



ISSUE BRIEF

USAID'S PARTNERSHIP WITH PANAMA ADVANCES FAMILY PLANNING

OVERVIEW

- In Panama, the private sector and non-governmental organizations were pioneers in family planning. The U.S. Agency for International Development (USAID) joined these partners in 1961 and began formal family planning assistance in 1967 to support women's and couples' preferences for planning the number, timing, and spacing of their children.
- Empowering nurses and community health workers in Panama expanded family planning to reach those most in need.
- USAID support was key in the integration of family planning services and programs into maternal and child health clinics, expanding coverage to rural areas, and substantially improving rural access to modern contraceptives.

For two decades, the Government and people of Panama 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 38 percent of married women reported using modern contraceptives, a relatively high figure for the region (Figure 1). Due to family planning outreach, education, and counseling and to improved access to care, modern contraceptive use increased to an estimated 53 percent by 1988, when USAID family planning assistance ended.

Modern contraceptive use continued to rise thereafter, reaching 58 percent in 2015.¹ Over time, there were improvements in meeting the demand for modern contraception. In 1970, only 54 percent of women reported their need for these effective methods was satisfied, compared to 75 percent in 2015. As modern contraceptive use increased, Panamanian couples were able to manage the timing and spacing of pregnancies to achieve their desired family size. This greater ability to plan births resulted in decreased births per woman – from nearly 6 in 1965 to 2.5 in 2015, a decline of 57 percent.²

The decision to have smaller families led to improved maternal and child survival. With a decreasing number of births per woman, maternal survival improved. Between 1990 and 2015, the risk of pregnancy-related deaths fell 8 percent. Among children from 1990 to 2015,³ deaths in the first month, in the first year, and in the first 5 years of life fell by nearly half, resulting in rates of mortality similar to the average mortality of the Latin American and Caribbean region.⁴

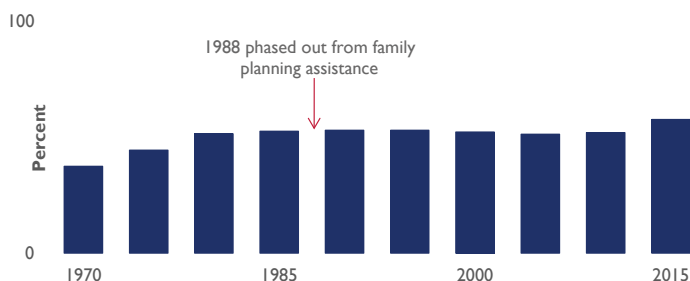
Panama has a long history of empowering couples to choose their family size. In 1941, Panama legalized permanent methods of contraception, and in the decades that followed, Panama had one

of Latin America's highest demands for long-acting and permanent contraception methods, which were provided by both the private and public sectors.^{5,6}

Starting in the mid-1960s, the Government of Panama embarked on a major expansion of public facilities and services, including family planning, with USAID playing an important role. The initial USAID partnership with Panama, which began in 1961, set the goal of eradicating poverty in rural communities. In 1967, USAID incorporated formal family planning assistance into the partnership.⁷

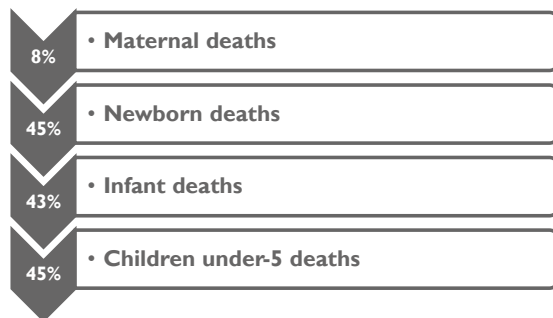
During the same period, the private sector was a pioneer in family planning, and USAID contributed technical and financial support to non-governmental organizations while still supporting the Ministry of Health. A major provider of family planning services was the privately run Family Planning Association of Panama or Asociación Panameña para el Planeamiento de la Familia (APLAFA), an International Planned Parenthood Federation member association established in 1965.^{8,9} APLAFA created the first clinic

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.

devoted to family planning and also became an advocate for a national population policy. The Government of Panama subsequently passed the Health and Population Act and created the National Demographic Policy Initiative at the end of the 1960s.⁸

Panamanians sought family planning services from public sector facilities, private physicians, and pharmacies, and USAID supported these services to ensure that those who needed them most would receive them. The Ministry of Health, with USAID technical expertise, brought family planning services and programs into the maternal and child health clinics. As the Ministry of Health began to provide family planning services through public health facilities in the 1970s, APLAFA agreed to complement that role with family planning information and education activities, training of personnel, and research and evaluation. Outreach and service delivery methods were successful, and demand for contraceptive services grew – even in rural and remote areas, where use of family planning methods had increased to more than half of married women by 1979.¹⁰

While contraceptive use was expanding in the late 1970s and early 1980s, addressing adolescent pregnancy became a priority. To address the high rates of teenage pregnancy, APLAFA created the First Comprehensive Health Care Center for

Adolescents in 1979.⁸ A 1981 publication on contraceptive use and fertility in Panama reported that one in five births were to women age 15–19, and many of these adolescent women were becoming pregnant before marriage.¹⁰ APLAFA's success led to the development of comprehensive sexuality education programs with the Ministry of Education.⁸

USAID helped Panama expand the numbers of health educators and nurses who were qualified to provide family planning services. Beginning in the 1980s, the ability to provide contraceptives was expanded beyond physicians and included graduate nurses and paraprofessionals who received training on modern contraceptives, including the insertion of intrauterine devices (IUDs). To further expand access and information, rural community extension agents were also trained.¹¹ By the 1980s, permanent methods constituted more than 50 percent of contraception use; oral pills and the IUD constituted 31 percent of the other highly effective methods in use. Increased public demand and an efficient contraceptive supply network followed these efforts.¹²

USAID and the Government of Panama moved to ensure contraceptive availability as USAID prepared to phase out funding in Panama in 1988. USAID encouraged the Ministry of Health to integrate family planning into the maternal and child health program in the national budget, so family planning services would have a financial commitment from the government and would be sustainable. Panama changed its official policy to provide family planning services for free, and the Ministry of Health and APLAFA received financial and technical assistance from organizations such as the United Nations Population Fund and the World Health Organization.

Strongly rooted traditional culture has been an obstacle to family planning and may explain the present plateau in modern contraceptive use.⁸ Despite this, Panama's successful family planning policies helped usher in a demographic transition from high to low fertility in addition to gains in life expectancy. The recent economic boom, coupled with the favorable proportion of working-age citizens, may give Panama an opportunity to strengthen its development.¹³ Currently, contraceptives are widely available. Many methods are free for women while others are available for purchase for those who can afford to pay.

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Identify and satisfy unmet need for family planning for poor communities and women without access to education.
- Improve access to family planning information and education.

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