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2004-2014
REPRODUCTIVE HEALTH
SUPPLIES COALITION

FAMILY PLANNING IN THE LAC REGION: THE ACHIEVEMENTS OF 50 YEARS



AVAILABILITY



QUALITY



EQUITY



CHOICE

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SALUD
SECRETARÍA DE SALUD



OBJECTIVES OF THIS ANALYSIS



- To document the dramatic changes over 50 years:
 - TFR and modern contraceptive prevalence (mCPR)
 - Social, economic, educational progress
- To analyze the catalytic role of governments, NGOs, USAID and others in advancing FP
- To identify key factors responsible for this progress:
 - Potentially applicable in other regions
- To outline remaining challenges for FP in the region

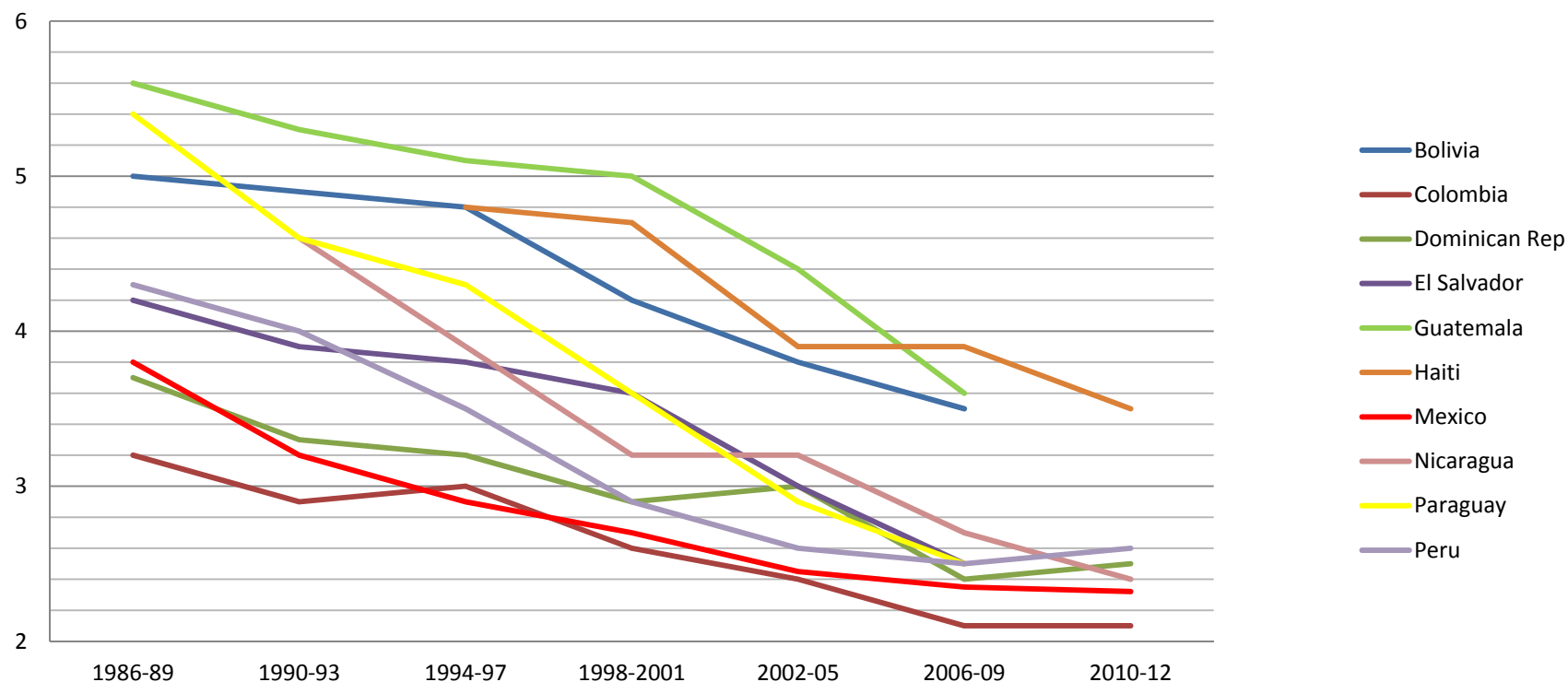
METHODOLOGY AND FORMAT

- Over 100 key informant interviews:
 - USAID, UNFPA, IPPF, others
 - MOH, Social Security
 - Civil society, NGO leaders
- Literature review
- Analysis of DHS, RHS, and national surveys

Availability of the findings:

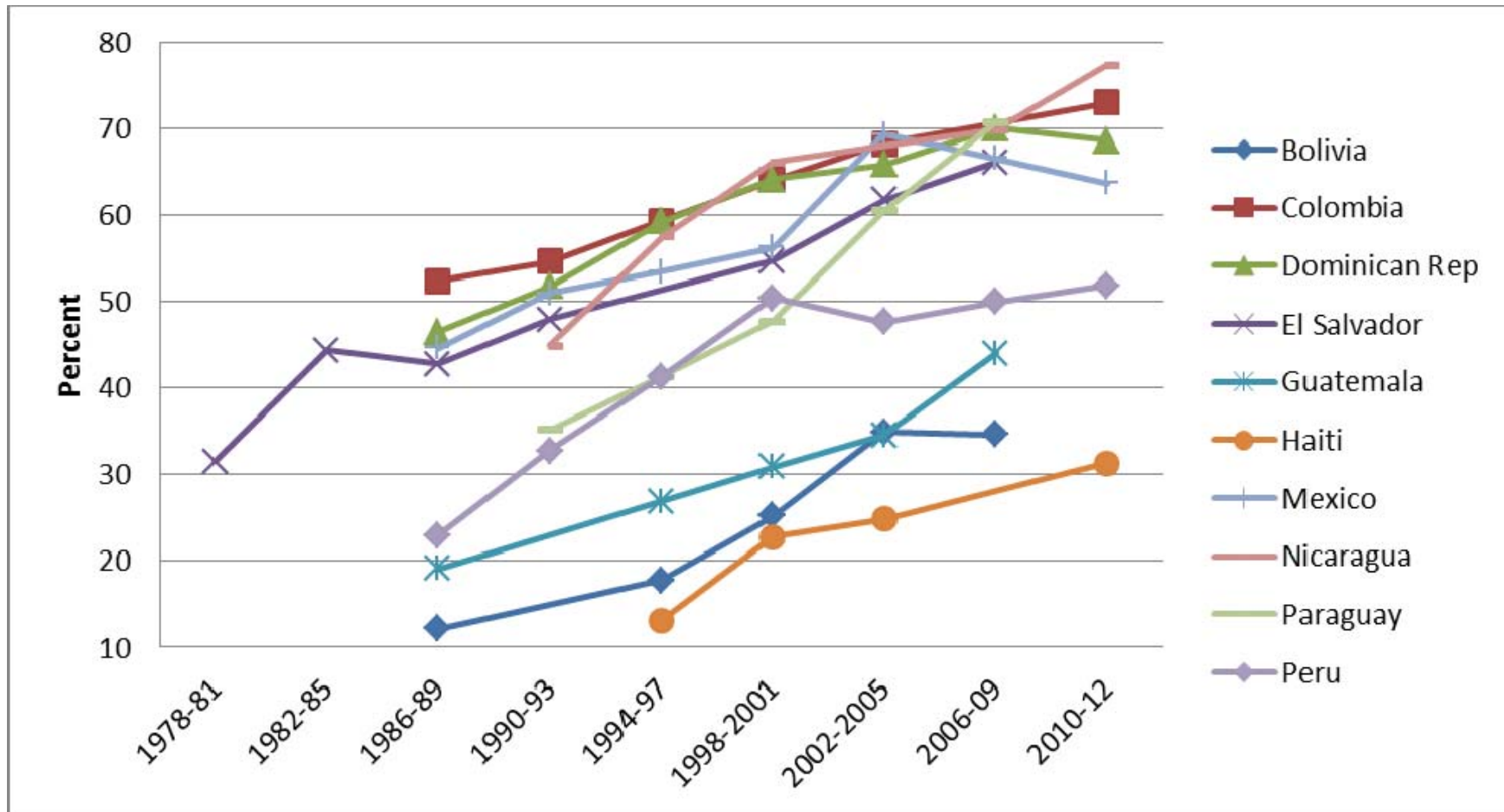
- Overview report
- Executive summary
- 8 case studies:
 - Colombia
 - Dominican Republic
 - El Salvador
 - Guatemala
 - Haiti
 - Mexico
 - Nicaragua
 - Paraguay

TRENDS IN TFR: SELECTED LAC COUNTRIES 1986-2012



Source: Country Reports (DHS, RHS, and NS) and PRB data for 2012

5 MODERN CPR IN SELECTED LAC COUNTRIES 1986-2012



Source: Country Reports (DHS, RHS, and NS) and PRB data for 2012

6 ADOLESCENT BIRTH RATES: TROUBLING TRENDS



Despite increases in mCPR among adolescents in all countries:

- ABR has not decreased as rapidly for 15-19 year olds as for adult women
- 79 births/1,000 women 15-19 (surpassed only by sub-Saharan Africa)
- Higher ABR among poor adolescents than among the affluent

FP TIMELINE IN LATIN AMERICA AND THE CARIBBEAN

1960s



- IPPF mobilizes interest in FP
- USAID provides technical and financial support
- Clinics open in urban areas (pills, IUD, condoms)
- Governments remain cautious

FP TIMELINE IN LATIN AMERICA AND THE CARIBBEAN

1960s

1970s



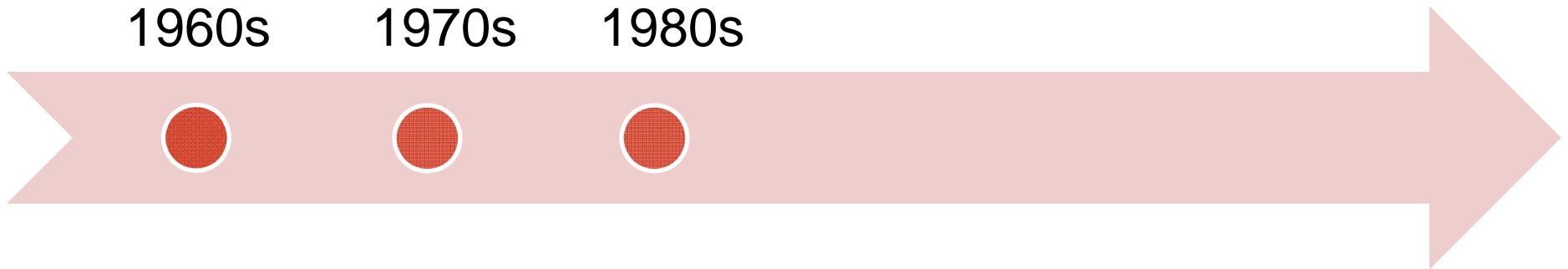
- Expansion to CBD and CSM
- Introduction/expansion of permanent methods
- Governments increase role in services

FP TIMELINE IN LATIN AMERICA AND THE CARIBBEAN

1960s

1970s

1980s



- Expansion of services (urban/rural)
- Multiple actors, reinforced by USAID CAs
- DHS/RHS in widespread use
- Mexico City Policy

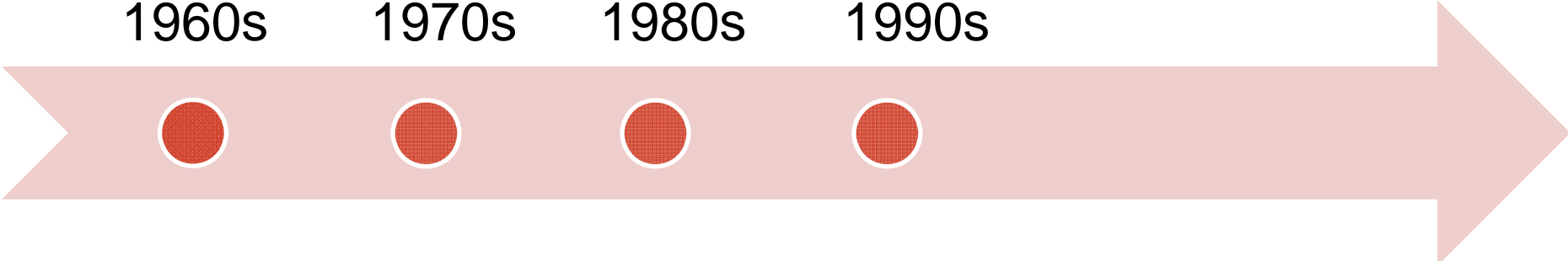
FP TIMELINE IN LATIN AMERICA AND THE CARIBBEAN

1960s

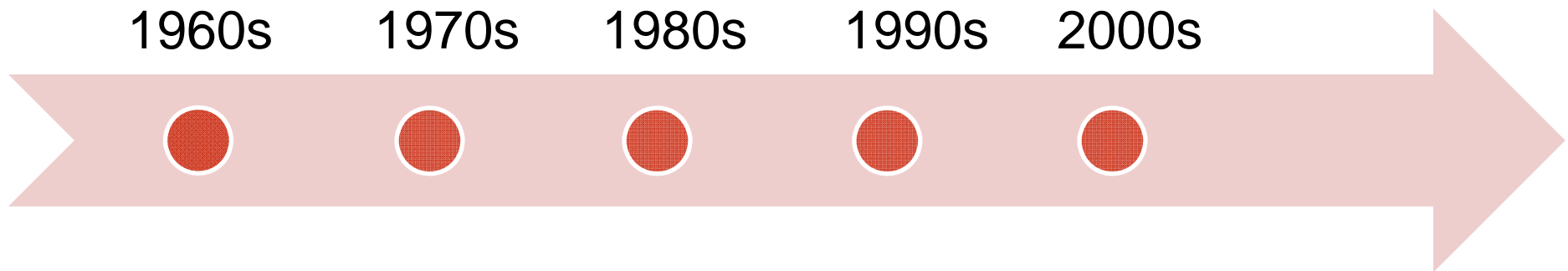
1970s

1980s

1990s

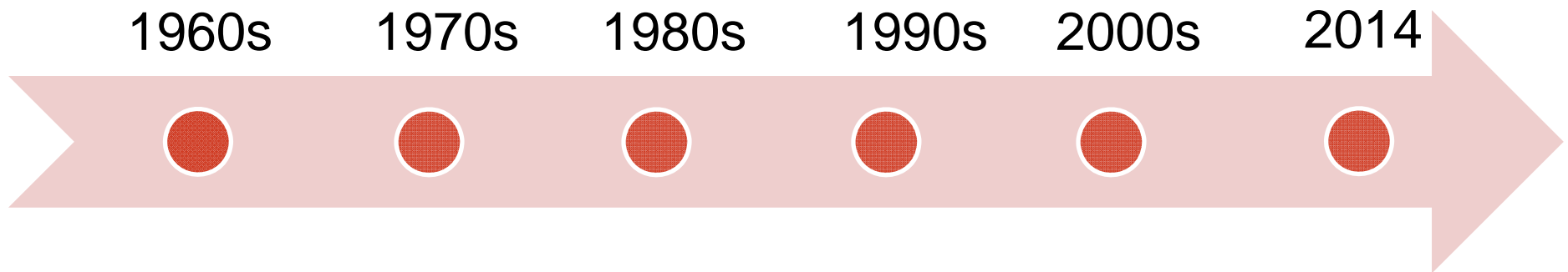
- 
- Transition toward greater sustainability
 - USAID begins phase-out of FP assistance
 - Role of public sector increases
 - Cairo - shift toward sexual/reproductive health

FP TIMELINE IN LATIN AMERICA AND THE CARIBBEAN



- Focus on contraceptive security
- USAID formalized the graduation process
- Increased role of UNFPA in procurement
- Public sector: leading source of contraception
- FP covered by insurance, social security, other

FP TIMELINE IN LATIN AMERICA AND THE CARIBBEAN



- TFR = 2.2
- mCPR = 67%
- Adolescent birth rate: 79 per 1000 women 15-19
- Only Guatemala and Haiti receive USAID bilateral FP support

TEN KEY FACTORS THAT INFLUENCED FP ACHIEVEMENTS IN THE LAC REGION

1. STRONG NGOS AND WOMEN'S GROUPS

- Pioneers and champions
- Alliances between government, NGOs, women's groups and the private sector
- Current role: holding governments accountable

2. INCREASINGLY SUPPORTIVE SOCIO-POLITICAL AND POLICY ENVIRONMENT

- Widespread literacy and urbanization
- Pervasive radio and television changed norms
- Several countries recognized the right to SRH in their constitutions or legislation

3. SUSTAINED EXTERNAL SUPPORT

- Strong USAID investment 1965 to the late 1990s
- IPPF support to MAs; UNFPA – to governments
- Systematic graduation from USAID support in most countries
- Strategic investments in sustainability: contraceptive security and advocacy

4. COORDINATION BETWEEN GOVERNMENTS, CIVIL SOCIETY AND EXTERNAL AGENCIES

- Coordinating commissions and other mechanisms
- Umbrella groups to coordinate technical assistance
- DAIA (Spanish for “Contraceptive Security Committees”)

5. DEVELOPMENT OF KEY AREAS OF EXPERTISE

- Clinical and community-based service delivery
- Health systems management
- Information, education and communication
- Social marketing
- Contraceptive procurement and supply logistics
- Policy support for family planning

6. INFORMATION FOR DECISION- MAKING AND ADVOCACY

- Earliest programs focused on research
- Operations research
- Investments in information systems
- DHS since the 1980s

7. STRATEGIC COMMUNICATION

- Innovative use of communication channels
- 1969: Colombia's use of radio
- 1970s: telenovelas (Mexico)
- 1970s-80s: social marketing campaigns
- By 1990s: increased use of strategic communication
- By 2000s: demand already high; less support to BCC

8. EVOLUTION OF FINANCING MECHANISMS

- NGOs - Diversification and cross-subsidization
- Public-private partnerships
- Government - health insurance systems that cover family planning
- Innovative legislation and regulation to mandate line items for contraception

9. EFFECTIVE ADVOCACY

- Supportive policy frameworks compared to some other regions
- Regulatory barriers to youth access and female sterilization (husband's consent)
- Challenges to access to Emergency Contraception
- Increasingly strong advocacy coalitions

10. CONTRACEPTIVE PROCUREMENT

- Government procurement nearly universal
- Data on needs of marginalized groups used to mobilize governments
- Private sector initiatives (market segmentation)

REMAINING CHALLENGES AND RECOMMENDATIONS

HIGH FERTILITY RATES IN ADOLESCENTS



STRENGTHEN COMPREHENSIVE SEXUALITY EDUCATION



REDUCE GAPS IN FP ACCESS TO THE POOR, RURAL, OR INDIGENOUS



ENSURE CONTINUED COMMITMENT TO FP IN DECENTRALIZED SYSTEMS



CONTINUE TO BUILD CAPACITY FOR FP IN CONTEXT OF SR MATERNAL HEALTH



ENSURE AVAILABILITY OF INFORMATION FOR DECISION-MAKING



REFLECTIONS ON 50 YEARS

REFLECTIONS ON 50 YEARS



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- All photos courtesy of K4Health Photoshare

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Views expressed in this presentation are those of the authors and do not necessarily reflect the views of USAID or the U.S. Government.