



# How Data and Information Contribute to Contraceptive Security

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## Setting

Many countries in the Latin America and Caribbean Region are experiencing the gradual phaseout of donated contraceptives. During the past decade, governments and donors have been working together to put in place sustainable mechanisms to ensure continuous supplies of contraceptives. Major progress has been achieved on many fronts, including transitioning from donor to country financing, better matching of public subsidies to those most in need, obtaining lower contraceptive prices, and establishing the institutional capacity for countries to manage their own contraceptive security (CS).

### **Definition of Contraceptive Security:**

Contraceptive security exists when people are able to choose, obtain, and use high-quality contraceptives whenever they want or need them.

To continue moving forward toward full contraceptive security, interested parties from the public and private sectors in many of these countries have come together to form “Contraceptive Security Committees,” with support from USAID cooperating agencies. The purpose of the committees is to coordinate and collaborate on addressing the major CS issues. Through technical assistance, the CS committees have assisted governments, donors, and NGOs in analyzing markets and demand for family planning (FP), forecasting contraceptive needs, carrying out policy analyses, informing decisionmakers of important findings, advocating for policy reforms and greater access among the underserved, and helping implement new approaches for achieving contraceptive security.

## Better Data and Analytic Methods

CS committees have been effective—thanks to receptive policy environments, good cooperation among donors and governments, and the pressing need to fill the gaps in contraceptive supplies caused by donor phaseouts and market failures. Just as important to the success of the committees have been the availability and use of more specific data, increasingly sophisticated analytic methods, and specific research focused on contraceptive supply and operational policies. While aggregated data for such indicators as unmet need have existed for several decades, it is only in recent years that the level of detail, especially in the Demographic and Health Surveys, has allowed an analysis of contraceptive method use by different socioeconomic groups—more commonly known as quintile analysis or market segmentation analysis.

This type of data analysis provides researchers and policymakers with a much clearer understanding of current needs, how well public sector providers are reaching their clients, who the private sector serves, and the characteristics of demand by method mix and income. In addition, improvements in simulation software now allow more



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detailed projections of demand and more robust pricing information that governments and donors can use to plan the quantities of contraceptives required and budget levels needed for the medium to long term. This kind of critical information has underpinned the successful efforts of the CS committees.

## How Contraceptive Security Committees Use Data and Information

Here are some examples of how data and information have been used to improve the sustainability of contraceptive supplies in Latin American countries. There are three main areas:

### Awareness raising and policy dialogue

- In **Nicaragua**, market segmentation analysis revealed that a large proportion of the Social Security Institute (INSS) beneficiaries were obtaining contraceptives from the Ministry of Health (MOH) at no charge. Members of the CS Committee presented these data to the MOH and the INSS Director, who were unaware of this use pattern. The INSS agreed to increase provision of contraceptives to its beneficiaries via contracted private service providers. Meanwhile, the data also showed that the MOH was facing major financial shortfalls, limiting its ability to provide contraceptives to its clients. Thus, the MOH decided to increase

its budget for the purchase of contraceptives, which allowed the ministry to expand FP services to underserved couples. The increased INSS coverage also reduced demand pressure from middle-class clients for free MOH services.

### Advocacy and policy change

- In **Guatemala**, two civil society networks, INSTANCIA Salud/Mujeres and REMUPAZ, advocated to Congress for increased FP/RH funding. Local CS experts worked with these networks to present information on FP/RH indicators, the possible effects of not investing in FP/RH, and the looming shortfalls in public financing for FP/RH. As a result, the Guatemalan Congress passed the *Law on Universal and Equal Access to Family Planning* in late 2005. The law stipulates increases in the budget for contraceptives, using revenues levied from a 2004 alcohol tax. The law also recognizes contraceptive security as an important national issue and formalizes a multisectoral, national CS commission. Good information and effective advocacy thus helped to change the face of FP programs in Guatemala.
- **Bolivian** CS committee members, in collaboration with sympathetic parliamentarians, produced and disseminated a series of studies and recommendations for legislative and executive policymakers during 2003–2005. The data in these studies showed significant health benefits that would accrue to women of reproductive age by covering FP/RH services under the nation's Universal Maternal/Child Insurance plan. As a result, in 2005, the government of Bolivia passed Law No. 3250, which established expanded coverage of its health plan to include many additional



FP/RH benefits for women of reproductive age, including greater availability of contraceptives and FP services. This major policy shift will have a lasting impact on public sector health services in Bolivia.

### Planning and programming

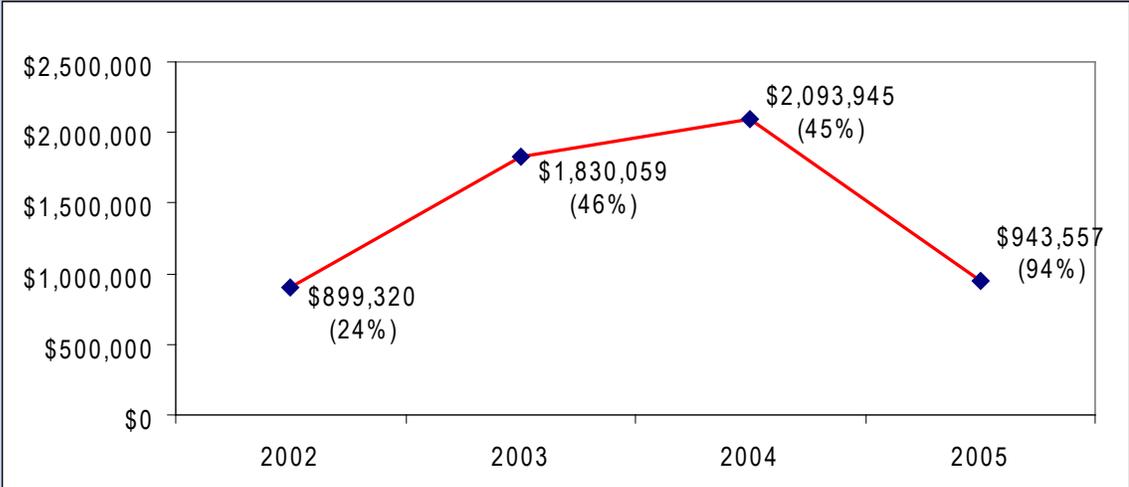
- Until recently, many countries ordered contraceptives based on limited information about needs. A CS committee member in the **Dominican Republic** reports that the lack of data on the current and projected FP method mix meant that the government purchased more intrauterine devices than required. Thanks to the CS committee's work, this problem has been overcome.
- **Salvadoran** committee members used pricing and expense information to determine cost savings that could be achieved by shifting procurement to the United Nations Population Fund (UNFPA). In 2005, the MOH started buying contraceptives from the UNFPA at great

cost savings (see figure). The Social Security Institute later determined that it could save US\$400,000 by purchasing contraceptives from UNFPA instead of from local suppliers. For this reason, in September 2007, the Social Security Institute joined with the MOH in this new procurement mechanism. The result of this planning effort will mean that the government can better afford to provide contraceptives to couples, while at the same time ensuring greater financial sustainability and coverage of the FP program.

### Positive Effects of Sharing Data and Information

One of the features of the CS committees in Latin America is that they hold periodic national and regional meetings, interact frequently to share information and analyses, and even conduct specific study tours from one country to another. This robust interchange has stimulated and accelerated the pace of change and improvement with respect to contraceptive security. The following quote illustrates an exchange between officials

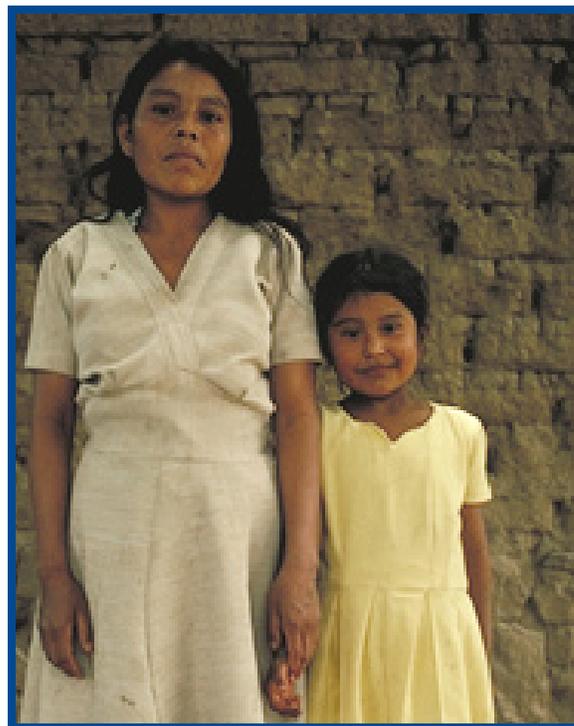
**Annual Trends of El Salvador MOH Expenses for Contraceptives, by Percent of Need Covered**



in El Salvador and Paraguay that has had a major impact on contraceptive security in the latter country.

“At the Antigua [Guatemala] meeting [in 2006], we saw the savings that the El Salvador MOH achieved with procurement through UNFPA— with prices nearly 5–6 times less what it would cost in the commercial market and that the MOH planned to procure for Social Security, too, so it could access such competitive prices. It convinced us that we (Social Security) needed to address the obstacles we currently face with procurement.”

– Social security official, **Paraguay**



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Other examples of these productive exchanges are numerous and can be found in the larger report on which this brief is based. (See Menotti, Elaine and Suneeta Sharma. 2007. Forthcoming. Using Data and Information to Advance Contraceptive Security in Latin America and the Caribbean. Washington, DC: USAID | Health Policy Initiative, Task Order 1).

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