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STATE OF THE PRACTICE BRIEF

Constructing a Secure Safety Net for Mothers and Children through Guaranteed Access to Basic Health Care

Financing secured for reproductive health and family planning: next steps can help ensure the efficient use of funds in a decentralized setting.

UNFPA Ecuador, 2005

The Ecuadorian Free Maternal-Child Health Law guarantees health care to women and children under five years old.

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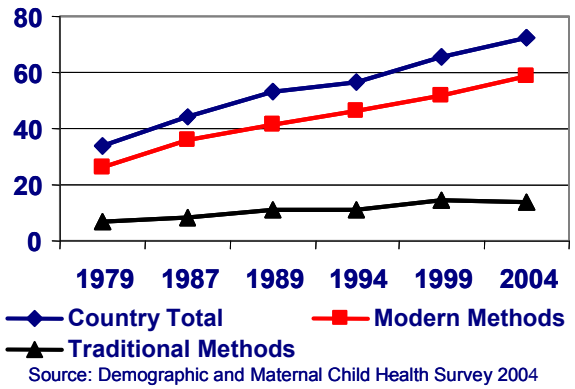
Contraceptive security has been achieved when individuals have the ability to choose, obtain, and use quality contraceptives whenever they need them.

Ecuador, located in northwestern South America, has a population of 13 million and is growing each year by 1 percent.[1] Ecuador dollarized its economy in the 2000's. In 2004, its gross national income (GNI) per capita was estimated at U.S.$3,768.[2] In addition, about 37 percent of the population is living below the international poverty line of U.S.$2 a day.[3]

Ecuador has experienced a steady decrease in total fertility rate (TFR), from 5.4 children per woman in 1979 to 3.3 in 2004. Moreover, during the last two decades, Ecuador has more than doubled its contraceptive prevalence rate (CPR), from 34 percent in 1979 to 73 percent in 2004 for all methods, suggesting that Ecuadorian women have increasingly embraced the importance of planning their families. The method mix among women in union is 33 percent voluntary sterilization, 19 percent oral contraceptives, 14 percent IUDs, 8 percent injectables, 6 percent condoms, 18 percent traditional, and 2 percent other methods (see figure 1). The increase in CPR over the last few years has been solely due to growth in modern method use. Additionally, unlike several countries in the Latin American and Caribbean (LAC) region, unmet need remained low and even decreased slightly, from 6 percent in 1999 to 5 percent in 2004.

Figure 1. Ecuador Contraceptive Prevalence Rate (%)



Source: Demographic and Maternal Child Health Survey 2004

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Furthermore, the gap between urban CPR (77 percent) and rural CPR (67 percent) is one of the lowest in the LAC region. Finally, increased use of contraceptives positively impacted birth intervals: the median interval of births since the last delivery was 35 months (almost three years), 51 percent occurred within three years, and 26 percent of births occurred within two years.

In recent years, these gains have helped improve maternal and child health. Although Ecuador has achieved one of the highest CPRs in the region, work remains to guarantee that all men and women are able to choose, obtain, and use the contraceptive methods of their choice. For example, there are still disparities in access to family planning services. Contraceptive use among the poorest women (lowest wealth quintile) is 65 percent versus 78 percent among the richest women (highest wealth quintile); unmet need is much greater, at 10 percent among the poorest women versus 3 percent among women of the wealthiest quintile.

The main public sector providers of family planning services are the Ministry of Health (MOH), the Ecuadorian Social Security Institute (SSI), and the Indigenous Social Security Institute (*Seguro Social Campesino*). The main nongovernmental organization (NGO) providers are the Family Planning Orientation and Medical Center (CEMOPLAF) and the International Planned Parenthood (IPPF) affiliate—Ecuadorian Pro-Family Association (APROFE). Remarkably, APROFE and CEMOPLAF have successfully financed 100 percent of their own contraceptive needs. In addition, CEMOPLAF has had significant experience in product registration and procurement in local and international markets, and APROFE has obtained low prices for contraceptives through IPPF.

The 2004 Demographic and Maternal Child Health (DMCH) survey revealed that most women (47 percent) obtain their contraceptives through the private commercial sector, comprising pharmacies (27 percent) and private clinics (20 percent). Additionally, the MOH covers 31 percent of the population, followed by APROFE and CEMOPLAF (8 percent total), charitable associations (8 percent), SSI (3 percent), the Armed Forces (1 percent), and other sources (2 percent).[4]

FREE MATERNAL CHILD HEALTH LAW GUARANTEES ACCESS TO REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES

The most outstanding contribution made to the current favorable policy framework for contraceptive security in Ecuador is the Free Maternal Child Health (FMCH) Law, approved in September 1994 through official registry No. 523. As part of the health sector reform process, the Ecuadorian Congress approved one of the most equitable and innovative laws in Latin America, which guarantees free maternal and child health services (including reproductive health [RH] and family planning services) for all Ecuadorian women. The law aims to strengthen and integrate health services targeted at vulnerable populations: mothers and women of reproductive age, along with boys and girls less than five years old.

After the FMCH Law was approved and implemented, a series of innovative reforms followed: separation of financing and reimbursement functions; transfer of funds to municipalities with active and distinctive oversight of local management committees; establishment of monitoring committees comprising community leaders; assignment of local RH advocates to ensure implementation of the FMCH Law; establishment of a quality assurance mechanism; and increased funding of MOH health areas based on productivity and quality of health services.[5] These reforms have helped guarantee that the mandates of the Law are effectively carried out and help ensure that quality services are available to all women and children throughout Ecuador.

> *The Free Maternal Child Health Law states that "every Ecuadorian woman has the right to access free quality health care during pregnancy, partum and postpartum, as well as access sexual and reproductive health services."* ***Law No. 129, officially published on August 10, 1998***

Consequently, the government estimates that in 1999 the Ministry of Health delivered approximately 1.6 million free maternal child health services, and in 2000, approximately 2.2 million services. Moreover,

the central office responsible for managing the FMCH Law reports that women access 70 percent of all health services under the provisions of this law.

WOMEN'S GROUPS SPUR MAJOR REFORMS TO THE LAW

The most substantive reform of the FMCH Law was enacted in 1998 after broad participation and political action by governmental and civil society institutions like the National Health Council, the Health Commission from Congress, the MOH, the Center for Promoting Responsible Parenthood, and various women's groups. Women have played a central role in obtaining maternal and child health services, including family planning, for all Ecuadorian families. The Women's National Council (WNC)[6] was an important player throughout this process. The group served as a liaison between the government and women's groups in order to channel their expectations and demands during numerous consensus-building sessions about the content of the reforms. These intensive efforts helped protect family planning services during a major health decentralization and integration process, and were the motivating force for translating a written mandate into public action.

SECURING RESOURCES TO FULLY FUND CONTRACEPTIVE NEEDS

USAID (NGOs) and UNFPA (MOH and Social Security) were responsible for providing most of the contraceptives in Ecuador until 2001. This donor support dropped off dramatically in 2002–2003, and Ecuador then began purchasing contraceptives in considerable quantities on its own. The MOH graduated completely from donor support for contraceptives in 2005.

The FMCH Law also established a transparent and decentralized mechanism to cover the costs of maternal and child health care services and medicines, including contraceptives. This law, financed by the government's Solidarity Fund, guarantees a minimum of U.S.$15 million per year and 3 percent of the special consumer's tax from the Ministry of Finance. Today these funding sources are important components of the government budget, and cover approximately 80 percent[7] of all expenditures for medicines. Disbursements to geographic health areas are paid according to service statistics reports and program criteria. Every transaction is performed using the information system that controls and administers the FMCH Law disbursement and reimbursement process.

The budget for 2006 is funded through U.S.$15 million from the Solidarity Fund, U.S.$5 million from 3 percent of the special consumer's tax, and U.S.$355,000 from the general Ecuadorian government budget. Through these funding mechanisms, Ecuador has become one of the few countries in the region to fully guarantee financing for all contraceptive needs. Annual requirements are currently estimated at U.S.$5 million per year for 2006–2010.

ENHANCED PARTICIPATION ENSURES A VOICE AND A VOTE FOR ECUADORIAN WOMEN AND THEIR COMMUNITIES

One of the most innovative aspects of the FMCH Law is the involvement of local government and community representatives in overseeing the management and implementation of the FMCH Law. Civil society organizations—mainly women's groups, community-based organizations, and grassroots and indigenous groups—have a voice and a vote on the local Solidarity Fund Management Committees established by the FMCH Law. For the first time in history, communities are empowered to participate in the public health decision-making process that monitors transparent and equitable use of the FMCH Law funds. MOH staff members from each of the 167 health areas are also part of these management committees and they inform the community on implementation aspects of the FMCH Law.

Another influential monitoring mechanism in place is the *Client's Committee*, comprising men and women elected by their communities who understand the implications of the FMCH Law. Their function is to monitor the implementation of the FMCH Law in their provinces and ensure that health services are in compliance with the law.

"We also receive complaints and report them to health authorities for corrective action. Now, thanks to the Free Maternity Law, we have legal rights to speak out and report noncompliance of service providers. The law is a valuable legal mechanism to defend our reproductive health rights." ***Andrea, one of the women of the "Client's Committee" of Sucre, Ecuador***[8]

Civil society participation is essential in getting quality services to the most vulnerable populations and in bridging disparities in health service provision in years to come. Advocates can help expand the availability of services and bridge socioeconomic gaps in access to quality health services. This innovative participatory system will help women and civil society members guarantee the appropriate provision of basic services that Ecuadorian law has assured them.

CHALLENGES AND NEXT STEPS

Ecuador has successfully moved toward achieving contraceptive security, particularly through the groundbreaking implementation of the *Free Maternal Child Health Law* and impressive gains in contraceptive use in recent years. Yet, Ecuador still faces a number of challenges to reaching the poorest segments of the population. The public sector and NGOs (APROFE and CEMOPLAF) need to explore joint and cost-effective procurement mechanisms to reduce costs and to take advantage of economies of scale. Such savings could help providers expand and coordinate services to cover all segments of the population. By expanding family planning services offered by the Ecuadorian Social Security Institute (SSI), more women who are covered by the SSI could receive family planning benefits. This would reduce the burden on the Ministry of Health to cover these women and allow the MOH to focus on more vulnerable populations. The Ministry should also consider assigning an additional 10 percent of public funds to populations living in extreme poverty.

In addition, the central-level role of the MOH in developing and implementing logistics norms and procedures and ensuring their application at the local level needs to be further strengthened—especially for estimating needs and inventory control. The logistics system must be standardized, and to help regularly measure progress in family planning coverage, the central level should be the repository of key program data. The MOH should also expand services and information related to family planning, particularly among youth. Finally, decentralized negotiations have led to unnecessarily high procurement prices for contraceptives.[9] The government can help guarantee that the use of funds for contraceptive procurement is optimized by centralizing price negotiations, thus benefiting from economies of scale.

ENDNOTES

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