



ISSUE BRIEF

USAID'S PARTNERSHIP WITH COSTA RICA ADVANCES FAMILY PLANNING

OVERVIEW

- Costa Rica is one of the early family planning successes in the region, as programs reached all levels of society with high quality, voluntary family planning services during 3 decades of U.S. Agency for International Development (USAID) support from 1967 to 1996. This success was facilitated by a strong social policy framework approved by Costa Rica's political parties in the early 1960s.
- The three-way partnership between the Government of Costa Rica, USAID, and non-governmental organizations led to an increase in modern contraceptive use between 1970 and 2015. This is evidence that women and couples prefer smaller families that have been spaced to provide the healthiest outcomes for both mother and child.
- As modern contraceptive use increased, deaths among infants and children under the age of 5 declined by more than 40 percent. Maternal deaths remain stable and are among the lowest in the region. The rate of maternal deaths indicates that Costa Rica has achieved its 2015 Millennium Development Goal target.

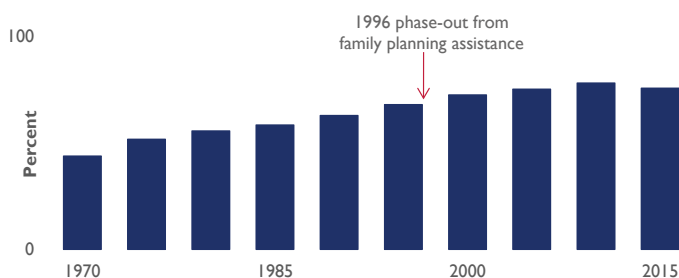
For 5 decades, the Government of Costa Rica and Costa Rican people prioritized family planning services as a way to promote healthier pregnancies and births, reduce high maternal and child mortality, and respond to individuals' and couples' desires to plan and space their children.¹ In 1970, an estimated 44 percent of married women reported using modern contraceptives (Figure 1). Due to family planning outreach, education, and counseling on all available methods and improved access to care, an estimated 69 percent of married women reported using modern contraceptives in 1996 when USAID ended family planning assistance. Over time, there were improvements in meeting the demand for modern contraception. In 1970, 61 percent of women reported that their need for these effective methods was satisfied, compared to 89 percent in 2015.² As modern contraceptive use increased, Costa Rican 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 six in 1965 to an average of two in 2015.³ To contextualize these numbers, today Costa Rica's use of family planning exceeds that of the United States, which reports that 69 percent of married women use modern contraceptives, and 85 percent say their contraceptive needs are met.^{2,3}

The decision to have smaller families led to improved maternal and child survival. With increased contraceptive use and the decreasing number of births per woman, Costa Rica experienced improvements in maternal survival, as the risk of pregnancy-related deaths among women fell by more than 42 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 30 percent

or higher between 1990 and 2015, resulting in rates of mortality lower than the average mortality of the Latin American and Caribbean region.⁵

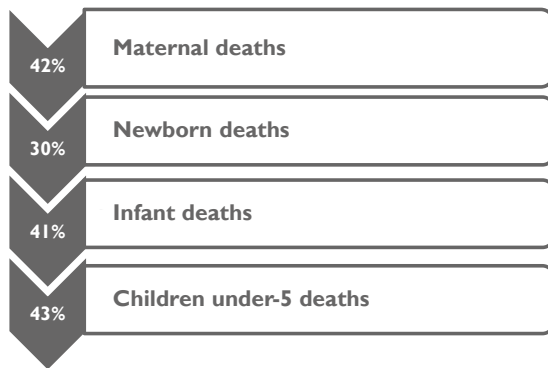
In the early 1960s, increasing government investments in health-care and public-private partnerships contributed to a favorable environment for the Costa Rican family planning program. In 1948, the Government of Costa Rica abolished its military in favor of a civil defense force, freeing up funds for other development purposes, such as health.⁶ Costa Rica's first private family planning organizations were grassroots agencies. In 1962, the Evangelical Costa Rican Alliance organized Good Will Caravans (Caravanas de Buena Voluntad) and offered contraceptive advice and vasectomies to residents in remote rural areas.⁷ The Costa Rican Demographic Association (Asociación Demográfica Costarricense) was founded

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.

in 1967 to provide information, and eventually family planning services, on a national scale. This national association and the emergence of several private Costa Rican organizations interested in promoting family planning made it feasible for USAID to begin its family planning activities in Costa Rica in 1967. USAID began its assistance by providing direct support to the Costa Rican Demographic Association, which became an affiliate of the International Planned Parenthood Federation in 1967.⁸

A strong social policy framework promoting health, including family planning, allowed Costa Rica to continue to make significant progress with U.S. Government support. Costa Rica had a pre-existing social policy framework approved by Costa Rica's political parties that facilitated the rapid progress in health-related programs in the 1960s. During the 1970s, USAID launched a series of five bilateral projects, the first of which helped to establish an office of population in the Ministry of Health. A second project advocated universal coverage of family planning and included an evidence-based research program at the University of Costa Rica. Subsequent projects focused on reaching specific client groups and strengthening health systems. The strategy was to work with partners to improve the quality and availability of services, provide information and counseling to clients, and supply commodities. These projects made contraceptives available through both the public and private sectors. With USAID support, Costa Rican institutions played a fundamental role in accelerating the uptake of contraceptives by both urban educated women as well as rural, more disadvantaged women.⁸

In the early 1990s, Costa Rica's Ministry of Health designated all responsibility for family planning provision, and health in general, to the Costa Rica Social Security Institute, an important step that put Costa Rica on the road to phase-out of USAID assistance.

The U.S. and Costa Rican Governments then agreed on a final reproductive health consolidation project to promote socioeconomic development. The project's purpose was to further strengthen Costa Rican institutions, so they could provide effective reproductive health services without external assistance. To facilitate a transition to full self-sufficiency, USAID provided limited contraceptives, funded studies for program planning, and strengthened reproductive health education, training, and communications. The two nations also established a timetable to phase out all USAID's development programs. By 1996, when USAID phased out its family planning assistance to Costa Rica, its citizens had broad knowledge about family planning, and programs were offered through both the public and private sectors.^{9,10} Costa Rica received US \$1.4 billion in economic aid between 1982 and 1992.⁶

To ensure sustainability of the family planning achievement in Costa Rica, the country is part of the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), which facilitates purchases of essential medicines, including hormonal contraceptives.¹¹ This sub-regional initiative reduces the cost of contraceptives for smaller nations in Central America and the Dominican Republic. Costa Rica is one of the first countries to use this mechanism to strengthen the Ministry of Health's position in negotiating with pharmaceutical companies.¹²

In the years since graduation, the Costa Rican government and its partners have maintained their national family planning program, while USAID provided targeted support when needed. Costa Rica has successfully institutionalized family planning into its national health program. By 2005, the Costa Rica Social Security Institute was providing services to the vast majority of family planning users.^{7,11} USAID continued to support Costa Rica for humanitarian emergencies; this support included a US\$ 9 million project in 2000–2001 to support internal refugees of Hurricane Mitch. The U.S. Government now invests in such Costa Rican strategic priorities as promoting alternative energy, empowering women leaders and extending science education. By 2010, over a decade after USAID ended family planning assistance to Costa Rica, the rates of modern contraceptive use and demand for modern contraceptives satisfied have been stable, and the maternal and child mortality rates continue to fall.⁹ In 2008, Costa Rica reached its target of 97 percent of births taking place in hospitals and has maintained these high levels of progress.^{13,14} Family planning has contributed to Costa Rica's attainment of the 2015 Millennium Development Goal of reducing the maternal mortality rate.⁴

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Ensure sustainability of family planning programs by strengthening the new sub-regional initiative to purchase essential medicines to reduce the costs of contraceptives.
- Identify and satisfy unmet need for family planning among women still having unwanted pregnancies.
- Maintain progress in maternal and child health.

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