USAID | MEXICO
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

# USAID'S PARTNERSHIP WITH MEXICO ADVANCES FAMILY PLANNING

## OVERVIEW

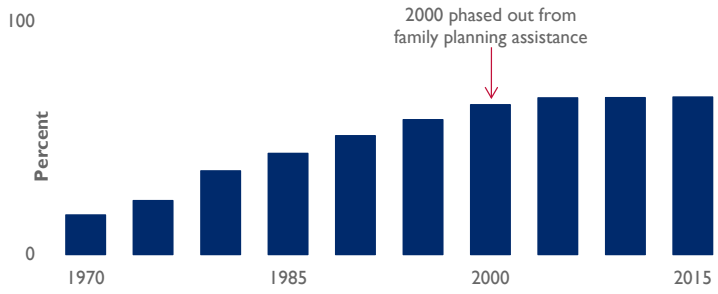
- Between 1977 and 2000, Mexico was one of USAID's largest recipients of family planning assistance. The strong support of the government, assisted by non-governmental organizations and the private sector, underscores that investments in family planning assistance can be sustainable.
- During the partnership between the U.S. Agency for International Development (USAID) and the Government of Mexico, the number of married women using modern contraceptives doubled, and families had fewer children, from 7 in 1975 to about 3 in 2003, a 57 percent reduction of family size.
- Mexico worked with non-governmental organizations and the private sector to focus on underserved populations including youth and the very poor. When Mexico graduated from USAID assistance, the public sector and non-governmental organizations used resource mobilization strategies, such as charging user fees, selling contraceptives, and shifting family planning programming for those who could afford to pay to the private sector, to replace donor funding.
- As a middle-income country, Mexico has demonstrated that improvements in healthcare and family planning can reduce the risk of pregnancy, which in turn decreases maternal and infant deaths.

**For more than 4 decades, the Mexican 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' rights to determine freely the size of their families.**[1] In 1970, an estimated 17 percent of married women of reproductive age in Mexico reported using modern contraceptives. Following family planning outreach, education, informed choice, and improved access to care, modern contraceptive use peaked in 2003 at 68 percent, where it has remained for the past decade (Figure 1). Over time, there were improvements in meeting the demand for modern contraception. In 1970, 30 percent of women reported that their need for a range of effective modern methods was satisfied, compared to 81 percent in 2015.[2] As modern contraceptive use increased, Mexican women reduced their average number of births by 66 percent, from 7 in 1975 to about 3 in 2003, eventually reaching about 2 in 2015.[3] To contextualize these numbers, today Mexico's use of family planning to achieve preferred family size is approaching levels in the United States, where 69 percent of married women reportedly use modern contraceptives, and 85 percent say their needs are met.[2,3]

**The decision to have smaller families led to improved maternal and child survival.** With the decreasing number of births per woman, Mexico experienced improvements in maternal and child survival, as the risk of pregnancy-related death decreased by 58 percent between 1990 and 2015.[4] Among children, deaths in the first month, in the first year, and in the first 5 years of life fell by more than 60 percent between 1990 and 2015, resulting in some of the lowest rates of mortality in Latin America and the Caribbean.[5]

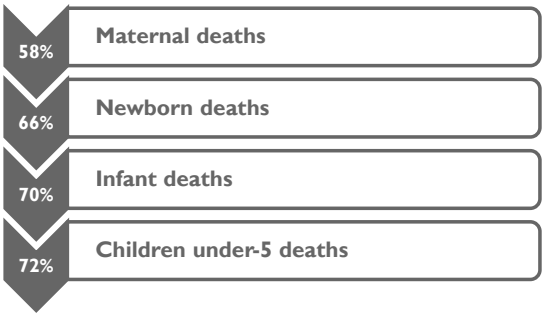
**The Mexican Government, academics, and physicians developed one of the first successful family planning programs in the world, empowering couples with information and access to family planning programs.** From 1940 until the early 1970s, Mexico experienced political stability and economic growth, which led the government to focus on family planning initiatives guided by research linking birth rate and economic development.[6] In 1973, academics and doctors from Mexico's top medical schools, trained in popu-

**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.

lation and family planning, advocated for a law that made family planning and informed choice a priority.[6,7] The government set up the National Population Council (CONAPO) in 1974 to coordinate the country's family planning programs and policies.

**During the 1970s, Mexico mandated free family planning information, education, and health services, including contraceptives, to be provided by all state-run organizations.** This policy addressed the fact that many rural women, adolescents, indigenous groups, and the poor did not have full access to reproductive health programs early in the decade. The public sector became the main provider of clinic-based family planning programs and hospital-based postpartum family planning, including long-acting and reversible methods such as intrauterine devices. Complementing these public sector achievements, the non-governmental sector offered programs for hard-to-reach and marginalized groups.[6,8] USAID began investing in Mexico's family planning program in 1977, strengthening the government's national clinical family planning program.[6]

**By the 1980s, the Mexican family planning program became increasingly reliant on non-governmental organizations and worked through more than 20 cooperating agencies and 12 local non-governmental organizations.[6]** During the 1980s, family planning financing came from external funding entities, the central treasury, and state and social security contributions. Using these public-private collaborations to deliver services, the country focused on four priority areas – programs for youth, expanded rural services, integrating family planning into primary healthcare, and specific contraceptive methods, including intrauterine devices and injectables – beginning in 1984. USAID's funding to the public and private sectors increased markedly toward the end of the decade, as the family planning agenda and collaborative efforts coalesced.[6,7]

**Due to the program's success, discussions around phase-out of USAID assistance began in 1989 and were followed by implementation of a multi-year strategy that promoted transition activities.** One focus of the transition was underserved populations in poor, rural states and peri-urban areas of Mexico City. In partnership with the Mexican Government, this approach improved clinical family planning programs and expanded contraceptive access through the commercial sector. A second transition activity intensified efforts to support public education about family planning. A third area of focus for both the government and non-governmental organizations centered on adjusting to the reduction in USAID commodities and technical assistance, while providing contraceptives at a low cost, as mandated by the public sector.[9] Adjusting to USAID's phase-out, the government looked to the European Union, the Japan International Cooperation Agency, and the United Nations Population Fund to provide more commodity support. A fourth transition priority was to build local capacity and address the lack of local expertise in procuring contraceptives. The Mexican Government enhanced logistics management by training personnel about contraceptive distribution, storage and forecasting as a way to avert shortages of contraceptives.[8]

**Public and non-governmental organizations in Mexico used a variety of innovative resource mobilization strategies to replace USAID funding.** Local non-governmental organizations expanded their networks to generate income and become sustainable. Initially, they obtained donations in family planning supplies from

### MEXFAM AND FEMAP DELIVERED FAMILY PLANNING PROGRAMS TO HARD-TO-REACH AND UNDERSERVED POPULATIONS THROUGH USAID SUPPORT

Two private-sector organizations, the Fundación Mexicana Para la Planeación Familiar (MEXFAM) and the Federación Mexicana de Asociaciones Privadas (FEMAP), comprised most of the USAID-funded, non-governmental family planning programming. They effectively delivered services to hard-to-reach, underserved groups using outreach programs with community volunteers.[6]

- MEXFAM, the local affiliate of the International Planned Parenthood Federation since 1967, pioneered social franchising in the region in the late 1990s. Under this model, MEXFAM expanded access to programs by providing support, such as family planning supplies and technical assistance, to a network of private clinics. These clinics collected fees from their clients, which sometimes were covered by a third-party payer, such as the Ministry of Health or Social Security.
- FEMAP also was innovative in serving thousands of Mexican women living along the border with the United States and experimenting with forward-looking strategies for youth.

Through USAID's Transition Project, FEMAP and MEXFAM received increased support and technical assistance to achieve sustainability. This support included using social marketing to promote products and services, diversifying the range of services provided, creating income-generation activities, and strengthening management information systems.

non-USAID donors and generated revenues through user fees and contraceptive sales. The result balanced financial viability with maintaining access to family planning programming for low-income groups. Two non-governmental organizations, FEMAP and MEXFAM, used social marketing approaches and diversified the range of services provided to achieve sustainability.[6] During the end of the phase-out process, donors began shifting their priorities both in Mexico, which was deemed a middle income country, and globally, as the need to address the expanding HIV epidemic became paramount.

**Comprehensive documentation of Mexico's national family planning program before, during, and after USAID's phase-out in 1999 and 2000 provides valuable lessons about the graduation experience.** Four key strategies enabled Mexico to successfully phase out of USAID assistance: (1) targeted public sector assistance to poor states; (2) a focus of resources on a few high impact activities, such as clinical programs; (3) the mobilization of Mexican resources; and (4) coordinated disbursement of funds.[6,8,9]

**Following graduation, national family planning indicators continued to improve, but health programming for certain populations required further attention.** Modern contraceptive prevalence increased, yet progress was not equally distributed across the population. The implementation of programs focused on adolescents, rural and indigenous groups was not as well-developed as other programs supported by USAID funding.[8] Adolescent pregnancy is an ongoing issue of concern. Although the adolescent pregnancy rate fell to an average level for the Latin American and Caribbean region, Mexico's large population means that the country still contributes to 21 percent of the adolescent births in the region.[3]

**Mexico has achieved considerable improvements in reproductive health and maternal and child survival, demonstrating that improvements in healthcare and family planning programming can reduce the risk of pregnancy, which in turn decreases maternal and infant deaths.**[1,4,5] With the help of public sector programs, innovative non-governmental organization activities, and external support from agencies like USAID, Mexican women achieved the smaller families and longer birth intervals they wanted. At the same time, Mexico successfully reduced deaths associated with pregnancy and delivery. As it became a middle-income country, Mexico's economic growth provided the opportunity to expand healthcare to its population.

## LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Provide universal access to sexual and reproductive health programs for indigenous populations.
- Satisfy unmet need for family planning by expanding accessible sexual and reproductive health programming for adolescents.
- Ensure continued resources for family planning, while the health system addresses the increasing burden of non-communicable diseases.

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