



## ISSUE BRIEF

# USAID'S PARTNERSHIP WITH PERU ADVANCES FAMILY PLANNING

### OVERVIEW

- Peru, in 1966, was among the first countries to receive U.S. Agency for International Development (USAID) population and reproductive health funds.
- USAID's partnership with the government and the private sector, including local non-governmental organizations, was key to Peru's ability to overcome political and program obstacles. With USAID support, Peru instituted a national policy guaranteeing couples the right to freely determine the number and spacing of their children. The policy paved the way for access to modern contraceptives through government facilities to poor and rural communities.
- This partnership led to a five-fold increase in modern contraceptive use between 1970 and 2015, which reduced unintended pregnancy and decreased the average number of births per women, and coincided with dramatic improvements in maternal and child survival.
- USAID developed an evidence-based process involving multiple stakeholders to reach underserved indigenous populations, resulting in doubling the participation in family planning sessions.

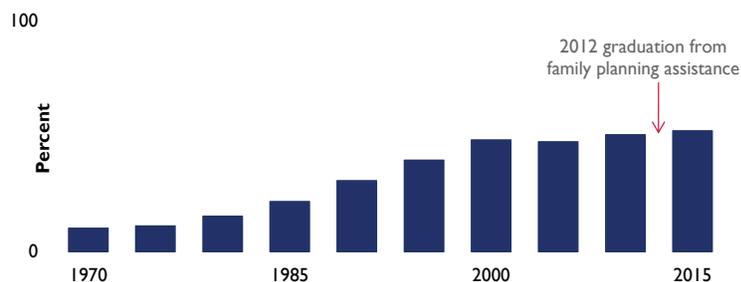
For 5 decades, the Government and people of Peru prioritized family planning services as a way to promote healthier pregnancies and births, reduce high maternal and child mortality and respond to individuals' and couples' desires to plan and space their children. In 1970, an estimated 10 percent of Peruvian women were using modern contraceptive methods. Following family planning education and counseling on available methods and improved access to care, an estimated 52 percent of married women reported using modern contraception by 2015 (Figure 1).<sup>1</sup> In the same period, an increase in the supply of accessible modern contraceptive methods coincided with women's and couple's increased desires for family planning. In 1970, 17 percent of women reported that their need for effective, modern methods of contraception was satisfied, compared to 64 percent in 2015.<sup>2</sup> As modern contraceptive use increased, Peruvian couples were able to manage the timing and spacing of pregnancies for the healthiest outcomes and to achieve their desired family size. This preference is reflected in lower average numbers of births per woman from 7 in 1965 to about 2.5 over the same period.

The decision to have smaller families led to improved maternal and child survival. With a decreasing number of births per woman, the risk of pregnancy-related death fell by 73 percent between 1990 and 2015, and more mothers survived.<sup>3</sup> Among children, deaths in the first month, in the first year, and in the first 5 years of life fell by more than 70 percent between 1990 and 2015, resulting in rates of mortality similar to the average mortality of the Latin American and Caribbean region.<sup>4</sup>

During the 1960s and 1970s, USAID, the Ministry of Health, and implementing partners worked together to develop a family

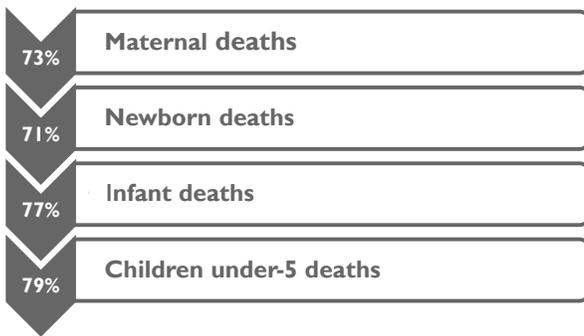
planning program. The Peruvian Ministry of Health established a Center of Population and Development Studies in the 1960s, and USAID population and reproductive health assistance to Peru began in 1966. However, family planning activities were curtailed when a pronatalist military government seized power in 1968. Privately funded family planning clinics closed and then reopened gradually over the next 2 decades. In the late 1970s, Peru developed a population policy that acknowledged that population pressures could slow the country's economic development. USAID launched the Extension of Integrated Primary Health Care Project with the Peruvian Government to integrate family planning services into the health system through both public and private sector partners. At around the same time, several organizations that would become significant actors in the family planning sphere were founded: *Movimiento de la Mujer*, the *Centro de la*

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.

*Mujer Peruana* and in 1978, the Peruvian Institute for Responsible Parenthood, a member of the International Planned Parenthood Federation. Modern contraceptive use rose during the late 1970s as the Ministry of Health, non-governmental organizations, pharmacies, and other vendors became sources of contraceptives.<sup>5</sup>

The most significant milestone for Peru's family planning program was the passage of a national law in 1985 that guaranteed "couples the right to freely determine the number and spacing of their children." The law recognized all voluntary contraceptive methods except surgical contraception. The Ministry of Health developed the first National Family Planning Program (1987–1990) with the aim of lowering the average number of births per woman to 2.5 by the year 2000.<sup>6</sup> The Ministry of Health coordinated public and private sector family planning efforts while USAID and other donors provided technical and financial support. USAID also supported Peru's second National Family Planning Program (1991–1995) to expand service delivery in underserved, mostly rural areas. USAID then assisted in health sector reform and decentralization, which started in the mid-1990s.<sup>7</sup> Because the Peruvian Government and so many non-governmental organizations were working in family planning during the 1990s, USAID contracted PRISMA to consolidate the Agency's technical assistance and to provide training in a broad range of technical areas.<sup>5</sup> PRISMA specialized in the procurement of contraceptives and logistics and continues to provide such technical assistance to the Peruvian Government and other governments to this day. During this period, Peru was experiencing an internal armed conflict that had started in the 1980s and continued through the 1990s. Despite these obstacles, the average number of births per woman continued to decline as family planning services expanded.<sup>2</sup>

After the International Conference on Population and Development (ICPD) in 1994 and with political support from the president, the Peruvian Ministry of Health instituted a policy in 1995 mandating free contraceptives for all Peruvians through government facilities. As a result of this policy change, modern contraceptive use increased, particularly among rural and poor inhabitants. USAID and other donors provided 100 percent of

the contraceptives to the government while also providing technical assistance for training, supervision, education, information, and communication. Annual investments in family planning doubled from \$12.9 million in 1994 to \$28 million in 1998.<sup>8</sup>

**Contraceptive use continued to rise as communications campaigns funded by USAID catalyzed demand for family planning.**

The Reprosalud Project (1996–2005) developed an information, education, and communication campaign and enhanced program delivery. During this period, radio-novelas raised awareness about reproductive health.<sup>5</sup> JHPIEGO trained clinical family planning providers in family planning in the public sector. In the private sector, USAID provided technical and financial assistance to APROPO to develop a condom social marketing campaign that coincided with the 1994 World Cup. Television ads were accompanied by information booths set up in parks and vendor markets and ultimately resulted in *Piel* becoming the leading condom in Peru within 18 months.<sup>9</sup>

**From 1995 to 2000, the Fujimori government increased funding for family planning and expanded the Ministry's network of health facilities providing family planning services.**

The Ministry of Health had delivered family planning services since 1983, but during the late 1990s the number of health facilities increased by more than 50 percent. By this time, the National Family Planning Program had 6,000 service delivery points offering family planning services, and the public sector share of the family planning market increased from 49 percent in 1992 to 79 percent in 2000.<sup>10</sup> In 1995, the Peruvian Congress amended the Population Law to legalize tubal ligation and vasectomy as contraceptive options. President Fujimori also declared that family planning services would be offered free of charge in public sector health facilities. However, the Peruvian Government's program during this period was also characterized by a lack of informed consent, as well as cases of forced sterilization primarily among poor, indigenous women.<sup>11</sup> The government also adopted quantitative national targets for surgical contraception in mid-1996.<sup>12</sup>

As soon as it became aware of the government's sterilization targets and campaign strategy, USAID communicated strong concerns to the Government of Peru. In response to these events, the U.S. Congress passed the Tiahrt Amendment to ensure the principles of voluntarism and informed choice.<sup>5</sup> By 1999, with assistance from USAID, the Peruvian Government instituted procedures to ensure informed consent for voluntary sterilization.<sup>12</sup>

**By the early 2000s, political factors had an impact on access to modern contraception by the poor.**

Two successive Ministers of Health (2000–2003), with affiliations to organizations that opposed modern family planning methods, changed the political landscape and constrained the steady supplies of modern contraceptives and access to voluntary surgical contraception in the public sector.<sup>13</sup> During 2000 to 2004, modern method use among poor women declined 6 percent while traditional method use increased by 9 percent.<sup>14</sup> To enhance sustainability, the Ministry of Health started purchasing its own contraceptives in 2002, though the supply of contraceptives was insufficient to meet demand, and delays in starting the contraceptive procurement inhibited their availability. Long-acting and permanent methods

became more difficult to obtain from public health facilities due to the political constraints.<sup>8</sup>

As plans for graduation from USAID support were being solidified in 2003–2004, Peru's family planning programs grew to expand coverage and reach underserved groups.<sup>15</sup> The average number of births per woman was 2.2 births in urban areas and 4.3 in rural areas, and 50 percent of married women used modern contraceptives.<sup>16</sup> USAID recommended increasing access to voluntary tubal ligations and re-emphasized strengthening the public sector contraceptive commodity security system.<sup>17</sup> In 2005, USAID's Health Policy Initiative addressed regional and ethnic disparities in access through more focused strategies for reaching underserved indigenous groups. With appropriate policies and focused strategies, attendance at family planning sessions doubled for these groups. Such an evidence-based process, involving multiple stakeholders, demonstrated a better approach to reaching the underserved.<sup>13</sup>

Preparations for Peru's graduation required strengthening the supply and logistics system, which was constrained by the decentralized family planning program. A 2010 USAID assessment conducted to determine Peru's readiness for graduation revealed that the public sector was experiencing contraceptive supply stock outs. USAID's review committee recommended continuation of funding to strengthen the supply chain and logistics system, as attention was needed at the national, regional, and local levels. Amid USAID's strategic decision to shift funds away from Latin

America, as well as Peru's status as a middle income country, Peru's direct assistance was scheduled to end in 2012.<sup>18</sup>

The Peruvian Government sought ways to raise funds to become self-sufficient and to use effectively the \$80.5 million provided by the U.S. Government for population and reproductive health between 2002 and 2010.<sup>19</sup> To reduce the cost of injectable contraceptives, Peru purchased these commodities through a national procurement system – reducing the cost from \$1.18 per product in 2005 to \$0.41 in 2010. In 2006, Peruvian Government agencies pooled their needs and jointly procured 165 essential medicines, including contraceptives, saving approximately \$14 million.<sup>20</sup>

Peru's success has been sustained, and the country looks to new advocacy efforts to achieve further their reproductive health goals. Since 2000, use of modern contraceptive use has plateaued at approximately 50 percent of married women and has not improved since graduation in 2012.<sup>1</sup> This plateau could be due to changes in the family planning program, including shifts in method mix, with intrauterine device usage declining. Large numbers of adolescents are also entering their childbearing years in a policy and service climate that has been unfriendly to adolescent utilization of contraception.<sup>2,5</sup> Peru has achieved sustained success in reducing maternal and child deaths, partly due to the use of modern contraceptive methods. Non-governmental organizations and other civil society groups will continue to advocate for government actions to meet its commitment to family planning and reproductive health for the Sustainable Development Goals.<sup>5</sup>

## LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Strengthen non-governmental organizations to continue to meet the demand for family planning services.
- Identify and satisfy unmet need for family planning to address inequalities for rural poor and indigenous communities.
- Address the challenges of strengthening the supply chain in a decentralized health system.
- Reduce the number of unintended pregnancies, among adolescents.

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