USAID | CHILE
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

USAID'S PARTNERSHIP WITH CHILE ADVANCES FAMILY PLANNING

OVERVIEW

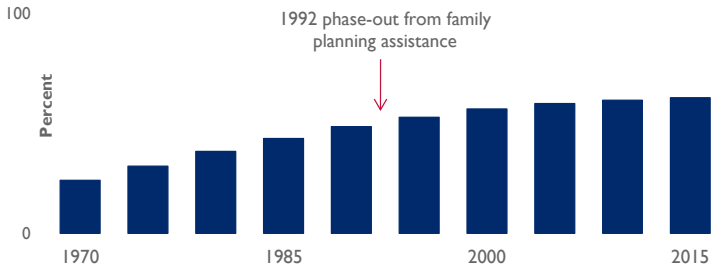
- In Chile, the U.S. Agency for International Development (USAID) partnered with local programs, like the Chilean Association for the Protection of the Family (*Asociación Chilena de Protección de la Familia, APROFA*), to provide family planning services starting in 1965.
- Chile's successful integration of family planning into its National Health System coincided with improved maternal and child health. Chile is now a leader on the South American continent for maternal, perinatal, and infant mortality reduction. This is partially attributable to the long-term continuity of its family planning program.
- Women in Chile embraced innovations in long-acting and reversible methods of contraception, like an improved version of the intrauterine device, which led to early and widespread use in the country and eventually throughout Latin America.

For 5 decades, the Government of Chile and the Chilean people prioritized family planning services that would promote healthier pregnancies and births, reduce high maternal and child mortality, and respond to individuals' and couples' desire to plan and space their children. USAID began its family planning assistance to the country in 1965. In 1970, an estimated 24 percent of married women reported using modern contraceptives (Figure 1).[1] Due to family planning outreach, education, and counselling on all available methods and improved access to care, by 1992, when USAID ended family planning assistance, an estimated 50 percent of married women reported using modern contraceptives.[1] Modern contraceptive use continued to rise to 62 percent in 2015.[1] Over time, there were improvements in meeting the demand for modern contraception. In 1970, 39 percent of women reported that their need for these effective methods was satisfied, compared to 78 percent in 2015.[1] As modern contraceptive use increased, Chilean 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 five in 1965 to less than two in 2015.[2] To contextualize these numbers, today Chile's use of family planning is approaching similar levels of the United States, where 69 percent of married women report using modern contraceptives, and 85 percent say their contraceptive needs are met.[1,2]

Chilean family planning leaders, physicians, and political leaders came together to create a favorable environment for family planning. As a result, women's and couples' decisions to have smaller families led to improved maternal and child survival.[3] Prior to USAID assistance, high maternal and child mortality and morbidity led Chile to create its National Health Service (NHS) in 1952. Prior to this effort, Chile lacked widespread obstetric care.[4,5,6] At this time, maternal and child health was poor in part due to a high number of births per woman and the wide-spread use of abortions resulting from few available contraceptive options.[4,5,7] With increased contraceptive use and the decreasing number of births per woman, Chile experienced improvements in maternal survival, as the risk of pregnancy-related death among women fell by more than 60 percent between 1990 and 2015.[8] Among children, deaths in the first month, in the first year, and in the first 5 years of life fell by about half between 1990 and 2015, resulting in some of the lowest mortality rates in the Latin American and Caribbean region.[9]

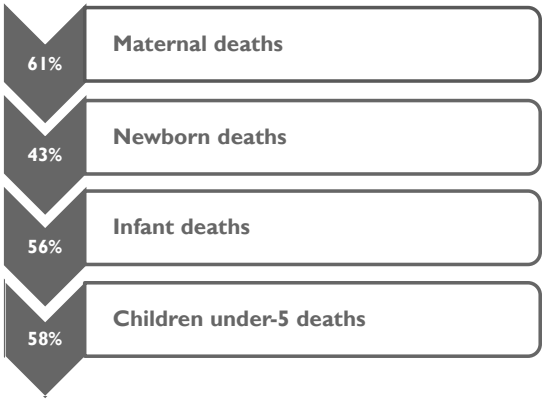
Starting in the 1960s, the Government of Chile and USAID partnered with local organizations to focus on family planning as a way to address the risk of pregnancy-related deaths for women and children. In 1961, the Chilean Association for the Protec-

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.

tion of the Family (*Asociación Chilena de Protección de la Familia, APROFA*) was formed to mitigate maternal deaths through family planning. In 1965, APROFA became an affiliate of the International Planned Parenthood Federation, which accelerated its work in Chile to provide couples different methods for achieving their preferred family size. That same year, USAID began its family planning assistance, and the NHS began providing family planning in its maternal and child health facilities in 1965.[5,6,7] In addition, the military and universities offered services to address maternal and child mortality through family planning.[7] In 1967, Chile, largely through APROFA, hosted the Eighth International Family Planning Conference with delegates from more than 87 countries.[4] APROFA and USAID partnered to provide contraceptive commodities, equipment and valuable research, while the Chilean government secured financial backing for their family planning programs and more than $5 million for research and family planning activities. Donors included USAID, the Rockefeller Foundation, the Population Council, the Ford Foundation, Pathfinder, and the Swedish International Development Cooperation Agency.[4,7]

Despite times of political upheaval in the early 1970s, the Government of Chile showed commitment to reproductive health through established family planning policies and programs. It embraced research and innovation to meet women's needs for family planning. Starting in 1970, NHS family planning was offered as part of a larger strategy to provide integrated health services over the course of the lifespan.[4] In the same year, Salvador Allende was elected president, and there was major economic upheaval and staggering inflation. In 1973, a violent military coup took place, followed by a military dictatorship led by Augusto Pinochet. Following the 1973 coup, Chilean family planning policy placed greater emphasis on private initiatives.[7] In 1974, through close collaboration with USAID and APROFA, the NHS allowed matronas, a specialized group of nurse midwives, to insert intrauterine devices, increasing both the contraceptive methods available to women and the skills of the matronas.[4,7] A 1977 study reported that 70 percent of new family planning users in Chile chose this long-acting method, while only 26 percent chose oral contraceptives.[7] The increases in family planning use corresponded with a decline of 80 percent of mortality due to illegal abortions between 1964 and 1979.[6] In addition to the success with intrauterine devices, Chile's early achievements in family planning were due to increased information and education through the NHS's public health infrastructure. A research-and-practice approach to family planning focused on sharing lessons-learned, conducting research and training with professionals from other countries.[4,7,10] APROFA coordinated with NHS medical and public health professionals to import contraceptives, commodities, and equipment. It also coordinated trainings for physicians from Chile and other Latin American countries and provided technical assistance to NHS to develop surveillance systems.[4,7,10] APROFA received core financing from the International Planned Parenthood Federation and contraceptive commodities and equipment from USAID.

The family planning program continued to grow rapidly after a brief interruption in services due to a policy shift that encouraged childbirth. From 1978 to 1979, Pinochet adopted a pronatalist policy that, coupled with cuts in the NHS budget, caused a drop in modern contraceptive use and precipitated a brief rise in the number of births per woman.[4] By 1982, the previous trend of fewer births per woman continued.[4,7] By the time the military dictatorship ended in 1990, modernization was occurring in both the health and education sectors in Chile, and more than 85 percent of the population was living in cities.[4] Chile's family planning program continued to expand, and USAID provided financial support directly to the NHS for infrastructure, equipment, and salaries, as well as indirectly through other organizations until phasing out financial assistance in 1992.[4,7] By the time USAID phased out assistance, Chile had successfully institutionalized family planning, presidential administrations supported the agenda for reproductive health, and data from the Ministry of Health showed that the number of contraceptive users who were clients of the NHS continued to increase from 600,000 in 1990 to 1.1 million in 2004.[4]

Chile is now a leader in the Latin America and Caribbean region in reducing maternal deaths, as well as deaths among newborns, infants, and children under 5 years of age, partially attributable to the long-term continuity of its family planning program.[4] After USAID phased out funding of contraceptives in 1992, emphasis was placed on improving the contraceptive supply chain.[4] In 2000, the focus on the supply chain was broadened to include quality improvement analysis to address gender-equitable accessibility and program responsiveness.[4,11] Chile continues to focus on gender equity while strengthening the overall health system.[12]

LOOKING TO THE FUTURE: THE UNFINISHED AGENDA

- Focus on gender equity within the family planning program.
- Strengthen family planning services within the overall health system.

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