USAID | BRAZIL
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

USAID'S PARTNERSHIP WITH BRAZIL ADVANCES FAMILY PLANNING

OVERVIEW

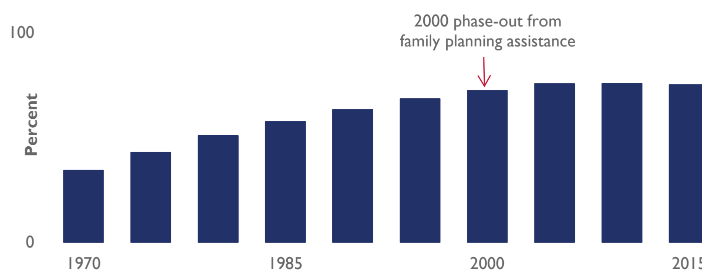
- Between 1967 and 2000, the U.S. Agency for International Development (USAID) contributed to Brazil's family planning program, which was the largest in Latin America. Strong investments in the government, non-governmental organizations, and the private sector ensured that investments in family planning assistance would be sustainable.
- During the partnership between USAID and the Government of Brazil, the percentage of married women using modern contraceptives increased from 34 percent in 1970 to 75 percent in 2015. As women and couples chose smaller families, the number of births per woman fell from six to less than two, similar to levels in the United States.
- The successful family planning program was accompanied by a dramatic decline in deaths among infants and children under age 5 of 71 percent and 73 percent, respectively.

For more than 4 decades, the Brazilian Government and private sector organizations prioritized family planning services. This strategy was a way to reduce high maternal and child mortality, promote healthier pregnancies and births, and respond to individuals' and couples' rights to freely choose the size of their families. In 1970, 34 percent of married women of reproductive age in Brazil reported using modern contraceptives.[1] Following family planning outreach, education, and improved access to care, modern contraceptive use increased to 72 percent in 2000, when USAID ended family planning assistance in Brazil.[1] Modern contraceptive use continued to rise gradually to 75 percent in 2015.[1] An increase in the supply of available and accessible modern contraceptive methods coincided with women's and couples' increased desire for family planning. In 1970, 25 percent of married women reported that their need for these effective methods was satisfied, compared to 77 percent in 2015.[1] As modern contraception increased, Brazilian women chose to have fewer births. In 1965, women were averaging more than six births each.[2] By 2000, the number of births per woman averaged less than two (see Figure 1).[2] Today, Brazil's use of family planning is similar to that of the United States, which reports 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, the risk of pregnancy-related death among women decreased by 58 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 more than 60 percent between 1990 and 2015, resulting in some of the lowest rates of mortality in Latin America and the Caribbean.[4]

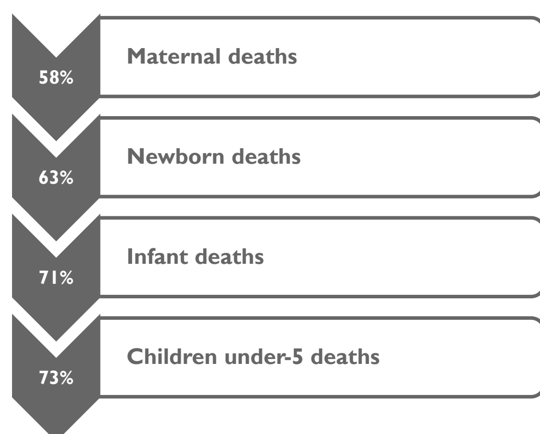
Rapid urbanization, a burgeoning population, and economic inequalities galvanized the Brazilian community and family planning leaders, physicians, and political leaders to create a favorable environment for family planning. During the initial stages of Brazil's family planning program in the 1960s, the country was ruled by a military dictatorship that encouraged the cultural norm of large families. When USAID began its family planning assistance to Brazil in 1967, family planning was not among the national government's top priorities. USAID and other international donors worked primarily with non-governmental organizations and the private commercial sector. Non-governmental organizations advocated for and led the development of national policies on population and on reproductive health and rights. They also trained physicians and promoted the right of individuals to voluntarily choose the number and spacing of their children. Since there was no federal plan to meet the demand for contraceptive methods, drugstores and other private sector entities began to fill that void.[5]

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.

Demand for family planning increased rapidly during the 1970s and 1980s due to rapid urbanization, educational opportunities for women, and information dissemination on family planning through the mass media. In response to increased demand, the medical community expanded the availability of health services to lower income regions. Simultaneously, economic conditions worsened, and pressures on household budgets contributed to smaller desired family sizes. USAID supported popular telenovelas that aired throughout the region and reflected the urban ideal of small family sizes. Contraceptive choice increased, as male and female long-term and permanent methods became more widely available.[5] The increased family planning demand during this period has also been attributed to the rise in women's education.[6] USAID ended its overall development assistance to Brazil in 1975; however, financial support for the family planning program, which was deemed a key priority, continued through the U.S. Embassy.

By the 1980s, Brazil's federal government established the nation's first population policy increasing women's reproductive health and rights and providing states with contraceptives. To further their efforts, Brazil created the national Program for Comprehensive Women's Health Care.[5] In support of Brazil's new population policy and in response to difficult economic conditions in the 1980s, USAID reopened its Brazilian office in 1985 and renewed assistance to Brazilian non-governmental organizations, private commercial sector, and federal and state-level governments. To support contraceptive choices for women, the USAID program worked with the government to reduce Brazil's legal obstacles and tariff barriers to the importation of medical equipment, foam, jellies, and oral contraceptives, as well as quality intrauterine devices and condoms not manufactured in Brazil.[5] Through non-governmental organizations, USAID supported basic demographic research, operational research on new contraceptive methods, training, and development of educational materials for providers and clients. USAID also strengthened family planning service delivery, providing technical and financial support to involve males in family planning through communication strategies.[5]

As USAID increased its family planning support in 1985, Brazil's return to civilian government ushered in a restructuring of its health care system through the Unified Health System. National health reforms enabled couples to better access family planning services. The Constitution of 1988 guaranteed free, essential health care to all members of the population. The government created the Unified Health System to ensure greater efficiency and equity in allocating resources.[5] In the 1990s, Brazil's federal laws strengthened the right to access family planning and established quality control bodies for health commodities, including contraceptives. As a result of decentralization reform, however, states and municipalities retained primary responsibility for providing family planning commodities.[7]

In 1992, USAID focused on improving the quality of care in family planning and collaborating closely with the private sector as it began phasing out its support. USAID prioritized working directly with the state health systems and particularly directed its assistance toward underserved populations in two northeastern states, where there was high unmet need for contraceptives: Bahia and Ceara. Within these states, contraceptive options were expanded from tubal ligation and oral contraceptives to a broader modern contraceptive method mix. Partners in these programs included large-scale health maintenance organizations, third-party insurance, and group medical plans. The strategy focused on using the resources and network of the private commercial sector, including its capacity for service delivery, commodity production, and distribution. For example, USAID's collaboration with several multinational pharmaceutical manufacturers led to the development of a social marketing program to encourage the use of injectable contraceptives via one of Brazil's leading importers and distributors of pharmaceutical products. The program launched injectables into the Brazilian market that also included affordably-priced intrauterine devices, condoms, and other products.[6]

USAID'S SUPPORT TO THE PRIVATE SECTOR AND STATE-LEVEL GOVERNMENTS STRENGTHENED LOCAL CAPACITY DURING DECENTRALIZATION

The Brazil Society for Family Welfare (BEMFAM), an affiliate of the International Planned Parenthood Federation, received extensive training from USAID in strengthening institutions to provide family planning services. When decentralization first occurred, BEMFAM began to market family planning services to the Brazilian state and municipal level governments. BEMFAM achieved economies of scale by purchasing contraceptive supplies for multiple municipalities at the same time. BEMFAM's contracting out of services to the municipalities became the organization's major source of revenue. By the mid-2000s, BEMFAM had more than 1,000 contracts with municipalities, which benefitted from the private non-profit sector's expertise in providing a service, which they were neither equipped nor resourced to provide.[3]

USAID completed its graduation of family planning assistance in 2000, as Brazil's family planning activities transitioned to local stakeholders and best practices became institutionalized. Initially, the Ministry of Health sought to centralize procurement and distribution of contraceptives, though this effort was not successful. The Ministry of Health supplied 30 percent to 40 percent of the country's contraceptives, with the remainder provided by coordinated management at the federal, state, and municipal levels.[8] Over time, due to poor performance by states and municipalities, the Ministry of Health increased its share to 100 percent. The public sector provided the majority of permanent contraceptive methods. Several USAID-funded projects established an import mechanism with The Commodity Procurement Organization (Importãçao e Comércio de Insumos Farmaceuticos, Ltd.), a contraceptive supply company. The company subsequently won an international bid to supply the Ministry of Health with intrauterine devices and by 2000, was also supplying intrauterine devices directly to the states and municipalities. The private sector also contributed to an expanded range of method choice by supplying injectables. Private pharmacies became the primary delivery source for oral contraceptives. Within the non-governmental organization sector, BEMFAM and the Commodities Procurement Organization offered contraceptives and sustained their activities through successful social marketing programs.[5]

In the years since graduation, the Brazilian Government and its private sector partners have maintained their nation's family planning programs. BEMFAM continues to offer technical assistance to municipalities nationwide, including clinical and lab assistance, support for completing demographic and social surveys, and assisting with comprehensive sex education in schools.[9] This latter service responds to Brazil's adolescent pregnancy challenge, as 19 percent of all births occur among adolescents aged 15–19 (Brazil and Mexico alone represent more than half of all adolescent births in Latin America and the Caribbean[2]). The for-profit sector has played a large role in providing women permanent contraceptive services in clinics, oral contraceptives through pharmacies, and the reintroduction of other methods such as intrauterine devices, diaphragms, and emergency contraception. At a limited level, Brazil has relied on an international donor, the United Nations Population Fund, to procure condoms.[10] Brazil remains committed to promoting healthy pregnancies and high-quality family planning programs to all its people, particularly to adolescents and underserved poor people in both urban and rural settings.

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Provide high-quality services to adolescents and underserved people including ensuring gender and race equity.
- Strengthen civil society participation in sex education for youth.
- Expand access to a wide variety of contraceptive methods.
- Improve coordination and implementation of contraceptive procurement, logistics, and forecasting.

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