraceptives [7]. The expansion of insurance to rural areas does not appear sufficient for now to contribute to better access to family planning in these regions.

Summary

Universal access to family planning is not yet a reality in Peru. Inequities along geographic, ethnic, and socioeconomic lines continue to limit access. Continued expansion in enrollment of poor and rural women in the SIS scheme will address some (but not all) of these inequities. Reaching universal access will also require EsSalud to become a more effective provider of services, including by broadening its offering of methods. Moreover, to better meet the needs of couples who want to limit childbearing, all FP providers must work to rebuild public confidence in sterilization services.

Figure 3: Methods Available by Scheme and for Uninsured

Method	SIS	EsSalud	Uninsured
Combined oral pill	free	free	free
Monthly injectable	free		free
3-month injectable	free	free	free
Male condom	free	free	free
Single-rod implant	free		free
IUD	free	free	free
Female sterilization	free	free	free
Male sterilization	free	free	free

Source: Authors

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