



The Challenge of Family Planning Supplies in Latin America: *How Contraceptive Security Committees Are Making a Difference*

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Overview: The Contraceptive Security Challenge

For decades, key donors such as USAID and the United Nations Population Fund (UNFPA) have provided free contraceptives to governments and nongovernmental organizations (NGOs) in many Latin American countries. Beginning in the 1990s, with the use of modern family planning (FP) methods firmly embraced by the region’s population, donors began the process of phasing out contraceptive donations in most countries. For many of those countries, donor phaseout could potentially lead to a contraceptive funding gap, whereby the current available funding would be insufficient to meet either current needs or future demand for contraceptives. Further work is needed to adequately prepare countries to address the contraceptive supply challenge. Many countries are now developing comprehensive FP and contraceptive donation phaseout plans, increasing political commitment and mobilizing resources to ensure long-term availability of contraceptives for their populations.

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

The Response

In response to the impending supply gap, USAID and its cooperative agency partners sponsored a regional meeting in 2003 to raise awareness, foster south-to-south collaboration, and offer support to countries in addressing this issue. This

meeting, attended by donors, NGOs, government officials, and contraceptive security (CS) experts, resulted in the formation of “Contraceptive Security Committees” in some of the participating countries. Subsequently, other regional meetings occurred in Peru, Guatemala, and the Dominican Republic. By 2007, six committees were formed (see box below).

Official Country Contraceptive Security Committees (2007)

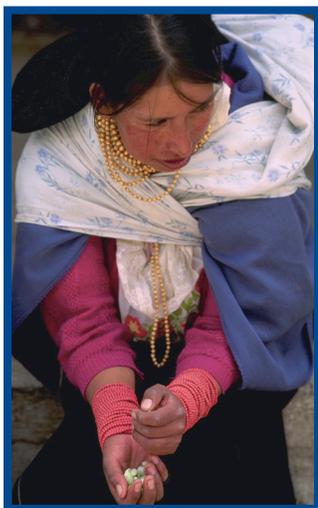
Bolivia	El Salvador
Honduras	Dominican Republic
Nicaragua	Paraguay

Two other countries, Guatemala and Peru, do not have formal CS committees—although Guatemala is now forming one. The purpose of a CS committee is to create an organized local structure that functions as a secretariat and focal point for advocacy and action to help countries attain contraceptive security. Through technical assistance, the CS committees have helped governments, donors, and NGOs to analyze markets and demand for family planning, forecast contraceptive needs, improve logistic systems, develop CS strategies, carry out policy analyses, and advocate for policy change and greater political commitment—all of which contribute to improved contraceptive security. CS committees are largely composed of health sector representatives, with a public-private mix—although some have multisectoral participants. UNFPA and USAID and its cooperating agencies also participate in the CS committees.

Performance and Contributions of CS Committees

In 2006, USAID commissioned a case study to assess the contributions of the CS committees in improving contraceptive security in the region so that successful experiences could be shared with other countries and regions.¹ The study included approximately 70 interviews with stakeholders in the six countries where CS committees are active. These interviews were conducted between February and April 2007. Respondents included representatives from ministries of health (MOH), social security institutes, and other government institutions; International Planned Parenthood Federation (IPPF) affiliates; other NGOs; donors; and technical agencies. Overall, the interviews revealed strong enthusiasm, support, and recognition for the progress made in contraceptive security through the committees.

Performance of CS committees. Enthusiasm about the work of the CS committees, and their prospects for having a long-lasting positive impact on family planning in their respective countries, was expressed almost uniformly. What stands out most is that participants from the regional meetings returned to their countries and put in place formal mechanisms to address CS issues at the national level. In most cases, this involved establishing a committee and recruiting key members. The CS committee then was responsible for writing procedures manuals, preparing a strategic plan,



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holding regular meetings, sponsoring research and policy analysis, and carrying on continuous awareness raising and policy dialogue on contraceptive security. When asked if the committees functioned successfully, respondents concluded that they were fully successful in five countries and partially successful in the sixth (Honduras).

Examples of success. Respondents noted that some of the achievements in contraceptive security could have been obtained without a CS committee, but it would have been a lengthier and more difficult process. That said, due credit was given to CS committees for their impressive accomplishments over the last few years. Highlighted below are some illustrative examples of what those interviewed saw as the committees' achievements thus far:

- In 2005, the government of **Bolivia** passed a law (Law No. 3250) establishing expanded coverage of its health plan to include many additional FP and reproductive health (RH) benefits for women of reproductive age, including greater availability of contraceptives and FP services.
- The government of **El Salvador** has signed an agreement with USAID to take over an increasing percentage of contraceptive financing. More recently, the MOH and the Social Security Institute signed an agreement to jointly purchase contraceptives through UNFPA (obtaining important savings).
- For the first time, **Honduras** has a budget line item for contraceptives and is paying for an increasing share of its contraceptive supplies.
- **Nicaragua** now has an official CS plan for 2005–2008 that, for the first time, has established the direct finance and purchase of contraceptives by the government.
- Law 2907 in **Paraguay**, signed in 2006, stipulates that the Ministry of Public Health and Social Well-

¹ Results of this study will be available in the forthcoming report, *CS Committees in Latin America and the Caribbean: A Case Study*. Washington, DC: USAID | Health Policy Initiative, Task Order 1.

Being pay for all contraceptives and delivery kits required in the country. The ministry obligated US\$260,000 for this purpose in 2006, which covered 60 percent of the need.

“Despite the number of transitions within the Ministry of Health, commitment to the CS Committee has remained. I think this is partly due to the emphasis that USAID has given to the issue.”

-NGO representative

- In July 2007, the President of the **Dominican Republic** signed a comprehensive decree that established the CS Committee as the government lead for contraceptive security. The decree also guarantees financing for the MOH to procure all publicly provided contraceptives.

Components of Success

What are some of the key elements that make a CS committee successful? Through the interviews, the following themes emerged as important elements:

- The multisectoral composition of the committees is value-added.
- USAID has played a key role in supporting the CS committees.
- Information sharing among and between countries is a key element to making progress in contraceptive security.

These key themes and results are summarized briefly below, but the interested reader is encouraged to review the full study.

1. Committees have been greatly strengthened by multisectoral composition. Committee membership has played a crucial role in making progress in contraceptive security. While most committees include representatives from key government offices, as well as NGOs and donors, there is debate about whether membership should be larger and more diverse and include the representatives from ministries of finance and the private commercial sector. It was observed that, through a multisectoral approach, the issue of contraceptive security now has advocates and policy champions in different departments and agencies across government, as opposed to just a ministry sub-unit. In addition, several committees have parliamentarians as members or ad hoc members, and these linkages have been instrumental in getting key legislation passed.

2. USAID has played the key role in stimulating the formation and subsequent support of the committees.

USAID played an essential role in all aspects of the establishment of the CS committees. From the original meeting of interested parties in Managua in 2003 up to today, USAID has provided encouragement; technical assistance through its cooperating agencies (e.g., POLICY Project, Health Policy Initiative, and DELIVER); and modest financing for research analyses, travel, and participation in meetings. Even though the CS committees are recognized and welcomed by governments, respondents noted that the committees are not yet self-sustaining, especially in terms of technical capacity. Furthermore, capacity must be built to deal with government transitions or changes in membership to ensure that contraceptive security remains a part of the health policy agenda.

3. Frequent exchange of information and experiences multiplies the impacts of the committees.

Respondents found that the sharing of experiences and the exchange of information across countries on technical studies, legislation and regulations, and policy analyses were a critical aspect of the effectiveness of the committee at the country level. Respondents noted that this collaboration and sharing occurred within the committee and between

interested parties in each country, as well as between countries through regional meetings and exchanges. Many respondents said that regional meetings raised the profile of contraceptive security and made it easier to attract the attention of key policymakers. As the quote from a Paraguayan participant states, information exchanges can serve as a valuable mechanism to address common challenges.

Moving Forward

As several of the respondents in the study remarked, CS committees still have much work to do. Countries are still transitioning, and for some, it will take time to achieve self-financed, sustainable contraceptive procurement. As many countries face health sector reform, changes in supply chain management systems are creating greater challenges for preventing stockouts and achieving contraceptive security. In the midst of competing health priorities, ministries of health and social security institutes often face difficulties in guaranteeing all of the resources needed to procure high-quality contraceptives. Hence, there is still a need for technical assistance and country-to-country interactions to ensure an in-depth capacity to manage contraceptive security when direct donor assistance for contraceptives ends.

“Those of us who work in FP service provision institutions feel supported in our work. We feel very comfortable...that when problems arise...we don't have to face them alone.”
- Representative from Social Security Institute, Paraguay

Despite some challenges, the CS committees are, for the most part, well-established and strongly linked to government FP management. In addition to the aforementioned elements, other key factors have contributed to the success of the committees:

- The CS committees have taken responsibility and initiative for their country programs, realizing that their actions will have a profound effect on the future health of their populations.
- Committee members have learned from one another within each country, as well as from colleagues across the region.
- Finally, but not least, committee members appreciate and have a better understanding of the policy processes in their countries, how to use information to build consensus, and how to navigate within their political environment to improve contraceptive security.



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