USAID | DELIVER PROJECT

FROM THE AMERICAN PEOPLE

Regional Approach Improves Access to Contraceptives in Latin America

Creating Sustainable Family Planning Programs through Country Collaboration

Our goal is to give every woman and man the ability to choose, obtain, and use contraceptives whenever they need them. This is the definition of contraceptive security.

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About the Regional Initiative

In 2003, USAID's Bureau for Latin America and the Caribbean (LAC) launched the LAC Contraceptive Security (CS) Regional Initiative to strengthen CS and build a south-to-south exchange network to help sustain countries where USAID donations and family planning technical assistance are being phased out.

The Regional Initiative brings countries together to share lessons and solutions, which are then translated into results nationally. With eight countries continuously challenging and supporting each other to improve CS, the initiative has been a great success. For every CS improvement in one country, policymakers and technical managers in other countries emulate their neighbor's achievement. Countries participating in the LAC CS initiative include Bolivia, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru.

The Regional Initiative brings countries together to share lessons and solutions, which are then translated into results nationally.

"The regional initiative helps us see ourselves reflected in other countries, share experiences, and strengthen different areas of the family planning program."

Dr. José Delancer, Director of the Maternal, Child, and Adolescent Health Department, Ministry of Health, Dominican Republic

USAID Phasing Out Support to Latin America

In the 1990s, USAID began to phase out family planning support to Chile, Costa Rica, Colombia, Mexico, and Brazil. Today, these five countries maintain a high level of family planning coverage with a modern contraceptive prevalence rate of 65 percent and above. Achieving such success was often difficult; some institutions were not prepared to finance and manage their family planning programs. In Chile, the International Planned Parenthood Federation (IPPF) affiliate APROFA, whose USAID funding was cut, had a dramatic reduction in services—from 40 clinics in the 1990s to only five in 2006.

Ten years later, additional countries began to phase out—the Dominican Republic, El Salvador, Honduras, Jamaica, Nicaragua, Paraguay, and Peru. This time, USAID and regional family planning advocates made sure that every country could finance, procure, and deliver family planning services and supplies as the phase-out progressed.

With lessons learned from the phase-outs, the USAID LAC Regional Bureau realized many countries struggled to ensure long-term product availability. National family planning programs, nongovernmental organizations (NGOs), and social marketing programs in all the countries faced major constraints in achieving sustainability in contraceptive financing, procurement, and service provision. They asked, *if the issues are similar in most countries, can all the countries share the solutions?* On this basis, they established the LAC CS Regional Initiative.

Since 2000, seven of the countries participating in the Regional Initiative have seen an increase in contraceptive use ranging from 3 to 10 percent.

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A female client accesses health services at the Chuicacaste Community Center in Sololá.

Contraceptive Use Increases in Latin America

Most of the Latin American countries have made dramatic gains in contraceptive prevalence rates (CPR) since the mid- to late-1990s. During this time, governments and their partners made many changes to increase demand for family planning; they improved service delivery, strengthened the supply chains, and promoted family planning. The Regional Initiative supported all of these efforts by bringing countries together to share their experiences. Many more women and men in Latin America now have access to the contraceptives they need, although there are still inequities among specific areas and populations.

Supply Chains—a Key to Accessing Contraceptives

To reach the goal of giving every woman and man the ability to choose, obtain, and use contraceptives, supply chains must be in place to bring products to the clients. Since 2003, the Regional Initiative has helped countries make supply chain and contraceptive security improvements by—

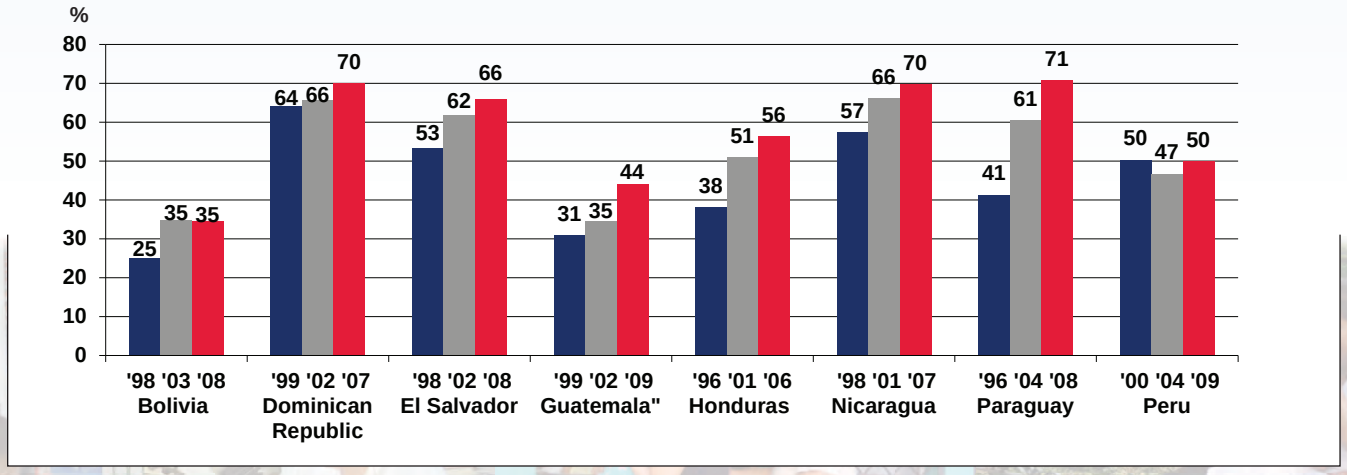
- mobilizing funded budget lines for contraceptive procurement
- establishing stronger procurement mechanisms for obtaining quality contraceptives at competitive prices

> Contraceptive use can only increase if a well-functioning supply chain is in place to bring health commodities to the clients who need them.

- strengthening supply chains for family planning programs and all essential medicines
- maintaining and strengthening supply chains during health reform process, including decentralization and integration
- establishing multisectorial CS committees that provide coordination, advocacy, planning, and action
- completing assessments and market analyses leading to new CS strategies and an increasing recognition of the need for a public- and private-sector response to CS
- cultivating leaders and CS champions within public, NGO, and civil society sectors
- strengthening in-country capacity for data-driven decisionmaking.

The increase in CPR rates in Latin America shows an increased level of service provision overall. This was only possible with a parallel increase in availability of the commodities needed to provide these services. Even with political will and a favorable policy framework, only a robust supply chain can ensure contraceptives for those who need them. These improvements have generated increased client satisfaction and trust in family planning services.

Modern Contraceptive Use in LAC Countries (women in union)



Notes: Data from the Demographic Health and Reproductive Health Surveys for all countries and years. http://www.measuredhs.com/accesssurveys/ and http://www.cdc.gov/reproductivehealth/surveys/SurveyCountries.htm

Political Will Transforms the Future of Contraceptive Security

In many countries, access to family planning is a high priority in combating poverty and working toward their millennium development goals. Guatemala and Paraguay have passed laws that protect financing and access to family planning services and supplies—actions encouraged by the Regional Initiative.

Sectors Collaborate to Provide Family Planning Services

In several countries, the Regional Initiative has played a key role in fostering increased coordination between family planning service providers. Country leaders have recognized the value of multisectoral CS committees that improve commodity availability by increasing intersectoral coordination and advocating for CS.

In 2010, CS committees in Honduras and Nicaragua joined new NGO or private-sector partners to coordinate their family planning service provision, which allowed the MOH representatives in both countries to understand the importance of coordinating with other sectors to reach underserved populations. The NGO and private-sector participants learned how to get support from the MOH to better serve their customers' needs.

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Supply Chains provide the health products that make family planning programs possible. Here, mothers wait at the health community center in the village of Santabal in Quiche, Guatemala.

Government Coordination Helps Underserved Populations

In recent years, after learning more about the family planning market from various regional studies and events, CS committee members in eight countries identified major gaps and duplication of effort in family planning service provision between the MOHs and the social security institutions (SSI). By better coordination of resources and activities, some countries improved access to family planning for underserved populations.

For example, the share of FP services provided by social security institutes has increased in Guatemala, Paraguay, and Nicaragua in recent years, which has relieved financial pressure on the MOHs and helped them expand their coverage of the poor (Demographic and Reproductive Health Surveys).

Paraguay Passes Law to Protect Contraceptive Security

In 2006, Paraguay's congress enacted a law, *Funding for Reproductive Health Commodities and Safe Birth Kits,* that directly earmarks funds for reproductive health commodities, including contraceptives. This law guarantees funding for commodities and helps sustain contraceptive availability.

Guatemalan Congress Sets Family Planning Law in Motion

In 2005, an unprecedented initiative was presented to Guatemala's congress to strengthen the policy framework for family planning. It went further than any previous political action ever taken by requiring the government to ensure and monitor the financing and provision of family planning services and supplies. One of the mandates of the *Universal and Equitable Access to Family Planning Services Law* was to form a monitoring CS committee to address the key challenges to securing stable financing of contraceptives.

Sustaining Contraceptive Security by Strengthening Procurement

In 2005, the Regional Initiative recognized that procurement was a major problem in securing a steady flow of contraceptives to the LAC countries; many stockouts were caused by bottlenecks in the procurement process.

To help address this challenge, the Regional Initiative convened a multipartner team—the USAID | DELIVER PROJECT, USAID | HEALTH POLICY PROJECT, USAID missions, the U.N. Population Fund (UNFPA), and host country governments—to study the contraceptive procurement situation and identify viable options for countries with similar regulatory and technical constraints.

Once the team had a plan and clear recommendations—based on extensive research, high-level discussions with UNFPA's procurement services branch, consultations with experts in procurement regulations, and local country surveys—they developed advocacy messages and targeted technical assistance to strengthen contraceptive procurement in countries, one by one, from 2006 through 2008.

In 2009, the Regional Initiative, in collaboration with UNFPA, brought together key staff from nine countries to learn from each other's successes and challenges. They used the regional research findings to think strategically about how to further improve procurement in each of their countries. Then, those individuals went back home and provided similar support at the national level.

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A Bolivian technical advisor visits Nicaragua to share her supply chain management expertise and explore ways the two countries can learn from one another to strengthen contraceptive security.

Results through Collaboration

- In 2005, El Salvador's Ministry of Health (MOH) saved U.S.$3 million by procuring through UNFPA, rather than bidding on the local national market.
- Nicaragua's MOH saved U.S.$106,200 and U.S.$320,000 in 2008 and 2009, respectively, by procuring through UNFPA.
- El Salvador halved the time it takes to execute procurements though UNFPA from eight months to just four months.
- In 2006, various Peruvian government agencies pooled their needs and procured 165 essential medicines including contraceptives through reverse auction, saving approximately U.S.$14 million.
- In 2010, prices for injectable contraceptives were reduced from U.S.$1.18 through UNFPA in 2005 to U.S.$0.41 through national procurement in Peru.

These strategic interventions provided support both at the LAC regional and at the national level in each country; they have resulted in more efficient procurement and substantial cost savings in at least six of the eight countries.

The Regional Initiative also identified countries actively exploring more sustainable and complementary procurement options for essential medicines and contraceptives, including reverse auction—a bidding process where the supplier of a good is chosen based on the best price offered; technical characteristics of the good are predefined and applied as a minimum standard for participating in the auction. Using reverse auction, Peru has successfully procured quality low-priced contraceptives and essential medicines.

"The Cartagena workshop was extremely beneficial for me; I shared our current situation with sexual and reproductive health with other countries in the region and then created a mechanism for reaching out to professionals from other countries."

Edgar SamudioSexual and Reproductive Health Director, Social Security Institute, Paraguay

Mobilizing Country Financing to Meet Demand for Family Planning

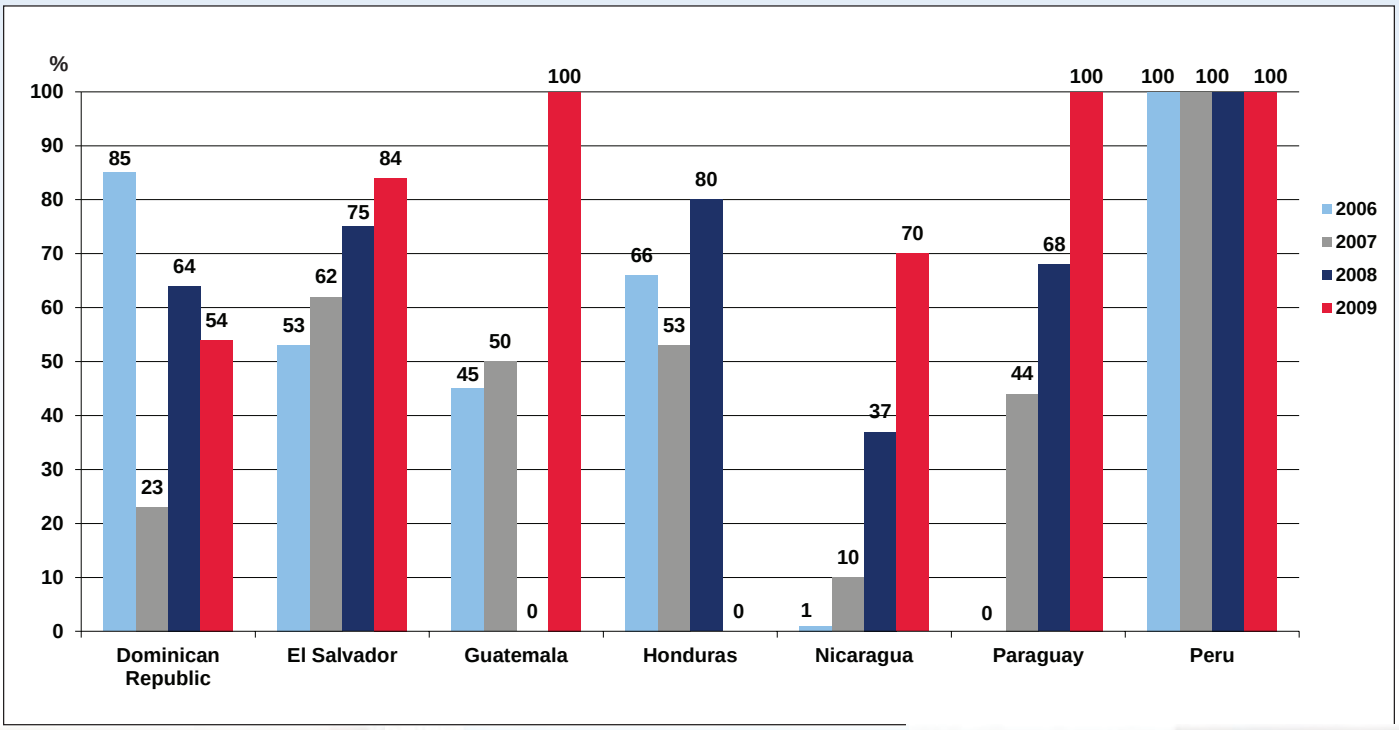
With rising demand for family planning services and declining assistance from USAID, contraceptive security advocates have encouraged countries to gradually increase their funds to eventually cover 100 percent of their contraceptive needs.

Using multiple approaches—research papers, presentations, trainings, and advocacy events—donors, technical assistance providers, and local counterparts have helped countries accurately forecast demand, prepare budgets, and generate sufficient funds to cover their contraceptive needs. The Regional Initiative has monitored these commitments, provided many of the tools, and encouraged countries to increase their funding for contraceptive procurement.

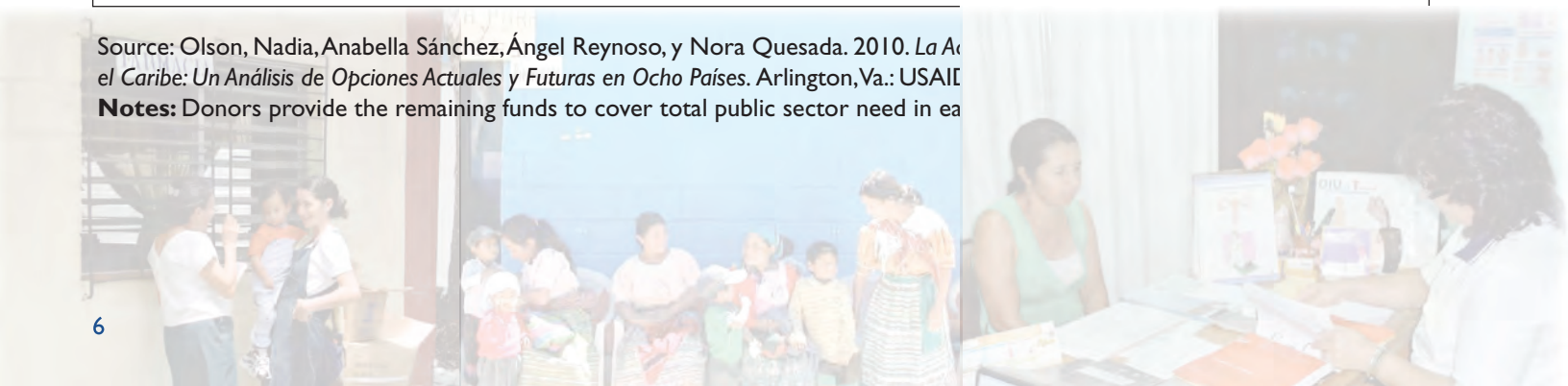
To learn more about contraceptive financing and procurement in LAC:

- Options for Contraceptive Procurement: Lessons Learned from Latin America and the Caribbean. 2006. Available in English and Spanish.
- Regulatory Harmonization in Central America: How Harmonization Can Impact Regional Contraceptive Procurement. 2007. Available in English and Spanish.
- Mejorando los Mecanismos de Compra de Insumos Anticonceptivos. 2010.
- La Adquisición de Anticonceptivos en América Latina y el Caribe Un Análisis de Opciones Actuales y Futuras en Ocho Países. 2010.

Contraceptive Financing from Country Governments 2006–2009



Source: Olson, Nadia, Anabella Sánchez, Ángel Reynoso, y Nora Quesada. 2010. *La A*
el Caribe: Un Análisis de Opciones Actuales y Futuras en Ocho Países. Arlington, Va.: USAID
Notes: Donors provide the remaining funds to cover total public sector need in ea



The Road Ahead

Despite much progress over the past decade, many LAC countries face challenges in providing family planning services. Women living in rural areas, the lowest socioeconomic groups, the young, the less educated, and specific ethnic groups still have significantly lower rates of modern contraceptive use compared to other groups.

In Bolivia, Guatemala, Peru, Honduras, Paraguay, El Salvador, Nicaragua, and the Dominican Republic, CPR is an average of 8 percent lower in rural areas than in urban areas; it is up to 18 and 15 percentage points lower in Guatemala and Bolivia, respectively.

LAC countries have made tremendous progress by offering free and low-cost contraceptives, but most CS advocates know they will need to work harder to maintain the gains achieved in recent years, to extend services to underserved groups, and to satisfy the remaining unmet need for family planning throughout the region. Some areas for future focus include—

- continue to maintain robust and effective supply chains during health sector reform
- develop alternative and sustainable procurement options
- ensure adequate and sustainable financing for distributing contraceptives and other essential medicines
- use practical and innovative data-driven tools to analyze the family planning market and reduce disparities and gaps in access

The Regional Initiative's highly interactive and participatory approach has shown that, by sharing challenges, solutions, and successes, country representatives are inspired to return home and develop customized CS strategies that work.

- implement creative strategies for reaching the most vulnerable and difficult to access populations with a basic package of health services, including family planning
- continue to use the collaborative contraceptive security approach for strengthening health systems
- help local stakeholders and donors recognize the supply chain as a strategic pillar for achieving public health goals

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Other programs and initiatives in the LAC health sector, and other regions of the world, can benefit from applying the principles of the Regional Initiative.

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Woman receiving family planning services in Paraguay.

Through the regional initiative we have had the opportunity to work on the issue of contraceptive availability and this has helped us improve services at the country level. As for the regional meetings, they provided crucial assistance. We had the opportunity to share experiences with other countries and this helped us to broaden our approach to the topic and allowed us to move forward. Having this support strengthens us.

Dr. Esmeralda Ramirez, Director Reproductive Health Department, Ministry of Health, El Salvador

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From the Implementers

In 2003, USAID's Bureau for Latin America and the Caribbean (LAC) launched the LAC Contraceptive Security (CS) Regional Initiative to strengthen CS and build a south-to-south exchange network to help sustain countries where USAID donations and family planning technical assistance are being phased out.

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Countries participating in the LAC CS initiative include Bolivia, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru.

Interview
with Maria Rosa Gárate

Maria Rosa, what is the key to the Regional Initiative's success; what is an example of one success?

The successes are not isolated. They result from the synergy of partners' efforts, the lessons learned, and the ongoing commitment of the CS champions, which can be the most difficult.

The annual meetings have been a good venue for LAC CS committee members to give feedback. Champions must not let problems discourage them or take breaks when the goals appear to be met. Major setbacks happen when we think that everything has been done and/or achieved. Our countries have many ups and downs; they need constant sensitizing. We must give them information to keep political decisions that are favorable to CS, or to make the necessary decisions to ensure CS. Champions strengthen strategic partnerships and keep CS on the public (and sometimes political) agenda.

Why are CS issues so important for you and your team working in the region?

I believe that contraception is not only a right, but also an ingredient for improving the quality of our lives. We must recognize and promote the benefits of knowing about and using contraception. Family planning not only reduces fertility rates and supports the right to decide on family size; it also fights poverty and seeks equity.

We must also remember the Millennium Development Goals; CS can help us achieve several goals—reduce maternal mortality, minimize malnutrition and child mortality, combat HIV and AIDS, and reduce gender inequality and strengthen women's empowerment.

Last year in Punta Cana, Dominican Republic, an agreement, signed by seven countries, identified 11 key issues to sustain country improvements during the USAID phaseout. CS committees must be institutionalized and autonomous, the MOHs must implement CS policies, and include CS responsibilities in the decentralization reform processes.

We must constantly seek effective political commitment, ensure protected funding, and strengthen citizen oversight.

Ms. Gárate is the Regional Advisor for Latin America and the Caribbean for the LAC Contraceptive Security Initiative for the USAID Health Policy Project. She has more than 30 years of experience monitoring and evaluating operational research for reproductive health programs in both the public and private sectors. She has provided technical assistance on management information systems and provided FP training on quality healthcare for many reproductive health programs in LAC. She has supported human rights, gender, and multiculturalism in Peru's health system and initiated one of the first actions to eliminate the stigma and discrimination against people living with HIV and AIDS. She was responsible for the first training manual for HIV and AIDS service providers in the MOH in her country.

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Building Ownership for Contraceptive Security Through a Regional Approach

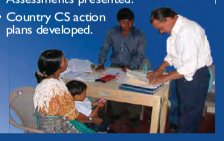
In the summer of 2003, USAID's Bureau for Latin America and the Caribbean (LAC) launched a regional initiative to strengthen contraceptive security (CS) in eight countries. Nine years later, the LAC CS Regional Initiative has built a South-to-South exchange network by motivating country-level CS champions to work together toward achieving a common goal–increasing access to family planning (FP) services and supplies throughout the region.

2003

Launching LAC CS Initiative Forum
Managua, Nicaragua, July
- Completed country/regional assessments.
- Formed most of LAC CS committees.

2004

Regional LAC CS Forum
Lima, Peru, October
- Assessments presented.
- Country CS action plans developed.



2005

Advocating for CS Event
Antigua, Guatemala, September
- Shared country market analyses.
- Strengthened country commitment to improving access to FP.

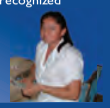
LAC CS State of the Practice Event
Washington, DC, USA, September
- Donors and partners committed to coordinating CS more closely.
- LAC recognized as a global CS leader

2006

Reproductive Health Supplies Coalition Global CS Event on LAC
London, England, April
- Shared LAC approach globally.
- Recognized countries for policy, supply chain, and procurement models.

2007

Supply Chain under Health Reform Workshop
Santo Domingo, Dominican Republic, September
- Supply chain and CS recognized as building blocks of health reform.
- FP better protected during integration and decentralization.



2008

Equity and CS Event
Antigua, Guatemala, September
Strengthened country commitment to improving access to FP.

Options for Contraceptive Procurement Workshop
Cartagena, Colombia, September
- Participants oriented to best practices for procurement.
- Partners better informed to support these practices.
- Procurement mechanisms improved in several countries.

2009

Public-Public Alliances for Equity in FP Workshop
Managua, Nicaragua, May
- Public institutions committed to better coordinating services.
- Increased commitment of Social Security Institutes to strengthen FP programs.
- Increased coverage in some countries.

2010

South to South Exchange Workshop: Learning about Alternatives for Efficient and Sustainable Contraceptive Procurement in the Public Sector
Lima, Peru, May
Country delegations committed to exploring the diversification of procurement options in their countries.

Successes and Challenges to Achieve CS Event
Punta Cana, Dominican Republic, June
Seven countries signed a declaration affirming their commitment to CS.

2011

A Call to Action: Advancing Contraceptive Security by Improving Access for Adolescents and Youth
Guatamala City, Guatamala, June
Two-country teams (including adolescents) formed to implement and monitor their work plans.

Joint USAID | Health Policy Project and USAID | DELIVER PROJECT Regional Meeting: Commodity Security Committees in LAC
Asuncion, Paraguay, December
Country delegations agreed to apply CS Committee lessons learned to help achieve more sustainable programs.

2012

Considerations for Continued Work Toward Contraceptive Security in LAC

by Nora Quesada

We have made a lot of progress in LAC. Poor families in my country, Colombia, and in Latin America struggle to access family planning. When they cannot get the products they need, they often face unwanted pregnancies and deaths.

Our CS work saves lives; it prevents unintended pregnancies, and averts maternal and child deaths. But, the work is not done. We still have contraceptive stockouts—but fewer than ten years ago.

Countries are facing USAID graduation while also facing profound institutional changes: like health system integration and decentralization. These changes can strengthen or weaken CS.

For example, the MOH in the Dominican Republic is transferring programmatic and service delivery responsibilities from province directorates to regional offices. To maintain their CS achievements, regional and district health, and commodity managers must advocate for family planning and preserve the integrity of supply chains. National-level CS champions must ensure that family planning and CS have priority attention within the new health system. Most USAID-supported countries are facing similar challenges.

We have not met all our goals for protecting CS. Countries still need to prioritize and maintain the supply chain during the health reform process. The goal of the health sector reform initiatives is to improve access to and equity of health care service provision. Part of this process includes guaranteeing the availability of preventative services—such as reproductive health and family planning —and their related supplies to everyone who needs them.

We must keep working to illustrate how a strong supply chain is the backbone of the health system and how, by investing in and prioritizing supply chains, we can contribute strategically to broader health system strengthening initiatives.
I look forward to working with countries to tackle these challenges in years to come.

Based in Colombia, Mrs. Quesada is the Regional Director for LAC for the USAID | DELIVER PROJECT. She has 21 years of experience in family planning, reproductive health, procurement, budgeting, donor coordination, commodity security, private sector initiatives, HIV and AIDS, market segmentation, policy advocacy and change, and graduation plans and strategies for USAID-assisted countries. Before joining John Snow, Inc., she developed the regional logistics and family planning training center while working for PROFAMILIA, Colombia.

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