



# CONTRACEPTIVE SECURITY

## **Contraceptive Security Becomes Law in Guatemala**

In Guatemala, civil society networks advocated to Congress for increased FP/RH funding. HPI-TO1 supported these networks to draw on relevant data in their advocacy efforts. Data included information on the country's FP/RH indicators, the adverse effects of not guaranteeing FP/RH services and supplies, and the looming shortfalls in public financing for FP/RH. These advocacy efforts proved successful when the Guatemalan Congress passed the **"Law on Universal and Equal Access to Family Planning"** in late 2005. The law stipulates increased funding for contraceptives using revenues from a levied alcohol tax. The law also recognizes CS as an important national issue and formalizes a national multisectoral CS committee.

Contraceptive security (CS) "exists when people are able to choose, obtain, and use high-quality contraceptives, including condoms, when they want them for family planning and HIV/STI prevention" (SPARHCS, 2004). Focus on CS has increased in recent years as donors have begun to phase out contraceptive commodity donations and other family planning (FP) assistance. Meanwhile, countries are assuming increasing responsibility for current FP needs as the demand for services and supplies continues to grow. Achieving contraceptive security requires political commitment from national governments, strong supply chains, adequate country financing to procure commodities, private sector involvement, ability to plan for the longer term, and the local capacity to develop and implement CS strategies.

Task Order 1 of the USAID | Health Policy Initiative (HPI-TO1) works with countries to help them achieve contraceptive security. Our technical assistance has contributed to increased funding for commodity procurement through collaborative involvement with national CS committees, governments, private sector, and civil society. In some countries, we work with a variety of policy champions who, in turn, advocate for legal and legislative reforms to improve the availability of contraceptives. In other countries, our efforts focus on helping local groups and governments design and implement strategic plans aimed at ensuring sufficient funding for FP supplies.

## **OUR APPROACH**

HPI-TO1 supports CS activities at country, regional, and global levels and includes partnerships with the public and private sectors. Here are some of the successful approaches we use in our technical assistance work.

- **Use concrete and compelling data to inform decisionmaking**, for addressing current and future FP needs. Using various projection software programs, secondary analyses of DHS, and other tools, we help countries estimate human and financial resource requirements, project future demand for and use of family planning, and conduct quintile analysis based on income groups. These tools are used to analyze markets and demand for family planning, forecast contraceptive needs, carry out policy analysis, and advocate for policy reforms.
- **Help establish CS as a priority issue on political platforms** to ensure ongoing political commitment to CS and other reproductive health issues. We have helped build political support by engaging political parties, media, and civil society, raising awareness about the importance of CS as a national health and development issue.

- **Assist in the formation and provide ongoing technical support to multisectoral national CS committees** that are responsible for: 1) raising awareness, 2) advocating for policy improvements, and 3) developing strategies and implementing actions plans that improve contraceptive security.
- **Facilitate the development and implementation of CS strategies** through a multisectoral approach. We bring together key stakeholders, including ministries of finance and the commercial sector, to develop strategies and plans that draw on data about the market structure for family planning, identify the roles of various sectors and stakeholders, and provide an understanding about the funding required to implement the strategy so that priorities are set accordingly. Integral to this process is the development and costing of an action plan.
- **Identify and remove operational barriers that restrict CS**, especially those related to financing and procurement. Local stakeholders need to be able to assess the legal and regulatory environment and identify and remove barriers, such as bottlenecks in the disbursement of funds and inefficient procurement mechanisms.
- **Build capacity** among policy champions, CS committees, civil society groups, and public sector officials to advocate for CS needs in a country. HPI-TO1 builds local capacity to increase FP funding, improve quality of services, and implement policy reforms such as instituting budget line items for contraceptives. We also train CS committees and public sector officials to use data and analytical tools to inform decisionmaking.

### For More Information

Health Policy Initiative, Task Order 1  
Futures Group International  
One Thomas Circle, NW  
Suite 200  
Washington, DC 20005 USA  
Tel: (202) 775-9680  
Fax: (202) 775-9694

[policyinfo@healthpolicyinitiative.com](mailto:policyinfo@healthpolicyinitiative.com)  
<http://www.healthpolicyinitiative.com>  
<http://ghiqc.usaid.gov>

The USAID | Health Policy Initiative, Task Order 1, is funded by USAID under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. Task Order 1 is implemented by Futures Group International, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), Futures Institute, and Religions for Peace.

The views expressed in this publication do not necessarily reflect the views of USAID or the U.S. government.

### RECOMMENDED RESOURCES

- *Policy Issues in Planning and Finance* (available in English, French, Spanish)
  - Policy Aspects of Contraceptive Security (May 2002)
  - Setting Priorities in Reproductive Health: Lessons Learned (Sept. 2002)
  - Targeting: A Key Element of National Contraceptive Security Planning (Oct. 2003)
  - Creating Conditions for Greater Private Sector Participation in FR/RH: Benefits for Contraceptive Security (June 2004)
  - Ensuring Contraceptive Security for HIV-positive Women (Nov. 2005)
  - Strengthening Contraceptive Security in Decentralized Settings (Jan. 2006)
- *Contraceptive Security Supplement — Networking for Policy Change: An Advocacy Training Manual* (November 2007)
- *Leading Voices in Securing Reproductive Health Supplies: An Advocacy Guide and Toolkit* (forthcoming 2007 from the Reproductive Health Supplies Coalition)
- *Lessons Learned From Phaseout of Donor Support in a National Family Planning Program: The Case of Mexico* (Sept. 2005)
- *Options for Contraceptive Procurement: Lessons Learned from Latin America and the Caribbean* (Oct. 2006)
- *SPARHCS—Strategic Pathway to Reproductive Health Commodity Security* (2004)
- *Spectrum Suite of Policy Models*