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USING DATA AND INFORMATION TO ADVANCE CONTRACEPTIVE SECURITY IN LATIN AMERICA AND THE CARIBBEAN

SEPTEMBER 2007

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ABBREVIATIONS

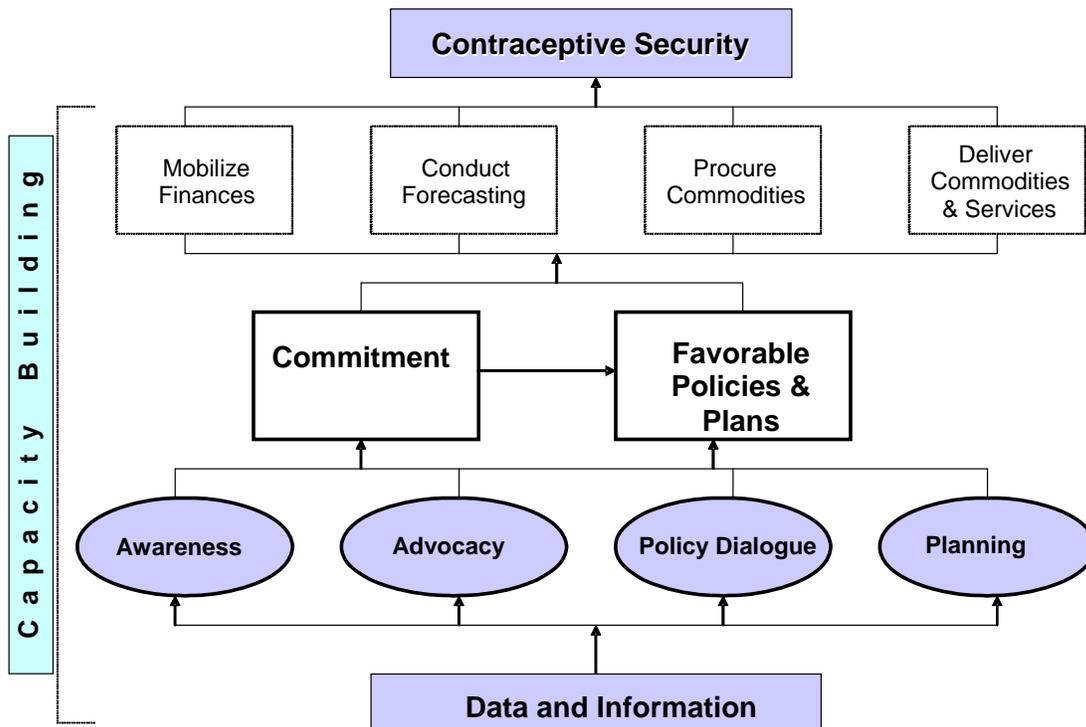
CS	contraceptive security
FP	family planning
INSTANCIA/ Salud Mujeres	La Instancia Coordinadora de Acciones Políticas por la Salud y el Desarrollo de las Mujeres (Coordinating Policy Actions for the Health and Development of Women), Guatemala
LAC	Latin America and the Caribbean
MOH	Ministry of Health
MOU	memorandum of understanding
NGO	nongovernmental organization
REMUPAZ	Red de Mujeres para la Construcción de Paz (Women's Network for Building Peace), Guatemala
RH	reproductive health
SIS	Seguro Integral de Salud (Integrated Health Insurance), Peru
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
SUMI	Seguro Universal Materno Infantil (Universal Mother and Infant Health Insurance Law), Bolivia
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

THE ROLE OF DATA AND INFORMATION IN STRENGTHENING THE POLICY ENVIRONMENT FOR CONTRACEPTIVE SECURITY

Contraceptive security exists when all women and men are able to choose, obtain, and use high-quality family planning (FP) products and services. Achieving contraceptive security (CS) requires strong policies that support the financing, forecasting, procurement, and delivery of contraceptive commodities as well as the political and bureaucratic will to implement them. Countries and donors have employed four key strategies in strengthening the policy environment for contraceptive security (CS): awareness raising, advocacy, policy dialogue, and planning. Depending on the country context, timing, and type of stakeholders, these strategies can be used separately or in combination (see Sine and Sharma, 2002). None of these strategies can be effective unless they are credible and presented for debate in a clear manner in which policymakers and stakeholders can understand the issues and implications for policy change.

The following schematic shows how the four key strategies can be combined to lead to greater commitment and favorable policies and plans (see Figure 1). These two factors, in turn, can result in greatly improved contraceptive security. Each of the strategies is underpinned by data and information that inform the processes that stakeholders undertake. Thus, policy processes to improve contraceptive security are rooted in the quality of the data, the soundness of analytic methodologies, and the credibility of policy analyses. How data and information are used in policy processes is critical. The highest quality data are of little use if stakeholders do not understand what the data mean, what the implications are for policies, and how policy changes and better planning can result in meeting a country’s current and future needs for FP programs and methods.

Figure 1: An Evidence-Based Policy Approach to Achieving Contraceptive Security



Box 1 lists some of the types of data and information used in strengthening the policy environment for contraceptive security and in securing greater commitment to policy development and implementation. Because policy processes are often non-linear and can span several months, years, or even decades, data use continues through all stages of policy development and implementation. Needless to say, data and information must come from reliable and respected sources, be up-to-date, and be translated into formats that a range of stakeholders can understand.

Box 1: Types of Information and Data to Share in the CS Policy Process

- Population and reproductive health indicators—national and subnational (the poor, indigenous populations, urban-rural residents, adolescents)
- Trends in population and reproductive health indicators
- Current public and private expenditures for FP commodities vs. requirements
- Projections of population growth and future contraceptive commodity needs
- Donor expenditures on FP commodities
- Links between family planning and other health indicators and development goals
- Logistics and stockout information
- Examples of policies and approaches of other countries
- Current and potential markets served by the public and private sectors
- FP users' socioeconomic status, needs, preferences, and method use

In a given country, data and information help planners and policymakers to understand the current CS situation, identify positive and negative factors contributing to the situation, design or adapt policies to resolve existing and potential problems, and make midstream corrections to address issues in policy and program implementation.

Use of data and information begins with understanding the problem (both its gravity and extent), what factors are contributing to the problem, and which stakeholders can address the problem. The Strategic Pathway to Reproductive Health Commodity Security (SPARHCS)¹ is a country assessment, planning, and implementation framework for highlighting CS issues that identifies areas for strengthening and intervention (Hare et al., 2004). More importantly, it is a tool to conduct situation analyses that can be tailored to country contexts. SPARHCS examines six key areas that shape a country's CS situation: client use and demand, context, commitment, capital, capacity, and coordination. In addition, the assessment framework provides probing questions to guide data and information collection through key informant interviews, dialogue, and document review.

In the Latin America and the Caribbean (LAC) region, at least six countries have formed national CS committees since 2003. These committees include representatives from ministries of health, social security institutes, nongovernmental organizations (NGOs), donors, and other FP and reproductive health (RH) stakeholders. Since their establishment, the committees have shared data and information to strengthen the FP/RH/CS policy environment and support policy implementation, as well as to make important contributions to SPARHCS assessments in their respective countries.²

As part of a larger evaluation effort in 2007, USAID | HPI carried out a key informant survey of 67 participants in six countries that have established CS committees (Bolivia, Dominican Republic, El Salvador, Honduras, Nicaragua, and Paraguay). One of the study objectives was to understand how

¹ Please see www.policyproject.com/pubs/monographs/SPARHCS.pdf.

² Contraceptive Security Committees: Their Role in Latin America and the Caribbean. Forthcoming. Washington, DC: USAID | Health Policy Initiative, Task Order 1.

committee members used data and information in supporting a variety of awareness-raising, advocacy, policy analysis, and planning activities. The information collected in these interviews forms the basis of this paper. In addition, we present here some further examples from Guatemala and Peru, where improvements in contraceptive security took place in the absence of CS committees.

CS COMMITTEES DRIVEN BY DATA AND ANALYSIS

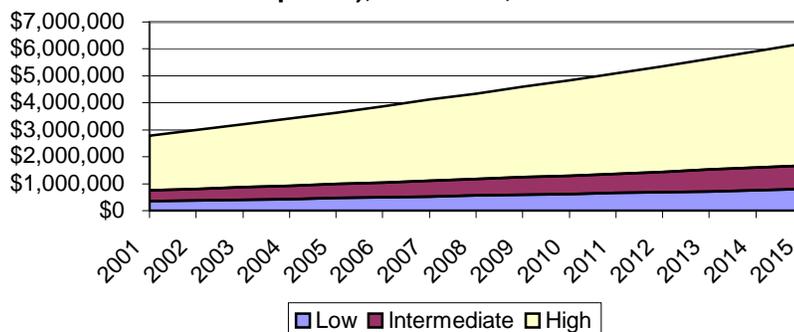
CS committee members in most LAC countries describe the committee as a technical entity and, as such, members use data and information as inputs for strategic thinking and planning, developing recommendations, and determining priorities for advancing the CS agenda. They believe that the committee’s main activities include making relevant data and information on FP/RH issues available and using those for advocacy, policy dialogue, awareness raising, and decisionmaking. CS committee members have learned to prepare population projections, determine both short-term and long-term commodity requirements for financial planning, analyze and interpret FP market segmentation and logistics data, and illustrate how fulfilling unmet need for family planning can facilitate meeting the Millennium Development Goals.

In the LAC region, the use of the data-driven SPARHCS framework to prepare in-depth CS situation analyses as well as the identification of national priorities served as crucial starting points in addressing national CS issues. CS committee members and other CS policy champions, with technical assistance from USAID’s POLICY and DELIVER projects, contributed to preparing and interpreting the analyses.

For example, the CS committees in **Bolivia and Honduras** played valuable roles in planning for the SPARHCS assessment by identifying interviewees and arranging meetings with key national stakeholders. After completing the assessment, the CS committees reviewed the findings, provided additional information, and formulated the national recommendations (POLICY, 2006a–c; Taylor et al., 2003a,b; Quesada et al., 2004). Figure 2 provides an illustration of the kinds of data and analysis that were used in policy discussions in Honduras. Financial projections enabled the Honduras CS Committee and other stakeholders to understand the future costs of contraceptive procurements by the government based on different pricing scenarios (low, intermediate, and high). The data illustrated the importance of procuring contraceptives at low or intermediate prices and stimulated policy proposals and plans for financing these commodities.

The government of the **Dominican Republic** published Presidential Decree 327-07 in July 2007, which formally established the country’s Contraceptive Security Committee. The decree resulted from the success of the committee in positioning itself as a valuable technical resource that used data and information to communicate the urgency of national contraceptive security. The decree states that the committee “will coordinate priority strategies and plans directed toward driving the achievement of contraceptive security.” It also identifies the committee’s principal

Figure 2: Public Sector Financial Requirements for FP Commodities (based on low, intermediate, or high prices), Honduras, 2001-2015



functions, including the “sharing of information on supply and demand of contraceptives, projections of commodities, and financial resources for the purposes of joint decisionmaking toward improved programming and allocation and use of financial resources.”

COUNTRY EXAMPLES: INTEGRATING FP/RH DATA AND INFORMATION IN THE CS POLICY PROCESS

CS committees and other CS champions in the LAC region are using data and information strategically to address the policy aspects of contraceptive security in their respective countries by (1) raising awareness among stakeholders on CS issues, (2) advocating for key FP/RH policy changes and implementation, (3) informing planning and decisionmaking around FP/RH policies and programs, and (4) replicating successful regional strategies or models.

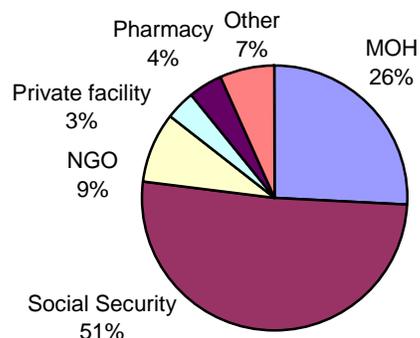
Raising awareness and stimulating policy dialogue among stakeholders on CS issues

As a first step, data and information can be used to raise awareness and educate key stakeholders about CS issues and to highlight current national priorities. CS committees may hold informal meetings or technical forums, large or small; and invite key government, NGO, and commercial sector representatives to learn about current issues and discuss policy implications and solutions. Outcomes of policy dialogue or awareness-raising forums can range from increasing general awareness of or commitment to CS issues to a consensus on needs and priorities.

As new FP/RH data and analyses emerge, CS committees or other CS champions can take the lead in sharing these data among decisionmakers, thereby fostering a culture that supports the use of data and information. For example, little was known in **Honduras** about emergency contraception, so CS committee members collected and reviewed relevant literature, shared their findings, and promoted discussion among key stakeholders.

In **Nicaragua**, an FP market segmentation analysis revealed that a large proportion of social security beneficiaries obtained free FP products and services from the Ministry of Health (MOH). This meant that the MOH was subsidizing services for couples who otherwise should have been receiving their services from Nicaragua’s social security agency (Instituto Nicaragüense de Seguridad Social). The CS Committee presented these data to the MOH and the Director of the Social Security Institute, successfully revealing the problem and encouraging the institute (via contracted private service providers, Empresas Médicas Previsionales) to commit to meeting the FP needs of its beneficiaries. In **El Salvador**, the Salvadoran Social Security Institute, upon viewing market segmentation data, became aware of the large share of its beneficiaries seeking FP products and services from the MOH and elsewhere. Figure 3 reveals that only half of women covered by social security actually seek FP services and supplies from social security facilities—even though these services are available to beneficiaries. Twenty-six percent of beneficiaries choose the MOH, where products and services are free, suggesting in turn that they may be displacing more needy MOH clients (Salvadoran

Figure 3: Sources of Family Planning for Women Covered by Social Security in El Salvador, 2002/2003



Demographic Association et al., 2004 and POLICY project calculations). Social Security officials saw these data and, together with the Salvadoran CS Committee, developed a strategy and plan that among other things aimed to improve FP coverage among social security beneficiaries.

To strengthen FP policies and secure financing, the **Paraguay** CS Committee prepared informational brochures and conducted awareness-raising meetings with members of Congress who support family planning. The CS Committee drew parallels between the purchase of contraceptives and vaccines as life-saving commodities. The committee argued that governments generally do not fail to purchase vaccines because of a lack of available financial resources. The committee also invited a member of Congress to a regional CS meeting in Lima, Peru, to raise the congress member's awareness about contraceptive security as a regional priority and to compare Paraguay's situation with other countries. The member of Congress later proved to be an important advocate in ensuring the passage and implementation of an FP law highlighting contraceptive security as a national priority in Paraguay.

Advocating for key FP/RH policy changes

Data can also be used for evidence-based advocacy, which consists of targeted information and policy analyses directed at specific decisionmakers to inform policy discussions, resource allocation decisions, and/or programs implementation (Sine and Sharma, 2002). In contrast to awareness raising and policy dialogue, advocacy—while often incorporating an information, education, and communication component to educate audiences about key issues—continues until policymakers implement the adopted policy action (POLICY, 1999). After the policy is adopted, the advocates often monitor the policy's implementation and, if necessary, continue advocating for its appropriate implementation.

The **Nicaragua** CS Committee prepared scenarios using population projection software³ to examine current and projected method mix, existing and projected contraceptive demand, and current and forecasted needs for contraceptive supplies. To garner more political support for family planning and encourage the MOH to finance FP commodities, committee members also presented data to illustrate the growing financial gap between donor contributions and MOH budgets for contraceptives. As a result of these efforts, the MOH agreed to cover the existing gap by making a substantial funding allocation for contraceptive purchases in 2006.

While committee members engage in advocacy efforts, they can also provide NGOs and civil society organizations with data and policy analyses so that these organizations can advocate for policy decisions or ensure the implementation of better CS policies. For example, continuous evidence-based advocacy by FP/RH stakeholders in **Guatemala** resulted in a government commitment to allocate new funding to family planning and reproductive health. Civil society networks, such as INSTANCIA Salud/Mujeres and REMUPAZ, advocated to Congress for increased FP/RH funding by presenting a proposal titled “Priority Interventions for Women’s and Children’s Integrated Health, including Reproductive Health: A Civil Society Proposal for Inclusion in the 2004–2007 National Health Plan.” The proposal included data and information showing poor FP/RH indicators among Guatemalan women, population-based projections on the possible effects of not investing in FP/RH interventions, and the limited amount of public financing for FP/RH programs to date. CS champions in Guatemala helped to prepare the proposal. As a result of these advocacy efforts, the Guatemalan Congress passed the Law on Universal and Equal Access to Family Planning in 2005, which ensures that all people have access to FP services, information, and methods. The law includes a budgetary assignment (using revenues from a newly levied alcohol tax) for contraceptive purchases and FP/RH programming at the national level. The Law also recognizes contraceptive security as an important national issue and formalizes a National Contraceptive Security

³ Demproj and FamPlan (for more information, please see: www.constellagroup.com/international-development/resources/software.php).

Commission to include representatives from several government ministries (e.g., health, finance, and education), Social Security, NGOs, and civil society groups.

In **Peru**, evidence-based advocacy efforts with key stakeholders contributed to the issuance of Supreme Decree No. 004-2007-SA in March 2007. This decree promotes equitable and affordable access to FP/RH services by adding FP services and supplies to the list of priority interventions that all facilities participating in the Integrated Health Insurance Program (Seguro Integral de Salud or SIS) funding are required to provide. SIS beneficiaries include individuals in poverty who are not covered by any other social security or insurance scheme. Advocacy began with an evaluation of the benefits and feasibility of including family planning in the SIS service package and drew on MOH facility-level data, legal documents, and SIS program documents. Using the findings from this evaluation and other studies, CS stakeholders prepared a technical document titled the “Evaluation of Including FP Services in the Beneficiary Plans of Integrated Health Insurance” that supported the inclusion of counseling and provision of FP services and commodities in the SIS benefits package. During January–March 2007, advocates presented and discussed this document in technical meetings with key stakeholders of the MOH, the Executive Directorate of SIS, the General Directorate of People’s Health, Peru’s Sexual and Reproductive Health Strategy, and donors. The Supreme Decree was issued shortly thereafter.

In 2005, **Bolivia** passed Law No. 3250, which expanded coverage of the Universal Mother and Infant Maternal Child Insurance (Seguro Universal Materno Infantil or SUMI) to include many additional FP/RH benefits for women of reproductive age and guaranteed free and informed choice of contraceptive methods and services. Bolivian CS Committee members, in collaboration with women parliamentarians sympathetic to family planning and reproductive health, were heavily involved in producing and disseminating a series of studies. These studies spelled out the benefits and importance of including women of reproductive age in SUMI and made recommendations to the legislative and executive branches of government during 2003–2005. These efforts were instrumental in the final content of the law and especially in including FP benefits for women under SUMI.

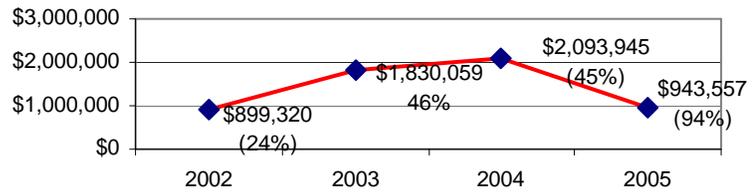
Informing planning and decisionmaking about FP/RH policies and programs

CS committee members interviewed for this paper stressed the importance of using data and information to inform planning and decisionmaking around FP/RH policies and programs. The planning stage is an iterative and ongoing process that consists of (1) conducting situation analyses; (2) setting priorities and goals for the short, medium, and long term; (3) identifying possible solutions, their feasibility given the current country context, and their funding requirements; and (4) developing strategies, policies, and/or action plans (Sine and Sharma, 2002). Data and information can be used continuously throughout each of the steps from analyzing the current situation to assessing possible solutions and determining costs. Not using data and information can lead to the misuse of financial and other resources or to inappropriate solutions that do not meet the needs of the population in the country context. According to a CS committee member in the **Dominican Republic**, the limited use of data and information, particularly on current and projected FP method mix, resulted in the government purchasing more intrauterine devices than required. The **Honduras** CS Committee is working with a high-level commission charged with purchasing medicines and other supplies to ensure that the commission buys the types and quantities of contraceptives that conform to the needs of the population.

The **El Salvador** CS Committee used pricing and MOH expenditure information to estimate the potential cost savings that would accrue to the MOH and Social Security Institute by procuring contraceptives through the United Nations Population Fund (UNFPA). When presented with the potential savings, both agencies recognized the high prices they were currently paying. The Social Security Institute determined it could save US\$400,000 in one year (potentially more) by purchasing through UNFPA instead of local suppliers. The sharing of pricing information in El Salvador resulted in two key decisions for the public

sector procurement of contraceptives. In 2004, the MOH drafted a memorandum of understanding (MOU) with UNFPA to establish a formal relationship and begin procurement by 2005. In 2006, the Social Security Institute approached the MOH about joint procurement, and in 2007, the agencies signed a formal agreement that ensured cost savings for both agencies.

Figure 4: Annual Trends of El Salvador MOH Expenses on Contraceptives (by percent of need covered)



Some CS committees are taking the lead in developing national contraceptive security strategies and plans. For example, the national contraceptive security plan drafted by the **Honduras** CS Committee draws on data and information, such as FP/RH and maternal health indicators, current expenditures on FP commodities relative to FP commodity needs, donations of contraceptives received, and projections of future needs. These analyses help identify transition strategies as donor phaseout begins and the government assumes responsibility for procuring contraceptives (Presidencia de la Republica et al., 2005). In **El Salvador**, FP market segmentation data spurred the CS Committee to prepare an FP market segmentation plan with roles for the MOH, Social Security Institute, NGOs, and the commercial sector; and to identify feasible strategies to appropriately match needs with providers.

Sharing experiences with other CS committees

Annual LAC regional CS meetings, with participation of CS committees' members and other representatives, provided an important venue for country delegations to share challenges and successful experiences as well as an opportunity to bring those experiences home to replicate them. During the LAC Advocacy Workshop for CS committees in October 2006, the **Nicaraguan** delegation learned about the experiences of the Paraguay and El Salvador ministries of health in preparing an MOU to procure contraceptive commodities through UNFPA. The experiences helped Nicaragua stakeholders to understand the steps needed to initiate a similar procurement MOU. Figure 4 shows El Salvador's MOH expenditures on contraceptives (based on commodity requirements) and the cost savings and improved coverage the MOH achieved when procurement with UNFPA began in 2005—a procurement level that fulfilled 94 percent of the MOH's contraceptive requirements.

The Nicaragua CS Committee also learned about the joint procurement experience of the El Salvador MOH and Social Security Institute and is currently exploring opportunities for a joint procurement with other national institutions such as the police.

Peruvian CS advocates learned about Bolivia's successes in getting the government to include family planning (counseling as well as provision of contraceptive methods) as a SUMI healthcare benefit. As a result, they incorporated the Bolivian experience, along with examples from Chile and Colombia, in their proposal to the Peruvian government to include FP counseling and methods in the Integrated Social Insurance Program, as well as reproductive health coverage for all women and not just pregnant women. These efforts resulted in the issuance of Supreme Decree No. 004-2007-SA in March 2007.

The **El Salvador** CS Committee learned about the law on universal access to family planning passed by the Guatemalan Congress in 2005. Because the El Salvador CS Committee is considering a similar law that would contribute to contraceptive security, they wanted to know more about the Guatemalan experience and thus arranged a country exchange. A Guatemalan delegation—including members of

Congress who drafted and proposed the law, the coordinator of an NGO network that organized activities to promote the law, and the MOH Director of Reproductive Health—traveled to El Salvador to share their experience with the Salvadoran CS Committee and other interested people. They also met with the management team at the MOH. In addition, the NGO network coordinator met with a group of about 20 people from different Salvadoran NGOs to share experiences and discuss the importance of building alliances to make progress toward contraceptive security. The visit further informed CS committee members about how to pass a similar law in El Salvador, what issues to avoid, and the importance of getting civil society involved. In addition, the visit helped to make directors at the Salvadoran MOH who had not participated in the CS Committee more sympathetic and aware of national CS issues and priorities.

“At the Antigua [Advocacy] meeting, 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 they also planned to procure for Social Security so it could access such competitive prices. It convinced us that we (Social Security) needed to address the obstacles we currently face [with procurement and high prices].”

~ Social Security representative, Paraguay

CONSIDERATIONS AND CHALLENGES IN USING DATA AND INFORMATION

Successes in the LAC region highlight key considerations in using data and information to improve the policy environment for contraceptive security:

- The importance of building and nurturing relationships with potential policy champions in Congress and high-level officials in health, finance, and planning ministries;
- A keen understanding of the policy process and how, when, and with whom to use data and information; and
- Appropriate timing for when to share data and information with key stakeholders.

In **Peru**, one of the newly appointed high-level MOH officials who helped make the decision to include family planning in SIS participated in multiple CS activities, including a regional advocacy workshop where CS committees discussed including family planning in social insurance as an important strategy for ensuring access to contraceptives and maximizing available resources.

Continuous advocacy is critical given the inevitable changes in governments, turnover of key government staff, and the political sensitivities associated with family planning and reproductive health. Despite the gains made in strengthening the policy environment for FP/RH in **Guatemala**, CS champions prepared for an election period by creating an advocacy campaign and technical proposal, “Priority Action Items for Addressing the Health of Guatemalan Women,” aimed at incorporating FP/RH issues in government plans for 2004–2008. As governments and administrations change, CS committees are often required to revise and recast their advocacy approaches for new authorities and decisionmakers who may not even be aware of FP needs in their countries. Furthermore, with countries in the LAC region in the process of decentralization, there is an emerging challenge to use data and information not only at the national level but increasingly at the subnational level as well.

CS committee members must display an ability to craft various advocacy messages and fine tune them for diverse audiences. In **Paraguay**, for example, to gain support for the first contraceptive purchase by the Paraguayan Social Security Institute, committee members initially shared messages focused on the savings the institute could realize by funding FP services. In the end, what members found most

compelling to decisionmakers was the unmet need for family planning, and they encouraged the institute to meet this need arguing that it should provide its enrollees and dependents with needed basic healthcare.

There are some challenges that CS committees find more difficult to surmount. Family planning can be a highly controversial issue in many countries, particularly in the LAC region. Opposition based on religious beliefs and political philosophy can impede efforts to strengthen commitments to health and increase the availability of and financing for contraceptives. Data and information are crucial in framing advocacy messages and in stimulating policy dialogue around FP/RH and CS issues. Establishing and communicating the links between FP supplies and a range of health outcomes and development goals is an important approach. Data and information are not always available, and CS committees must often do without central pieces of information, such as complete financial data from all sectors or FP service statistics. Lack of subnational data can make advocacy more difficult. CS committees can encourage the development and dissemination of new data and information sources in their countries or brainstorm ways to analyze available data to highlight the FP/RH situation in regions or municipalities.

CONCLUSION

Despite the challenges and obstacles in using data and information to improve the CS situation in LAC countries, CS committees and other champions have made many invaluable contributions to putting in place policies that increase access to FP/RH services. In the eight countries studied in this paper, there is still much to be done to assure that contraceptive security is permanently achieved. Thus, it is critical to continue building on successes to date and to document and understand how these efforts unfold. It is clear that further successes in these LAC countries will require continuous and more refined technical inputs for policy analyses and policy dialogue along the lines described here. The quality, availability, use and visibility of data and information will remain essential underpinnings of all policy processes and have been key factors in the success of policy advocates, such as the committees and champions discussed in this paper. Thus, it is important to carry this lesson beyond the countries studied here to other countries at the beginning stages of efforts to improve contraceptive security.

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