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D I S C U S S I O N P A P E R

FAMILY PLANNING IN BRAZIL

prepared by Howard B. Helman

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DISCUSSION PAPER - FAMILY PLANNING IN BRAZIL

INTRODUCTION

This paper has two purposes: (a) review family planning assistance in Brazil with a view to where future efforts should be directed; and (b) analyze needs to continue the program and implications which change in resource levels would have.

Family planning services in Brazil had to be implanted notwithstanding tacit opposition of the Government. U.S. assistance was predominantly through private non-profit organizations, who brought services to the poor and lower middle class, trained medical, paraprofessional and community personnel and gradually spread use of family planning methods. The importance that these organizations played is not to be underestimated, but the rapid attainment of high prevalency rates is predominately linked with two commercial factors:

(a) doctors promoting caesarian deliveries, because both more lucrative and convenient, led mothers to make this the leading mode of contraceptive protection;

(b) pharmacies selling pills over the counter, predominately without prescription and at extremely low price, expanded sales even to the relatively poor.

These two methods combine to make up 80% of the method mix. There are important quality issues which relate to lack of perceived choice of methods by women desiring protection and inappropriate use of the methods. There is urgent need to amplify other methods, yet prospect of making significant inroads is guarded.

The Federal Government today accepts the principal of family planning. This has been written into the new Constitution. The present Minister of Health has taken a positive stance, including desire to work with private organizations. Yet, the transition to a meaningful role by Government is a sensitive and unproven one.

Brazil's new constitution decentralizes responsibility to the municipal level and passes leadership in program management to the States. This is a positive development, but there will be a several year shake-down period and uneven performance, especially in those States in which prevalency is lowest (and hence which are priority in AID's strategy).

A Brazil family planning evaluation and strategy was prepared in Aug. 1987 and has gained wide acceptance. In working from that framework in the light of the new yet unproven opening with the Government, four priorities emerge for future directions; how and with what intensity to pursue them is to be specified:

1. use education systems, i.e., bring family planning messages into mainstream education;

2. bring the Government to the forefront in incorporating family planning into maternal health services;
3. advance use of more cost effective forms of education/service delivery to target populations (reproductive risk groups, young adults, the poor); and
4. put more accent on sustainability: of organization and programs.

I. PRIORITIES IN AID'S STRATEGY FOR BRAZIL

A major evaluation of family planning in Brazil was followed by the bringing together of the principal Brazilian family planning organizations (FPOs) and U.S. cooperating agencies (CAs) (Dec. 1987). The meeting confirmed the principal directions and shifted the locus for initiative to Brazil. Theresince, the directions outlined below have been pursued rigorously, showing considerable progress and raising issues:

1. AID should phase out support for services except for N.E. Brazil, favelas of Sao Paulo and Rio de Janeiro, young adults and men.

Service programs to other regions of Brazil have been phased out or are being so in accordance with the completion schedules of on-going projects. The strategy included Minas Gerais in N.E. Brazil so as to continue support to Centro de Estudos e Pesquisa Clovis Salgado (CEPECS) (assured for one year; open for review for the medium term). The case of CEPECS, not unlike others, illustrates service support issues. Created at a time when AID was extending services through FPOs to reach as many clients as possible, CEPECS' network expanded to a large number of rural clinics operating in collaboration with municipalities and to about 15 private clinics in the City of Belo Horizonte. Today, even as the State Government and the mayor of the City of Belo Horizonte, are positively disposed to family planning, practical problems are presented:

- a. in the rural areas, most of the clinics operate through convenios (agreements) with the municipalities; in some cases the municipality will assume responsibility for the services after one year, predicated upon CEPECS training the personnel, continuing to supply anti-conceptual commodities and providing some reinforcement; this formula is excellent and should be encouraged with two reservations: (i) there is a lessening of control over quality which is a trade-off for assumption of responsibility by public health systems; and (ii) the program needs to be expanded in pace with the absorptive capacity of the State, especially for underserved parts of the State, but it isn't clear where the resources are to come from to cover CEPECS recurrent expenses and continued provision of commodities;

b. the City of Belo Horizonte will not absorb the private clinics; the communities are anxious to keep them, but cannot cover the cost. Under exploration is the centralization of professional services, with a minimal "point of education and referral" system at the posts using community volunteers. The City of Belo Horizonte, like Brasilia where recurrent cost support to PROFAMILIA was phased out in accordance with the strategy, and other large cities need more effective intervention, especially for favela populations; and

c. minimum operating cost support for CEPECS is not assured beyond the next 12 months (FPIA was the primary source of financing and has been phasing out programs in Brazil).

To varying degrees, the principal FPO service providers assisted by AID are in this position; with only rare exceptions are they far enough along on sustainability to have a basis for scheduled phase-out of service recurrent cost support (e.g., PROPATER, CLAM); all need to cover costs for training persons from other organizations and for provisions of commodities.

Issues

a. What level of resources should continue to be provided for basic services through FPOs as part of a responsible transition: to permit pathways to sustainable practices (in terms realistic for Brazil), to draw the Government into an increasingly forthcoming relation with service provision and to address the priority needs still identified by the strategy?

b. To what extent do adolescents become a special dimension of the program in Brazil, as regards protecting gains already made, making an effective beginning at integrating private organizations' work with public authorities and addressing adolescents as a special health issue (one which links health and family planning priorities)?

c. How much, in what manner and with what expectations should be invested in improving the method mix and addressing quality concerns?

2. Expand policy dialogue with Government at all levels; promote constructive relationship between Government and private entities.

During the Constituent Assembly, BEMFAM played a critical role in bringing family planning before legislators and gaining support for its acceptance as a basic right. There is now need for parallel work as each State adopts its new constitution. Moreover, as the Ministry of Health and the Ministry of Social Security resources merge, with management responsibility going the States, the need for close, local relationships is greater. ABEPF will now give this area priority and BEMFAM will intensify efforts. This work deserves fullest support.

Better relationship with public services requires a fresh look at family planning in conjunction with other health services. Avenues will best be pursued where there is broad health interest: adolescents, STD/AIDS, maternal-child care; public resources are not available at the federal level (federal-state transfers); municipal support is to be cultivated via a more encompassing rationale. More adequate exploration within Brazil is a near term priority. Work with womens organizations, too, should be expanded.

3. Seek cost-effective alternative to FPO provision of services;

Three principal lines of approach are being explored: (a) expanded provision of services through public health systems or through contract arrangements with public health systems; (b) commercial options: social marketing, outreach to doctors and health institutions, through the workplace, associations or gatherings of large groups; and (c) drawing on social assistance organizations or networks who already have a service relation with the poor or target groups.

While these areas have not been neglected in the past, each offers new opportunities. The first has been amply discussed. A social marketing program for pills is currently being pursued in Belo Horizonte and Recife; it would be top priority to promote condom use, too, but Brazilian law prevents sale of imported condoms and a domestic source is not available. A promotional program for vasectomy, building upon earlier succesful work in Sao Paulo (PROPATER) is being expanded for Sao Paulo, Salvador and Fortaleza. Promotion of family planning as preventive health care in health maintenance organizations and working with employers to facilitate education and access to anticonceptional commodities will be priorities in the next twelve months. Finally, broadening the role in health services of private non-profit organizations in social assistance to the poor and using networking for this purpose are priorities of AID Rep. How far these non-profit community agencies will be advanced is dependent, in part, on level of discretionary health resources which LAC will make available for Brazil.

Issues:

- 1. Will the shift in Government official posture make a de facto difference at the Federal level, in Sao Paulo State, at other State and local levels?
- 2. Is there a viable intervention to increase availability, reduce cost and permit social marketing of condoms?

4. Addressing AIDS/STD in parallel with family planning.

condom
 - Ansell is looking at getting the subsidies reduced.
 - John is J has manual sup. locally condoms. thinks they need 90% of the market. J&J Ansell is trying to set up a found manual plant of seed & milk supplies of unhusked product. Then release on Brazil. J&J doesn't have enough capacity to cover demand. Under these circumstances, I think it's better to look at this

AIDS/STD is having impact on family planning: greatly increasing

demand for condoms in services to the poor; causing abandonment of methods affording long term protection for methods which may not be sustained; producing anxiety among persons of high risk comportment; leading to demands for information from staff of family planning organizations for which they have not been properly trained.

There is cost-effectiveness in using FPOs in education, training of health workers, facilitating access to risk reducing commodities (condoms, spermicides), surveys and counseling. However, the public services, faced with their own budget problems, will not be easily induced to use private groups. A small breakthrough is being made by work in which the MOH AIDS/STD coordinator is involved, promoting a private network for young adult education including AIDS/STD.

AIDS/STD problems open an opportunity to establish the role of private organizations or networks providing essential services, sustaining or expanding market share and developing a constructive relationship with public authorities. It is an opportunity to be developed with care, on the one hand, because public support is scarce, yet to be pursued on the other because some activities may be sustainable or susceptible of mobilizing community and enterprise support.

Finally, AIDS/STD implies important training costs. How these will be shared between family planning and AIDS funding will need to be clarified.

5. Bring FPOs to be as self-sustaining as practicable, then confront whether and for what profile they may continue to be supported as resources for Brazil diminish.

Family planning organizations providing services only to the poor are unlikely to recover a major portion of operating costs. Assuming increasing Government involvement in family planning and receptivity to service agreements with private organizations, they still may not make it. There are rare organizations who, because of cost effectiveness and service agreements with multiple public services/parastatals, may get by, e.g., Sofia Feldman Hospital, Belo Horizonte. Those with a mixed clientele and/or other revenue generating activities are better prospects. The tasks are to understand each organization, assessing what gains toward sustainability it may make, how essential is its continuity with modification to activity profile, then decide what is the mix of surviving organizations and level of support which will optimize available resources when viewed with changes in resource levels anticipated over time.

This is a costly process with two main lines of effort: change the mentality from one of dependence to one of competitiveness, addressing internal efficiency (cost containment, cost effectiveness

and revenue generation) and diversification, with emphasis on revenue generating options and on building the internal capacity to manage them. . In family planning, political influence and relation building are an integral part of the first; marketing is an essential of both.

AID is assisting some 15-20 organizations significantly; it will be possible to invest intensively in sustainability preparations for perhaps half, offering training in strategic planning, in finance and management and in marketing more broadly. Efforts are underway with ABEPF, BEMFAM, CPAIMC, CLAM, PROPATER, SOFIA FELDMAN, CAEMI, CEPECS.

ABEPF is receiving substantial support from five CAs: AVSC, Pathfinder Fund, Development Associates, MSH and JSI (ENTERPRISE). They are working together to permit strategic planning and institutional development for a transition in which the future depends on growth of membership support, marketing of technical assistance and training and of educational materials. In this case, the internal effectiveness and the diversification are intimately related; the returns from diversification will have gradually growing pay-off. Two-year commitment to implementing the plan is necessary to determine whether prospects are sufficiently favorable to allow for continued support of the organization; self-sufficiency will not be attained within two years, but a substantial reduction in dependence is anticipated.

This example should be contrasted with that of PROPATER, where because of excellence of quality and highly specialized nature of the service (vasectomy), a potentially lucrative diversification option exists (andrology laboratory and male counseling service). Management effectiveness is demonstrated; the investment under the ENTERPRISE project may lead PROPATER a long way toward self-sufficiency, the mixed income profile of the client population makes the organization less vulnerable to vicissitudes in the Sao Paulo economy.

For CPAIMC, SOFIA FELDMAN, CLAM and CAEMI, emphasis is on diversification (ENTERPRISE) complemented by participation in training offered by MSH.

BEMFAM is at an incipient stage. Large, talented and facing a transition for which definition still needs to be made, it is a near future priority for technical assistance. There are more complex issues related to services and to redirection of efforts/role than for other groups.

Finally, the example of CEPECS is again instructive. Promoted as an overextended service delivery organization without adequate concern for sustainability, it is now struggling for an identity. Its future lies, in part, in preparing municipalities in Minas Gerais to provide family planning services, providing commodities, training and reinforcement, marketing of consumer research skills being aquired through participation in social marketing and promoting

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support from within the business community.

ABERPF and CEPECS will face unmanageable financial crises before showing whether they can confront the future unless a source of support (CÁ) is identified. Other organizations will be at risk (e.g., Bertha Lutz, IRHPE). Support to lesser performers has been phased out; assistance is being focused upon a select few organizations, helping them to defend a role for the future and to expand their relation with the public health system.

Sustainability issues reach beyond the non-profit groups. Level of investment in services included with Federal, State and Municipal involvement in service delivery, introducing innovative young adult programs critical to maintaining future prevalency rates, expanded AIDS/STD research and education, influencing public policy and addressing quality issues all present complex trade-offs as regards AID as well as opening access to other support (external and internal). The work on sustainability is innovative enough to warrant a reasonable period for demonstration.

6. Select where to invest in research and training effectiveness in Brazil.

Hot topics include: quality issues related to female sterilization, impact which AIDS is having on the method mix, why woman abandon the pill, expanding family planning education in medical and nursing school curricula, measuring returns from preventive family planning and AIDS/STD health care in the workplace coupled with access to anticonceptional commodities, training family planning and health professionals about AIDS, bringing educational messages on responsible parenthood/avoiding undesired pregnancy and AIDS/STD to young adults, etc.

Similarly poignant are the range of training issues related to assumption of responsibility by Federal and State health services for family planning.

The relation between population and environment: as regards misuse of natural resources and excessive urban social cost, is a ripe message for the new mayors and state leaders following the municipal elections and at time of drafting state constitutions.

7. Preparing a responsible phase out of AID family planning support for Brazil.

The dominant determinant is attitude of Government. It opens access to the considerable budget resources ineffectively used in health programs and to powerful external support through World Bank and UNFPA. It offers more cost-effective structures and relationships for service delivery to the poor.

Support to FPOs' should be reduced in the medium term, but this should occur when sustainability options, reasonable cost sharing with continued provision of commodities and more cost effective alternatives for education and access to family planning methods are demonstrated.

There is continuing need for innovative programs (young adults, enterprise involvement, work with women's associations, training for public assumption of responsibility, policy, market approaches, etc.).

II. OPPORTUNITIES

A. Critical Programs Seeking Support

1. bring Sao Paulo State Government into the mainstream on provision of family planning services.
 - a. CEMICAMP - training/reinforcement for public health professionals
 - b. work with enterprises
 - c. associate public services with private favela assistance agencies
2. advance sustainability priorities
 - a. support for ABEPF to realize strategic plan
 - b. execute FPMT/ENTERPRISE collaborative agendas
 - c. develop sustainability agenda with BEMFAM
 - d. assure resources for CEPECS if demonstration occurs
3. expand young adult activities, including for young males
 - a. foster the young adult education network
 - b. intensify service access for young adults
 - c. expand young male education/service programs
4. continue reasonable level of services within strategy
 - a. support BEMFAM programs in N.E.Brazil
 - b. intensify programs aimed at high reproduction risk groups
 - c. promote introduction of preventive services through HMOS/enterprises
 - d. advance service relationships between BEMFAM/ABEPF members and public health systems (state and municipal).
5. design and bring to fruition training and service activities linking AIDS and family planning
 - a. support for young adult network
 - b. operations research on AIDS/family planning education through the workplace
 - c. others to be developed.
6. advance policy dialogue at State and local level (BEMFAM)