



ISSUE BRIEF

USAID'S PARTNERSHIP WITH COLOMBIA ADVANCES FAMILY PLANNING

OVERVIEW

- Colombia was one of the first family planning assistance recipients of the U.S. Agency for International Development (USAID), which launched its family planning program in the country in 1965 and ended it in 1997.
- In partnership with USAID, Colombia created a highly successful family planning and reproductive health program that remains strong today. This is evidence that family planning investments are sustainable when they secure government and civil society support, employ innovative private sector financing, and promote programs that respond to the needs of the people.
- The efforts of the Colombian Government, USAID and non-governmental organizations led to a six-fold increase in modern contraceptive use between 1970 and 2015, exemplifying women's and couples' preferences for planning the number, timing, and spacing of their children.
- Instrumental strategies used to extend health services to low-income Colombians included subsidized family planning programs for those who could not afford to pay, clinic-based revenue generation, social marketing programs, and public sector contracts.

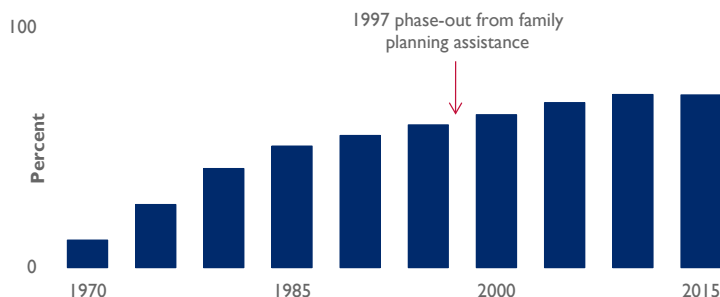
For 5 decades, the Government and people of Colombia have prioritized family planning as a way to promote healthier pregnancies and births, reduce high maternal and child mortality, and respond to individuals' and couples' desires to plan and space their children.¹ In 1970, an estimated 11 percent of married women reported using modern contraceptives (Figure 1). Due to family planning outreach, education, and counselling on all available methods and improved access to care, an estimated 61 percent of married women reported using modern contraceptives in 1997 when USAID assistance ended. By 2015, modern contraceptive use stabilized at 72 percent. Over time, there were improvements in meeting the demand for modern contraception. In 1970, 20 percent of women reported that their need for these effective methods was satisfied, compared to 83 percent in 2015.² As modern contraceptive use increased, Colombian couples were able to manage the timing and spacing of pregnancies for the healthiest outcome and to achieve their desired family size. This preference is reflected in lower average numbers of births per woman – from nearly seven in 1965 to about two in 2015.³ To contextualize these numbers, today Colombia's use of family planning is similar to the United States, where 69 percent of married women report using modern contraceptives, and 85 percent say their contraceptive needs are met.²

The decision to have smaller families led to improved maternal and child survival.^{1,4} With increased contraceptive use and the decreasing number of births per woman, Colombia experienced improvements in maternal survival, as the risk of pregnancy-related deaths fell by 46 percent between 1990 and 2015.⁵ Among children, deaths in the first month, in the first year, and in the

first 5 years of life all fell by more than half between 1990 and 2015, resulting in rates of mortality similar to the average rate for the Latin American and Caribbean region.⁶

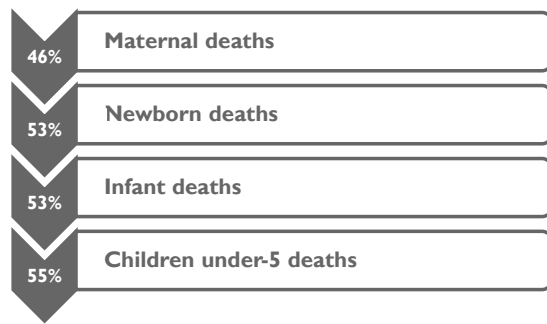
In the early 1960s, several factors contributed to the inaccessibility of family planning methods and programs. A shortage of health professionals and inadequate rural health facilities made access to family planning and women's health services difficult, if not impossible for the poor and those living in rural remote areas. The Colombian Government had established no national population policies to identify priorities or facilitate funding and maintenance of programs. Additionally, the Roman Catholic Church, which opposed the use of contraception, was a strong political force in the country, and there was a tradition of large families.⁷

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.

By the mid-1960s, couples began to want smaller families, so they could better educate and care for their children.⁸ Women wanted smaller families, so they could continue their own education and go to work to help support their families.⁸ Community and family planning leaders, physicians, and political leaders in Colombia came together to create an environment favorable for family planning. The country made steady improvements in the living standard of its population, as reflected by measurable improvements in education, health, and economic indicators.⁹ Family planning programs were also seen as the foundation for the country's other development goals, including economic well-being and environmental sustainability. This period also ushered in changes in government policies that supported family planning measures, the initiation of programs to improve and expand health services, and an expansion of research. Research on population and family planning was undertaken by the Colombian Association of Medical Schools (ASCOFAME).⁷ A joint effort between the Colombian Government, USAID, ASCOFAME, and the non-governmental organization, PROFAMILIA, supported the training of medical doctors to provide and expand family planning programming. Concurrently, family planning leaders highlighted the links between demographics and social and economic development.⁹

During the late 1960s and 1970s, advances in family planning were supported by the Colombian Government, USAID, other donors, and stakeholders. USAID's support of programs played a critical role in expanding family planning, despite a volatile political environment. Internal policy disagreements arose as well as armed conflict between the army, police, guerillas, and paramilitary groups that lasted into the 1990s.⁷ In 1968, the Vatican issued *Humanae Vitae*, which banned the use of "artificial" methods of contraception, a position reinforced during a papal visit to the country that year. Temporary setbacks occurred that delayed physician training and the development of a national family planning policy. Despite these obstacles, support from family planning and political

NON-GOVERNMENTAL ORGANIZATION SUPPORT THROUGH PROFAMILIA WAS CRITICAL TO SUCCESS

PROFAMILIA, established in 1965, became one of the first non-governmental organizations – not only in Colombia, but also in all South America – to provide family planning programs, including access to contraception.⁷ USAID, recognizing PROFAMILIA's strengths and leadership in service delivery, supported its work via ASCOFAME and the International Planned Parenthood Federation (IPPF). The goal was to provide high quality, well-managed services with access to modern contraceptives and trained health-care workers, particularly to communities underserved by government programs.⁹ PROFAMILIA went on to become one of the most respected and important family planning partners and became an IPPF affiliate in 1967.

By 1980, the partnership between PROFAMILIA, the Ministry of Health, USAID, and other stakeholders had created a mature system of clinics. Even during periods of armed conflict, PROFAMILIA provided family planning. This leading non-governmental organization embarked on 2 decades of innovations that were adopted by other Latin American countries and informed global family planning programs.^{8,9}

- Pioneered family planning information and education communications.
- Adopted a rural-community-based contraceptive distribution model that was adopted by private sector providers in the region.
- Subsidized family planning services for poor women through innovative financing mechanisms via clinics, social marketing programs, public sector contracts, and community marketing.
- Invested in research and evaluation to ensure effective programming.
- Diversified to include other reproductive health services, such as pap smears and pregnancy tests in the 1980s, and sonograms, HIV testing, and sex education in the 1990s.
- Contracted with social security entities to deliver services, expand its programming in community marketing, and reduce reliance on international donations.

In 1997, USAID awarded PROFAMILIA a US\$ 6 million endowment fund to further encourage self-sufficiency through a consistent income stream.⁸ The interest funded nonrecurring costs, such as upgrading facilities and equipment, and a portion was reinvested.^{10,11,12} By 2002, PROFAMILIA generated 80 percent of its budget from its income and revenue-generating sources.⁹

leaders enabled the Ministry of Health to promote family planning services through their Maternal and Child Health Program, and the National Development Plan included the study of population and fertility to facilitate education on family planning.⁷

USAID enhanced its investments in Colombia by expanding its programming through the private sector for greater impact. As the Ministry of Health increased provision of family planning services, USAID's assistance shifted in 1977 from a bilateral (government-to-government) mechanism to one that funded primarily private sector programs. USAID funding was channeled through intermediary Cooperating Agencies (CAs) that, in turn, funded PROFAMILIA and other partners.⁸ This allowed USAID programming to cover a broader range of activities, such as rural community service delivery and hospital-based postpartum programs and provide support using more flexible methods, such as innovative financing and community distribution mechanisms.⁷ The CAs provided technical assistance (e.g., in data collection, research, evaluation, training, information, education, and communications), through an in-country presence that was effective and efficient. Projects could be developed and implemented quickly.⁸

During the 1980s and early 1990s, USAID worked with public and private sector partners to develop a flexible, sustainable family planning program. With high demand for family planning among the people and the Ministry of Health's commitment to accessible family planning services nationwide, reproductive rights, and family planning issues had become prominent.⁹ State-level governments in Colombia, which already provided 80 percent of general healthcare, expanded their programs in family planning. In addition, private sector providers continued to have high coverage rates. USAID contributed to the growth of public-private sector partnerships and sustainability efforts, as well as to support increases in access to family planning in rural areas.^{8,13} By the early 1990s, a well-developed national family planning program, accountable to civil society, involved an active private sector, the Ministry of Health, PROFAMILIA, and ASCOFAME.

USAID's family planning assistance to Colombia was phased out in 1997, as the country had reached a level of sustainability that could continue without further donor support. In the first 3 decades of assistance, USAID contributed more than \$50 million to

family planning and reproductive health programs to Colombia. Given the success of the Colombian government and partners in developing and maintaining these programs, USAID began planning its phase-out from direct family planning assistance in the early 1990s. It ended the process 8 years before USAID established formal country graduation criteria.⁹ To ensure sustainability, USAID strategically supported partner innovations that allowed local organizations to obtain their own contraceptives rather than rely on donor contributions. The Agency also upgraded equipment and facilities and helped expand reproductive health services to include sonograms, HIV counseling and testing, and education for adolescents.⁸

In the years since graduation, the Colombian Government and its partners have maintained their nation's family planning programs, while USAID provided targeted support when needed. Experience and research shows that conflicts often damage development efforts, healthcare delivery, and health service infrastructure.¹⁴ After armed conflict emerged in Colombia's rural areas in 2000, USAID responded by providing humanitarian assistance and reproductive health services. This investment included \$13 million between 2006 and 2011 for programs administered by PROFAMILIA for internally displaced people.^{9,15} The United States had contributed a further \$2.9 million between 2003 and 2010 in Official Development Assistance, which assists conflict-affected countries in providing essential reproductive healthcare.¹⁶

Colombia's success is proof that investments in family planning are sustainable. The country has maintained service delivery and addressed the reproductive health needs of Colombian women and couples. Since USAID phased out family planning assistance in 1997, the rates of modern contraceptive use and demand for modern contraceptives satisfied have stabilized at relatively high levels, and maternal and child mortality rates continue to fall. Colombia's outreach to remote and rural areas is reaching underserved women and couples. Although there have been changes in specific policies, the Colombian Government and PROFAMILIA, now one of the largest private sector family planning and sexual and reproductive health providers in the developing world, remain committed not only to maintain, but also to expand, their work in reproductive health and promoting healthy families.⁹

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Meet current demand for family planning services.
- Identify and satisfy unmet need for family planning.
- Improve adherence to contraceptive methods.
- Improve access to family planning information and education.

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