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STATE OF THE PRACTICE BRIEF

Ensuring a Voice and a Choice for Women

Foundation built for achieving contraceptive security in Guatemala: next steps must focus on reaching the hardest to reach.

DELIVER, 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 whenever they need them.

Guatemala, like many Latin American countries, has a long history of inequity in providing basic health care, including lack of access to reproductive health services and lack of 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 percent in 1999 to 43 percent in 2002. This represents a remarkable gain of 1.7 percent per year, with most of the total prevalence rate based on modern methods (34 percent of a total 43 percent CPR). In addition, between 1987 and 2002, the total fertility rate dropped significantly from 5.6 to 4.4 average births per woman.[1]

The main FP service providers in Guatemala are the Ministry of Health (MOH), the Guatemalan Social Security Institute (SSI), the association known as 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 FP services, serving 44 percent[3] of users nationwide. Furthermore, the MOH has increased FP services, from 202,117 couples protected in 2001 to 349,157 in 2005. 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 a partnership with the United Nations Population Fund (UNFPA), has donated contraceptives to the MOH and has contributed to strengthening the ministry's logistics capacity.

In recent years (2003–2006), the MOH political commitment to provide government financing for contraceptives has paved the way

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No Product? No Program. Logistics for Health

for its future sustainability. In addition, the SSI started paying for contraceptives in 2002 and is planning to purchase 100 percent of its contraceptive supplies in 2006. Another remarkable success has been the ability of the private-sector providers APROFAM-NGO and IPROFASA[4] to achieve financial sustainability after receiving USAID-donated contraceptives for several decades. Since 2003, IPROFASA has financed the purchase of 100 percent 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.

THE MOH ESTABLISHES A SUSTAINABLE FUNDING MECHANISM FOR CONTRACEPTIVES

In 2002, the MOH and UNFPA signed a cooperative agreement to finance the procurement of contraceptives during 2002–2006. As a way of ensuring sustainability, this agreement was jointly funded by the Canadian International Development Agency (CIDA) and the Government of Guatemala, with a provision for the government to gradually increase its share of the investment. Each year, the government's share has been deposited into a local bank account, and the funds generated will contribute to the supply and management of contraceptives.

POLICY CHAMPIONS TRANSFORM THE FUTURE OF CONTRACEPTIVE SECURITY IN GUATEMALA

While various in-country providers have been rapidly improving their capacity to provide FP services, civil society and political leaders have been prioritizing the right of 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 FP.

In early 2001, the Government of Guatemala resoundingly demonstrated its political will to support FP services and CS by launching the National Reproductive Health Program, which began an institutionalization process that has continued in the recent administration (2004–2007). In 2001, the government also enacted the Social Development Law, established through a widely vetted consensus-building process among civil society representatives, professional associations, university groups, and Catholic and evangelical churches. This law and the Policy on Social Development and Population provided a supportive foundation for the implementation of the MOH's National Reproductive Health Program.

Additionally, in 2004, the Law on Taxation of Alcoholic Beverages was enacted, which secured financial resources for the provision of reproductive health and contraceptives by earmarking a minimum of 15 percent of alcoholic beverage revenue to exclusively finance the MOH National Reproductive Health Program. As a result, in 2006 the MOH budget includes a budget line item for the Reproductive Health Program, for the first time in the country's history.

Furthermore, although the SSI board of directors suspended FP services in 2003, it agreed in August 2005, through a government decree, to reinstate FP 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 mentioned above. In the early 1980s and 1990s, advocacy campaigns led by women's groups in support of FP were uncommon. Today, Guatemala hosts some of the most vibrant civil society groups and associations advocating for FP and CS in the Latin American region. Guatemalan women have sustained an ongoing policy dialogue with the MOH and Congress that has helped set the foundation for attainment of universal and equitable access to FP and reproductive health services.

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 toward the achievement of CS. This initiative goes further than any previous political action: it not only identifies the necessity to provide FP services but also requires that the Government of Guatemala 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 that is responsible for addressing the key challenges to securing stable financing of contraceptives and FP services in the future. It also requires that the Ministry of Education include sexual and reproductive health topics in the school curriculum. Despite strong opposition from conservative groups and church leaders, the law went into effect in April 2006.

THROUGH CREATIVE PARTNERSHIP, NONGOVERNMENTAL ORGANIZATIONS BEGIN REACHING THE HARD TO REACH

With more than 25 diverse indigenous ethnic 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. In establishing the Extension of Health Coverage program in 2003, the MOH included the provision of FP services (condoms, pills, and injectables) within the basic health care package. Today, this program delivers FP services through partnership with approximately 98 nongovernmental organizations (NGOs) to populations in geographically and culturally isolated areas throughout the country. While actual provision of FP 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 toward ensuring the availability of contraceptives at SDPs with an impressive increase in availability, from 40 percent in 2002 to 88 percent in 2005.[5]

Despite political will and a favorable legal framework, without a robust supply chain, contraceptives will not be available to those who need them. The MOH effort is a model of commitment and perseverance to continually 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 nationwide physical inventories have been carried out twice a year. In 2003, an 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 led its implementation since 2003. In 2005, the MOH began to institutionalize the use of the automated LMIS by scaling up an improved version of the system, 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 the MOH's 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.

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, such as the Expanded Program on 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 been in many other countries. Even more remarkable, the tool has been widely embraced by other major in-country stakeholders, including some private-sector providers. PipeLine's introduction to Guatemala can be traced to 1998 when staff members from numerous providers (MOH, SSI, APROFAM-NGO, IPROFASA, and various NGOs) were trained in its use. Today, the MOH is using the tool widely to manage 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 FP program, FP service providers, policymakers, and civil society representatives in Guatemala have several challenges in the future. Providers need to make significant progress toward consolidating the provision and improving the quality of FP services, as well as working toward the development of an equitable whole-market approach to FP, especially when facing the challenge of reducing a huge unmet need (27 percent). Other significant challenges ahead include the proper integration of logistics functions to manage essential drugs and contraceptives; extension of FP coverage to underserved populations, particularly the poor in difficult-to-reach areas; creation of a CS strategy, including the participation of diverse sectors involved in providing FP services; and development and further strengthening of MOH capacity to procure contraceptives and effectively administer logistics management functions.

ENDNOTES

1. Ministerio de Salud Pública y Asistencia Social (MSPAS), Instituto Nacional de Estadística (INE). 2002. *Encuesta Nacional de Salud Materno Infantil 2002*. Guatemala: Impreso en Editorial ÓSCAR DE LEÓN PALACIOS.
2. APROFAM-NGO is a private not-for-profit FP service provider in Guatemala.
3. See note 1 above.
4. IPROFASA is a private for-profit importer of pharmaceutical supplies in Guatemala.
5. Ministerio de Salud Pública y Asistencia Social. 2004 and 2005. *Inventario Nacional de Anticonceptivos*.

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