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State of the Practice Brief

Ensuring a Voice and a Choice for the Women of Guatemala

Foundation Built for Achieving Contraceptive Security in Guatemala: Next Steps Must Focus on Reaching the Hardest to Reach

Deliver Project 2006

Ministry of Health community doctor providing health services to mother and child in Concepción Chiquirichapa, a village in Quetzaltenango, Guatemala.

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

Guatemala, like many Latin American countries, has a long history of inequity in the provision of basic health care, including lack of access to reproductive health services and quality, affordable contraceptives. Nonetheless, primarily because clients became more knowledgeable about family planning (FP) and benefited from increased access to services in the late 1990s and early 2000s, the contraceptive prevalence rate (CPR) rose dramatically, from 38% in 1999 to 43% in 2002. This represents a remarkable gain of 1.7 percentage points per year, with most of the total prevalence rate based on modern methods (34% of a total 43% CPR). In addition, between 1987 and 2002, the total fertility rate dropped significantly from 5.6 to 4.4 average births per woman.[1]

Today, the main contraceptive providers in Guatemala are the Ministry of Health and Social Assistance (MOH), the Guatemalan Social Security Institute (IGSS), the Family Planning Association - APROFAM-NGO[2], and private pharmacies. Since the launch of the National Reproductive Health Program in 2001, the public sector has gradually become the main provider of family planning services, serving 44%[3] of users nation-wide. Furthermore, for more than three decades, the United States Agency for International Development (USAID) has been the major donor of contraceptives to Guatemala and has provided technical assistance to strengthen the contraceptive supply chain. In addition, since 2002, the Canadian government, through partnership with the United Nations Population Fund (UNFPA), began to donate contraceptives to the MOH and contribute to strengthening the Ministry's logistics capacity.

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[1] National Survey on Maternal Child Health, 2002
[2] APROFAM-NGO is a private not-for-profit FP service provider in Guatemala
[3] National Survey on Maternal Child Health, 2002

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No Product? No Program. Logistics for Health

Another remarkable success has been the ability of private sector providers, APROFAM-NGO and IPROFASA[4], to achieve financial sustainability after receiving USAID donated contraceptives for several decades. Since 2003, IPROFASA finances the purchase of 100% of its contraceptive needs, and APROFAM-NGO completed a phase down plan in 2004, when it received its last donation of Depo-Provera. APROFAM-NGO is now also purchasing contraceptives entirely with its own budget.

While various in-country providers have been rapidly improving their capacity to provide family planning services, civil society and political leaders have been prioritizing the right of their citizens to be able to choose, obtain, and use the reproductive health supplies they need. For instance, one of the most notable advances toward achieving Contraceptive Security (CS) in Guatemala has been firm advocacy by civil society groups, joined with strong political commitment from members of Congress, to enact unprecedented laws favorable to family planning. Political commitment, coupled with a strong nation-wide logistics system and government financing, has paved the way towards ensuring Contraceptive Security in Guatemala.

Policy Champions Transform the Future of Contraceptive Security in Guatemala

In 2001, the Government of Guatemala resoundingly demonstrated its political will to support CS when Congress enacted the ***Social Development Law***. The law was established through a widely vetted consensus building process amongst civil society representatives, professional associations, university groups, and Catholic and Evangelical Churches. This law and the ***Policy on Social Development and Population*** set the foundation for the establishment of the National Reproductive Health Program of the Ministry of Health, in February 2001. Additionally, the ***Law on Taxation of Alcoholic Beverages*** (2004) was enacted, serving to secure financial resources for the provision of reproductive health and contraceptives by earmarking a minimum of 15% from alcoholic beverage revenue to exclusively finance the Ministry of Health National Reproductive Health Program. For the first time in history, the MOH budget now shows a line item for the Reproductive Health Program.

Furthermore, in June 2005, the Board of Directors of the Guatemalan Social Security Institute agreed to reinstate family planning as a health service provided to affiliates and beneficiaries. Women's advocacy campaigns and pressure from members of Congress helped to successfully influence this decision.

Women Claim their Right to a Voice and a Choice about Family Planning

Women's advocacy groups and civil society participation have contributed significantly to the achievement and implementation of many of the favorable policy advances previously mentioned. In the early 1980s and 1990s, advocacy campaigns led by women's groups in support of family planning were uncommon. Today, Guatemala hosts some of the most vibrant civil society groups and associations advocating for CS in the Latin American region. Guatemalan women have managed to sustain an on-going policy dialogue with the MOH and Congress that has helped set the foundation for attainment of universal and equitable access to family planning and reproductive health services.

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[4] IPROFASA is a private for-profit importer of pharmaceutical supplies in Guatemala.

Congress Sets the 'Universal and Equitable Access to Family Planning Services Law' in Motion

In 2005, an unprecedented initiative was presented to Congress to further strengthen an already favorable policy framework towards the achievement of Contraceptive Security. This initiative goes further than any previous political action taken, as it not only mentions the necessity to provide family planning services, but also requires the government pay special attention to ensuring and monitoring the financing and provision of these services. For example, one of the mandates of the ***Universal and Equitable Access to Family Planning Services Law*** is to form a monitoring Contraceptive Security Committee responsible for addressing the key challenges to securing stable financing of contraceptives in the future. It also requires that the Ministry of Education include sexual and reproductive health topics in school curriculum. Despite strong opposition from conservative groups and church leaders, the law entered into effect in April 2006.

MOH Establishes a Sustainable Funding Mechanism for Contraceptives

In 2002, the MOH and UNFPA signed a cooperative agreement to finance the procurement of contraceptives in a sustainable manner. As a way of ensuring sustainability, this agreement was jointly funded by the Canadian International Development Agency (CIDA) and the Government of Guatemala with the plan that the government would gradually increase its share of the investment. Each year, the Government of Guatemala's share was deposited into a local bank account to be utilized once CIDA contributions cease in 2006. The funds saved up in this account, along with the funds generated by the revenues of the alcoholic beverages law, will contribute towards future financing of the supply and management of contraceptives.

Through Creative Partnership, NGOs Begin Reaching the Hard-to-Reach

With over twenty-five diverse indigenous populations dispersed throughout highly mountainous and difficult to access terrain, there are a number of formidable geographic, cultural, and language barriers to contraceptive use in Guatemala. By establishing the extension of health coverage program in 2003, the MOH included the provision of FP services (condoms, orals, and injectables) within the basic health care package. Today, this program delivers family planning services through partnership with approximately 110 non governmental organizations to populations in geographically and culturally isolated areas throughout the country. While actual provision of family planning services to date is minimal, this strategy, if implemented effectively, has great potential to reduce unmet need among rural and indigenous populations.

No Product, No Program: Contraceptives Made Available Throughout the MOH Supply Chain

One of the main indicators of success in achieving CS is the availability of contraceptives at Service Delivery Points (SDPs). The MOH has shown exceptional leadership and great commitment towards ensuring the availability of contraceptives at SDPs with an impressive increase in availability, from 40% in 2002 to 86% in 2005.[5]

Irrespective of political will and a favorable legal framework, without a robust supply chain, contraceptives will not be made available to those who need them. The MOH effort serves as a model of commitment and perseverance to continuously improve the contraceptive supply chain. Since 1998, with USAID technical and financial assistance, numerous health professionals have been trained in logistics; manuals, job aids, and guidelines have been developed and disseminated; and nation-wide physical inventories have been carried out twice a year. In

[5] National contraceptive inventory reports, Reproductive Health Program, MOH , 2002-2005

2003, the integrated automated Logistics Management Information System (LMIS) was designed and incorporated into the MOH management information system as one of its operational information modules. This system was fully assimilated by MOH staff members who have managed its implementation since 2003. In 2006, the MOH is scaling up an improved version of the automated LMIS called the "Logistics Module" with technical and financial assistance from USAID and UNFPA.

Ministry of Health, Information System Unit (SIGSA) 2006

Main screen of the Ministry of Health Automated Logistics Management Information System, Version 1.0.0, April 2006

One of the main motives for MOH commitment has been the recognition that a strong logistics system results in the strengthening of internal controls and the deepening of transparency in the management of essential drugs and contraceptives.

In order to build upon and learn from the remarkable successes of the contraceptive logistics system, the MOH created a Logistics Unit in 2006. This unit will draw from the successful contraceptive experience to improve the management and supervision of the decentralized logistics system for essential drugs and supplies as well as some vertical and centralized programs, like the Expanded Program of Immunizations; TB and malaria; and HIV/AIDS drugs.

Effective Procurement Monitoring Tool (PIPELINE) Widely Institutionalized Throughout Guatemala

The use of PIPELINE, a state of the art tool designed to help program managers plan procurements and monitor supply chains, has been effectively institutionalized by the public sector, as it has in many other countries. Even more remarkable, the tool has also been widely embraced and employed by other major in-country actors, including some private sector providers. Pipeline's introduction to Guatemala can be traced back to 1998 when staff members from numerous providers (MOH, IGSS, APROFAM-NGO, IPROFASA, and NGOs) were trained in its use. Today, the MOH and IGSS are widely using the tool for the management of contraceptives and report improved monitoring and procurement planning as a result of its implementation. APROFAM-NGO and IPROFASA are also taking full advantage of PIPELINE as they use the tool to more effectively manage contraceptive and other essential drug supply chains.

Challenges and Next Steps

To maintain the recent gains of a relatively young family planning program, family planning service providers, policy makers, and civil society representatives in Guatemala still have several challenges to contend with in the future. Providers need to make significant progress towards consolidating the provision of quality family planning services as well as working towards the development of an equitable whole market approach to family planning, especially when facing the challenge of reducing a huge unmet need (27%). Some of the main challenges ahead include the proper integration of logistics functions to manage essential drugs and contraceptives; extension of family planning coverage to underserved populations, particularly the poor in difficult to reach areas; creation of a CS strategy involving diverse sectors involved in the provision of family planning services; and development and further strengthening of MOH' capacity to procure contraceptives and effectively administer logistics management functions.

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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