USAID | HONDURAS
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

USAID'S PARTNERSHIP WITH HONDURAS ADVANCES FAMILY PLANNING

OVERVIEW

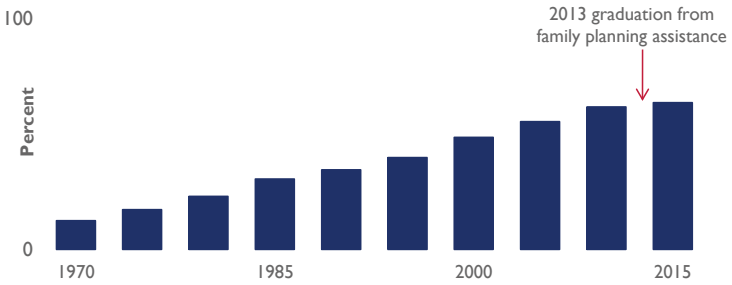
- Honduras was one of the U.S. Agency for International Development's (USAID's) earliest family planning assistance recipients (from 1965 to 2013). Strong governmental and non-governmental organization partnerships with USAID and institutionalization of services kept family planning as one of the country's highest health and welfare priorities.
- These partnerships led to a rapid increase in modern contraceptive use between 1970 and 2015, which enabled women and couples to achieve their desired family size. Partnering also paved the way for critical successes in addressing human resource constraints by incorporating task-shifting into the healthcare system, which fostered improved access to contraceptives.
- A political shift in the 1980s had unexpected positive repercussions on the country's economic situation and the public sector family planning program. As insurgencies spread in neighboring countries, Honduran leaders came to support U.S. policies in the region. Financing from the United States for family planning rose dramatically.
- Subsidizing family planning services for those who could not afford to pay by using a strategy that focused on market segmentation and leveraging existing publically funded resources made more resources available to extend health services to low-income women in Honduras.

For the past 5 decades, the Honduran Government and private sector organizations prioritized family planning programs as a way to reduce high maternal and child mortality, promote healthier pregnancies and births, and respond to individuals' and couples' desires about their family size. In 1970, an estimated 13 percent of married women of reproductive age in Honduras reported using modern contraceptives. Following family planning outreach, education, and improved access to care, modern contraceptive use increased to an estimated 64 percent in 2015.[1] Over the same 45-year period, there were improvements in meeting the demand for modern contraception. In 1970, 25 percent of married women reported that their need for these effective methods was satisfied, compared to 77 percent in 2015. As modern contraceptive use increased, Honduran women chose to have fewer births. In 1965, women were averaging more than seven births each. By 2015, women had approximately 2.5 births.[2] Today, Honduras' use of family planning is approaching that of the United States, which reports that 69 percent of married women use modern contraceptives, 85 percent say their needs are met, and the average number of births per woman is nearly 2.[1,2]

The decision to have smaller families led to improved maternal and child survival. With a decreasing number of births per woman, Honduras experienced improvement in maternal survival. The risk of pregnancy-related death among women fell by 53 percent between 1990 and 2015.[3] Among children, deaths in the first month, in the first year, and in the first 5 years of life fell by 50 percent between 1990 and 2015, resulting in rates of mortality similar to the average mortality of the Latin American and Caribbean region.[4]

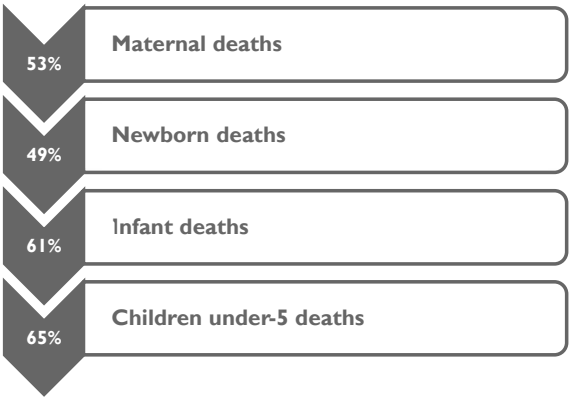
During a time of military-led governments, USAID began its family planning assistance to the public and private sectors in Honduras. Throughout the 1960s and most of the 1970s, the military-led governments of Honduras had a state-sponsored and state-financed economy. The Asociación Hondureña de Planificación de Familia (ASHONPLAFA), launched the first formal

Figure 1. Use of modern contraceptives increased



Over 45 years, modern contraceptive use among married women age 15–49 increased, enabling women and couples to choose the timing and spacing of their children and achieve their desired family size.

Figure 2. Reduction in mortality relative to live births



From **1990** to **2015**, improved access to and utilization of family planning led to reduced risk associated with pregnancy and birth. Relative to the number of live births, there were fewer women dying from pregnancy-related complications, and fewer newborn, infant, and child deaths.

family planning program in Honduras in 1962 and became an International Planned Parenthood Federation affiliate in 1965. In the same year, USAID began its family planning assistance to the country, starting with the Ministry of Health and shifting to the private sector as the public sector faced budget constraints. With the Ministry of Health, USAID built institutional capacity, including strengthening the management skills at ASHONPLAFA and a sustainable contraceptive supply system. The Ministry of Health started a clinic-based family planning education program, though it was canceled in 1975 because of budget constraints. Family planning gained momentum through ASHONPLAFA, which became the principal family planning service provider through community outreach, social marketing, and clinic-based services. In the 1970s, USAID and other donors supplied Honduran institutions with more than 90 percent of their contraceptives.[5]

During a period of unprecedented growth in the 1980s, USAID's support of ASHONPLAFA focused on strategies for sustainability. To sustainably expand services, ASHONPLAFA's family planning centers needed to market services, generate increased revenues, manage a growing client base and control costs. ASHONPLAFA also needed to increase cost recovery and improve product availability.[6] With USAID support, it launched a social marketing program in 1984, through which it sold the oral contraceptive Perla in pharmacies and small commercial outlets. By 1986, Perla had doubled its market share of oral contraceptives sold in pharmacies to 42 percent and was the most frequently purchased brand.[7]

To sustain its investments in family planning, USAID engaged with the pubic and the private sectors to expand services and improve the quality of care provided. In 1997, the Ministry of Health started innovative task shifting by allowing trained auxiliary nurse-midwives to insert intrauterine devices, a method previously underused. These nurses who worked in rural health centers were frequently the only source of reproductive health services in the communities they served.[8] Poor and underserved women who previously lacked access to such long-acting methods benefitted from the increased accessibility of intrauterine devices through the public sector. In the private sector, USAID supported participatory workshops at ASHONPLAFA to develop the vision and strategies for improved supportive supervision. As a result of interventions to enhance supervision, there were measureable improvements in access to, quality of, and sustainability of the family planning services provided by ASHONPLAFA.[9]

In preparing for Honduras' graduation, USAID and the Ministry of Health began negotiations for the Honduran Government to purchase contraceptives through the United Nations Population Fund (UNPFA). As a first step, USAID commissioned a study in 2004 to assess the contraceptive security situation in the country.[10,11] In 2005, the Ministry of Health and ASHONPLAFA began to purchase contraceptives themselves. In the same year, due to USAID's regional program and advocacy efforts, Honduras joined the Regional Contraceptive Security* Initiative, a network of USAID-supported countries that procure family planning supplies cost-effectively. In 2007, USAID and the Honduran Government began developing a graduation plan. During a coup d'état in 2009, the United States temporarily shifted its family planning assistance from the government to non-governmental organizations and other private sector efforts. Hondurans elected a new government in 2009, and USAID resumed population and reproductive health assistance to the Honduran Ministry of Health to help it implement its rural family planning strategy.[5,12]

Local institutions continued to improve their capacity to sustain reproductive health service delivery and quality standards of care.[13] USAID's graduation plan for Honduras focused on market segmentation. ASHONPLAFA offered new health services to segments of its clientele as a way to subsidize its family planning services. By 2011, it had reached 97 percent self-sufficiency, a key benchmark for sustainability.[12] In 2012, USAID began assisting the Honduran Social Security Institute, which started to provide family planning services to formal sector workers, freeing up limited Ministry of Health resources to serve the poorer population. The Institute successfully launched its family planning services management strategy in May 2013, which was essential to protect public sector resources for those who do not have other options. Because of time lost to the coup, the graduation of USAID family planning assistance was pushed back to 2013.[5]

USAID worked closely with the Ministry of Health, ASHONPLAFA, the Honduran Social Security Institute, multilateral agencies and others to ensure the sustainability of family planning services after graduation. The Ministry of Health is now the largest provider of family planning services, ASHONPLAFA is the second largest provider, and the Social Security Institute is the third.[12] The graduation strategy focused on ensuring the Ministry of Health had the capacity to monitor and evaluate the national family planning strategy; standardize quality family planning services; and ensure a fully functioning contraceptive supply chain system.[13] The Contraceptive Security Committee has played an instrumental role. Donors agreed that the government had to assume more responsibility for contraceptive security and set up specific phase-out timetables.[10]

As the Honduran Ministry of Health and ASHONPLAFA maintain family planning services, USAID provides targeted support when needed. Although Honduras graduated from family planning assistance, the State Department and USAID collaborated with the Honduran Government to provide targeted assistance to start a program for youth in 2013 to prevent crime and violence while providing services to prevent unintended pregnancies and sexually transmitted infections. Another example of targeted support included a USAID activity to leverage partner engagement with the Ministry of Health and donors – the United Nations Children's Fund, Pan American Health Organization, Inter-American Development Bank, and UNFPA – to support implementation of the National Strategy for the Accelerated Reduction of Maternal and Child Mortality by 2015. The goals of this strategy included lowering infant and maternal mortality rates, increasing contraceptive use, and decreasing unmet need for family planning services.[5]

The Ministry of Health, with USAID support, made progress in several ways: (1) by linking family planning directly to a national policy to reduce maternal mortality; (2) by expanding access to contraceptive methods; and (3) by taking a lead in ensuring contraceptive access and choice.[14] With the help of public sector programs, innovative non-governmental organization activities, and external support from agencies like USAID, Hondurans achieved the smaller families and longer birth intervals they wanted.[1,2] At the same time, Honduras successfully reduced deaths associated with pregnancy and delivery, reduced infant and child deaths, and expanded health services.[3,4] Honduras's success is proof that investments in family planning are valuable and sustainable. This achievement occurred during periods of political, economic, and programmatic constraints.

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Decrease unmet need for family planning.
- Improve access to family planning services for rural communities.

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* Contraceptive security exists when people are able to choose, obtain, and use high-quality contraceptives and condoms whenever they want them for family planning or prevention of HIV and sexually transmitted infections