



ISSUE BRIEF

USAID'S PARTNERSHIP WITH PARAGUAY ADVANCES FAMILY PLANNING

OVERVIEW

- The U.S. Agency for International Development's (USAID's) family planning assistance to Paraguay began in 1968, though assistance was suspended during much of the 1980s due to political changes in the Latin American country. In 1990, USAID and the Government of Paraguay forged a renewed commitment to strong partnership.
- Paraguay's total market approach to family planning, supported by USAID, fostered a partnership between the public and private sectors to lower the cost of contraceptives.
- Paraguay's emphasis on rural programs brought equity to modern contraceptive use, so that by 2008, family planning reached about 70 percent of both rural and urban populations.

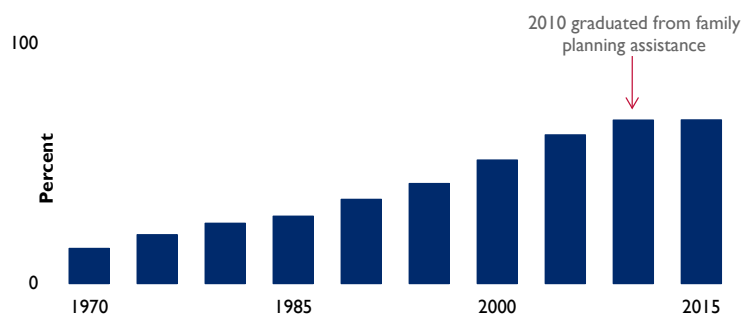
The Government and people of Paraguay have prioritized family planning programs as a way to reduce high maternal and child mortality, promote healthier pregnancies and births, and meet women's and couples' goals of determining their family size. In 1970, an estimated 15 percent of married women reported using modern contraceptives (Figure 1). Following family planning outreach, education, informed choice, improved market availability, and access to care, an estimated 68 percent reported contraceptive use in 2015. Over time, there were improvements in meeting the demand for modern contraception. In 1970, 30 percent of married women reported that their need for these effective methods were satisfied, compared to more than 81 percent in 2015.¹ As modern contraceptive use increased, women and couples in Paraguay managed the timing and spacing of pregnancies to achieve their desired family size. This preference is reflected in lower average numbers of births per woman – from more than 6 births per woman in 1965 to 2.6 in 2015.² To contextualize these numbers, today Paraguay's use of family planning is similar to levels in the United States, where 69 percent of married women report using modern contraceptives, and 85 percent say their needs are met.^{1,2}

The decision to have smaller families brought many other benefits to the people of Paraguay, including improved maternal and child survival. With a decreasing number of births per woman, Paraguay experienced improvements in maternal survival. The risk of pregnancy-related death among women giving birth decreased by 12 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 about half between 1990 and 2015, resulting in rates of mortality similar to the average mortality of the Latin American and Caribbean region.⁴

In the late 1960s, USAID and private sector organizations began to make progress implementing family planning efforts. Over the same period, the Ministry of Health was responsible for reproductive health as a part of its Maternal and Child Health Program with programming focused on natural family planning methods. In 1968, USAID started family planning assistance to Paraguay, working primarily through the private sector's Paraguayan Center for Population Studies (Centro Paraguayo de Estudios de Población or CEPEP), which was founded 2 years earlier and became a member of the International Planned Parenthood Federation (IPPF) in 1969.⁵

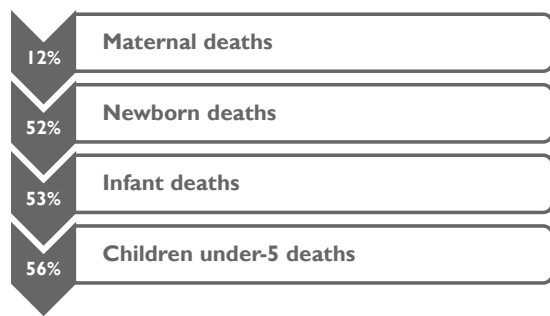
The 1970s marked a period of growth in family planning, as demographic patterns changed and partnerships grew between the Ministry of Health, USAID, other donor agencies, and

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.

non-governmental organizations. In 1970, the Ministry of Health established the Family Protection Program and promoted family planning as part of family welfare. Two years later, the Ministry of Health, USAID, CEPEP, and the United Nations Population Fund (UNFPA) jointly supported a family planning information program through a government program that employed CEPEP-trained personnel and volunteers to promote the benefits of family planning.⁵ Although Paraguay had a low population density, the combination of decreasing mortality, increasing life span, and a high birth rate led to increasing numbers of older and younger people, increasing the dependency ratio (i.e., the ratio of people not in the labor force relative to those in the labor force).⁶ This scenario led to growing support for family planning in some sectors. However, in 1979, under the dictatorship of General Alfredo Stroessner, the Ministry of Health suspended family planning programs focused on modern contraceptive methods.⁵

During the 1980s, the government only provided natural family planning methods. While the Government of Paraguay focused on promoting natural family planning to prevent risky pregnancies and reduce mortality, CEPEP continued to provide information and modern contraceptives through more than 20 clinics, 100 health professionals, and 600 field workers.⁵ In 1989, with the end of the Stroessner dictatorship, modern contraceptives were reintroduced as acceptable family planning methods as part of the National Maternal and Infant Healthcare Program.^{5,7}

The 1990s were a period of rapid expansion of family planning programs. The total market approach was an innovative strategy involving partnerships between the Ministry of Health, USAID, and non-governmental organizations. In 1990, USAID family planning technical and financial assistance returned to Paraguay to fund public and private sector programs.⁵ USAID responded to the country's needs by teaming with and investing in the Ministry of Health to develop a balanced program that utilized public and private sector strengths to provide contraceptive products. The program involved private pharmacies that had become the main family planning providers by the end of the decade.⁸ Also in 1990, USAID/Paraguay began its support of a social marketing approach through Population Services International and its non-govern-

mental organization, PROMESA, which assisted the public sector by bolstering the supply of contraceptives and strengthening the Ministry's logistics system. During the 1990s, USAID worked with the Ministry of Health to implement interventions that promoted equitable, sustainable family planning and relieved stress on the public healthcare system by using a total market approach. A total market approach directs people who can afford to pay to the private sector; freeing up public sector resources for those most in need to increase access to contraceptives for underserved populations. Using this approach, government coordination and support is leveraged to enhance stakeholder comparative advantages. Social marketing programs that inform potential clients about various family planning methods and their availability in private pharmacies were established, offering a wider product range to those who could afford to pay.⁹ The empowerment of local health councils led to the development of cooperative pharmacies that provided lower-cost contraceptives more reliably than the public sector.¹⁰

The Government of Paraguay demonstrated a new commitment to family planning by developing a comprehensive healthcare plan extending family planning and reproductive health programs to all Paraguayans. The Constitution of 1992 included language to guarantee the rights of individuals to determine the number and timing of their births.^{7,10} These changes opened the door for USAID, the United Nations Population Fund (UNFPA), and the Pan American Health Organization (PAHO) to initiate a comprehensive family planning program and bolster the Ministry of Health's efforts to implement the program.⁷ In 1995, the Government of Paraguay further established policies to guarantee its citizens sustained access to contraceptives.¹⁰ This step was essential, as the prolonged neglect of family planning programs in the 1980s meant that less than half of Paraguayan couples had access to modern family planning methods by the mid-1990s.¹

USAID played a critical role in establishing the Contraceptive Security Initiative, a regional effort to ensure that supplies were available for family planning and prevention of HIV and sexually transmitted infections. In 2005, Paraguay established the Contraceptive Security Committee, which included USAID, the Ministry of Health, UNFPA, the USAID-funded Deliver Project, the Paraguayan Social Security Institute, and CEPEP.¹¹ The Committee was instrumental in supporting laws that earmarked funding for contraceptive purchases, and it assured funding for training and for distribution of contraceptive methods. Paraguay became one of the few Latin American countries to include a direct line item in its national budget for contraceptive procurement.^{5,11}

In 2006, Paraguay's progress in achieving its family planning objectives was sufficient to begin the multi-year process of shifting away from USAID family planning assistance in preparation for graduation. In the first phase of the graduation process (2006), funding was discontinued for programs where Paraguay had met its objectives. For example, Tesape, a program that improved reproductive health programs in hospitals and clinics, was able to be integrated into institutional activities and transferred to Paraguayan stakeholders. Between 2006 and 2010, Phase 2 emphasized sustainability priorities including procurement and logistics strengthening, advocacy, community mobilization, and increased access to a variety of long-acting and permanent contraceptive

methods. In Phase 2, technical assistance focused on improving the government's capacity to finance, procure, and distribute contraceptives as donor assistance declined.¹⁰ Paraguay was able to make progress in promoting equity in family planning, as contraceptives were largely obtained from public sector agencies.¹² For example, by 2008, family planning use was equal in rural and urban areas at about 70 percent – up from 26 percent in rural areas and 43 percent in urban areas in 1990 – with new users of contraception predominantly from the 2 lowest wealth quintiles.¹⁰ Efforts also were made to ensure that local non-governmental organizations were ready and empowered for post-graduation advocacy.⁹

Paraguay officially graduated from family planning assistance in 2010; USAID ended its family planning and reproductive health program in 2011.⁶ In 2010, the governments of the United States and Paraguay signed an agreement with the Paraguayan Social Security Institute to strengthen IPS's capacity to provide quality family planning and reproductive health programs within its network.⁶ This step solidified a total market approach to family planning by moving workers away from free family planning programs provided by the Ministry of Health and into the Paraguayan

Social Security Institute system. This relieved costs for the Ministry of Health, so it could address population groups living in poverty who were not covered by any insurance plan.

In the Latin American and Caribbean region, Paraguay's successful partnership with USAID demonstrates that strong commitments on the part of donors and partners to execute a well-developed host country strategy can assist a government in meeting its citizens' family planning needs.⁶ Paraguay developed a total market approach that has saved lives, empowered women, and improved the quality of life for many people, especially the rural poor. Family planning methods are now available at all levels of the ministry services, down to remote local health posts. When the public sector views the private sector as a partner, universal access to contraceptive security becomes attainable and sustainable. With USAID support, public sector programs and innovative non-governmental organizations helped Paraguayan women and couples achieve the smaller families and longer birth intervals they wanted, and their country successfully reduced deaths associated with pregnancy and delivery.⁵

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Implement an efficient logistics system that monitors the quantity, quality, and continuity of supplies.
- Strengthen other healthcare providers, such as military health and police health.
- Consolidate the role of Paraguayan Social Security Institute in family planning supply within a market segmentation strategy that emphasizes a total market approach to family planning.

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