



ISSUE BRIEF

USAID'S PARTNERSHIP WITH ECUADOR ADVANCES FAMILY PLANNING

OVERVIEW

- Ecuador made family planning one of the country's highest health priorities, assuring the right to plan family size and the provision of contraceptives free of charge.
- The U.S. Agency for International Development (USAID) supported Ecuador's family planning program in the context of maternal and child health. This led to increased use of family planning and near universal immunization coverage for children under 5 years of age.
- With USAID technical and financial support, Ecuadorian women more than tripled their use of modern contraceptives between 1970 and 2001, as they increasingly were able to reach their preferred family size.
- USAID assisted non-governmental organizations providing family planning services in Ecuador and helped identify a demand for contraceptive use through marketing campaigns that, in turn, allowed these non-governmental organizations to be sustainable into the future.

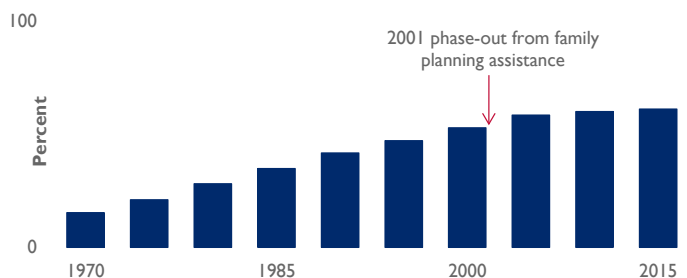
For three decades, the Government and people of Ecuador prioritized family planning as a way to promote healthier pregnancies and births, reduce high maternal and child mortality, and respond to individuals' and couples' desires to plan and space their children. In 1970, an estimated 15 percent of married women reported using modern contraceptives (Figure 1). Due to family planning outreach, education, and counseling on all available methods and improved access to care, when USAID phased out formal assistance for family planning in 2001, modern contraceptive use stabilized near 54 percent. Modern contraceptive use continued to grow to 61 percent in 2015. In the same time period, an increase in the supply of accessible modern contraceptive methods coincided with women's and couples' increased desire for family planning. In 1970, 29 percent of women reported that their need for these effective methods was satisfied, compared to 75 percent in 2015.¹ This preference is reflected in lower average numbers of births per woman, from nearly 7 in 1965 to 2.6 in 2015.² Today, Ecuador's use of family planning is approaching that of the United States, which reports that 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 two.^{1,2}

The decision to have smaller families led to improved maternal and child survival.³ With a decreasing number of births per woman, Ecuador experienced improvements in maternal survival, as the risk of pregnancy-related deaths fell 65 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 more than half between 1990 and 2015, particularly among children under the

age of 5, which experienced a 62 percent decline. These rates of mortality are similar to the average mortality of the Latin American and Caribbean region.⁵

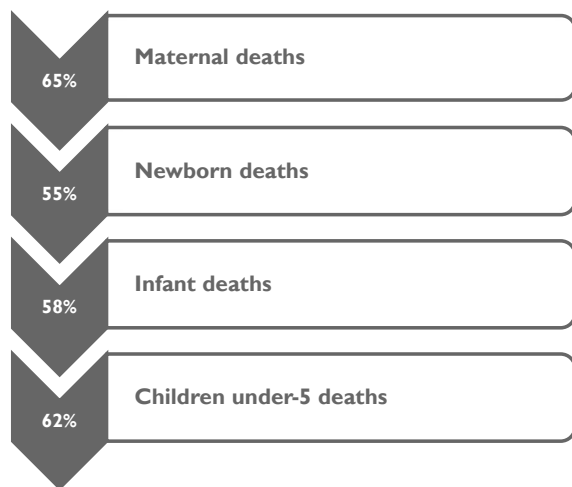
During the very early years of technical support to Ecuador, USAID worked with private and public sector institutions to establish a foundation of sustainable family planning programs and services throughout the country. Although formal family planning activities from USAID to Ecuador began in 1970, USAID began supporting the first family planning non-governmental organization, the Association for the Well-being of the Ecuadorian Family (APROFE), 8 years earlier. From its beginnings in 1962, APROFE was a pioneer in the community-based distribution of contraceptives and in providing services to hard-to-reach populations. To bolster its sustainability, APROFE established contracts with

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.

industries and commercial sector institutions. With USAID's assistance, it also created a \$5 million sustainability fund and other reserve accounts for contraceptive procurement, construction of new facilities and employee retirement.⁶

As more Ecuadorian non-governmental organizations were established in the 1970s, USAID partnered with them to strategically increase family planning services and technical expertise. The Medical Center for Family Planning and Counseling (CEMOPLAF), founded in 1974, established clinics nationwide and provided training for Ministry of Health staff on family planning methods. In conjunction with World Neighbors, it created integrated programs for population, health, and the environment in 12 communities in remote, mountainous regions. Integrating these services resulted in satisfying demand for and increased use of family planning, as demonstrated by a 29 percentage point increase in contraception use by the intervention population over a 3-year period.⁷ Additionally, USAID funded a program with CEMOPLAF, which became very successful in marketing contraceptives and medicines for mothers and children. The sales of these commodities represented a considerable income for CEMOPLAF, helping it achieve financial sustainability. To monitor the progress in family planning achievements, the Center for Studies in Population and Social Development (CEPAR) was established in 1978. With assistance from USAID, CEPAR conducted national demographic and reproductive health surveys, maternal and child health surveys, and special studies to explore the relation between demographic variables and national development.⁸

In 1987, USAID worked with public sector institutions to develop the country's national population policy; a year later, the Ecuadorian Constitution guaranteed the right of all individuals to plan and space the size of their families.⁹ Other public sector reforms, such as the Free Maternity Services and Infant Care Law,

provided family planning services free of charge at public health facilities. Funded by the lottery, liquor taxes, and other sources, this law integrated a range of reproductive health programming, including prenatal healthcare, childbirth, treatment, and control of sexually transmitted infections including HIV, postpartum care, and the provision of modern contraceptives. Public support also included free HIV screening for all women to prevent mother-to-child transmission of the disease. Finally, the law guaranteed funds to procure contraceptives as a way of ensuring sustainability.¹⁰

In the 1990s and 2000s, USAID collaborated with local non-governmental organizations, and the government allowed family planning to remain a national priority despite various political, environmental, and economic disruptions. During this period, there were 6 presidents in 7 years, natural disasters such as El Niño's extreme rainfall in 1998, flooding and landslides (which caused \$3 billion in damage and helped trigger a major economic crisis 1 year later), closure of the banking system, and conversion of the monetary system to the U.S. dollar.¹¹ These upheavals created disarray in the health sector, especially among public sector institutions, and impeded the earlier progress on health outcomes. Yet, despite the uncertainty, the strong governmental and non-governmental organization partnerships with USAID and institutionalization of programs kept family planning as one of the country's highest health and welfare priorities.⁹

Further expanding family planning, USAID's support placed an emphasis on providing services in the context of maternal and child health (MCH) and leveraging partnerships. The Ministry of Health used funds from USAID, the United Nations Population Fund (UNFPA) and the Pan American Health Organization to promote both family planning and well-baby clinics and services, including vaccination campaigns.¹² Given Ecuador's success in reaching family planning goals, a plan for transition from USAID support was established. As part of a phase-out strategy, from 1992 to 2001, USAID emphasized sustainability for APROFE and CEMOPLAF, to maintain their scope and coverage providing family planning programs nationally. This approach ensured the continued success of both non-governmental organizations in Ecuador to deliver quality family planning and reproductive health services.⁹

Since USAID assistance ended in 2001, Ecuador has developed its procurement capacity by designing and implementing public sector-funded strategies for purchasing contraceptives.^{9,13} In the past, the for-profit sector provided the majority of oral contraceptives, injectables, and condoms. Non-governmental organizations were the leading providers of intrauterine devices. Public sector institutions, including the Ministry of Health, accounted for more than 60 percent of tubal ligations. Ecuador's Ministry of Health stopped receiving contraceptive donations from UNFPA in 2003.⁹

The future of Ecuador's family planning success depends on addressing poor and vulnerable populations. The country is diverse with an ethnic and racial mix that includes 72 percent Mestizo and 7 percent indigenous population, as well as a large urban population (60 percent). Favorable petroleum prices and increased

foreign investment, mainly from China, have helped stabilize Ecuador's economy, but 37 percent of households were still in poverty in 2010, with worse inequities among indigenous populations.¹⁴ Despite overall progress in maternal health and family planning services, health service delivery remains fragmented. Due to lack of access to information and limited contraceptive options, indigenous populations are much less likely to use contraception than the general population, as shown by the fact that indigenous women's use of modern contraceptives grew to only 19 percent as of 2012.¹⁵

In the years since USAID's family planning assistance ended, Ecuador has maintained its level of contraceptive use despite programmatic constraints, proving these achievements are sustainable. Non-governmental organizations like APROFE, CEMOPLAF, and CEPAR have stepped into the role of providing services, but they have faced challenges fulfilling their respective missions. Budget constraints have shifted priorities from preven-

tative services to medical and curative services.⁸ Modern contraceptive use is now holding steady at about 60 percent, and programmatic focus has begun prioritizing marginalized groups.¹⁶ The United Nations Population Fund has continued to strengthen access to health programs for women, particularly for indigenous groups by using culturally sensitive reproductive health models in hospitals and communities at national and sub-national levels. These models attempt to combine health services with traditional practices through recognition of modesty norms and the roles of traditional health providers. Ecuador has incorporated constitutional language that extends beyond the recognition of diversity to formally incorporate indigenous philosophical principles.¹⁷ In Otavalo, where indigenous people comprise 52 percent of the population, contraceptive use has increased, and there have been no maternal deaths reported between 2005 and 2010.^{16,18} Through efforts like these, the Ecuadorian government and their partners remain committed to expanding their work in reproductive health.

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Address health service delivery fragmentation including promoting equity for poor and indigenous populations.
- Strengthen preventive reproductive health services in the context of budget constraints.

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